

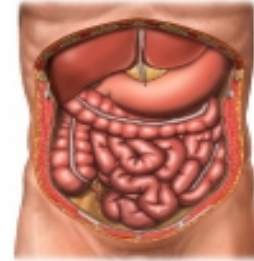


CONTENTS

MedicalIMAGE

| | |
|--|----|
| President's Desk | 03 |
| Secretary's Desk | 05 |
| XXth Annual Scientific Conference : 6th January 2008 | 10 |
| Role of Family Physician in Prevention and Management of CKD | 14 |
| Plan your tax investments now | 22 |
| For your heart strings | 26 |

**Weekly Scientific Programme
& G.P. Forum pg. 04**



HIV AND BEYOND



Pg. No. 20

EDITORIAL BOARD

Editor : Dr. Jayesh Lele
 Co-editor : Dr. B.M. Inamdar
 Board : Dr. Mehul Bhatt
 Dr. Arun Choudhari
 Dr. G.P. Ratnaparkhi
 Dr. Ajay Hariani
 Dr. Manoj Chawla

Medical Image : Published by **Satish Sinnarkar**, co-ordinator **Sachin Soman** of **Campaign Masters** on behalf of the **Indian Medical Association - Mumbai West** and printed by him at **Unity Art Offset**, 302, Wadala Udyog Bhavan, Wadala, Mumbai-31.

Contact for write-ups, articles, interviews and advertisements : **Shri. G.R. Thakur**, Group Business Head, Campaign Masters, Seeta Kunj, Liberty Garden Road No. 3, Malad (W), Mumbai 400 064. Tel. : 2844 2555 / 666 / 777 Fax : 2881 0551, Email : campaignmasters@rediffmail.com medicalimage_cms@yahoo.co.in

IMPORTANT ANNOUNCEMENT

IMA - HQs has increased the HFC share with effect from 1st April 2007. We wish to give chance to all the eligible doctors in our area to become member at lesser rate. This will be applicable till 31.03.2008

Please inform all your friends who are not IMA members about the increase in fees.

| | Old | | | | Concessional Rate | | | | New Rate |
|------------------------|-------|------|--------|-------|-------------------|------|--------|-------|----------|
| | State | HQs | Branch | Total | State | HQs | Branch | Total | |
| Single Life Membership | 640 | 1630 | 2230 | 4500 | 1050 | 2700 | 2250 | 6000 | 7500 |
| Couple Life Membership | 1140 | 2265 | 4095 | 7500 | 1845 | 3780 | 4125 | 9750 | 11000 |

Dr. Akil Contractor
President

Dr. Jayesh Lele
Hon. Secretary



INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

I.M.A. Bldg., Behind Chandan Cinema, J. R. Mhatre Marg, J.V.P.D. Scheme, Juhu, Mumbai - 400 049.

Phone : 2620 6517 / 2625 4368 / 6523 5579 * PCO : 2670 5590

E-mail: imamumbaiwest@yahoo.com / imamumbaiwest@yahoogroups.com

MANAGING COMMITTEE 2007 - 2008

| | | Clinic | TELEPHONE NOS. | |
|---------------------|---------------------|-----------|----------------|-------------|
| | | | Residence | Mobile |
| President | Dr. Contractor Akil | 2612 7481 | 2649 9870 | 98920 84360 |
| Imm. Past President | Dr. Saraf Vinay | 2872 3635 | 2876 6003 | 98212 38668 |
| Vice President | Dr. Inamdar B. M. | 6539 9927 | 2873 1040 | 98330 54054 |
| Hon. Secretary | Dr. Lele Jayesh M. | 2882 3408 | 2807 0340 | 98212 20519 |
| Hon. Treasurer | Dr. Kedia Subodh G. | 2644 3276 | 2651 1297 | 98204 04753 |
| Hon. Jt. Secretary | Dr. Balsekar Ashok | 2682 4409 | 2683 9164 | 98205 35802 |

MEMBERS

| | Clinic | Residence | Mobile | | Clinic | Residence | Mobile |
|-------------------------|-----------|-----------|-------------|-------------------------|------------|------------|-------------|
| Dr. Bachani Manohar | 2647 3020 | 2604 4396 | 98202 02856 | Dr. Pandit Nitin | 2841 4347 | 2840 1871 | 98693 33138 |
| Dr. Badwe Rohini | 2686 3773 | 2874 6648 | 93210 24708 | Dr. Parikh Hitesh | 2644 1395 | 2641 8778 | 98200 22154 |
| Dr. Bhawe Vijay | 2873 5087 | 2872 4466 | 93244 24466 | Dr. Patel Bhavna M. | 2614 6027 | 2612 3889 | 93228 79555 |
| Dr. Bhatt Mehul | 2808 0247 | 2863 4361 | 98214 07074 | Dr. Patel Heena M. | 2682 3179 | 2620 2392 | 93222 38372 |
| Dr. Chaudhari Arun S. | 2842 5029 | 2877 0960 | 98201 86978 | Dr. Rege Narendra | 2636 5500 | 2637 5500 | 98212 11155 |
| Dr. Desai Ashok D. | 2637 1399 | 2637 1399 | 98193 04432 | Dr. Shah Atul M. | 2863 3535 | 2861 2255 | 98202 86897 |
| Dr. Doshi Kusum | 2641 1334 | 2614 5316 | 98213 77654 | Dr. Shah Nilesh | 2614 7457 | 2614 8606 | 98206 71776 |
| Dr. Gupta K. C. | 2612 1861 | 2600 7590 | 98203 33632 | Dr. Shah Rashmikant | 2807 3534 | 2801 3343 | 98212 16033 |
| Dr. Joshi S.K. | 2670 1418 | 2671 2254 | 93246 07663 | Dr. Sheth Shashikant | - | 2628 9895 | 98694 48758 |
| Dr. Kalambi Suresh S. | 2679 6556 | 2683 5719 | 98191 62278 | Dr. Soomaney A. J. | 9967819248 | 9820114827 | 98201 14827 |
| Dr. Kamdar Bipin | 2612 6699 | 5691 9933 | 98200 26093 | Dr. Suchak Anil N. | 28891484 | 28801555 | 98200 80151 |
| Dr. Khosla Sanjeev | 6694 1918 | 2637 0929 | 98202 96321 | Dr. Thoravade Pratibha | - | - | 98218 65203 |
| Dr. Kulhalli Vani | 2614 2215 | 2663 1193 | 98192 69628 | Dr. Tungare Rajiv S. | 2686 2428 | 2840 7802 | 98211 11855 |
| Dr. Mehta (Mrs.)Alka B. | 2683 2766 | 2683 2359 | 93232 32378 | Dr. Upadhyaya Jagdip R. | 2828 4271 | 2848 2425 | 93210 31220 |
| Dr. Narendrakumar | 2805 8086 | 2886 8086 | 93243 58086 | Dr. Vaidya Niranjana R. | - | 2646 2122 | - |

MUMBAI - WEST SUB FACULTY OF IMA - CGP

| | | | | |
|-----------------------------|---------------------|-----------|------------|-------------|
| Asst. Director of Studies : | Dr. Shah Subhash L. | - | 9869089971 | 98921 01971 |
| Asst. Secretary : | Dr. Trivedi Bharat | 2624 0947 | 2624 0947 | 98190 50293 |

MUMBAI - WEST CHAPTER OF IMA - AMS

| | | | | |
|-------------------|-----------------------|-----------|-----------|-------------|
| Chairman : | Dr. Patel Manoj | 2614 6027 | 2612 3889 | 98210 27131 |
| Asst. Secretary : | Dr. Arshad Gulam Mohd | 2640 9907 | 2600 2524 | 98203 08204 |

BOARD OF TRUSTEES

| | | | | |
|------------------------------|-------------------|-----------|-----------|-------------|
| Managing Trustee | Dr. Umarjee Saeed | 2889 1523 | 2636 6284 | 98211 10975 |
| Members of Board of Trustees | Dr. Aithal K. S. | 2872 1469 | 2871 3022 | 93244 21469 |
| | Dr. Doctor Jayesh | 2628 4103 | 2610 5344 | |
| | Dr. Jimulia R. G. | 2620 6850 | 2671 4471 | 98202 51107 |
| | Dr. Mehta B. S. | 2683 2766 | 2683 2359 | |



From the Hon. President's desk.....

"WHY PEOPLE AVOID VISITING A DOCTOR"

Doctors are health guide to the society but somehow people avoid visiting a doctor why ? why ??

Many feel, going to a doctor when one is healthy, means calling for trouble. They feel doctor will surely find out something wrong and make their peaceful life miserable. They forget "prevention is better than cure" and it's better to invest in health for a healthy and safer future. For instance, now we are faced with chronic life style diseases like obesity, diabetes, hypertension and cardiac but people only visit a doctor when they are in problem and forced to seek medical help.

At our medical camp on "**World Hearts Day**". Almost 50% of healthy people were not in good shape. This camp on Hypertension, obesity and diabetes revealed that the follow up was erratic and patients had not visited a doctor nor had a check up for more than a year. On being asked they said "I am fine & do not have any complains and I am taking medicines regularly". Nothing seems wrong, but majority of the patients even after being seen by the best doctors, had a worst control of their diabetes and hypertension. The reason was simple. Very poor follow up!

There is a wrong notion in peoples' mind that doctors make a lot of money. People feel, Dr. Stands for DUKANDAR and it's better to be away from doctors except in emergency and dire circumstances.

At times, patient develops a fear to visit a doctor. He feels that he will be told to undergo a battery of investigations and that's going to take his time and money. As usual all patients are impatient to know the cause of their illness and it happens umpteen number of times that cause is never found. At times he is told its all in your head and this makes the patient irritable.

They have been directly told that they do not have any disease but still they are suffering and paying doctor's fees.

All this leads them to doctor shopping and on not getting a proper answer they try all alternative methods. People go from Allopathy to Homeopathy to Naturopathy to unanipathy to Tirupathi but what they really need is only sympathy & empathy!

We all are in a hurry and we hardly have time to listen to our patients and the "History", actually means "his - story". This lack in the art of listening and understanding gives a feeling to the patient that he is neglected, Obviously, he avoids visiting a doctor.



Nothing seems wrong, but majority of the patients even after being seen by the best doctors, had a worst control of their diabetes and hypertension. The reason was simple. Very poor follow up!

Medical person who was next to GOD has now become a person not interested in patients. He has become a person who is scaring, not caring, for human suffering!

People also indulge in self medication from chemist, media, internet, magazines, relatives and friends. They listen to all and when nothing works seek medical help.

One patient visited a Gastro-Enterologist for pain in Abdomen. After examination, doctor honesty admitted that he cannot diagnose the case and will require few checks to get to the proper diagnosis and will cost Rs. 2500/-. Patient asked his fees and paid Rs. 500/-. Subsequently patient demanded Rs. 2500/-, so that the checks are done and help the doctor in diagnosis. This really put the consultant in awkward situation. Moral of the story is that never tell your patients you do not know the diagnosis. Tell him or her that I know what's your problem, but to confirm the diagnosis, these checks are needed.

After reading, think retrospectively and you will realize how many patients avoid coming to you regularly and where are we missing the bus.

Wishing you and your family **MERRY CHRISTMAS** and **HAPPY NEW YEAR**. Hope to see you all on Thursday, 3rd January 2008 for pre conference CME and Sunday, 6th January 2008 at Bhaidas Hall for IMACON - 2008.

Dr. Akil Contractor
President



WEEKLY SCIENTIFIC PROGRAMME

**Lectures on Every Thursday
at 2.30 p.m. sharp**

Venue : **Lupin CME Auditorium**, IMA Building,
J. R. Mhatre Marg, Behind Chandan Cinema, J.V.P.D.
Scheme, Juhu, Mumbai - 400 049.

| DATE | TOPIC | SPEAKER |
|---|------------------------------------|-------------------|
| 03.01.2008 | Pre Conference CME | |
| 10.01.2008 | Medical Management of GERD | Dr. Samir Parikh |
| 17.01.2008 | Hepatitis Update | Dr. Ajay Choksi |
| 24.01.2008 | Gastro-Intestinal Emergencies | Dr. Ajay Choksi |
| 31.01.2008 | Fevers | Dr. Vinod Gidwani |
| CLINICAL SERIES ON "NEPHROLOGISTS" | | |
| 07.02.2008 | Urine Analysis & Management of UTI | Dr. Umesh Khanna |
| 14.02.2008 | Acute Renal Failure | Dr. Umesh Khanna |
| 21.02.2008 | Glomerulonephritis | Dr. Umesh Khanna |
| 28.02.2008 | Diabetes & Kidney | Dr. Umesh Khanna |

Each Lecture Carries Credit of 1 Hour for FCGP Examination

- Working lunch will be served on Thursdays from 1.30 pm to 2.30 pm from 10.01.2008 to 20.02.08
- CGP & IMA Members who have paid Annual Fees : (CGP mem. Rs.500/- & IMA mem. Rs. 750/-) Free
 - CGP & IMA Members : Rs. 50/- (Not Paid Annual Fees)

G. P. FORUM - ADDITIONAL C.M.E. PROGRAMME FOR GENERAL PRACTITIONERS

**Every Tuesday
at 2.30 p.m. sharp**

Venue : **Lupin CME Auditorium**, IMA Building,
J. R. Mhatre Marg, Behind Chandan Cinema, J.V.P.D.
Scheme, Juhu, Mumbai - 400 049.

| DATE | TOPIC | SPEAKER |
|---|--|------------------|
| 01.01.2008 | Holiday on Account of New Year | |
| 08.01.2008 | Post Conference Holiday | |
| CLINICAL SERIES ON "RESPIRATORY DISORDERS" | | |
| 15.01.2008 | Approach to Cough and Dyspnoea | Dr. Salil Bendre |
| 22.01.2008 | Everything about Pneumonia | Dr. Salil Bendre |
| 29.01.2008 | Interstitial Lung Disease : The Difficulties Made Simple | Dr. Salil Bendre |
| 05.02.2008 | What X – Rays have to Tell | Dr. Salil Bendre |
| 12.02.2008 | Lung Function Tests : Uses and Application | Dr. Salil Bendre |
| 19.02.2008 | COPD and Asthma: How Best to manage them | Dr. Salil Bendre |
| 26.02.2008 | Problems in Treating a Effusion / Pneumothorax | Dr. Salil Bendre |

- Working lunch will be served on Thursdays from 1.30 pm to 2.30 pm from 15.01.2008 to 26.02.08
- CGP & IMA Members who have paid Annual Fees : (CGP mem. Rs.500/- & IMA mem. Rs. 750/-) Free
 - CGP & IMA Members : Rs. 50/- (Not Paid Annual Fees)

Each Lecture Carries Credit of 1 Hour for FCGP Examination.

Dr. Akil Contractor
President

Dr. Jayesh Lele
Hon. Secretary

Dr. Subhash Shah
Asst. Director of Studies

Dr. Bharat Trivedi
Asst. Secretary

IMA - Mumbai West C.G.P. Sub Faculty



From the Hon. Secretary's desk.....

Dear Friends

It is the time for our grand MAGA EVENT of the year, i.e. **ANNUAL SCIENTIFIC** conference on **6th January 2008** at Bhaidas and it will be preceded by **Pre Conference CME on 3rd January 2008** at our IMA Building. This year we shall be having very good speakers for both these events and we trying to get sponsors for them. Our effort for this year is giving quality lectures from quality speakers. This year Dr C T Thakkar oration award paper shall be presented by **Dr Sudhesh Phanse**, Onco-surgeon. The venue is also very suitable for all our delegates. It is also added with good utility gift and excellent food. It is an event looked by many as place to meet our old friend and colleagues.

We have also started contacting large no of eligible doctors from our area from the **MMC Mumbai** list and are inviting them to participate in our conference. They need to be made aware about our association as well as various activities of branch. Life membership fees will increase from April 08, so it is very important for all of us. Friends please check for eligible doctors in your vicinity and inform them about IMA. Managing committee has also resolved to give them complementary delegate ticket for all the new life members who join before conference.

I am very happy to inform you that **2nd floor hall** is fully renovated and it available for use. It needs to be noted that our branch has not spend any amount for the renovation. The terrace repairs are being carried out from the experts in the field of waterproofing and using best of the chemicals. It is also being supervised from the competent engineer to ensure quality is maintained. The guest rooms will be renovated after the terrace work is over. Again no amount from the branch shall be spent. This year we have already added **Rs 18 Lacs** to the bank deposits. Our caterers have been very good and being appreciated by members as well many other associations. We have been getting good bookings from members as well as from other medical associations who are using our



We have also started contacting large no of eligible doctors from our area from

*the **MMC Mumbai** list and are inviting them to participate in our conference. They need to be made aware about our association as well as various activities of branch.*

premises, which is very important to us.

All our members have supported us throughout the year. Our **RHEUMATOCON** organized on 9th December was a grand as the Lupin Hall was houseful and we had to put 25 chairs on the side to accommodate delegates **Dr Ramesh Dargad** had taken great effort to invite best of the speakers and the event was a grand. Another such mini conference being planned is **GERICON on 10th February 2008**. We very sure, that this will also have overwhelming response from members.

I take this opportunity to thank my Co-office bearers, Managing committee members, Trust board and all members for their continuous help and support. Because of their encouragement I could get these award

a) **Best Secretary** Big branch IMA Maharashtra.

b) **Best Secretary** Local Branch IMA Headquarter.

Friends do get back to us.

HAPPY NEW YEAR 2008

DR JAYESH LELE

Cell 98212 20519

E mail: drjayeshlele@yahoo.com

Join yahoo groups:

imamumbaiwest@yahoogroups.com



REPORT OF PUBLIC HEALTH & WELFARE SUB COMMITTEE

1) On Sunday, 04th November 2007, we had organized a Medical Camp at Golibar area, Santacruz (East). The camp was inaugurated by our President Dr. Akil Contractor.

Following doctors attended the camp: Dr. Akil Contractor, Dr. S. K. Joshi, Dr. Varsha Sawant, Ms. Neha Bhatt & Ms. Smita Jadhav.

More than 300 patients were examined. We had also facilities for

1) Blood Glucose, 2) ECG, 3) Peak flow meter, 4) Bone densitometry, 5) Test for neuropathy. Medicines were distributed to the patients.

We appreciate the participation & sponsorship of following pharmaceuticals:

1) Cipla Ltd. 2) GSK 3) Lupin

2) We had organized a "Hypertension & Diabetes detection camp on Wednesday, 19th December 2007 from 08.30 am to 12.30 pm at Rangunwala Community Centre at Meghwadi, Jogeshwari (East). 200 patients were screened for hypertension & diabetes. 60 HIV Detection tests were done.

Following doctors attended the camp: • Dr. Priti Bhargava • Dr. Varsha Sawant • Mr. Nilesh Kadam • Mr. Sandeep Kudalkar • Miss. Smita Jadhav • Miss. Neha

It was very well organized & planned. Camp was sponsored by Sun Pharmaceutical Company.

Dr. Pratibha Thoravade

Chairperson, Public Health & Welfare Sub Committee

REPORT OF "WORLD AIDS DAY PROGRAMME"

On the occasion of "World AIDS DAY". The **AIDS Cell Sub Committee & Public Health & Welfare Sub Committee** of our branch have organised an excellent programme about the awareness of HIV Management. It was held on Saturday, 1st December 2007 from 01.30 pm to 04.30 pm at our branch premises.

Leading dermatologists Dr. D. G. Saple, Dr. Rashmikant Shah & Dr. R. D. Kharkar, Leading Chest Physician Dr. Salil Bendre, Leading Pediatrician & HIV Expert Dr. Ira Shah & Leading Pharmacologist Dr. Jaydeep Gogtey enlightened the delegates about various issues in HIV diagnosis & management in panel discussion. Leading dermatologist Dr. Vinay Saraf excellently moderated the whole panel discussion. This programme was attended by more than 150 delegates.

Programme was very informative & interesting. The educational grant towards this programme was through kind courtesy of M/s. Cipla Ltd.

Dr. Vinay Saraf

Chairperson

AIDS Cell Sub Committee

Dr. Pratibha Thoravade

Chairperson

Public Health & Welfare Sub Committee



*With Best Compliments
from*

Dr. Kartik V. Nadkarni

M.S. Ortho (Bom.)

Ex-Hon. Asst. Orthopaedic Surgeon
Bhagwati Municipal Hospital,
Borivali (W), Mumbai - 400 092.

Ameya Orthopaedic Nursing Home

Opp. Piramal Nagar, S.V. Road, Goregaon (West), Mumbai - 400 062.

CRITICARE HOSPITAL

Main Gulmohur Road, JVPD Scheme, Juhu, Mumbai - 400 049.
Tel.: 26286644 / 2682 6688

• CONSULTING HOURS •

Morning : 12 noon to 2.00 p.m.

Evening : 6.00 p.m. to 9.00 p.m.

Tel.: Clinic : 28723085 / 2874 4466 • Resi.: 2639 7272

Email: kvnadkarni99@hotmail.com



Congratulations

Our branch was awarded following prizes at the national level:

- **Our Branch (IMA – Mumbai West (B.W.S.B.))** has also been selected for the **“IMA – Doctor’s Day Celebration Award”** by **IMA – National Award Committee** for the year 2006 - 2007.
- Our Trust Board Member **Dr. Bakulesh S. Mehta** has been selected for the prestigious **“President Appreciation Award for Selfless Services”** by **IMA – National Award Committee** for the year 2006 - 2007.
- Our Trust Board Member **Dr. K. S. Aithal** for receiving prestigious **“IMA – AMS Distinguished Service Award in Recognition of his Excellent Performance in Academic & Organizational Activities** for the year 2006 - 2007” by **National IMA Academy of Medical Specialities at Annual National Conference of IMA AMS - “AMSCON” – 2007 at New Delhi.**
- Our Past President **Dr. Vasant G. Shenoy** for receiving prestigious **“IMA – AMS Distinguished Service Award” in Recognition of his Excellent Performance in Academic & Organizational Activities** for the year 2007 by **National IMA Academy of**

Medical Specialities. The Award was presented ceremoniously at Annual National Conference of IMA AMS - “AMSCON” – 2007 at New Delhi.

- Our past President & past Trust Board Member **Dr. Suhas Pingle** has been selected for the prestigious **“President Appreciation Award for Best State Hony. Secretary of Maharashtra State Branch”** by **IMA – National Award Committee** for the year 2006 - 2007.
- Our president **Dr. Akil Contractor** is chosen for **“IMA – National President Appreciation Award”** by **IMA – National Award Committee** for the year 2006 - 2007.
- Our Hon. Secretary **Dr. Jayesh Lele** has been selected for the prestigious **“President Appreciation Award for Best Adjudged Hony. Secretary of a Local Branch”** by **IMA – National Award Committee** for the year 2006 - 2007.

DR. BAKULESH S. MEHTA, DR. SUHAS PINGLE, DR. AKIL CONTRACTOR & DR. JAYESH LELE WILL RECEIVE THE AWARD AT NAGPUR ON 26TH & 27TH DECEMBER 2007 AT IMACON – 2007.

DON'T FORGET!!
POLIO PLUS NID ON 06.01.2008

“URGE YOUR PATIENTS TO GIVE EXTRA POLIO DOSES TO CHILDREN BELOW 5 YEARS OF AGE ON SUNDAY, 06TH JANUARY 2008 AT THE NEARBY BOOTHS”.

GERICON 2008

SUNDAY, 10TH FEBRUARY 2008

**AWAIT FURTHER FOR
DETAILS IN NEXT ISSUE**



REPORT : RHEUMATOCON - 2007

The Rheumatocon was held on the 9th of December 2007 at LUPIN CME Auditorium was a great success with an overwhelming response from members due to which we felt the need for a bigger auditorium. The auditorium was packed to capacity & we needed some extra chairs as well.

After the introduction by Dr. Manoj Patel, President Dr. Akil Contractor welcomed all the speakers & delegates. Dr. Ramesh Dargad introduced Dr. V.R. Joshi who spoke on "Approach to a patient with ARTHRITIS" & who was the star attraction of the programme. It was indeed an academic feast for all to hear the master teacher & clinician. The next speaker Dr. Jyotsna Oak could not come due to an emergency.

Then Dr. Nimish Nanavati spoke on "Laboratory Investigations & its Interpretation" & later he also spoke on "Management of Arthritis". Dr. Niharika Gill spoke on "Osteoporosis" a preventable disease, its high prevalence in India & morbidity in elderly. Then Dr. Vinod Agrawal spoke on "Surgical Management of Rheumatoid Arthritis", also the newer techniques practised nowadays. Dr. Balkrishnan spoke on "Diagnosis & Management of Seronegative Arthritis & Spondyloarthropathy" & gave some very useful information in a very short time.

All the delegates then showed their interest in the programme with active participation in the interactive session. The programme was then concluded with a vote of thanks by Dr. Jayesh Lele which was followed by Lunch. The programme was sponsored by

IPCA Laboratories, Sun Pharma, Fulforte India, RPG Life Sciences, EL Lilly.

We are thankful to all the sponsors for their generous help for this programme.

Dr. Ramesh Dargad
Convenor

Authorised Collection Center



Diabetic Care Profile



NABL Accredited- ISO Certified - CRISIL Graded



Preventive Care Profile

All kinds of specialized blood tests for diseases like Thyroid, Tuberculosis, Cancer, Diabetes, Infertility related disorder, Heart related disorder, and Kidney related disorder and Genetic testing at affordable rates and with a good international quality.

Authorised Collection Centers :-

- * BORIVALI-WEST :
11/A, Pushpanjali Apt, Jambli Galli, Near M K School, Borivali(W), Mumbai - 92, Ph-28980576
- * BORIVALI-EAST :
56, Yashwant Shopping Centre, Opp Stn, Carter Rd No 7, Borivali(E), Mumbai-66, Ph.-28063555
- * KANDIVALI-WEST :
Shop No. 2, Samruddhi Shopping Centre, M G Rd, Kandivali (W), Mumbai-67, Ph-28625814
- * MALAD-WEST :
Saraswati Darshan, Opp New Era Talkies, S V Rd, Malad(W), Mumbai-64, Ph-28886116
- * GOREGAON -WEST :
A/1, R S Maurya Compound, Opp City Centre, S V Rd, Goregaon (W), Ph-28772368
- * ANDHERI-EAST :
Gr Flr, Sahakar Nivas, Opp Imperial Palace Hotel, Telli Park Rd, Andheri (E), Mumbai-69, Ph-26821968
- * BYCULLA-EAST :
132/134, Meharalli Mansion, Opp Rani Baug, Dr Ambedkar Rd, Byculla (E), Mumbai - 27, Ph- 23739518



XXTH ANNUAL SCIENTIFIC CONFERENCE - 2008

**IMACON – 2008
CONFERENCE COMMITTEE**

Chairman
Dr. Akil Contractor

Organising Secretary
Dr. Jayesh Lele

Organising Treasurer
Dr. Subodh Kedia

Co-ordinators
Dr. B. M. Inamdar
Dr. Ashok Balsekar

Co-Chairpersons
Dr. Subhash Shah
Dr. Manoj Patel

Co-Secretaries
Dr. Bharat Trivedi
Dr. Arshad Gulam Mohd

• Patrons •

Managing Trustee:
Dr. Saeed Umerjee

Trust Board Members: Dr. K. S. Aithal,
Dr. Jayesh Doctor, Dr. R. G. Jimulia
Dr. B. S. Mehta

Imm. Past President:
Dr. Vinay Saraf

VARIOUS SUB-COMMITTEES & THEIR CHAIRPERSONS

| | CHAIRPERSON | CO-CHAIRPERSON |
|---|---------------------|-------------------------|
| 1. Scientific Sub Committee | Dr. S. K. Joshi | Dr. Vijay Bhawe |
| 2. Fund Raising | Dr. Manohar Bachani | Dr. K. C. Gupta |
| 2. Registration Sub Committee | Dr. Mehul Bhatt | Dr. Alka B. Mehta |
| 3. Catering Sub Committee | Dr. Ashok Desai | Dr. Heena Patel |
| 4. Hospitality Sub Committee | Dr. Rohini Badwe | Dr. Pratibha Thoravade |
| 5. Stage Management | Dr. S. R. Awarade | Dr. Mukesh Desai |
| 6. Public Relation & Press | Dr. Vijay N. Pahade | Dr. Ashokkumar Soomaney |
| 7. Auditorium Management | Dr. Jayant Gandhi | Dr. Hitesh Parikh |
| 8. Souvenir Sub Committee | Dr. Anil Suchak | Dr. Arun Chaudhari |
| 9. Gift & Memento Sub Committee | Dr. Bhavna Patel | Dr. Rashmikant Shah |
| 10. Trade Fair and Exhibition Sub Committee | Dr. Atul M. Shah | Dr. Suresh S. Kalambi |
| 11. Audiovisual | Dr. Ajay Hariani | Dr. Arvind Ghongane |

Members desirous of working for our XXTH ANNUAL SCIENTIFIC CONFERENCE are requested to contact our office between 04.00 p.m. to 06.00 p.m.

Dr. Akil Contractor
President

Dr. Jayesh Lele
Hon. Secretary



Dr. Ketan K. Muchhala

D.N.B., D.M.R.D.

DIGITAL IMAGING CLINIC

FACILITIES AVAILABLE :

- DIGITAL X-RAYS
- DIGITALOPG/CEPHALOGRAM
- SONOGRAPHY
- COLOUR 2 D ECHO CARDIOGRAPHY
- PORTABLE SONOGRAPHY / PORTABLE 2 D ECHO
- PATHOLOGY
- DIGITAL PROCEDURES
- DIGITAL PORTABLE X-RAYS
- WHOLE BODY COLOUR DOPPLER
- MUSKULO SKELETAL SONOGRAPHY

DIGITAL X-RAY KODAK CR SYSTEM : (FEATURES)

- Fully Automated Computerized System
- CD Archival Facility
- Storage of Images for Comparison Studies
- Sono Images on Digital Laser Camera
- Excellent Diagnostic Image Quality
- Multi Format Imaging
- Decreased Radiation Dose

2, Ishwar Bhuvan, Next to Saraf Hall, Poddar Road,
Malad (East), Mumbai - 400097.

TIMING :

X-Ray : 8.30 a.m. to 8.30 p.m.

Sonography : 8.30 a.m. to 1.00 p.m.
4.30 p.m. to 8.30 p.m.

Tel. : (C) 2882 6790
(R) 2877 4590 | 2877 4905, (M) 98211 64141

E-mail : ketanmuchhala@hotmail.com

24 hrs Emergency Services Available



Report from Dr. Kusum Doshi

Site visit of members of the IMA-BWSB to Senior Citizens village at Poi-Neral foot of Matheran.

A group of 17 doctors (including a few guests and family members) visited Senior citizens village on 2/12/07. We left in 2 Qualis coaches at about 9 a.m. from IMA. We had a pleasant and cool drive reaching the senior citizens village at about 11 a.m. Vijay and Madhu gave a welcome speech in the community hall They also gave an in-depth idea of this village. This is an entirely new concept of senior citizens staying in a community set up. Thus they overcome loneliness, anxiety & depression, which are gnawing in the minds of the seniors. This is more felt when they retire; their children have left them. Or due to pressure of work are not in a position to look after their parents. More so as the joint/ nuclear family system is disintegrating. Our seniors suffer from the empty nest phenomemon.

The setting up of such a senior citizens village is unique. They emphasize that this is not an old peoples home. It is a village of senior citizens where they are the owners of their own cottages. This is a charitable trust spread over 350 acres of land. Here again they emphasize that the cottages are ownership and you are the absolute owners of the cottage.

Out of these 350 acres of land 50 acres are set aside for constructing 1-2 BHK cottages. About 120 1 BHK cottages are to be constructed at the moment about 30 cottages are ready. A few are already occupied. These cottages are arranged in a circular fashion in clusters of 10 cottages each. Each cottage has a side car parking space and a kitchen garden can be made in the back yard. The entrances

of every cottage face the garden. The 2 BHK cottages do not have a central garden; they are arranged in parallel rows. There will be fencing around the 2BHK cottages

The cost of the cottage is Rs. 8 Lakhs for 1BHK cottage and Rs 12 lakhs for 2 BHK cottages. Though the rates have increased they will give at this rates to our members. Initially at the time of booking a token amount must be given. The full amount must be given gradually till you take up possession of the cottage. You are the absolute owner of the cottage.

The object of setting up such a senior citizens village is because they are bereft of companionship and they suffer from the empty nest phenomenon. The children go in sears of greener pastures leaving their parents behind. Even if they stay together they can hardly find any time for their parents. Here hey provide servants; food (Optional), security, medical facility (in emergency hospitals close by or Dhirubhai Ambani hospital) There is round the clock medical faculty for routine checkups. etc. For bedridden persons caretaker facilities are available. The atmosphere is pollution free. The surroundings are very picturesque—greenery all around. They also have a yoga and medical center.

After this informative talk we were taken around and shown the fully constructed cottages and some under construction. Vijay convincingly answered some questions asked by our members. The architect of this project is Mr. Ajit C Gupte His office is at 204; Stsanford Plaza off link Road Andheri (W) Mumbai 53. The charitable registered trust number was not given to us. ; Neither a copy of the agreement was shown

We spent some time socializing & sharing of humorous situations from our practice. We had lunch and returned to IMA at about 5.30 p.m.



korde
ready

Role of Family Physician in Prevention and Management of CKD

Dr. Umesh B. Khanna

Consultant Nephrologist,
Nanavati and Asian Heart Hospital;
Chairman, Mumbai Kidney Foundation.

Chronic Kidney Disease (CKD) is a global pandemic but a highly under-recognized health problem in India. Diabetes and Hypertension are common causes of CKD in the world and are important lifestyle diseases whose prevalence is increasing day by day. If properly targeted, these diseases could be controlled to slow down the growth of CKD in the population.

Diabetes affects 3-5 % of the Indian population (approx. 30 million people). Furthermore, WHO estimates that by 2025 the prevalence in India will increase to 57.2 million, almost 3 fold higher than that of the US? Diabetics are 17 times more likely to develop CKD. Thus, from diabetes alone 10-20 million individuals in India will develop CKD. The prevalence of hypertension could be anywhere between 15-30% derived from various studies. If 10% of hypertensives develop CKD, then the total figure of CKD patients from diabetes and hypertension alone is staggering.

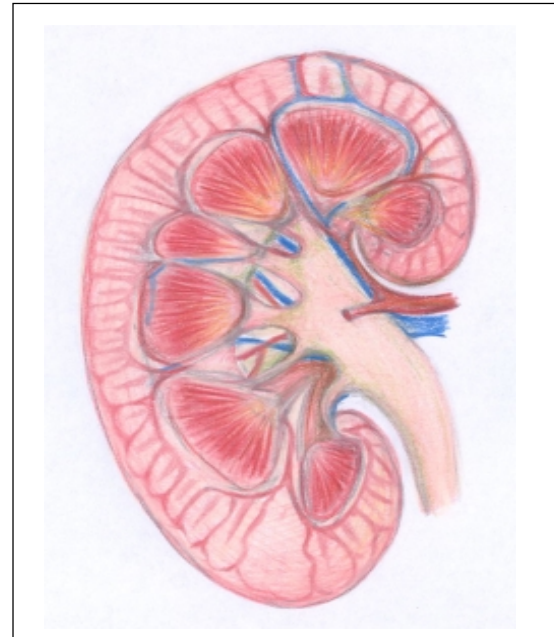
If we extrapolate the figures from the US population data that 5-10 % of the general population have CKD then, translated to an Indian population of approx. 1 billion people, 100 million could be suffering from CKD – a mind boggling figure catapulting CKD to the position of a compelling health problem requiring concerted efforts not only of the nephrology community but also of primary care physicians, governmental agencies, NGOs and common people.

As the first and prime level of associating with the patient, general practitioners play a very important role

in helping in the prevention of kidney disease. Your contribution in this respect would be:

(A) To recognize the pandemic of CKD and to know that upto 10% of the Indian population could be suffering from CKD.

(B) To know about the new Terminology and classification of CKD as explained in other articles



in this issue.

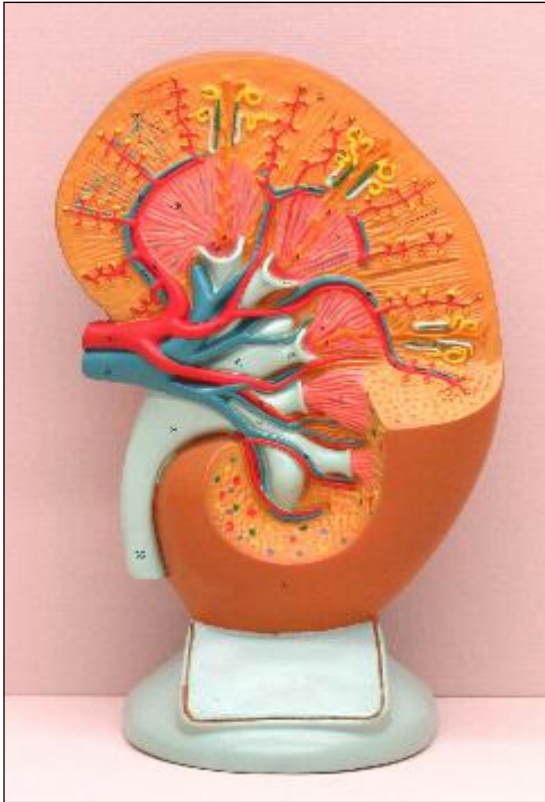
(C) To be aware that Sr. Creatinine rises only after 50% of kidney is damaged and that Sr. Creatinine

is an insensitive and inaccurate marker of renal function and laboratories should report eGFR or estimated GFR.

(D) To identify population at risk and do screening tests for the community and the individual.

(E) At risk population comprises of patients suffering from

1. Diabetes
2. Hypertension
3. Kidney stones
4. High risk Pregnancies
5. Past history of acute renal failure
6. Old age
7. Those habitually on Pain-killers such as patients suffering from back-ache, arthritis, migraine etc.
8. Patients on Ayurvedic drugs
9. Those drinking hard water



10. Those with chronically infected scabies and sore-throats

11. Those with family history of kidney diseases

**For the "At Risk Population":
Role of G.P.**

I. Educate the patient of the risk for developing CKD

II. Reinforce the need for Periodic Health Check-ups

III. Refer at risk patients to NGOs like Mumbai Kidney Foundation (MKF), National Kidney

Foundation (NKF) and similar organizations who regularly conduct Kidney disease detection camps.

What tests are needed?

• Urine routine analysis - To pick up Macroalbuminuria

• Spot Urine albumin/Creatinine ratio (to pick up Microalbuminuria)

• Sr. Creatinine or better still calculated creatinine clearance or estimated GFR (eGFR)

• If microalbuminuria or macroalbuminuria is

detected, then institute treatment as per the stage of CKD

At risk population & stage I and II

ABC of prevention strategy in Diabetes & Hypertension

A. HbA1C - keep < 7.0

B. Blood Pressure < 130/80 mmHg & if possible < 125/75 mmHg

C. Cholesterol – LDL < 100 mg/dl

A for HbA1C

• Measures the average blood sugar over 3 months

• Keep FBS between 80 – 100 and PLBS < 140mg

How to achieve-

• Dietary modification

• Regular OHA / Insulin

• Exercise

• SMBG (Self Monitoring Blood Glucose)

• Regular follow up

B for Blood pressure

Target BP must be < 130/80 and if associated risk factors are present, it should be < 125/75

How to achieve-

• Salt restriction

• Regular Exercise

• Timely initiated treatment

• Regular monitoring [SMBP]

• Use of ACEIs or ARBs

C for cholesterol – LDL Cholesterol < 100

• Yearly checking

• Dietary advice

• Exercise

• Statins & if required fibrates

Drugs of choice for prevention of progression of renal disease are ACE inhibitors & / or Angiotensin receptor blockers

**ESTABLISHED CKD STAGE III
ONWARDS**

Treat your patient in consultation with a Nephrologist.

1) Approach to a case of elevated serum creatinine:

Any patient with a serum creatinine > 1.5 in males and > 1.3 in females should be put on red alert.

a) Cross check with a different lab.

b) Rule out causes of false positivity e.g.: Drugs, dehydration, gastrointestinal bleed etc.



c) Calculate serum creatinine clearance by Cockcroft and Gault formula (eGFR)

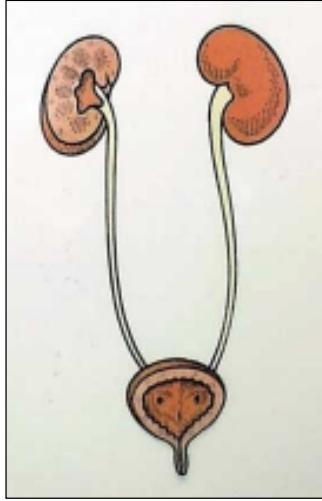
Once the creatinine is confirmed to be elevated, proceed to the next step.

2) Differentiate ARF from CRF
Definitive Criteria for CRF

- Abnormal Urinalysis & creatinine value for > 3 months
- Small kidneys on USG
- Evidence of Renal Osteodystrophy
- Biopsy evidence of CRF

Relative points to differentiate ARF from CRF (points in favor of CRF)

- a) Anaemia
- b) Decrease in Calcium & Increase in Phosphorus
- c) Urea/Creatinine ratio >10:1
- d) Patients very comfortable with the degree of azotemia
- e) Other end organ damage. e.g.: fundus, ECG



etc.

3) Search for Correctable factor

- a) Dehydration: Look for evidence of postural hypotension
- b) Obstruction: Check USG for Hydronephrosis
- c) ACE Inhibitors & Diuretics in combination or Diuretics alone in a situation of volume depletion can worsen the azotemia & hence attain euvoemia
- d) Patient may be on NSAIDs – omit NSAIDs, Cox-2 inhibitors etc.
- e) Severe hypertension or hypotension can worsen azotemia. Hence try to attain normal BP.
- f) Hunt for UTI, fever or sepsis & try to correct it with non-

nephrotoxic drugs.

4) Treat the underlying disease

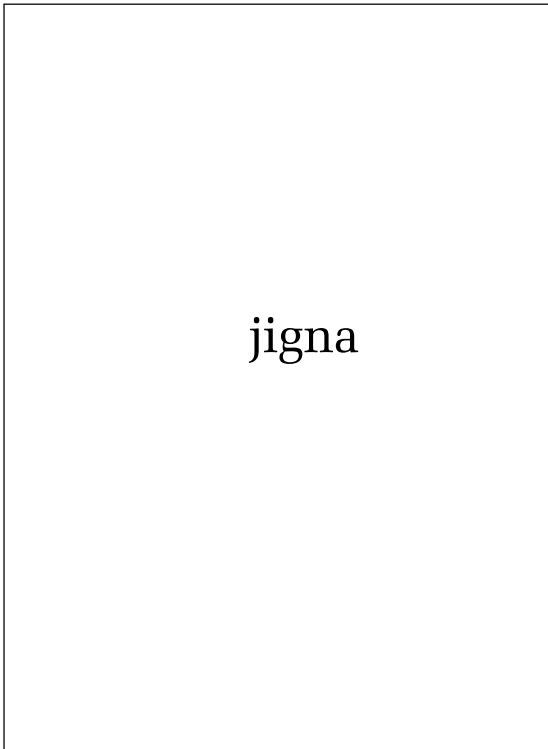
- a) Remove obstruction e.g. stones, prostate, etc.
- b) Control BP & Diabetes
- c) Steroids or Immunosuppressants for Glomerulonephritis
- d) Angioplasty for Renovascular disease

5) Retard progression of Kidney disease

- a) Specific renoprotective therapy with ACE inhibitors eg. Enalapril, Lisinopril, ramipril etc. or Angiotensin receptor blockage eg. Losartan, Valdesartan, Telmisartan, etc.
- b) Dietary Protein restriction to <0.8 gm/day
- c) Lipid lowering agents – statins or fibrates
- d) Strict control of Diabetes & Hypertension
- e) Avoid smoking
- f) Treat obesity

Treatment of Complications of CRF

- Anaemia Correction-
 - a) Injection Erythropoietin available as 2000, 3000, 4000, 5000 & 10,000 units given as subcutaneous injection thrice a week [approximately 100 units / kg]
 - b) I.V. Iron: Iron sucrose available as I.V. infusion to be given as slow I.V. bolus; found to be extremely safe with no anaphylactic reaction; given once a week if serum ferritin or transferrin saturation is low.
 - c) Inj.B12 and Folic acid: As per the cause of anaemia
- Altered Calcium Phosphorous product-
If phosphorous is high & calcium is low—



jigna



use phosphate binders such as

- Calcium carbonate [Shelcal etc]
- Calcium acetate [Lowphos or Hypophos]

If phosphorous & calcium both are high, use phosphate binders such as Sevelamar [Renagel, Phoseal, Acutrol etc.] 400mg to 800mg three times a day along with meals so as to remove phosphorous obtained from diet.

- Correction of Volume overload-

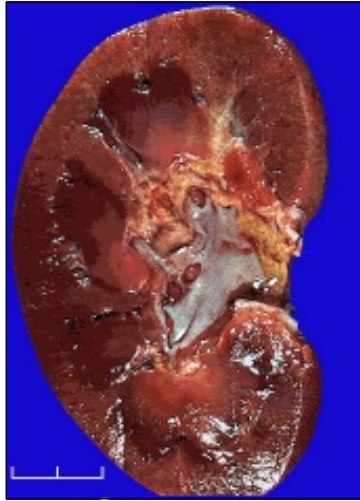
- Salt restriction [< 2 gm/day]
- Fluid restriction to [< 750 ml/day]

- Diuretics except Potassium sparing diuretics such as Spironolactone, Amiloride etc.

- Electrolytes Imbalance:-

Most dangerous is HYPERKALEMIA

- Avoid Fruits/ Juices/ Coconut water



- Use Potassium binding resins such as K-bind or P-bind

- Use Diuretics such as Frusemide or Torsemide

- Check for drugs which increase potassium such as: - spironolactone, ACE inhibitors & ARBs, β -blockers, NSAIDs, etc.

Role of G.P. in stage V CKD

- Explain the treatment options in a case of CKD stage V to the patient & prepare him & his family Physically, Mentally & Financially.

- The various treatment options are –

I. Conservative treatment till the patient reaches the stage of dialysis

II. Continuous ambulatory peritoneal dialysis or CAPD

III. Hemodialysis

IV. Kidney transplantation

CERAMCO
READY POS



VACCINATION-

- (1) Hepatitis B vaccine for all CKD patients, usually double dose is given i.e. 2ml [1ml on each deltoid] at 0, 1, 2 & 6 months
- (2) Influenza & Pneumococcal vaccines for all elderly patients as they are prone to Respiratory Infections.

CONSTRUCTION OF A.V.FISTULA

Once the serum creatinine reaches 5-6 mg%, an AV fistula must be constructed by a small surgery generally done on the forearm under local anaesthesia. It is a day care surgery requiring surgical skills but does not carry much risk & the patient should be encouraged to do it in advance so as to prevent the need for emergency jugular catheterization for initiation of dialysis.

The AV fistula generally takes 4 weeks to mature & hence has to be done in advance. It is generally a life long, life line for patients.

For the G.P:- BP should not be measured in the hand with the fistula, nor give injections or collect blood from it. However the patient can use the hand for all normal activity.

HEMO-DIALYSIS :- is generally done 2-3 times per week, each session lasting for 4-5 hours. This time table should be rigidly followed by the patient. 2 long fistula needles are inserted into the large veins (of the fore-arm or the arm) which develop 1-2 months after the construction of AV fistula. These needles are connected via blood tubings to an artificial dialyser mounted on a machine which monitors safe dialysis.

CAPD: - In this procedure, a thin silastic catheter is inserted under L.A. into the peritoneal cavity. The patient uses it to empty 2 liters of fluid from a special CAPD bag mounted on I.V. stand into the cavity. In 10 minutes the fluid enters in & the bag is disconnected. The patient is then free to do his work & after 46 hours, empties the peritoneal cavity, only to put in a new bagful of fluid.

The CAPD patient does 3-4 such exchanges in a day, 365 days a year & can be fully ambulatory any where in the world.

KIDNEY TRANSPLANT

This is the best form of Renal Replacement Therapy & should be advocated unless contraindicated.

The present law permits only live - related kidney transplant & cadaveric kidney transplant.

For using organs from a cadaveric donor, one has to declare a patient brain dead after a series of tests which are meticulously laid down by the law. This brain death is certified by a Neurologist/ Neurosurgeon & an intensivist unconnected with the transplant team. One cadaver donor can source organs for the following transplants.

- 2 kidney transplants
- 1 Liver transplant
- Cardiac transplant
- Pancreas transplant
- Lung transplant

Thus as a G.P. one must encourage Cadaveric transplantation & people should be encouraged to pledge their organs for donation after death.

Mumbai Kidney Foundation has a donor card which your patient can fill up & keep with him / her permanently. ■

If you are looking for the Color Doppler & portability both, then you don't have to look very far.

| | |
|-------------------|----------------------|
| DOORSTEP | DOPPLER |
| PORTABLE | POWER |
| CONVENIENT | COLOR DOPPLER |

**The state of art machine first time in Malad.
A portable Color Doppler Machine**

DR. HEMAL D. MANIAR
X-Ray And Whole Body Color Doppler Sonography Centre
Ground Floor, Nitisha Apt., Liberty Garden,
Malad (W), Mumbai.

Mobile : 9821181608
Clinic : 2888 7444
Resi. : 2861 7444



Dr. Lakshyajit D. Dhami

M.S., M.Ch. (PLASTIC)



India's Largest & The Best Cosmetic Laser Centre

Equipped With 8 top of the line Lasers

Under one roof for all cosmetic treatments.

- **PERMANENT FAT REMOVAL** by Mega-liposuction for weight loss
- **BREAST SHAPING** (Augmentation / Reduction & Lift)
- **NOSE SHAPING** (Rhinoplasty)
- **HAIR TRANSPLANT** (Micro-Follicle)
- **BOTOX - WRINKLE REMOVAL**
- **DERMAL FILLERS**
- **LASER FACIAL**- Photo Rejuvenation
- **D-LIFTOS** - Thread lift
- **LASER HAIR REMOVAL** of (face, underarms, body, legs)
- **Removal of PIGMENTED** Red & Black Spots, **ACNE, SCARS, BIRTHMARKS, TATTOOS.**

- ✦ Computer image preview for Cosmetic surgery & Rhinoplasty.
- ✦ State-of-the art world class Fully accredited, Cosmetic & Laser Surgery Hospital.
- ✦ Treatment by highly trained & Senior Cosmetic Surgeons of the Country.
- ✦ **Speciality in Mega Liposuction (more then 5 litres) for weight reduction.**

ULTRA SONIC LIPOSUCTION

We are doing largest number of liposuction in the country

VASUDHAN ARJIN

COSMETIC & LASER SURGERY

BORIVALI : C-212, Lancelot, S.V. Road, Borivali (W), Mumbai - 400 092. Tel: 91-22- 2866 2525 / 2866 2626 / 3200 1100 / 3200 1234

VILE PARLE: 11, Arpan, V.P. Road, Near Nanavati School, Vile Parle (W), Mumbai - 400 056. Tel: 2619 3838 / 2619 3939

Email: dhami@vsnl.com Website: www.cosmeticsurgeryindia.com Fax : 022 2866 2727



Management of Hyperglycemia in Type 2 DM

(Based on Consensus statement from American Diabetes Association and European Association for Study of Diabetes)

Dr Sanjiv Shah MD, Endocrinologist,
Nanavati Hospital, Mumbai

As the development of new classes of drugs are added to older therapy, there are increased options in monotherapy as well as in combination therapy, however there is increased uncertainty about the efficacy as well as safety of the treatment offered to the patient.

Currently the practitioners are without clear pathway to follow hence, this guideline would help them to treat type 2 patients using the algorithm given in this paper.

The treatment of hyperglycemia is a top priority in type 2 diabetes however, dyslipidemia, hypertension, obesity, and insulin resistance are equally important. The basic goal remains that the glycemic level should be maintained as close to normal as possible. The Fasting and preprandial glucose of 70-130 mg/dl and postprandial glucose below 180mg/dl would achieve target HbA1c and the studies have proved that several FPG values correlate well with HbA1c.

Lifestyle interventions:

The controlled nutrition, and increased physical activity, resulting into the weight loss are effective means for controlling hyperglycemia. There are benefits of weight reduction to

CVD-risk factors and other consequences of obesity. However there are difficulties in incorporating lifestyle intervention into usual lifestyle and sustaining them. The effective weight loss with lifestyle comes at low cost and is safe and is the most cost effective means of controlling diabetes and has pleiotropic effects too. The beneficial effects are seen rapidly even with 4kg weight loss, however there is limited long term success.

Principles in selecting antihyperglycemic interventions :

The choice of therapy is predicted on (1) Effectiveness in lowering glucose (2) Extraglycemic effects (3) Safety profiles and tolerability (4) Expense (5) Long term patient adherence. There are limited data on differential effects on glycemia and effects on complications. The UKPDS failed to demonstrate superiority of any particular therapy over the other hence go

by its ability to reduce HbA1c. This guideline highlights the order of choices or recommendations and the utility of combinations of therapy. To achieve better long term control, early diagnosis is very useful when metabolic abnormalities are less severe. There is progressive worsening of glycemic control over time hence, the addition of medications is the rule and not the exception.

Medications :The glucose lowering effectiveness of individual drug or the combinations is predicted by (1) Intrinsic characteristics (2) Baseline glycemia (HbA1c) (3) Duration of diabetes (4) Previous therapy. The major factor to select, to initiate or change therapy is level of glycemia, if HbA1c > 8.5 % use the drugs with rapid action, greater potency, and the combination should be used early. If HbA1c < 7.5%, use monotherapy with drug of mild nature having slow effect.

Metformin : is generally well tolerated, and is available at low cost. It lowers the HbA1C

by ~ 1.5%, along with beneficial effects on CVD outcomes. The adverse effects are gastrointestinal, the lactic acidosis is quite rare. One should remember the contraindication of metformin use is creatinine level more than 1.5mg%. Metformin by and large never causes hypoglycaemia and it may cause weight loss or would maintain the same weight.

Sulfonylureas : Lower HbA1c by ~ 1.5% but the weight gain is usual to the tune of 2-4 kg.

They work rapidly and are associated with hypoglycaemia which at times is severe, though hypos are not frequent. The newer agent like glimeperide will have lower risk of hypo.

Glinides : Like sulfonylureas lower HbA1c by ~ 1.5%. They have a shorter half life hence needs frequent administration. There is similar risk for weight gain like sulphonylurea but the hypoglycemia is less frequent. Nateglinide is less effective than repaglinide.

Thiazolidinediones: By Increasing insulin sensitivity they lower HbA1c by 0.5-1.4%.

They also cause fluid retention, oedema, and the weight gain and anemia and occasionally, heart failure in patients with low ejection fraction. TZD may have beneficial or neutral effect on lipid profile (Pio) and the effect on CV outcome is currently debatable.

Insulin : is the oldest drug with most clinical experience, is the most effective drug to decrease HbA1c of any magnitude. It offers the beneficial effect on TG and HDL as well as on other markers. It is almost always associated with weight gain of 2-8 kg as well as higher risk of hypoglycemia, which happens frequently with intensification of therapy. Insulin analogues would decrease the risk of hypoglycaemia but would cost more and can not be mixed.

GLP-1 Agonists: A new class of exciting drug which is getting launched in India lowers HbA1c by 0.5 – 1%, by



lowering PP levels more than the fasting glucose and they do not cause hypoglycaemia. The weight loss of 2 to 3kg with this class of drug would be beneficial in long run. These drugs cause regeneration of beta cells. Patient develop frequent gastrointestinal adverse effects which appear on initiation of therapy and may subside later.

How to initiate and advance: Patient is the key player and should be trained to prevent and treat hypoglycaemia and empowered to adjust medications. Many patients get managed with monotherapy initially but most need combination therapy over the years.

Algorithm: The decision is taken based on the characteristic of individual interventions, their synergies and expense. The physicians are advised to change interventions rapidly, as titration allows. Exenatide, α -glucosidase inhibitors and glinides are not included in algorithm due to lower effectiveness, limited clinical data and expense, they may be used in selected patients.

Algorithm: step 1

- Lifestyle intervention: short and longterm benefits, cost effectiveness, professional specially trained is required, ethnic and cultural differences
- For obese, step 1 works well
- For nonobese, medications are required early
- Difficult to achieve or maintain goals, because of failure to loose weight, regain of weight, progressive nature of disease
- Metformin recommended as initial therapy titrated to maximum effective and tolerated dose over 2 months
- Rapid addition of other drug, if persistent symptomatic hyperglycemia

Algorithm: step 2 additional medications

- If LS+MET failed to achieve A1c goal, add second drug, no strong consensus
- Choose among insulin, SU or a TZD
- A1c level will determine selection
- A1c > 8.5% or with symptoms, select insulin
- Basal insulin is preferred, titrated according to FPG
- Expensive drugs must be balanced against benefits

Algorithm: step 3 further adjustments

- If LS + MET + second drug fail, next step start insulin or intensify insulin
- If A1c < 8% with LS+MET +second drug, third drug may be considered, likely to be not very effective and relatively costly compared to insulin
- Intensification of insulin therapy, additional injections, short/rapid-acting insulin
- Sulphonylureas may be tapered/discontinued with prandial insulin, not synergistic with insulin

Why select combinations? More than one medication is needed for majority. There is synergy of combinations hence use the drugs with different mechanisms. Insulin + TZD will cause more fluid retention.

Conclusions : Morbidity with long term complications can be reduced , with glucose level in non-diabetic range. The new classes of medications and numerous combinations are effective but current day management has failed to achieve and maintain glycemic levels, associated with optimum health in diabetics. This guideline should improve the metabolic control if not in all but some patients. There is a hope that future drugs would offer better control and would alter the course of the disease. ■

ANNOUNCEMENT

All members,

We are planning to hold badminton and table tennis tournament of Andheri sports complex on Sunday, 20th January 2008 from 10.00 am to 06.00 pm.

Events will be - Singles, Doubles, Mixed Doubles, Team Events
(Both Sports for Men & Women both)

Registration free but compulsory.

For contact : IMA Office (2620 6517 / 2625 4368)

Dr. Nilesh Shah : 93210 34968

Dr. Dilip Parsnani : 93235 01662

Chess & Carrom Tournament will be held on February 2008 details in next issue.

Dr. Nilesh Shah
Chairperson, Sports Sub Committee



Plan your tax investments NOW

Tax planning must always been seen within the broader framework of financial planning and never in isolation.

Most of the people end up reacting to tax (at the end of the financial year) rather than looking at it as an investment that must be considered all the year through.

This myopic view of tax savings causes a lot of harm to individuals in the form of lower post tax income, higher costs and a hodgepodge of investments accumulated over a period of years.

Here are some of our thoughts on how one should look at tax planning within financial planning.

Take a broad perspective

Do you need a house? Go for it. You will get a deduction on the principal investment as well as the interest component of the loan. Incidentally, though not an investment, you can claim a deduction under Section 80C if you are paying your children's fees.

Debt

If you want a fixed return investment, then you have quite a few options.

If you are a salaried employee, opt for the Voluntary Provident Fund. Also opt for the Public Provident Fund, though you do not need to be a salaried employee for this one. Anyone can open a PPF account.

Though some insurance options and National Savings Certificate also fall into this category, the VPF and PPF remain the best debt investments so far.

Insurance

Have you considered insurance? The premium is covered under Section 80C.

Do you have any dependents? If you do need insurance, go for the pure risk cover also known as term insurance. This is the purest and cheapest form of life

insurance.

Let's say you are a 25-year old male and you take a term insurance for Rs 10 lakh (Rs 1 million) for 15 years. Should you die during this period, your nominee/ beneficiary will get Rs 10 lakh. The annual premium that you will be just Rs 2,890.



We are of the view that look at insurance companies for insurance only. Don't mix insurance and investments.

Equity

Unit Linked Insurance Plans are very popular these days. These are offered by insurance companies and offer a tax benefit under Section 80C. They double up as mutual funds and life insurance.

Insurance companies never fail to tout the benefits of insurance as an investment product. Incidentally, February to March is the time period when most insurance and ULIP policies are sold.

You can comfortably skip ULIPs. Due to the transaction costs, sales costs and high commissions, ULIPs eat into your returns. We strongly advocate looking at Equity Linked Savings Schemes instead. These are

Insurance companies never fail to tout the benefits of insurance as an investment product. Incidentally, February to March is the time period when most insurance and ULIP policies are sold.



Sunflower Laboratory & Diagnostic Centre

Main Lab : Keshav Kunj, Opp Adarsh Bus stop, Marve Road,
Malad (W), Mumbai - 400 064. Phone : 2863 3702 / 6570 2174

Dear Doctor,
We have New Profiles for evaluating status of your patients who are :

- **Hypertensive**
- **Have stressfull life style**
- **Have family history of myocardial infarction**
- **Smokers**
- **Obese**
- **Diabetic**



Following new profiles are done at Sunflower Lab :

- 1. Coronary Risk Profile :**
Cholesterol, Triglycerides, HDL - direct, LDL - direct, VLDL, Apolipoprotein - A1/B, Lipoprotein (a), High Sensitive - CRP
- 2. Lipid Profile - 8 :**
Cholesterol, Triglycerides, HDL - direct, LDL - direct, VLDL, Apolipoproteins - A1/B, Lipoprotein (a).
- 3. Diabetes Monitor Profile :**
CBC, Cholestrol, Triglycerides, BSF/PP, Creatinine, Electrolytes, Microalbumin, Hb A1c%, Urine Routine.
- 4. Obesity Check-up :**
CBC, Lipid Profile, T3 T4, TSH, BSF/PP, Creatinine, Electrolytes, Calcium, Phosphorus, Uric acid, Urine Routine.

Dr. Vipul B. Patel

M. D. (Path)
Consultant Pathologist
Ph : 9820193464



Dr. Darshana V. Patel

M.B.B.S.



mutual funds that invest in stocks and give a tax benefit under Section 80C.

If you are young and are in it for the long haul, equity is the best asset class since it beats inflation. With a strong growth rate in the economy and a healthy rise in corporate earnings, equities should be able to trump inflation comfortably over the next few years (not without a bumpy ride though).

Making the right choice

While PPF has a limit of Rs 70,000, ELSS does not have any limit and you can invest the entire Rs 1,00,000 in it. Neither does NSC have a limit.

When compared with PPF, NSC and other tax saving instruments, the returns from ELSS are the highest.



In the three-year period ending December 7, 2007, that category of funds gave an average return of more than 50 %. But there is one caveat: Even as equities provide high returns over the long term, it is a risky asset class. It is prone to volatility and going forward returns will be muted (12-15 % p.a).

Unlike PPF and NSC, the returns are not guaranteed. In ELSS, a bad choice has the potential to derail one's investment plans. So an informed decision here is crucial. Also, unlike PPF and NSC where investing at one go does not have any significant impact on the future prospects of investments, lump-sum investment in an equity fund could be disastrous.

A much better strategy would be to plan one's tax-saving investments during the start of the year itself and allocate money to ELSS every month.

Unlike PPF and NSC, the returns are not guaranteed. In ELSS, a bad choice has the potential to derail one's investment plans. So an informed decision here is crucial.

The final step (and the trickiest one) would be to decide which fund to invest in. And as the choice is increasing, choosing a fund is going to be even more difficult. Since tax-planning funds come with a lock-in of three years, a poor decision means there's no way out immediately. Therefore, investors should choose their funds with utmost care.

The rule of the game is the same here: funds with proven track record in good as well bad times, experienced managers, and a systematic investment plan. The best way to invest in ELSS is to buy units worth a fixed amount of money every month. In other words, invest systematically.

Look at post-tax returns

Have you just been saving tax (mandatorily investing in Section 80C instruments to minimize tax)? For instance, just buying one life insurance policy after another to get the benefit under Section 80C?

Or, do you look at post-tax returns (invest with the idea of getting the maximum returns after you pay your taxes)? So you consider ELSS and other investments.

In other words, are you investing only for the tax benefits or are you investing for the future?

You must list out the goals you are saving for. That will help you decide how much you need and when and how much of risk you are willing to take. Once you are clear on this, do your tax planning within this framework.

When looking at the Rs 1,00,000 component under Section 80C, keep all the above parameters in mind. Then you can decide how much should go into equity and debt. If you are young, be more aggressive and let equity form the bulk of your portfolio.

The trick to investing smartly and boosting returns lies in investing in a combination of debt, equity and real estate to maximize post-tax income.

Amar Pandit is a certified financial planner and runs the Mumbai-based firm My Financial Advisor. He can be reached on amar.pandit@gmail.com ■



Cell: 9820037087 / 9322258261

Hematology & Immunology Cell

Dr Mukesh M Desai MD
Hematologist, Hemato-Oncologist
& Immunologist

Consultant
Sir H N Hospital, Nanavati Hospital
InCharge Immunology
B J Wadia Hospital for Children

B1 Matru Ashish,
SV Road. Kandivili West,
Mumbai 69.
Tel: 28092927, 28092917.

Special interest:

**Anaemia, Thrombocytopenia, Thrombophilia, Leukaemias and Lymphomas.
Primary Immunodeficiency disorders.**

Communications:

E mail: mmdesai007@gmail.com

URL: <http://mmdesai007.googlepages.com>

URL: <http://mukeshdesaimmunologist.googlepages.com>

Manager of Group: Primary Immunodeficiency India

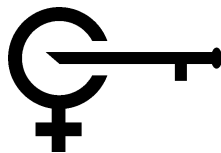
* Group home page: <http://groups.google.com/group/primary-immunodeficiency-india?hl=en>

* Group email address primary-immunodeficiency-india@googlegroups.com

Consultation besides
Hematology &
Immunology Cell:

B Nanavati Hospital OPD
Tuesday & Thursday • 1.30 to 3.30 pm
by Appointment Only

Private Consulting Room
Sir H N Hospital. on Thursday 9.30 to 11.30 am
by Appointment Only



Nalini Endoscopy Unit

Dr. Vivek S. Salunke

M.D. D.G.O. (Mumbai), Gynaec Endoscopy Surgeon

Mobile No. 9820135478

Email: drviveksalunke@yahoo.co.in

*I am available for all Gynaec Endoscopy Procedures at your
Hospital & Nursing Homes with prior appointment.*

SALIENT FEATURES

- Good Instrumentation • Documentation • Professional Expertise

Laproscopy Procedures

- Total Lap-Hysterectomy
- Diagnostic & Operative Laproscopy
- Lap Myomectomy
- Lap Adhesiolysis
- Lap Ectopic Surgery
- Endometriosis surgery

Hysteroscopy Procedures

- Diagnostic Hysteroscopy
- Operative Hysteroscopy
- Removal of Septum / Polya /
Fibroids / Adhesions



Have we tried to reflect on the power of words? Words can make us explode into laughter, break down into tears, fly into a rage, sink into despair, or float on a cloud of happiness. Strong stuff, wouldn't you say?

The words we use do more than describe the events we experience and actions we take; they determine their outcomes. What we are today is the result of the words we have used. What we will become and experience tomorrow, depends on the words we use today.

Our thoughts become powerful when they are formulated into words. Words then are weaved together to make statements. And the statements we make create our reality. If you make angry statements, you ARE angry. If you make happy statements, you ARE happy. When you state your job is miserable, you ARE miserable. When you state life is worrisome, you ARE worried.

The words we use can block our progress or clear the path to success and happiness. They can deprive us of personal power or release it. WORDS ARE POTENT. They are a divine tool gifted to us to create our reality.

Words are powerful and because we use them, we are powerful. But unless we are aware of their power and their proper use, the power may mistakenly be used destructively. Let us see the effects of the words in the following story.

THE POWER OF WORDS

There once was a wise sage who wandered the countryside. One day, as he passed near a village, he was approached by a woman who told him of a sick child nearby. She requested him to help this child. So the sage came to the village, and a crowd gathered around him, for such a man was a rare sight. One woman brought the sick child to him, and he said a prayer over her.

"Do you really think your prayer will help her, when medicine has failed?" yelled a man from the crowd.

FOR YOUR HEART STRINGS



Dr. Rajiv Anand

"You know nothing of such things! You are a stupid fool!" said the sage to the man.

The man became very angry with these words and his face grew hot and red. He was about to say something, or perhaps strike out, when the sage walked over to him and said: "If one word has such power as to make you so angry and hot, may not another have the power to heal?"

And thus, the sage healed two people that day.

1. We can't solve problems by using the same kind of thinking we used when we created them." - Albert Einstein

The toughest part of getting to the top of the ladder, is getting through the crowd at the bottom—Unknown

"Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending." - Carl Bard

"If the only prayer you ever say in your entire life is 'thank you,' it will be enough." - Meister Eckhart

Dr. Rajiv Anand
M.D., FIPS, FIASP, FIC (USA)
Psychiatrist & Sex Consultant
Personal Touch Counselling Centre
Rahat Clinic, Cama Lane
Opp. Station, Andheri West
Mumbai - 58, Mobile - 9820064768

HAPPY MOMENTS - PRAISE GOD,
PAINFUL MOMENTS - SEEK GOD,
QUIET MOMENTS - WORSHIP GOD,
DIFFICULT MOMENTS - TRUST GOD,
EVERY MOMENT - THANK GOD



BREAST CANCER SURGEON



DR. (MRS.) REKHA P. SHAH
(M.S.)



BREAST CLINIC FOR
DAUGHTER - MOTHER - GRANDMOTHER

Available at many Places in Mumbai & Thane

1) Swiss Polyclinic

Swiss Palace, Shastri Nagar,
Near Lokhandwala Circle, Andheri (W).
Phone : 2636 3856 / 2636 8793

2) Dr. Bhavana Patel's Lab

Near Milan Subway, Santacruz (W),
Phone : 2614 6027

3) Mehta Polyclinic

Andheri (E).
Phone : 2683 8652 / 2682 7809

Contact on Mobile :
98201 44132 / 93232 26138

HITECH ORTHOPAEDIC HOSPITAL

'Ashirwad' At Borivali (West)

DR. PINAKIN SHAH

M.S.Dorth, A.O. Fellow Germany

ORTHOCARE CENTRE FOR:

Joint Replacement, Fractures, Spine and Hand Surgeries, Arthroscopies

Hosp.:28981497/28990771/28997325

- 15 Bedded 'Temple of Health' Strives for personalised care.
- Affordability, Affability and availability are associated with 'Ashirwad'.

Jambali Galli, Opp. Jain Temple, Off. S.V.Road, Borivali (West), Mumbai - 400 092.

Cell No. : 98202 86871, 98201 44132



| ADVT. TARIFF OF "MEDICAL IMAGE" FOR IMA Mumbai West MEMBERS | Page | Colour | B/W |
|--|---|----------|---------|
| | Back Cover Page on Art Paper | 10,000/- | - |
| | 2 nd Cover Page on Art Paper | 8,000/- | - |
| | 3 rd Cover Page on Art Paper | 7,500/- | - |
| | Ordinary Full Page | 6,000/- | 3,500/- |
| | Ordinary Half Page | 3,000/- | 2,000/- |
| | Ordinary Quarter Page | 2,000/- | 1,200/- |
| | Gate Fold | 18,000/- | - |
| Centre Double Spread | 16,000/- | 12,000/- | |

CLASSIFIED ADVERTISEMENTS

Tariff for classified advertisements

Members are welcome to send personal announcements in the above column.

Charges for the same will be as under:

For Members: Minimum charges Rs.300/- up to 25 words. Every additional word at Rs.8/- per word. Maximum 45 words only.

1. Life members are entitled to 20% concession for BLOCK advertisements in ordinary pages.
2. The tariff for 6 monthly and annual insertions will be applicable provided the matter is not changed and full payment is made in advance.
3. The material for printing should be sent to our office on or before 15th of the previous month.
4. The cheque should be drawn in favour of "I.M.A. - Mumbai West Branch".

...
FACILITIES AVAILABLE IN OUR PREMISES
...

- | | |
|---|----------------------|
| 1) Ground floor hall | Sitting Capacity 300 |
| 2) Lupin Auditorium | Sitting Capacity 150 |
| 3) Lawn | Sitting Capacity 200 |
| 4) 2 nd Floor Hall | Sitting Capacity 200 |
| 5) 4 Self Contained Air Conditioned Double Bed Rooms | |



For details contact our office.

Dr. Akil Contractor, President

Dr. Jayesh Lele, Hon. Secretary