DIALOGUE

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Edi-Talk

First and foremost my sincere apologies for the delay in this issue of Dialogue. The issue was almost ready for release mid September with only some fine tuning left, when suddenly we received the news that our IMA Dombivli has been granted hosting of IMA Hospital Board of India's National Conference 'VIBRANCE' and that we had only a month and a half to prepare for this National event...and thus began our marathon.

Under the able leadership of IMA Dombivli's president, **Dr. Mangesh Pate**, began the preparations for the conference..”dheere dheere log judte gaye aur karwan badhta gaya”!!! The whole atmosphere was so charged up! Everyone had become each other's extended family.. What a wonderful experience it was! And then came the conference..which won our branch many accolades and appreciations..the details of which will be put out in our next ‘VIBRANCE SPECIAL’ issue of Dialogue.

A sincere request to everyone from our branch is to submit the articles generously for Dialogue and submit them in the desired time frame. Dialogue is our own voice. . let us have more and more communications, so that we bond with each other better. Any family who has good communication always shares strong emotional bonds. Let us not be strangers to each other.. let us be each other's extended families with strong emotional connect. Please share your achievements, travel experiences, philanthropy work, literature, poems, scholarly articles or any other write up of your choice .. so that we, as a community know more about each other.

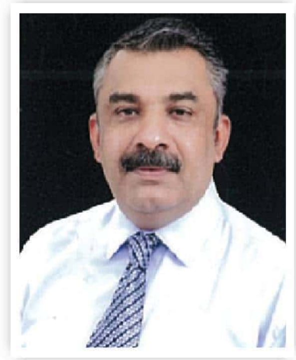
Being in a field which is constantly under threat, we need to have unity and become one solid voice in our local community, so that we are taken seriously by patients, politicians and other members of the community alike.

Keep writing in..let your voice be heard, let your thoughts and your ideas be shared, get more involved with IMA. Please send all your communications on editordialogue@gmail.com or a.pate1521@gmail.com . We will also be very happy to receive your feedback on 'Vibrance' , which will be shared in our next 'VIBRANCE SPECIAL' issue of Dialogue.

Long live IMA!

Dr. Archana Pate

From President's Desk



"Strong brands are built on unshakable values and authenticity."

-Simone Smith

IMA Dombivli is a brand today in Indian Medical Association..!
It is on the National IMA map. We have achieved this by our teamwork & commitment.

VIBRANCE.. ! What an event !! It has redefined the meaning of Conference and Hospitality. The untiring efforts taken by everyone has shown the best possible results in the first ever National Conference hosted by our branch..! I shall update the details of Vibrance in the next issue of Dialogue.

IMA Dombivli has seen a complete transformation & is now one of the most active branches of IMA across the country. We will not stop here. This was just a beginning. We are now activating various IMA wings right here in our Dombivli branch. All wings will be headed by people who will be specialised in that area for taking that wing ahead for IMA Dombivli.

Every wing is important. All committees & subcommittees are important. One should contribute by putting in one's maximum efforts & time once you are a part of any committee. Every wing will have to be perfect in its functioning to deliver the best results. Every wing will present their reports every month to executive body & in AGM to the members of IMA Dombivli. The next AGM will be held in January 2016, and the dates will be informed soon.
The functioning of the entire IMA has to be responsible & accountable.

The time is not very far when each one of us will realise the importance of unity & responsibility towards fraternity. I urge all the members to come forward to work for IMA, especially the young and energetic members. United we stand, divided we fall..

Long Live IMA..

Warmest Regards,

Dr. Mangesh Pate.

IMA HBI DOMBIVLI SUB CHAPTER

The charter of IMA HBI Dombivli sub chapter was presented to IMA Dombivli on 31/10/2015 during IMA HBI National Conference 'VIBRANCE'. The conference was presided by IMA national President, Padmashri **Dr. A. Marthanda Pillai** .The charter was presented by IMA HBI National Chairman **Dr. R.V.Asokan** and IMA HBI MS Chairman **Dr. Arun Pawde** to **Dr. Mangesh Pate**, president IMA Dombivli, in the presence of then IMA MS president, **Dr. T.C.Rathod** and other National and state leaders. The committee of IMA HBI Dombivli sub chapter is in formation and will soon be functional.

The following hospitals are members of IMA HBI Dombivli subchapter :

1. Aastha Hospital And Critical Care Centre
2. Chiranjeevi Hospital
3. Shree Hospital, Child Care And Nursing Home
4. Chirayu Childrens Nursing Home And Skin Care Centre
5. Dandekar Hospital
6. Shivam Hospital
7. Ashwamedh Orthopedic Clinic
8. Matoshree Hospital
9. Phoenix Hospital
10. Aashirwad Hospital
11. Shree Ashirwad Hospital
12. Harne Hospital
13. Padmashree Hospital
14. Shree Krishna Maternity And General Hospital
15. Jeevan Deep Hospital And Critical Care Centre
16. Anish Hospital
17. Apex Hospital
18. Jeevan Shree Hospital
19. Monish Nursing Home
20. Shree Maternity And Nursing Home
21. Orion Multispeciality Hospital
22. Shree Childrens Nursing Home
23. Mahesh Hospital
24. Sakharkar Hospital
25. Apurva Nursing home

The main aim of IMA HBI is to bring problems faced by private practitioners on a single platform and find collective solutions and also bring about standardization in private practice by NABH accreditation. All big and small private hospitals, clinics, nursing homes, laboratories, imaging centers etc can become members of IMA HBI.

For membership details and queries, please contact **Dr. Mangesh Pate (9820064054)**.

Doctor's day Celebration

Doctor's day is celebrated on July 1st all across India to honour the legendary physician and the second Chief Minister of West Bengal, **Dr Bidhan Chandra Roy**. This observance fulfills a need to show the doctors 'how important they are to the society'. The celebrations are indicative of the respect that doctors command in the lives of their patients and thus obligate them to fulfill their responsibilities as well.

It was Indian Medical Association, Kidderpore Branch, Calcutta, who first came out with the proposal of "Doctors' Day" in the year 1989 with Dr. Santanu Banerjee as President and Dr. Pradip Kumar Chatterjee as Secretary and designated 1st July in commemoration of the birth & death anniversary of eminent physician and patriot Dr. Bidhan Chandra Roy.The proposal was passed first in State Working Committee, IMA Bengal State Branch and then in Bengal State Council Meeting in 1989 with Prof. Ashok Chaudhuri (State President) and Dr. Subir Gangopadhyay (State Secretary) and forwarded to IMA Central Working Committee and passed in CWC meeting 24-25 April 1991 under the then National President Dr. Ram Janam Singh (Bihar). IMA HQ directed all its branches to observe 1st July as "Doctors' Day" from 1st July 1991. The IMA HQ then persuaded the Government of India, and after a long process, ultimately, "National Doctors' Day" got official recognition in India in the year 1991, by Dept. of Health & Family Welfare, Government of India.

IMA Dombivli started celebrating doctor's day since 2004. Celebrations have been in the form of organizing blood donation camps and felicitating doctors with special achievements. Doctors who had completed 25 years of their practice were recognized and felicitated. Since then, this has become a tradition, which is followed year after year.

Keeping in line with the tradition, IMA Dombivli celebrated Doctor's day with great pomp. 1st July being a working day, the celebrations were organized on 5th July 2015, Sunday. Blood Donation Camp was arranged at Dombivli Gymkhana from 8 am to 2 pm. IMA members participated with a lot of enthusiasm. 67 units of blood were collected.

Evening program started at about 8.00 pm at Heritage hall, MIDC. The Chief Guest for the evening was **Dr. Ravi Wankhedkar**, Medical activist, National IMA leader and Hon. Sec. IMA Hospital Board of India. The Guest of Honor was **Dr. Santosh Kadam**, Medical activist and Executive member, MMC. They were warmly welcomed by IMA Dombivli president **Dr. Mangesh Pate**. The anchor for the evening was **Dr. Makarand Ganpule**. After reciting National Anthem, the function was inaugurated by the dignitaries by lighting the auspicious lamp. It was an honor to have **Dr. U.Prabhakar Rao**, one of the senior most surgeon of Dombivli, for the function. **Dr. Anand Hardikar** informed in brief about IMA Dombivli functioning and about 2nd IMA MS executive meet held at Amravati , following which the dignitaries were introduced and given floral welcome by **Dr. Sangeeta Dandekar** and **Dr. Niti Upasani** .

The doctors who completed 25 years of practice in Dombivli were felicitated first. This part of the program was anchored by **Dr. Utkarsh Bhingare**. The following doctors were felicitated :

- **Dr. Leena Lokras** : IPP of IMA Dombivli, she is one of the most active members of IMA. MBBS from Jabalpur, she is the recipient of Govt of Maharashtra award for her contribution in Polio Eradication. She has been working as family physician, was CMO at Gharda Hospital and was Medical Director of Ashraya Charitable Hospital. Active Rotarian, she has received many awards in Rotary.
- **Dr. Vijay Aage** : Ex president and an active member of IMA Dombivli, did his UG/PG from Nagpur. Eminent surgeon, with a flair for social work, regularly organises charitable medical camps in Wadi through Thane Surgical Society. Active Rotarian, IPP Rotary club of Dombivli East.
- **Dr. Milind Vairagi** : Did his MBBS and DMRD from Nair. Practicing in Dombivli since 1990.
- **Dr. Pramod Bahekar** : Practicing surgeon, ex president Dombivli IMA (received best president award ,community services , at National level in 94-95). Elected member of AMC, currently web editor. Ex president, Lions club of Dombivli, Past joint secretary Dombivli Gymkhana.
- **Dr. (Mrs) Jaya Bahekar**: Consultant Anaesthetist, ex director – Suvarnamangal Sahakari bank.
- **Dr. Puntambekar** : Has been celebrating WHO day for last 25 years, with a unique idea of felicitating Fresh Medical Graduates, to make them feel welcome in the main stream. Has been doing this program relentlessly for last 25 years.
- **Dr. Pradeep Rao** : Eminent Urologist, member of various national and international scientific bodies. He was one of the earliest urologists to start doing laparoscopy in India. He is the pioneer in single port laparoscopy using R-Port. He is Director & Head, Department of Urology at the Global Hospital in Mumbai and also attached to Fortis Hospital, Mulund; Mamata Hospital, Dombivli and Jupiter Hospital, Thane.
- **Dr. Prashant Rao** : Practicing surgeon, with specialization in minimal access surgery. He is recognized for Advanced Procedures in Minimal Access Surgery and as Pioneer of Single Port Surgery. He has special interest in GI Oncosurgery, Bariatric & Hernia Surgery. Worked under Pioneering laparoscopic surgeon Jacques Perissat as Foreign Assistant at Maison DU Haut Leveque the biggest teaching hospital in Bordeaux.

After this wonderful session of felicitating our eminent seniors and colleagues, the next session was the most awaited session. This was felicitation of achievements of our Generation Next. This part of the program was anchored by **Dr. Archana Pate**. As covered in the June issue of Dialogue, the achievements of following students were felicitated:

- Makarand Anil Heroor (96.5% ICSE)
- Harshad Vinay Byadgi (89.6% SSC)
- Shweta Nitin Dandekar (96% SSC)
- Mrudulata Ghanshyam Shirali (88.6% SSC)
- Gaurang Shreesh Shukla (95% ICSE)
- Saloni Rajendra Kaveri (89% SSC)
- Aniruddh Anil Heroor (1.5% HSC, MH-CET :190/200)
- Atharv Pushkar Pradhan (88.5% HSC, MH-CET : 190/200)
- Siddharth Sanjay Pruthi (94.2% CBSE)
- Pooja Prabhakar Shanbag (88.5 % HSC, MH-CET : 187/200)
- Anusha Prasad Kamath (82% HSC, Pharmacy MH-CET: 156/200)
- Bhagyashree Ajit Oak (73% HSC, MGM CET : 167/200)
- Devika Amol Gadgil (89.23% HSC)
- Nehal Prabhakar Shanbhag (A grade in Intermediate drawing Exam)
- Dr. Rohan Krishnakumar (cleared MS Gyenac)
- Dr. Sandeep Kamat (cleared MD Medicine)
- Alhad Bhadekar (persuing PG in electrical and Comp eng. at Canada)
- Rushikesh Aage (Diploma in Business management from UK)
- Dr. Priyanka Aage (completed MBBS)

The feeling of pride in the eyes of parents of these wonderfully talented children was so palpable! The next event was release of June issue of Dombivli IMA's quarterly magazine 'Dialogue'. Dialogue was released by Dr. Wankhedkar and other dignitaries on the dais.

Dombivli IMA's president **Dr. Mangesh Pate** was called upon to share his vision. He spoke about unity amongst healthcare professionals being the need of the hour and also called for active participation from all the members of Dombivli IMA into the working of IMA. **Dr. Makarand Ganpule** then invited **Dr. Santosh Kadam** for sharing his views, wherein he re-emphasized upon need for unity amongst fraternity. Chief Guest of the evening **Dr. Ravi Wankhedkar** was then called upon to enlighten the crowd. He made it amply clear, that unless we stand united, we were looking at a very bleak future. With the increasing number of anti doctor sentiments and with the increasing number of laws which are gradually being introduced for all private health care setups, practicing will be very difficult unless we form a medical union and take efforts at being heard by people. Also, he stressed on the need for all the private health care set ups to come together under the banner of IMA -Hospital Board of India.

This was followed by question - answer session, where lots of questions were asked regarding HBI and various problems faced by hospitals. Also NABH accreditation initiative taken by IMA – HBI was discussed. **Dr. Krishna Kumar**, senior gynaecologist, made an appeal to all the private hospital owners associated with Dombivli IMA, to contribute Rs.10,000/- to Dombivli IMA to make the branch financially strong. This was seconded by **Dr. Sanjeev Petkar** and **Dr. Kaveri**. Vote of Thanks was given by **Dr. Rahul Bhirud**, Hon. Secretary of Dombivli IMA.

The program ended with a melodious musical event by **Dr. Nitin Dandekar**, Dombivli IMA's very own Kishor Kumar and his group of singers and musicians, which was followed by delicious dinner with lots of chatter and happiness all around!

Long live our profession!

Long live IMA!!

-Dr. Archana Pate

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WIMALS –Women IMA Leaders Summit

“IMA WOMEN LEADERS SUMMIT”, a unique program was conceptualized and organized by IMA Dhule on 16th August, Sunday, 2015.

The Theme was **'Strengthening IMA by inclusion and active involvement of more Women in IMA'.** Statistics indicate that the number of girls in merit list is growing & more and more girls are seeking admission into medical colleges all over the country. Sincere, hard working, focused, ambitious & caring women doctors make up for more than 50% of total doctors who pass medical colleges every year.

A nation, a society & an organization progress in the right direction, if its women members are active. Women doctors in Indian Medical Association (IMA) deserve special mention & attention. The main idea behind this summit was to appreciate their contribution in IMA & encourage them to become 'LEADERS' of this esteemed organization. Chief advisor and in charge of the summit was ***Dr. Vijaya Mali*** with guidance from ***Dr. Ravi Wankhedkar*** (National leader and mentor of IMA Dhule).

Women leaders from across the state were invited. More than 200 women IMA leaders from 30 branches across Maharashtra attended it.

The Chief Guest for this event was ***Dr. K.K.Aggarwal*** (Hon. Secretary General, IMA national), Guest Of Honor was ***Dr. T. C. Rathod*** (President, IMA MS). WIMALS was presided by ***Dr. Mona Desai***, a renowned pediatrician from Ahmedabad. Anchors for the session were ***Dr.Savita Naik*** and ***Dr. Anuradha Joshi.***

Various issues of IMA women members were discussed. Amongst the various issues discussed, the most important ones were as follows:

- Reasons for poor representation of women leaders in IMA - like family responsibilities, unsuitable timings, travelling for meetings etc.
- Ways to increase women representation in IMA, more enrolment of women members in IMA.
- Ways to increase awareness of IMA and its activities, ways to encourage women leaders to participate more in IMA activities.
- To encourage and promote IMA activists to become IMA leaders at state & National levels.

The solutions to these were also discussed.

After a brain storming interactive session of women IMA leaders amongst themselves and with national & state IMA leaders, the following declaration was adopted. A WHITE PAPER was submitted to IMA HQ by ***Dr. Meena Wankhedkar*** (President, IMA Dhule), which included the following :

1. Formation of a Nationwide separate women IMA wing (like AMS CGP).This wing should undertake adolescent health, obstetric death audit etc. programs nationwide.
2. Only male doctor (out of doctor couple) should not be given membership unless both enroll.
3. Each local branch should send at least 1 lady doctor as Central Council member to HQ and 1 as Executive Committee Member to State.
4. Each State should ensure at least 1 lady doctor is elected as CWC member.
5. **Affirmative Action-**

- More representation to lady doctors as important office bearers at all levels of IMA.
- Special categories of awards for lady doctors.
- Activities involving lady doctors and families should be organized.

This paper will be kept on CWC agenda.

'WIMALS - Women IMA Leaders summit' was a grand success.

-Dr. Vijay Mali

IMA Dombivli

Website : www.imadombivli.com E-mail : imadbl2010@gmail.com

Annual Membership Fees - Single : 1,500/- Couple : 2,000/-

Life Membership Fees - Single : 15,000/- Couple : 20,000/-

Associate Membership Fees - 1,000/-

Thoughts & Opinions published in this bulletin belong to the author

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IMA Maharashtra 2nd State Executive meeting.

2nd State Executive meeting of IMA MS was held at Amaravati on 23.8.15. From IMA Dombivli branch, this meeting was attended by **Dr. Anand Hardikar** (State Representative – IMA Dombivli), **Dr. Mangesh Pate** (President, IMA Dombivli) and **Dr. Rahul Bhirud** (Hon. Secretary, IMA Dombivli). Very important issues were on agenda for discussion- from Crosspathy to Problems of small hospitals.

Meeting started at 10 am and was presided by Dr. T C Rathod (President, IMA MS). Local MLA Dr. Sunil Deshmukh was felicitated.

- The first discussion was about Crosspathy. It was told that the senior Counsel for IMA in SC did not appear
  (He got better offer and attended other case – sending his junior to our case)and so we could not get STAY to HC Order. THAT DOES NOT MEAN CROSSPATHY IS ALLOWED. MEDIA HAVE GIVEN DISTORTED NEWS!

- A point was raised by Dr. Anand Hardikar that there should be more representation from IMA to MMC and MCI .

- PCPNDT was discussed. Dr. Hardikar put forward a point that IMA should fight against rigorous punishments which are being met out to doctors for clerical mistakes! (Dr. Hardikar's letter on PCPNDT, had appeared in Maharashtra Times on 24.8.15 and Mumbai High Court had quashed the order of Session Court –of sentencing 2 doctors from Pune- on same day 24.8.15 . The Hon. HC Judge in Pune case observed " It is not Sonologist's/Radiologist's responsibility to keep record of clerical notes – but they have to maintain sonology reports." IMA is working towards, getting 'Graded Punishment concept' accepted.

- About MCI election –it was told that Dr. Adhav has gone in court as Gazette Notification of the official result was not done. It was voiced by some members that many of our members have canvassed against our own candidate.

- Our Dynamic Vibrant President Dr. Pate presented our IMA Defense Cell Memorandum to House and was very much appreciated. Dr. Pate also invited Members to participate our Mega Conference VIBRANCE in Dombivli.

- Dr. Hardikar submitted his report about attending Maharashtra Nursing Council meet, to Chair. He has demanded that 10th passed students should be allowed to undergo Primary Nursing Course (ANM) as there is shortage of trained and registered Nurses for health care set ups.

Very good hospitability by Amaravati Hosts! Kudos to organizers!

- Dr. A. V. Hardikar
State Representative, Dombivli IMA

The world is in the inter-pandemic phase of influenza pandemic. The H1N1 virus has now taken on the behaviour of a seasonal influenza virus and is expected to continue to circulate for some years to come. Therefore H1N1 influenza episodes and seasonal influenza should now be treated on similar lines.

Background data on prevalence and natural history:

Such cases occur all round the year with peaks occurring generally during autumn and winter months. Virological surveillance data are available both globally and at National centers in our country.

Monitoring of respiratory disease activity

- Monitor for unusual events, such as clusters of severe respiratory illness or death.
- Investigate severe or unusual cases, clusters or outbreaks to facilitate rapid identification of important changes in the epidemiology, clinical characteristics or severity of influenza.

Clinical Presentation

The course of illness may vary. Severity varies from afebrile symptoms mimicking common cold to severe prostration without major respiratory signs and symptoms, especially in the elderly. Fever and systemic symptoms typically last 3 days, occasionally 5-8 days, which gradually diminish. Cough and malaise may persist > 2 weeks. Second fever spikes are rare. Full recovery may occasionally take several weeks longer, especially in the elderly.

Usually symptoms are body ache, cough, running nose, head ache and malaise. Less commonly symptoms like diarrhea, pain abdomen etc may occur.

The following complications of influenza have also been noted in adults :

Exacerbation of chronic illnesses may occur. These include congestive cardiac failure, coronary artery disease, COPD, metabolic disease (e.g. diabetes). There may also be bronchitis, sinusitis, dehydration, reactive airway disease, pneumonia, cardiac involvement (myocarditis, pericarditis), musculoskeletal involvement (myositis, rhabdomyolysis),invasive bacterial co-infection (sepsis, pneumonia), infection with bacterial pathogens (Staphylococcus aureus : MRSA, MSSA), Streptococcus pneumoniae, Group A Streptoccocus, Hemophilus influenzae and toxic shock syndrome.

Usual symptoms in children are:

- Mild to moderate complications include otitis media, bronchiolitis, croup, reactive airwaydisease.
- Severe complications include diarrhea, dehydration, sepsis, exacerbation of chronic illness, febrile seizures

High-risk groups for complications of influenza include

- Pregnant women
- Infants and young children, (<5)
- Elderly, (>65)
- Persons of any age with chronic conditions like chronic pulmonary (COPD, asthma,

bronchiectasis etc) or cardiovascular conditions, chronic neurological conditions that impair breathing or clearance of respiratory secretions, chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, immunosuppressed, immunocompromised, (HIV, TB on immunesuppressive drugs, cancers etc)

<u>GUIDELINES FOR THE PATIENTS TREATED AT HOME ARE AS FOLLOWS</u>

Patients should:

- Avoid smoking
- Patient should avoid touching his/her eyes, nose or mouth.
- Avoid close contact with others. If inevitable, they should always maintain at arm's length.
- Wash hands frequently.
- Self monitor health and report to identified health facility in case of worsening of symptoms.
- Observe cough etiquette.

Patients/ caregiver advised home care should look for the early warning signs mentioned below and report immediately to the healthcare facility

- Fever remains high and not responding. Persistent high fever beyond 3-4 days.
- Difficulty in breathing or pain in the chest while breathing
- Coughing of blood tinged sputum
- Sensorium gets altered with change in behavior (confusion, incoherent speech etc), loss of consciousness as noted by the caregiver.
- Patients with co-morbid conditions (such as hypertension, diabetes, bronchial asthma, COPD etc.) need to be observed for worsening features of the associated co-morbidity
- In young children, irritability, not accepting feeds, vomiting, fast breathing rate and seizures are signs that needs immediate attention and doctor's consultation. The patients managed at home should be instructed to report to the health facility immediately upon noticing any of these warning signs.

Samples for Real time-PCR for influenza should be sent if the patient has one or more of the following.

- Severe disease – complicated, severe or progressive respiratory distress in both high risk and other groups with warning signs.
- Cluster of cases
- High-risk individuals with influenza-like-illness (ILI)

All these patients mentioned above require testing, immediate treatment and hospitalization if necessary. However patient needs to be “investigated for other seasonal illnesses like dengue and malaria.

CLINICAL MANAGEMENT OF SEASONAL INFLUENZA PATIENTS IN THE HOSPITAL SETTING

In-hospital care should lay due emphasis on decision making on the following issues:

- Complications of influenza
- Worsening of any pre-existing medical condition and other considerations like high risk groups
- Tools that should be utilized in the process include CRB65/CURB 65 / other criteria, clinical/ radiological evidence (pneumonia, ARDS)

Repeated evaluations should be performed using clinical examination, pulse oximetry and early warning scoring system. Warning signs in adults include the following.

- Dyspnoea
- ALI (Acute lung injury)–pneumonia
- Hypoxia (pO_2 < 60 mm Hg, SpO_2 < 90% or rapidly falling oxygen saturation)
- Hypercapnia
- Refractory hypotension
- Septic shock
- Acidosis
- Altered mental status
- Persistent fever

Severe disease is suspected in the following situations.

- Clinical and radiological signs of lower respiratory tract disease are present
- Shock and multi-organ failure
- Exacerbation of underlying disease
- Progressive disease with respiratory compromise
- CNS complications
- Invasive bacterial infection

The principles of in-patient treatment are as follows

- ABC's
- Supplemental oxygen and respiratory support
- Treat shock with IV fluids
- Treat viral infection
- Treat secondary or coexisting bacterial infection
- Standard ICU protocols should be followed
- Stress ulcer prophylaxis
- Head elevation
- Glucose control
- DVT prophylaxis
- Nutritional supplementation and rehydration
- Non-aspirin antipyretics for fever and pain

- Conservative fluid strategy

Other supportive care

- All necessary infection control (standard + droplet) measures should be instituted
- All body fluids and secretions should be considered potentially infectious
- Necessary supportive care with oxygen, paracetamol and hydration should be provided
- Mechanical ventilation for respiratory failure should be available in the ICU

Anti-viral treatment

- Only following category should be treated:
  Severe and progressive illness
  High risk group
- Anti-viral treatment should be instituted. There is no role for chemoprophylaxis.
- Treatment should be given wherever the patient presents, even in case of late presentation.
- The primary drug for treatment of influenza is oseltamivir which is a neuraminidase inhibitor. It is available as oral capsules and syrup formulations. Oseltamivir still remains the drug choice as oral medication has a higher lung bio availability.
- The other drug which is available as a dry powder inhaler is Zanamivir. Oseltamivir is available as 75 mg capsules.
- It is to be stored at room temperature (15-30°C) as well as a liquid suspension for pediatric use.
- The dry powder is to be reconstituted with 23 ml of drinking water.
- Refrigeration is required and it is to be used within ten days of reconstitution.
- The adult dose is 75 mg twice a day for 5 days.
- For children < 15 kg it is 30 mg twice daily, 15-23 kg : 45 mg twice daily, 23-<40 kg : 60 mg twice daily, > 40 kg : 75 mg twice daily.
- Check dose for infants < 3 months-12 mg BD, 3 to 5 months-20 mg BD, 6-11 months-25 mg BD.
- The duration for all cases is five days in case of treatment. However higher dose and duration can be adopted in severe cases
- The principal side effects are nausea and vomiting. The serious but less common side effects include allergic reactions, skin rash, facial swelling, neuropsychiatric reactions and hepatitis.
- Zanamivir is to be used in the dose of 2 inhalations (5mg each) twice daily for 5 days incase of treatment for patients > 7 years of age.
- For prophylaxis in patients >5 years of age, it is administered as 2 inhalations (5 mg each) once daily. The duration is determined depending on the clinical setting.

- It has a low systemic absorption; 7-21% of the dose reaches lower airways.
- Adverse effects include bronchospasm, nausea, diarrhea and headache.
- Inhaled zanamivir treatment is not recommended for influenza patients with underlying pulmonary disease, including asthma, unless there is close clinical monitoring, because of the apparent risk of severe, sometimes, fatal bronchospasm.
- Rapid access to bronchodilators is advised.
- Choking of ventilator filter may occur following nebulization with zanamivir.

Anibiotic use

Antibiotic prophylaxis should be avoided particularly in the OPD setting. Antibiotics can be used when pneumonia is diagnosed and bacterial infection is suspected. Treat according to published evidence based guidelines. The commonly recommended antibiotics that are to be used as per appropriate background include macrolides, doxycycline, and respiratory fluoroquinolones, beta-lactams (amoxicillin, co-amoxyclav, ampicillin-sulbactam, cefuroxime, cefpodoxime, cefprozil, cefotaxime, ceftriaxone and anti-pseudomonal antibiotics) if indicated.

Drugs to be avoided

- No aspirin or aspirin-containing products should be used for patients <18 years of age
- Corticosteroids are to be avoided unless indicated for other reasons.

Non-invasive ventilation (NIV)

Although NIV is not a modality of choice, it should be used in milder cases of ARDS where the patient is conscious, and all other indications for this modality are satisfied. However, close monitoring of patients is required. Patients with the following criteria may benefit with initial trial of NIV.

1. $PaO_2/FiO_2 > 200$
2. APACHE II <6

Contraindications to NIV include unconscious patients, those with severe and refractory hypoxemia and patients with excessive secretions.

Ventilatory management of severe disease in H1N1 influenza

The overwhelming majority of patients experience mild respiratory illness. Very severe and fatal ARDS may occur, particularly in young healthy people and pregnant ladies. Strategies to treat severe ARDS include adequate oxygen therapy, low tidal volume mechanical ventilation (lung protective ventilator strategy-LPVS), and ARDS rescue strategies (recruitment, prone positioning etc.).

Overview of ARDS ventilator management strategies:

- Patients with ARDS should be first managed using lung protective ventilation strategy (LPVS)
- ARDS Network ventilation strategy may be observed
- Maintain tidal volume 5-7 ml/kg PBW PCV/VCV with Plateau Pressure < 30-35 cm H_2O
- PEEP to achieve adequate oxygenation at FiO2 < 0.6
- **Criteria for failure of LPVS are as follows:** on LPVS for > 24-48 hours and PaO2 < 55 mmHg on > 70% O_2 and PEEP > 15; on LPVS < 24 hours and PaO_2 < 55 mm Hg on 100% O_2 and PEEP>20.
- In case of failure of LPVS, consider using prone positioning, recruitment maneuvers or inhaled NO.
- Liberal fluids should be advised
- Treatment for every patient should be individualized Vaccination
- High risk cases may be vaccinated subject to assessment of risk-versus-benefit.
- Health care professionals handling high-risk patients should also be vaccinated.

Summary:

Influenza now behaves identical to seasonal influenza. Therefore its management should be similar to that of patients suffering from seasonal influenza. Clinicians should, however, be aware of the potential of H1N1 virus to cause severe hypoxemia, ARDS, MODS and pulmonary thrombi. Close monitoring for warning signs, indicative of severe disease, should be performed.

With severe hypoxemia, consider early transfer to ICU with expertise in treatment of severe disease. Emphasis is laid on prompt antiviral therapy, conservative fluid strategy, and severe ARDS management including invasive ventilation.

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The sun goes down,
But gentle warmth still lingers in the air..
The music stops,
But the sweet sound still echoes in the ear..
For every joy that passes,
Something beautiful always remains
somewhere..

Dr. P. P. Kamath

STITCHLESS PERCUTANEOUS ENDOSCOPIC DISCECTOMY UNDER LOCAL ANAESTHESIA

DR.J.SRINIVAS
Consultant Neurosurgeon, Endoscopic Spine Surgeon
Department of Neurosciences, AIMS Hospital, Dombivli.

Percutaneous endoscopic discectomy is a minimally invasive method and offers many benefits to the patients but extensive surgical practise is required to become a capable surgeon.

Microdiscectomy is still the standard method of treatment due to its simplicity, low rate of complications and high percentage of satisfactory results, which exceed 90% in the largest series. Endoscopic transforaminal discectomy appears to be a reliable method, able to give similar results to microdiscectomy, provided the surgeon is expert enough in the technique, which implies a long learning curve in order to perform the operation effectively, with no complications.

Stitchless percutaneous endoscopic discectomy is a gift to the patients for speedy recovery and it is a day care procedure as well. In regard to this I would like to share my philosophy of thinking about the past and present.

When is surgery not indicated ?

Traditionally surgery was mainly done in past for paralysed nerves. Due to changing economic scene, patient demands, realities of life and with better diagnostic abilities- nowadays we do offer surgical solution for persistent pain.

Surgery is NOT indicated when the pain is resolving, or is better with medication, or activities of daily life are not hampered. It is also not indicated when it is entirely due to inflammation or swelling of the nerve as this goes away with time. Real key is to know which pain will go away and which will need intervention or surgery.

Why is surgery needed anyway?

When natural resolution of nerve swelling fails due to a mechanical cause and all natural efforts are exhausted we need to intervene.

Traditionally empirical time frame of 6 weeks is put for trying out non surgical measures.

In 21st century, there is NO scope for trial and error. By Gore method we can identify mechanical compression and inflammation separately and treat with certainty.

Indications

- Annular tears associated with discogenic lumbar pain as determined by evocative discography
- All disc herniations and protrusions accessible through foramen whether contained ,extruded or sequestrated
- FBSS from foraminal fibrosis, recurrent disc prolapse
- Lateral canal stenosis, sometimes needs biportal entry
- Foraminal osteophytosis
- Juxta facet and pedunculated synovial cysts
- Discitis
- Ideal for recurrent disc prolapse/ second time surgery as we are planning through virgin area

HOW is traditional surgery done? WHY?

It was done by cutting from back and removing large portion of bones in the back,making muscles weak, scarring the soft tissue and ty of the back.

damaging strength and flexibility of the back.

The claims about minimally invasive or endoscopy by other methodologies lack evidence as they are minimally invasive only at skin. Under the skin they are TENT surgeries with wide cutting of deeper tissues. It is old surgery in new clothing.

How is this procedure (stitchless percutaneous Endoscopic Disc Surgery) done?

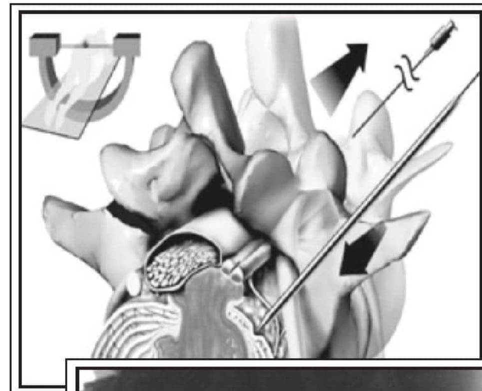
Procedure is a day care procedure, done under local anaesthesia. It is a suture less/stich less procedure.Procedure is as follows-

Needle will be placed into the problematic disc space, Dilator will be inserted over the guide wire.Then scope is introduced and surgery is performed. Procedure takes about 1 – 1 ½ hour. Patient can be mobilised immediately and can be discharged after few hours of the procedure.

What about complications

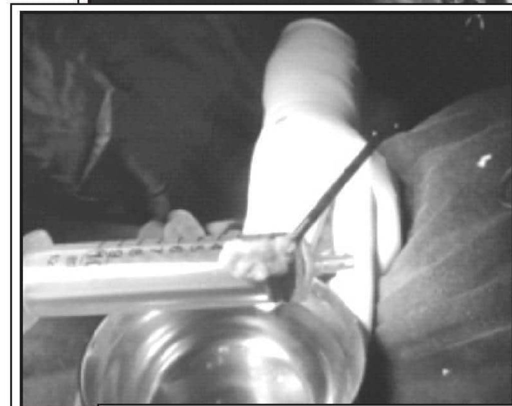
- Significantly minimal when compared to other procedures
- Almost zero chances of dural tears
- Nerve injury is uncommon as patient is awake and patient will get radicular pain if a nerve is touched and he will guide where not to do surgery

- It can be done safely in very old aged people /in a patient with associated comorbid conditions who is suffering from lumbar disc disease



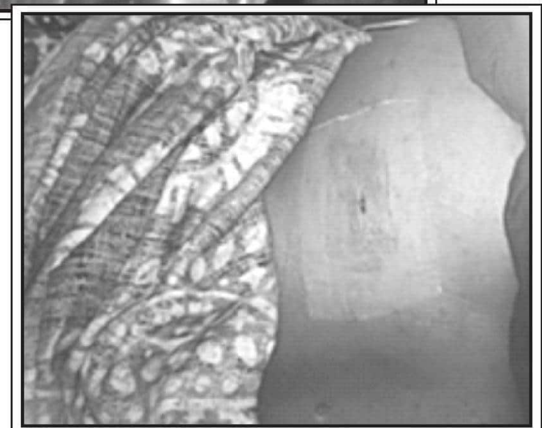
Highlights

- Pain generators are in the foramen and we are landing on them directly through this approach.
- Other minor procedures are also done in the same route like root blocks etc.
- Done under local anaesthesia while talking to the patient- a patient guided procedure.
- Can be done safely when there are comorbid conditions also.



Conclusion

Percutaneous endoscopic discectomy is a truly minimally invasive method and offers many benefits to the patient like short stay (day care) at hospital and speedy recovery and avoidance of lot of complications associated with traditional surgery.



MEDICAL TECHNOLOGY.... ENHANCING THE ART!

Malcolm Gladwell, author of BLINK & TIPPING POINT, caught my attention last week. I am an avid follower of Medscape website, and a lot of useful articles pertaining to my work keep popping up. So the other day when my mobile blinked and the name of Gladwell came up, curiousity got the better of me. I opened expecting some gyaan regarding 'work-life balance' and 'instant ideas changing your life', but was confronted with a strange question put to Mr. Gladwell "how would you like the doctors of tomorrow to be?" Just think how clichéd the question and answer would be, should it have been put to an ordinary person. Great talks about skill, dedication & technology would come up. But Mr. Gladwell is no ordinary person and he replied in his classic out of the box style. He put it in the perspective of his ageing mother which very well reflects the current western demographics. He said "what my mother really wants is an individual physician who listens to her, whom she trusts and whom she can occasionally have a long conversation with...."

Seriously...I mean no advanced MRI, no hi-tech cardio intervention, no targeted chemotherapies, no nothing... just simple human to human interaction! Then what happens to the things we hear, the magic that mesmerizes all us professionals - genetics, robotics, nanotech...? What is finally medicine?

Is medicine a science? Is it an art? Is it a means of keeping people alive? Or is it more? ...To bring joy and cheer in the communities? Is it to save a life by employing the latest gadgets in the armamentarium to extricate a cancer gnawing at a young man? To conjure up a cure using the magical potions given by the pharma wizards for the deadly bugs that are wreaking havoc within a delicate baby still in its mother's arms?

Since last 25 years, ever since the science part of medicine passed from public to private hands, we are enabled with ever changing, ever developing technology to fight diseases more fervently and more efficiently but at a considerable cost. By cost, I don't mean only the financial cost but also the cost that the art of medicine has to pay. When a doctor acquires a fancy gadget or a new drug, he gets a feeling of invincibility. His/her feeling of being a superior being is all the more enhanced and the gadget only embellishes his/her ego. As General Miles in the movie Avatar, the sole aim of technology then becomes to reign supreme even over the forces of nature. This brings a terrible change in the personality of those who are not trained in the Art of Medicine. The end then justifies the means. The patient and his body then becomes a battlefield where two powerful elephants of war - technology and disease, fight. And we all know what happens to the grass when elephants fight! The other

cost to pay is the reckless use of technology – which is sometimes even unjustified, and strikes at the very heart of the Hippocratic oath - "Primum Non Nocere - First do no harm".

So what does one do? Burn our robots, empty our antibiotic vials and return to faith healing? Of course not! The challenge to the modern doctor is to harness these powerful forces to bring about a holistic cure for the maladies of the human race. To do that, one must understand that medicine is not a pure science but an applied one. This was first pointed out by Francis Bacon who said that applied science is the application of pure science to particular class of problems. Applied science can never be "value- neutral" - it will be always influenced by cultural forces - customs, beliefs and thoughts of the people you deal with.

We all face this peculiar problem of a "Muhurat Caesarean section" or doing the surgery after "Rahu Kaalam" . I am sure most surgeons give in but feel unscientific about it. Don't! As long as you are not compromising medical principles, it is ok... you are not being unscientific but conforming to the art part of medicine. It comforts the patient and his family, gives them confidence and helps in healing.

At the same time when the so called patient activist says that technology is used only to increase the costs of care and in good ole' days, increase the costs of care and in good ole' days, physicians used to diagnose with a hand on pulse, he is being naive at best and dangerously foolish at worst.

If it were not for technology, then we could not have brought the infant mortality rate from 145 /1000 live births at Independence to 40 . We now live to the average ripe age of 66 years instead of 41 years in 1960. In my field of oncology, we now have survival rates of 95% for early stage cancers. Patients look forward to getting cured from their disease and returning to a healthy productive life instead of staring at death and devastation. Not only is cure now a distinct possibility but a return to normal function is also possible. In tech starved times we never thought that esophagectomies could be done through three holes made in the chest or a gallbladder could be removed without a large incision on the tummy or rectal cancers could be cured without giving patient a permanent colostomy. Epidemics like cholera and plague which devastated populations are now mostly memories.

There is one more thing about technology in medicine which we never think of! In no other profession the use of technology has been so secular. The effusion of technology to the poorest of the poor is by far the maximum in medicine and I would unabashedly and without being modest credit that to the doctor

without being modest credit that to the doctor who uses the best possible tools by compromising his/her own fees. Compare this with air travel, which still remains out of reach of most of the people. Or even the ' ubiquitous' internet... internet penetration in India is still limited to 236 million people out of a billion. Technology in medicine doesn't mean only robotics. It also means a polio vaccine, a Jaipur foot!

So where is the connection? I believe the connect will come when we see technology as a tool to practice better art. The master having more choice of colors, the singer with full orchestra, or a dancer with a magnificent backdrop. It should give us so much strength that when we hold a suffering patient 's hand, there should be a gentle yet firm calmness that heals the patient's wounded confidence and instills in him a will to surpass and surprise even a healer's ability to heal!!!

- Dr Anil Heroor
Head, Surgical Oncology,
Fortis Hospital, Mulund
Director, Oncohope Clinics,
Dombivli- Mulund- Thane.

POETIC VOICE OF AN ELDERLY WITH A FEAR OF FALL

Oh my dear son! Remember Humpty Dumpty fall,
I have become a doll and likely to have a fall.
Reports and medicines indicate I am old,
Can't run behind the pot of gold.
Leave alone running, can't walk without support,
Fall can be a pleasure if there is support.
Systems are weak, nocturia is the alarm beep,
Waking up is no pleasure, allow me to sleep.
Brain is the weakest link,
Can you replace the chip, please think.
Morning fall is very likely, I say,
Take care, I do not want to spoil your day.
Would like to earn only best wishes and blessings,
Rather to depend on siblings.
Life is full of sorrow and joy,
I only dreamt when I was a boy.
Life is an opportunity for sharing,
Please remember, it is the dead which teaches the living.

Dr. S.Ramnathan Iyer
Consultant Physician & Consultant Sleep Medicine

Dr. Revati R .Iyer
Consultant Gynaecologist and Obstetrician.

Few days back I was watching 'Psycho', which I had watched at least three times. The film caught me so well that I had to complete the movie and couldn't leave it halfway. This tempted me to watch more films again and again...'The 39 Steps'... 'Rebecca' [Hindi film 'Kohra' was based on 'Rebecca']... 'Vertigo'...'The Man Who Knew Too Much'... 'North by Northwest',... etc.

What's the magic Hitchcock plays and gets you hooked even after so many years? He is believed to be the master of Psycho-thrillers but when you watch him keenly, I think, he is far beyond that. I had seen many of his films repeatedly. When you see a suspense thriller once and know the crux, the suspense, it can catch you again and again only if it can offer you something more than the suspense scenes.
Hitchcock is master in developing a scene. Every dialogue is apt enough in designing the graph of the film and leads us to the climax. The detailed discussions of the characters are interesting and nicely crafted, so as to give us the exact idea about the philosophy of the character, whatsoever.

He is known to be very particular about the details in his own scripts and screenplays. I still remember the photograph, I had seen long back, some thirty years back, in a magazine. It was showing Hitchcock in full figure, standing beside a pile of books of more than his own height. They were believed to be his screenplays!! He never developed a movie as a continuous action as you see in many Hollywood films. Probably they never want you to relax because they are in a constant danger of loosening the grip, the chance they would never like to take. But Hitchcock is confident enough to take these chances. Rather he knows how to let audience loose and think on his own terms and get them back to the action, developed with minute and interesting details to try on your patience even in action scenes. That is why he is still studied and followed by the directors even today!

In his teens, he read 'The Picture of Dorian Gray' [a great novel by Oscar Wilde]. This novel influenced him deeply and he practically read it several times and studied it. It reflects in many of his films like, 'The Lodger', 'Murder', 'Rope', 'Vertigo', 'Psycho' etc. In the preface of this novel Oscar Wilde says, 'There is no such thing as moral or immoral book'. Hitchcock accepted it as not just book but any form of art, which he could follow in his career. He believed in throwing away considerations of morality – as far as art is concerned. In 'Rear Window', his protagonist, photographer Jeff [James Stewart] says, 'I wonder if it's ethical to watch a man with binoculars and long focus lens!'. This is what Hitchcock wants us to believe and throw away the moral values whatsoever you have, when you try to perceive any art in any

form. The whole film is depending on Jeff watching opposite flat and the events there, to kill time!
Hitchcock also used to say that everything is perverted in a different way. This he uses in many ways as to develop a character, a plot, a scene or a movie itself.

He constantly uses the persistent existence of the 'Battle of Sexes' in this world. The world believes it to be, say –Adam and Eve, man woman relationship or whatsoever...but his films show very interesting discussions going on in between these two characters and makes us believe to be real as it may happen in any given time. These philosophical dialogues clearly indicate the difference in approach by a man and a woman and he uses it masterly to craft his suspense very well. He chooses his artists espcially ladies in such a way that the philosophy they deliver as dialogues, suit them very well. This is where he stands apart and his films are still likable.

About his personal influences, he loved his mother deeply and he shows it in many of his films where a strong and dominating character of a mother is established. He also adores his wife Alma and confesses 'If I had not met Alma, I could have become a poof'.

A strong but creative madness is the main force behind many great artworks. He is not an exception. He is very well aware of idiosyncrasies and their unusual effect on a man's behavior. He never used suspense just for the sake of it but always tried blending of human emotions, like: oedipal complex (Psycho), simple love story (North by Northwest, To Catch a Thief etc.), a bit complex and puzzling love story (Vertigo...which itself needs special reference..), a memory game to solve mystery (39 steps), a twist in a 'deceitful' friendship (Frenzy) and many more...well he has more than fifty feature films to his credit from 1925 to 1976 and innumerable short TV films!!!

He was a practical joker in his private life but he knew the wit in those jokes being his own strength and could use it when and how he wanted. He wanted to shoot the famous 'The 39 Steps'. The first scene of the first day of shoot was of both Pamela (Madeleine Carroll) and Richard (Robert Donat) being handcuffed together. For practice session they were handcuffed and when they were to be relieved after that, unfortunately the key of the handcuffs was misplaced! Both were disgusted at once. Robert Donat wrote about the incidence- 'For nearly one hour I shared this enforced companionship, while the hunt for the key was sustained. There was nothing else to do, so we talked of our mutual friends, of our ambitions and of film matters generally. Gradually our reserve thawed as we exchanged experiences.' When Hitchcock saw that both of

experiences.' When Hitchcock saw that both of them were getting along enough as he wished them to be, the key was 'found'!! This is what he could do to make them (the 'Stars') work at his tunes and forget their differences! Can any Bollywood director try this on our stars?

Now I would like to mention his masterpiece 'Vertigo'. This film is different than his most loved 'Psycho'. To start with, there is no murder mystery to solve. The protagonist, Scottie (James Stewart), a police detective, is a patient of vertigo which was induced during a chase when his colleague dies from falling off a rooftop. For the whole movie he is having phobia-vertigo probably due to the guilt of his colleague's death who tried to save Scottie. Eventually he accepts a job of a private detective for one of his college friends, Gavin (Tom Helmore). Gavin is confused due to his wife Madeleine's (Kim Novak) strange behavior, whom Scottie has never met. She is a wanderer and keeps on believing to be reincarnation of Carlotta, a lady in gone era. She keeps on wandering in graves, museums and many odd places for the whole day and Scottie keeps on following her everywhere. We as viewers are informed with Scottie about the developments equally well and confused!! Madeleine tries to commit suicide and Scottie comes in the scene to save her, naturally as it appears to be. An obvious romance develops between them and we get confused as to the whereabouts of the so called SUSPENSE!!!

whereabouts of the so called SUSPENSE!!!
Then Scottie's search for Carlotta's past begins and Hitchcock keeps us dragging along with him. We, as viewers, and Scottie are totally clueless and here Madeleine's half woman half phantom story takes the final turn. She tries to commit suicide again from a church tower where Scottie could not save her due to an attack of vertigo. No suspense at all, everything being crystal clear, for Scottie as well as the viewer, till he finds Judy who resembles dead Madeleine. Now Hitchcock takes us in confidence... but not his protagonist, Scottie ; and the whole SUSPENSE takes a wonderful turn and...ok, I have to apply brakes here!!! Now if you have not seen Vertigo, you are bound to see it and if you have seen it long back, please watch again to re-enjoy!! This is the magic of this master storyteller...!!!

No doubt he uses a very well designed melodrama, he never follows the 'normal' graph and the viewer is caught napping and gets fooled very easily. Though he fools you, he gives you certain hints as lead in his own style, but you tend to miss them. Though he is believed to be under the spell of 'The Picture of Dorian Gray', he blended Oscar Wilde with his own genius and practically ruled over suspense thriller cinema and...well...still rules!!!

-Dr. Sanjay Ranadive

A Letter from Mother to Son

26/09/2015

Dedicated to all the children in medical colleges..

Dear son,

You are one of the lucky few, chosen to be the proverbial hand that heals ,making you an angel of God..

But..Remember.. You Are Not God. Always do your duty as best as you can. ..put your heart & soul into whatever you do..

treat each patient as your own kin.. but Do Not expect to win each time. Just like in any other profession, there will come times when you will face unsurmountable challenges, when your heart may bleed for your patient but your hands may be tied..compelling you to fail..

Then..., my dear son, continue to do your best.. have faith in God..

Have faith in yourself ..as you have done All That Could be done. Above all, Stop Expecting Anything From Anyone.

The world is a strange place. On one hand, you will find patients falling at your feet, thanking you profusely for saving their lives, placing you on a celestial altar. And on the other hand, you will see emotionally charged, aggressive relatives venting their anger at you at the loss of their loved one despite your untiring & best efforts. Remember..both These Extremes Of Emotions Are Untrue.yes. They are mere emotions. What Truly & Only Matters Is That You Do Your Best In All Situations. Don’t get bogged down by incidents like this. There will always be patients & relatives who cannot understand you or the situation. Do not expect that people will understand you. Life will always be unfair. You don’t need people's sympathies. All You Need is to remain calm, composed & yet firm. Never Ever Regret Your Decision Of Taking Up Medicine..

Always Remember..

Those who run away from challenging situations or get disillusioned don't deserve such a rewarding profession..Let the businessmen of the world make their money..

Let your friends in the corporate world go globe trotting living life kingstyle..

Remember..

Each of them have their own problems & pressures. There are risks that you need to take in every walk of life. Life Is Not A Bed Of Roses..

For Anybody..

Remember..you are here ..for a Purpose... on a Mission...

& your biggest & best reward is the smile on your patient's face, the gleam in his eyes & the gratitude is his eyes ...which is beyond all the money in the world put together!! So, fill love in your heart, courage in your soul ,a smile on your face..and put your best foot forward..each day!!

For..you truly are God's own children!!

- Dr. Anagha Heroor

(a worried mother writing to her son who had just got admission for MBBS in Seth G. S. Medical College, in light of the incident at KEM Hospital)

Congratulation

Dr. Pushkar Satish Varde

S/o Mrs. Veena and Dr. Satish Varde

- Completed Ph.D. in Bioengineering with special focus on Polymeric biomaterials at Syracuse University, New York
- Working at Vicapsys inc. at Athens, Georgia, USA ; as Research scientist-1 (working on Alginate Cell Encapsulation Based Therapy In Type I Diabetes)

Dr. Prajakta S. Kamat

D/O Mrs. Veena and Dr. Satish Varde

- Did her BDS from Govt Dental College and Hospital ,
- DDS (Doctorate of Dental Surgery) *from* University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA.Graduated Salutatorian of the class & with honors.
- *Currently, working as* **faculty in Dept. Of Integrated Reconstructive Sciences (** *University of the Pacific, San Francisco, California).*

Archana Ghangrekar

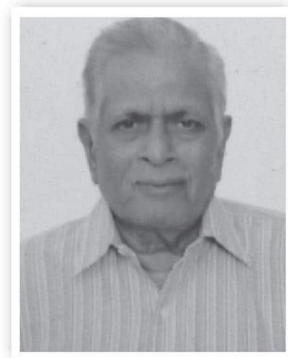
D/o Dr. Anagha and Dr. Vijay Ghangrakar

- completed her Computer Engineering from Vivekanand Institute , Chembur in 2010
- Joined Film and Television Institute of India in Pune. Presently studying in FTII in final year in Cinematography.
- First worked as an Assistant Cinematographer to Killa fame Avinash Arun in feature film called Massan. This feature film received Two awards in Cannes Film Festival.
- Later worked as Asst. Cinematographer to Avinash Arun in Drishyam, starring Ajay Devgan .
- Recently ,she finished her first Independent feature film (English) which is yet to be named .

This feature film will be competing in festivals like Sun Dance - Berlin.

ADIEUX

Dr. D. T. Mannur
(19.11.1934 - 03.09.2015)



Our Senior colleague Dr. D. T. Mannur stood out quite prominently as the good ole' family physician (a dying breed really, in the present era.) He truly personified almost all qualities and the mindset a general physician would need to possess to make a mark.

Born in Tardel (Karnataka), his formative years were influenced by his father who had been an Ayurvedic Physician. The senior Dr. Mannur silently nurtured the young lad into the world of medicine - which certainly shaped his future.

He did his MBBS from Nair hospital. His destiny brought him to Dombivli - a sleepy village back then - where he eventually clocked 52 years of dedicated service. what a meaningful life span it had been ! He started his practice when there were no much facilities to speak of. One had to depend on clinical accumen, and of course, imagination.

Business never ruled his mind. His working days would be consumed in visiting patients in far away places; Ayre, Nandivli, Old Dombivli & many nearby places. come rain or sunshine, he'd be always on his feet to meet challanges. Steadily yet surely, he was seen as a father figure, a caring doctor - an image of him remembered by countless patients even today. It was this persona of his, that got him elected as people's representative (Nagar Sewak) years ago, to the local municipality.

Life took some difficult turns too. He was struck by Transverse Myelitis in 1986 -which stopped him in tracks for over four months - making him lead a wheel chair ridden existence back then. But, he gradually overcame this hurdle too - and got more busy as ever in his dispensary. Events like this make one aware of our own mortality and that life is never a cakewalk for anybody.
He'd been ailing for over two years before the end came eventually - on 3rd September 2015; he will be always remembered by his colleagues in IMA - his patients - and society in general, as a good, pious, simple & caring human being.

Adieux Dr. Mannur.
R. I. P.
Dr. Shyamkant C. Ghotikar

विवेकनिष्ठ विचार पद्धतिचे महत्व सांगणारे एक पुस्तक

अल्बर्ट एलीस यांनी विकसित केलेली Rational Emotive Behaviour Therapy (ERBT) हे जगाला मिळालेले वरदानच आहे. विवेकाचा वापर करुन व्यक्तिने स्वतःच्या समस्यांचे आकलन स्वतःच करुन घेणे व त्यावरुन स्वतःच्या विचार प्रक्रियेत, वागणुकीत, विविध समजुती व गैरसमजुतींमध्ये सकारात्मक बदल घडवून आणणे हे या उपचार पद्धतीत अपेक्षित आहे. उपचार कर्त्याला संबंधित व्यक्तिला यात हीच मदत करणे अपेक्षित आहे. तशी ही पद्धत कमी अधिक प्रमाणात स्वतःला कळत नकळत प्रत्येक व्यक्ति आचरत असतोच. 'आत्मैव ह्यात्मनो बंधु, आत्मैव रिपुरात्मनः' असे सांगणारी गीता किंवा 'तूच आहेस तुझ्या जीवनाचा शिल्पकार' असे प्रतिपादन करणारे कुणी गुरु. यांची थोर परंपरा केवळ भारतातच नव्हे तर जगात आढळते. पण या पद्धतीला एक वैज्ञानिक दृष्टीकोनाने बघणे आवश्यक आहे नी थोर मनोवैज्ञानिक अल्बर्ट एलीस यांनी आयुष्यभर हे कार्य केले. त्यांच्या स्वतःच्या आयुष्यात अनेक खडतर प्रसंगांना त्यांना तोंड द्यावे लागले, त्यासाठी त्यांनी स्वतःवरच प्रयोग केले व स्वतःची ही संकल्पना अधिक लोकाभिमुख व वास्तवाशी जुळवून घेणारी आहे याची जगाला ओळख करुन दिली. न्युयॉर्क स्थित अल्बर्ट एलीस इन्स्टीट्यूट द्वारे जगभरात या पद्धतीचे शिक्षण उपलब्ध आहे. व मानसोपचार तज्ञांद्वारे या पद्धतीचा जास्तीत जास्त अवलंब होतो.

या विवेकनिष्ठ विचार पद्धति (E.R.T.B.) वर बेतलेले डॉ. अद्वैत पाध्ये यांचे 'संवाद मनाचा, मनाशी' हे पुस्तक सर्वसामान्य वाचकांसाठी या पद्धतिची ओळख, उपयुक्तता व महत्व पटवून देणारे आहे. डॉ. पाध्ये गेल्या एक तपाहून अधिक काळापासून डोंबिवलीत मानसोपचार तज्ञ म्हणून कार्यरत आहेत. त्यांचा अनुभव, व्यासंग व समाजासाठी काही ठोस कार्य करण्याची तळमळ यातूनच या पुस्तकाचे लेखन झालेले आहे. हे पुस्तक म्हणजे त्यांनी लोकसत्ता या दैनिकात 'माझिया मना' या दर दोन आठवड्यांमागे वर्षभर लिहिलेल्या लेखांचे संकलन आहे. त्या लेखमालेला वाचकांचा प्रचंड प्रतिसाद मिळाला व अशा लेखनाची समाजाला असलेली गरज ओळखून ते लेख पुस्तकरुपाने प्रसिध्द झाले.

या लेखांमध्ये मनाच्या घडणीपासून तर प्रेम, भीती, सहजीवन, संवाद शैली, परंपरा, ज्येष्ठ नागरिकांचे मनोविश्व, अंधश्रद्धा, समाजस्वास्थ्य, विवाहसंस्था इत्यादी विविध विषयांवरच्या समस्यांचे निराकरण कसे करता येईल यावर यथायोग्य भाष्य आहे.

प्रत्येक लेख हा छोटेखानी स्वरुपाचा, सहज सोप्या भाषेतला व तेवढाच रंजक आहे. त्यात आपल्या भोवताल आढळणारी माणसेच आपल्या समस्या घेऊन पुढे येतात व डॉक्टरांचा सल्ला त्या समस्यांचे निराकरण करतो. अशा स्वरुपाची प्रत्येक लेखाची ठेवण आहे.

त्यामुळे क्लीष्ट, गहन विषय सुध्दा अगदी सहज लक्षात येण्यास मदत होते.

लेखांमध्ये विविध उदाहरणे व डॉ. पाध्येंच्या व्यासंगातून उमटलेली संत ज्ञानेश्वर, संत रामदास, मीराबाई, गीता, ज्ञानेश्वरी, दासबोध यातील उद्धरणे चपखल व वाचकांना पुनःप्रत्ययाचा आनंद देणारी आहेत.

प्रत्येक लेखाला दिलेले शीर्षक - आकर्षक व उत्सुकता जागृत करणारे आहे व तसेच अत्यंत समर्पक आहे. लेखांमध्ये विविध विषयांवर विविध उदाहरणे दिलेली आहेत. संतवाङमयासोबतच पाश्चात्य विश्वातले व आपल्या देशातील अनेक विद्वान, कलाकार, नेते या लिखाणात आपल्याला भेटतात. त्यांचे उल्लेख त्यांच्या इतर कार्याबद्दल उत्सुकता निर्माण करतात.

सद्यस्थितीमध्ये समाज विवेकशून्य होत चालला आहे की काय अशी भीती निर्माण झाली आहे. अंधश्रद्धा, बुवाबाजी, झटपट यश मिळविण्याची वृत्ती, नव्यानेच तयार झालेले सायबर विश्व, सोशल मिडीयामुळे भेडसावणारे अनेक सामाजिक प्रश्न - या सर्वांची व्याप्ती कमी होण्याऐवजी दिवसेंदिवस वाढत चालली आहे, व त्यामुळे समाजात विवेकनिष्ठ आचरण गरजेचे झाले आहे.

या पार्श्वभूमीवर व्यक्तींनी विवेकनिष्ठ विचार करणे आवश्यक ठरते. त्यामुळे त्याच्या वैयक्तिक समस्यांचे व तद्नुषंगाने सामाजिक समस्यांचे निराकरण शक्य होणार आहे.

डॉ. अद्वैत पाध्ये यांच्या या पुस्तकामुळे हा विचार जनमानसात रुजण्यास मोठा सहभाग लाभणार आहे. हे वाचनीच पुस्तक समाजातल्या सर्व स्तरांमधील लोकांना विवेकाची महती सांगणारे ठरेल यात शंका नाही.

पुस्तकाचे नाव : संवाद मनाचा, मनाशी
लेखक : डॉ. अद्वैत पाध्ये
नवचैतन्य प्रकाशन

- डॉ. माधव बैतुले

"ओळखलंत कां डॉक्टर मला ?"

"ओळखलंत कां डॉक्टर मला ?" पेशंट आला कुणी
कपडे होते भिजलेले, त्यात गटाराचं पाणी

मान आपली वाकडी करुन आधी जरा हसला
कसाबसा तोल सावरत खुर्चीमध्ये बसला

डुलत डुलत बोलला मग खाली थोडं वाकून
"अड्ड्यावरती जाऊन आलोय आत्ताच थोडी टाकून"

कशी हल्ली दारु पाडतात कळत नाही काही
पहिल्या धारेची घेऊन सुध्दा मुळीच चढत नाही

नकली दारु पितोय आणि त्यातच शोधतोय नशा
लीव्हर झाली खराब आणि शरीराची होतेय दशा

'दारु सोड' म्हटलंत म्हणूनच पोटात तिला सोडली
बायको गेली पळून आणि हिच्याशी मैत्री जोडली

पोटात होतेय जळजळ, जरा काळजी माझी घ्या
रॅनटॅक बरोबर दोन चमचे जेलुसिल तरी द्या

अड्ड्यावरती राडा करुन मार थोडा खाल्लाय
मला वाटतं वरचा एक दात जरासा हललाय

पोटावरती कुणीतरी फिरवून गेलाय चाकू
बिनधास्त घाला टाके तुम्ही करु नका का कू

रागावलेला मला बघून बरळतंच तो उठला
"अड्ड्यावरती डॉक्टर आज तुम्ही नाही भेटला ?"

खळखळून हसले सगळे पेशंट, खजील मी झालोय
काय करु मी सांगा सर, तुमच्याकडे सल्ल्यासाठी आलोय

सर तुम्ही काहीही सांगा, तुमचा सल्ला मी मानीन
"अड्ड्यावरती जाणं सोड" म्हटलंत तर
मात्र कानफाटीत हाणीन.

- डॉ. सतीश अ. कानविंदे

एक ही हसरत

एक ही हसरत अगर होती तो कह देते खुदा से
अनगिनत हो मंझिल तो क्या कहे हम रहनुमा से

खौफ है हरपल के होगी रु ब रु वो अब कभी भी
जी रहे मर मर के हर दम, डर रहे हैं जो कजा से

लाख कर दे तीरगी, उम्मीद ना सो पाएगी अब
कर न तू इन्कार मुझ से इस तरह दिलकश अदा से

बादलों के हरफ चारों ओर बिखरे आसमाँ पे
बारीशों की लिखी गझल कहती रही धरती हवा से

आजकल मौसम है बेमौसम, सभी ऋत है दिवानी
जो सितम हम ने किया उस की बगावत है फिजा से

हादसे के बाद अचरज बस यही करते रहे हम
आज तक जाने न कैसे बच गये हम हर बला से

आज भी मायूस है मेरी सुबह, अखबार पढकर
चंद खबरें भी न आयी ताजगी लेकर सबा से

हर कदम पर सोचते थे, फलसफा क्या जिंदगी का
फलसफा इतना ही निकला, कुछ न सीखा फलसफे से

- डॉ. प्रमोद बेजकर

नज़्म

रात की जुल्फों में मैंने फूल ख्वाबों के सजाए
दिन के पन्नों मे तुम्हारा नाम लिखता हूँ मैं अक्सर
डूब जाती है गमों के भँवर में यादों की कश्ती
है यकीं मुझ को सँवारोगी तभी तुम नज़्म बनकर

दूरीयों से मैं निभा लूंगा, मगर ना बेरुखी हो
तुम ख्यालों को मेरे रखना जिगर में अपना कहकर
जिस गली में है तुम्हारा घर वहीं से ही मैं गुजरु
हिचकीयाँ आए तो समझो, याद की दस्तक है दिल पर

चाहतों के पंछियों को दो तुम्हारा शजर इक दिन
उन के कूजन से करुँ आबाद दिल का शहर इक दिन
मैं लकिरों में तुम्हारे बस गया हूँ भाग बन कर
दिल के सहरा में मेरे होगी खुशी की लहर इक दिन

तुम खुदा बन कर मेरी अब रुह मे सिमटी हो ऐसी
हर कहीं खुशबू तुम्हारी, हर कहीं जलवा तुम्हारा
लफजों के सैलाब में बहता रहा हूँ , जैसे तिनका
क्या हुआ तुम को न पाया, नज़्म में हैं दिल तुम्हारा

- डॉ. प्रमोद बेजकर

प्रकृती गंभीर... पण स्थिर... !!!

एक धनिक अचानक
हार्ट अ‍ॅटॅकने मेला
मुलाने लगेच त्याला
हॉस्पिटलमध्ये नेला

डॉक्टरांना बोलला - माहितीय मला
गेले आहेत हे वरती
तरी पण करा यांना
आय.सी.यू मध्ये भरती

कळत नाही कशाला यांनी
घाई केली जायची
महत्वाची कामे बरीच
आहेत अजून व्हायची

सगळ्यांना सांगा 'प्रकृती यांची
आहे एकदम स्थिर
प्रयत्न आमचे चालू आहेत
सोडू नका तुम्ही धीर'

व्हेंटिलेटर ठेवलं आहे
असंच सगळ्यांना सांगा
भेटायला आलेल्या लोकांनी
लावल्या आहेत रांगा

कोरा चेक देतो तुम्हाला
तुम्हीच आकडा भरा
पण मी सांगेन तेव्हाच
त्यांना मयत घोषित करा

- डॉ. सतीश कानविंदे

खयाल

खयालों से कहाँ तकरार है ?
हमें तो आह से भी प्यार है

दिलाए याद हम को जिंदगी
कजा से जो किया इकरार है

पराये हैं जमाने के लिए
गझल जिन के लिये संसार है

भरी महफिल में तनहा और भी
कि तुम बिन बेसुरी झंकार है

गलत है कब कहा मैंने तुझे
पता है, ये तेरा किरदार है

न है तू रुबरु मेरे कभी
तेरा ख्वाबों में ही दीदार है

किसी को पंख सपनों के मिले
किसी को ख्वाब चुभता खार है

जहाँ मे हो न हो किमत कोई
घरों मे हर कोई खुद्दार है

सवालों से जरा राहत मिली
नई मुश्किल तभी तैयार है

सितारे नज्म, चंदा गीत सा
खुदा, शायर ही आखिरकार है

- डॉ. प्रमोद बेजकर

बिखर रहा है यहाँ हर कोई कहीं न कहीं

बिखर रहा है यहाँ हर कोई कहीं न कहीं
वही तडप है, वही बेबसी कहीं न कहीं ।

हमें तो आज जमाने से इक शिकायत है,
दिखाई देती है इक बेरुखी कहीं न कहीं ।

गमों को हमने जब से बना लिया अपना,
पराई लगती है हर इक खुशी कहीं न कहीं ।

वो हौंसला न कहीं टूटकर बिखर जाए,
दिलों को रौंदती है बेकसी कहीं न कहीं ।

करीब मौत के जाने की जब भी चाहत की,
पुकारती है हमें जिंदगी कहीं न कहीं ।

कोई मिले जो नई जिंदगी हमें दे दे,
उसी तलाश मे हैं आज भी कहीं न कहीं ।

- डॉ. अनघा हेरुर

'Diet' च्या गंमती जमती

आजकाल "डाएट" हा शब्द बरेचदा कानावर पडतो. "अय्या ! कित्ती बारीक झालीस गं ! डाएट वगैरे जोरदार दिसतेय ! छान छान !" "बरं जमते तुम्हाला डाएट बिएट" "डॉक्टर.. बारीक होण्यासाठी फर्स्टक्लास डाएट लिहून द्या. ह्यावेळेस नक्की करणार. गेल्यावेळी दिलं होतंत...पण तो कागद हरवला!"

"डाएट" चा शब्दशः अर्थ "आहार" असा आहे. मग तो संतुलित आहार, पौष्टीक आहार की कमी उष्मांक असलेला, ते रोगावर किंवा शरीरयष्टीवर ठरवायचे असते. पण लोक "कमी खाणे" असा घेतात.

मधुमेह, रक्तदाब, हृदयविकार, अर्धांगवायुचा झटका हे आजार केवळ चुकीच्या जीवनशैलीमुळे कमी वयात व लवकर शिरकाव करतात.

आपल्याकडे लठ्ठपणा रोग म्हणून बघितला जात नाही. त्यासाठी डॉक्टरांकडे धाव घेत नाही. पण त्यामुळे होणारे आजार झाल्यावर लोक वजन कमी करण्यासाठी धडपडतात आणि ते झटकन कमी व्हावे अशी इच्छा असते. एकदम नॉर्मल वजन होण्यापेक्षा ५ ते ७ टक्के जरी कमी झाले तरी खूप फायदा होतो.

त्यामुळे उपचार म्हणून सर्वात पहिल्यांदा आहार, व्यायाम व मनःशांती याला खूप महत्त्व आहे.

लोकांना व्यवस्थित आहार असावा, व्यायाम करावा वाटतेही पण "वेळच नाही हो डॉक्टर अजिबात" ही सबब तयार असते. व्यायामबद्दल एकूण आनंदच असतो. शिक्षा केल्यासारखे वाटते बरेच जणांना. नुसते "योगा" करुन वजन नाही कमी होत. वजन कमी होण्यासाठी गतिमान व्यायाम हवेत उदा. भरभर चालणे, पोहणे, सायकलिंग, टेनिस इत्यादी.

सुर्यनमस्कार हा ही एक उत्तम उपाय आहे. पण हे सगळे पटवून द्यायला ना डॉक्टरांकडे वेळ ना पेशंटकडे ! मग खूप गंमतीशीर संवाद होतात.

माझ्याकडे हल्लीच एक ३०-३२ वर्षाचे जोडपे मधुमेहाच्या उपचारासाठी आलेले. उच्चशिक्षित, नेट-सावी त्यामुळे नेट वरुन बरीच माहिती गोळा केलेली. आहार, व्यायाम व औषधे लिहून दिली, व एकदा आहारतज्ञाची भेट घ्या असे सांगितले. तसे ते दोघेही थबकले व म्हणाले "प्रॉब्लेम आहे. त्याचा काही उपयोग नाही. आमचा फ्लॅट किचन लेस आहे. फक्त ओव्हन आणि केटल आहे घरी!" मी आवाक! रोज सकाळी ऑफीसचे कॅन्टीन व रात्री रेस्टॉरंट मधे जेऊनच येतो घरी ! काय बोलणार....

काही लोकांना डाएट वर चर्चा करायला खूप आवडते. (करायचे काहीच नसते!) असा संवाद होतो....

पेंशट : डॉक्टर खूप जाड झालेय हो. औषध द्या की

डॉक्टर : अगं ! औषध नको. आधी डाएट कर, व्यायाम कर.

पेशंट : चालते मी एक तास, जमेल तेव्हा जाते मी. डाएट द्या...

डॉक्टर : ठिक आहे. भात, बटाटा, तळलेले पदार्थ, गोड कमी खा.

पेशंट : ह्या सर्वांना हात नाही लावत. नारळ आणि भात कोकणी असल्यामुळे बंद होत नाही हो - जेवल्यासारखे वाटत नाही. ह्यांना थोडेसे तरी गोड लागते मग मी पण खाते थोडे (!)

डॉक्टर : पालेभाज्या खा जास्ती...

पेशंट : पावसाळ्यात नाही खात आम्ही. आणि एरव्ही ही पोट बिघडते लगेच.

डॉक्टर : मोड आलेली कडधान्ये खा, कोशिंबीरी खा.

पेशंट : गॅसेस होतात आणि कच्च नाही चालत काही !

डॉक्टर : गाजर, बीट, ताजी फळे खा....

पेशंट : डॉक्टर ! शुगर वाढेल ना माझी... फळं कुठे

परवडतात... जाऊ दे गोळीच लिहून द्या, बघते ट्राय करुन

डॉक्टर : (!!!).... गोळी देते लिहून....

आमचे एक शिक्षक होते डॉ. सॅम मोझेस ते अशा पेशंटवर जास्ती वेळ न घालवता उपाय सांगायचे... कसे ते बघा....

डॉक्टर : किती पोळया खाता रोज ?
पेशंट : ४ सकाळी ३ दुपारी ३ रात्री
डॉक्टर : मेक इट हाफ !
भात किती खाता ??
पेशंट : सकाळी १ वाटी रात्री १ वाटी
डॉक्टर : मेक इट हाफ !
कोशिंबीरी, उसळी ??
पेशंट : अर्धी वाटी
डॉक्टर : मेक इट डबल - हे झाले तुमचे डाएट

भारतीय सण व उपवास यांची आपल्याकडे रेलचेल असते. ''एकादशी दुप्पट खाशी'' अशी म्हण आहेच की, खाण्याचे नानाविध प्रकार व त्या बनवण्याचे छपन्न प्रकार. त्यामुळे छापील डाएट काही कामाचे नाही. प्रत्येकाला वेगळे ''डाएट'' द्यावे लागते. हा दोन - तीन दिवसांचा खेळ नाही. वजन जसे एका दिवसात वाढत नाही तसेच कमीही होत नाही ! आहार व व्यायाम जीवनातील अविभाज्य भाग हवा. सांगणे सोपे आहे, करणे खूपच अवघड.

शेवटी दिलेले विडंबन काव्य पटते का बघा....

अन्न खाते कणभर, वजन वाढतंय मणभर
वजनाचा काटा आलाय मोडायला
तूप नका लावू माझ्या पोळीला ।। १ ।।

डॉक्टर म्हणती भाजी खावी पाल्याची
आठवण ठेवा साखर, भात व बटाट्याची
खाते भाजी शेपू, मेथी व कारल्याची
अर्थ आहे का हो ह्या जगण्याला ?
तूप नका लावू माझ्या पोळीला ।। २ ।।

शत्रू आहेत केक, चॉकलेट, आईस्क्रीम
चीज, बटर नाहीच लावत पावाला
व्यायाम किती केला, योग किती केला
एक ग्रॅम सुद्धा कमी नाही झाले
तूप नका लावू माझ्या पोळीला ।। ३ ।।

जाता जाता एक शॉर्टकट सांगते - एक मंत्र देतो आम्ही पेशंटला : 'Eat less, Walk more !' एका वाक्यात वजन कमी करायचा उपाय !! फायदा होतो की नाही ते पेशंट आणि काळ ठरवतो !

- डॉ. मेधा ओक