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



### World No Tobacco Day Pg. No. 28



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Please get your IMA Mumbai West **IDENTITY CARD**. Identity Card shall be mandatory for future events.

#### UPDATE YOUR DATA

Name .....

Residence Address .....

.....Telephone .....

Clinic Address .....

.....Telephone .....

Mobile ..... Blood Group .....

Email ID/s. ....

Your  
stamp  
size  
Photograph

Send sms to 9821220519 or email to : drjayeshlele@yahoo.com

**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.

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**MANAGING COMMITTEE 2008 - 2009**

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

There is a fine line between SUCCEEDING in life, and SUCCESS in life.

Succeeding in life is a *human science*,  
Whereas being successful in life is an *art*.

To make a success of yourself is an art.

If you apply both science as well as art to your life,

You not only succeed in life,

You may also succeed in making a success of yourself in your life.

Swami Chidadanda

Dear Members,

I have completed two months in office. I would like to thank all the members who made it possible to attend all the programs in large numbers. I feel good to see the presence of so many members, and I am happy and motivated to arrange many more programs.

On 1<sup>st</sup> May 2008, Dr Mahesh Shah, Consultant Interventional Cardiologist gave an excellent discourse on tips and tricks in Cardiology.

"World Asthma Day" was celebrated on 6<sup>th</sup> May 2008 at Lupin Hall. We arranged an interactive session where Dr Akil Contractor and Dr Chatwani chaired the session. Dr Prahlad Prabhudesai, Dr Agam Vora and Dr Salil Bendre – all eminent chest physicians were the experts on the dais. On case discussions, the expert panel brought out the informative and helpful hints to all the members for their general practice.

On 8<sup>th</sup> May, Dr. Aashit Shah, Consultant Orthopaedic Surgeon, made a presentation on The Complete Information on Knee Replacement Surgery. His presentation was excellent and at the end of the lecture he answered all the queries from the members.

On 13<sup>th</sup> May, Dr Haresh Mehta, eminent Cardiologist, spoke on Hypertension and its management. On 15<sup>th</sup> May, Dr Ashutosh Shetty, Consultant neurologist, gave an impressive lecture on Meningitis. The Update on Haematology on 11<sup>th</sup> May, was well attended. Dr Bal Inamdar coordinated the program, It was a great success.

On Sunday, 18<sup>th</sup> May 2008, "World Vitiligo day", a medical camp was organized by IMA under our past president Dr Vinay Saraf and other doctors at Pandurangwadi Marathi School, Goregaon East. It was very well attended and many patients were benefited from this camp.

*We are going to celebrate Doctor's day on 6<sup>th</sup> July Sunday, where we are planning to have the "Update 2008" by excellent speakers in different fields of medicine.*



I am delighted to inform you that our website [www.imamumbaiwest.com](http://www.imamumbaiwest.com) has been launched. I congratulate Dr Deepak Jumani, Dr Arvind Ghonghane and Dr Jayesh Lele for their efforts. I would request all the members to go through it and then give us your feedback by email and also suggestions to improve the same.

On 1<sup>st</sup> June, a special event for families and children has been planned. Like last year famous Mino Jochi will be coming again this year and will teach us how to enhance our memory.

From Thursday - 5<sup>th</sup> June, the series of ten weekly lectures on Cardiology by Consultants of Asian Heart institute will start.

We have organised four lectures on Tuesdays - ENT series by eminent speakers.

On 15<sup>th</sup> June 2008, Zuventus Antakshari - a cultural musical program with 16 teams, is organized by Dr Ajay Hariani, Dr Hitesh Parikh and Dr Ketan Mehta. I would be happy if members attend in large numbers and enjoy this great event.

For the first time in IMA, PLASTICON - a plastic surgery mini conference is organized on the morning of 22 June 2008 – Sunday. Our active star member, Dr Ajay Hariani, plastic surgeon, will be the coordinator. Most famous and great speakers in this field will be sharing their knowledge with you all.

On Sunday, 29<sup>th</sup> June 2008, we have invited the famous advocate Indira Jaisingh to speak on domestic violence against women.

We are going to celebrate Doctor's day on 6<sup>th</sup> July Sunday, where we are planning to have the "Update 2008" by excellent speakers in different fields of medicine. We are also honoring different dignitaries for their great achievements. Long Live IMA.

**Dr Anil Suchak, 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
05.06.2008	Arrhythmias	Dr. Santoshkumar Dora
12.06.2008	Investigations in Cardiology, Advantages & Limitations	Dr. Rajeev Warty
19.06.2008	Dyslipidaemias	Dr. Nilesh Gautam
26.06.2008	Hypertension	Dr. Debabrata Dash
03.07.2008	Management of Stable Angina	Dr. Sunil Karande
10.07.2008	Valvular Heart Disease	Dr. Nilesh Gautam

- **WORKING LUNCH WILL BE SERVED FROM 01.30 PM TO 02.30 PM BEFORE EACH CME**
  - **CGP & IMA Members who have paid Annual Fees : (CGP:Rs.750/- & IMA:Rs.1000/-) Free**
  - **CGP & IMA Members : Rs. 50/- (Not Paid Annual Fees)**
- Each Lecture Carries Credit of 1 Hour for FCGP Examination**

**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
03.06.2008	Newer Strategies for Cessation of Smoking	Dr. Sanjeev Mehta
10.06.2008	Common Ear Problems	Dr. Samir Bhargava
17.06.2008	Current trend in management of Allergic Rhinitis	Dr. D. M. Borkar
24.06.2008	Vertigo	Dr. Bimal Shah
01.07.2008	Sinusitis	Dr. Uday Vora

- **WORKING LUNCH WILL BE SERVED FROM 01.30 PM TO 02.30 PM**
  - **CGP & IMA Members who have paid Annual Fees : (CGP:Rs.750/- & IMA:Rs.1000/-) Free**
  - **CGP & IMA Members : Rs. 50/- (Not Paid Annual Fees)**
- Each Lecture Carries A Credit of 1 Hour Each For FCGP Examination.**

**Dr. Anil Suchak**  
President

**Dr. Jayesh Lele**  
Hon. Secretary

**Dr. Subodh Kedia**  
Asst. Director of Studies

**Dr. Priti Bhargava**  
Asst. Secretary

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



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

Dear Friends

We are happy to inform you that we were able to start the web site <http://www.imamumbaiwest.com> as planned and **Dr Deepak Jumani** was great help to us. Our branch has great talent and workforce which were evident when we planned the web site. It was much needed to tell all about branch activity and with web site actively functioned we can do it very easily. So please visit the web site, it is being improved and up dated regularly. Your valuable suggestions will help us to give you the very best and add more features.

Our forthcoming events in month of June, July and August are almost finalized. This year we shall be celebrating '**DOCTOR'S DAY**' on 6<sup>th</sup> July 2008 being Sunday. We plan to have scientific '**UPDATE 2008**' prior to grand evening.

**Asian Heart Hospital** shall be conducting 10 lecture series from 1<sup>st</sup> week of June 2008 on 10 Thursdays. This is dedicated to **Cardiology** and we are sure this will be very interesting as well as informative.

We are happy to inform you that our architect and structural engineers have permitted to have another cell site on terrace of the building. This will not obstruct ant usage of the terrace but will give us the funds forever. After prolonged negotiations and constant discussions we could get these funds for our branch. The place utilized by the concern cell companies is on one side and it does not stop our use of terrace.

**ZUVENTUS Antakshari** is going to be another event and it will also involve neighboring medical associations. **Dr Ajay Hariani**, **Dr Hitesh Parikh** and **Dr Ketan Mehta** are geared up to give a great evening. Your presence will give us more support and



*Let us make effort to reach magic figure of **3000 members.***

*Also recently many members have joined **Social Security Schemes** so please join the scheme at an early age get the **benefit of age.***

encouragement.

We shall be doing more events for the senior citizens through our newly formed Geriatric Cell. **Dr Bakulesh Mehta** and **Dr Kusum Doshi** have planned the **lecture** as well '**Q & A session**' on 19<sup>th</sup> July in the afternoon. Please inform your patients about this informative and educative programme.

Our membership strength has crossed **2700** and we are very happy to inform you that our intensive campaign to add more members is shaping up. We are sending letters to all eligible doctors in western suburb. Please inform your eligible doctor friends about our branch. Let us make effort to reach magic figure of **3000 members.** Also recently many members have joined **Social Security Schemes** so please join the scheme at an early age and get the **benefit of age.**

Friends we look forward to your valuable comments. Please just send sms or e mail to me.

**Dr Jayesh Lele**

**Hon Secretary**

**Cell:- 9819812996**

**E mail: drjayeshlele@yahoo.com**



**INDIAN MEDICAL ASSOCIATION - MUMBAI WEST BRANCH  
of  
Women's Wing Sub Committee &  
Member's Welfare Sub- Committee  
Presents**

**"METHODS TO ENHANCE MEMORY POWER & CALCULATION SKILLS"**

**Day & Date : Sunday, 1<sup>ST</sup> JUNE 2008. • Time : 10.30 A.M TO 1.00 P.M.**  
**Venue : Lupin CME Auditorium, I.M.A. Building, Behind Chandan Cinema,  
J. R. Mhatre Marg, J.V.P.D. Scheme, Juhu, Mumbai - 400 049.**

**PROGRAMME**

Time	Topic	Speaker
10.30 a.m. – 11.00 a.m.	Registration & Tea	
11.00 a.m. – 11.15 a.m.	Welcome Inaugural Address	Dr. Jayesh Lele - Hon. Secretary Dr. Anil Suchak - President
11.15 a.m.– 12.15 p.m.	Methods to Enhance Memory Power & Calculation Skills	<b>Mr. Minoo Jokhi</b> A well Known Numerologist & Number Wizard.
12.15 p.m. – 12.45 p.m.	Audience participation	
12.45 p.m. – 12.50 p.m.	Vote of Thanks	Dr. Heena Patel
12.50 p.m. onwards	Lunch	

- **Registration Charges Rs. 50/- per head**
  - **PROGRAMME WILL START AND END IN TIME.**
- All are cordially invited to join us with family , friends & Children.  
R.S.V.P. is must, Pease register in advance to make arrangements.

Dr. Anil Suchak President	Dr. Akil Contractor Co-ordinator	Dr. Jayesh Lele Hon. Secretary
Dr. Alka Mehta Chairperson Members Welfare Sub Committee	Dr. Heena Patel Chairperson Woman's Wing Sub Committee	



## INDIAN MEDICAL ASSOCIATION MUMBAI WEST BRANCH

Presents

# PLASTICON

Day & Date : Sunday, 22nd June 2008 • Time : 08.30 a.m. to 12.50 p.m.

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

### PROGRAMME

Time	Topic	Speaker
08.30 a.m. - 09.15 a.m.	REGISTRATION & BREAKFAST	
09.15 a.m. - 09.30 a.m.	WELCOME - Hon. Secretary - DR. JAYESH LELE INAUGURAL ADDRESS - President - DR. ANIL SUCHAK	
09.30 a.m. - 09.50 a.m.	BASICS IN PLASTIC SURGERY	DR. AJAY HARIANI
09.50 a.m. - 10.10 a.m.	BURNS MANAGEMENT	DR. SUNIL KESWANI
10.10 a.m. - 10.40 a.m.	RECONSTRUCTIVE PLASTIC SURGERY	DR. SATISH AROLKAR
10.40 a.m. - 11.10 a.m.	HAND & MICROSURGERY	DR. ADITYA KAUSHIK
11.10 a.m. - 11.40 p.m.	COSMETIC LASER SURGERY	DR. LAKSHYAJIT DHAMI
11.40 p.m. - 12.00 p.m.	BOTOX & FILLERS	DR. NEETA PATEL
12.00 p.m. - 12.20 p.m.	HAIR RESTORATION	DR. RAJESH RAJPUT
12.20 p.m. - 12.50 p.m.	AESTHETIC SURGERY	DR. LAKSHYAJIT DHAMI
12.50 p.m.	VOTE OF THANKS & LUCKY DRAWS	

### MODERATOR : DR. AJAY HARIANI

#### REGISTRATION FEES :

- CGP & IMA Members who have paid ANNUAL Fees = FREE
- CGP & IMA Members : Rs. 100/-
- Eligible Non - Members : Rs. 200/-
- LUCKY DRAWS FOR MEMBERS WHO REPORT TILL 09.15 A.M

PROGRAMME WILL START AND END IN TIME.

**DR. ANIL SUCHAK**  
President

**DR. JAYESH LELE**  
Hon. Secretary

**DR. SUBODH KEDIA**  
Asst. Director, IMA-CGP

**DR. PRITI BHARGAVA**  
Asst. Secretary, IMA-CGP



**CULTURAL SUB - COMMITTEE  
OF  
INDIAN MEDICAL ASSOCIATION - MUMBAI WEST**

presents

**"ZUVENTUS ANTAKSHARI"**

on

**Sunday, 15<sup>th</sup> June 2008**

**• PROGRAMME •**

05.00 p.m. to 05.30 p.m. - Registration

05.30 p.m. to 09.00 p.m. - "Zuventus Antakshari"

09.00 p.m. onwards - "Dinner"

at

I.M.A. Hall, IMA Building, Behind Chandan Cinema,  
J. R. Mhatre Marg, Juhu, Mumbai - 400 049.

**Registration Charges :**

Participant	: Rs. 100/-
Members / Spouse / Children	: Rs. 50/-
Non Members	: Rs. 150/-

Dr. Anil Suchak  
President

Dr. Jayesh Lele  
Hon. Secretary

Dr. Ajay Hariani      Dr. Ketan Mehta  
Co-ordinator

Dr. Hitesh Parikh  
Chairman, Cultural Sub Committee

For further details for contact Dr. Ajay Hariani

**Sponsors : ZUVENTUS**



**INDIAN MEDICAL ASSOCIATION - MUMBAI WEST BRANCH**  
**&**  
**Member's Welfare Sub- Committee, Public Health & Welfare sub committee**  
**& Women's Wing Sub Committee**

*Present*

**An unique & innovative programme on the issue of**  
**“DOMESTIC VIOLENCE”**

Day & Date : Sunday, 29<sup>th</sup> June 2008. • Time : 10.30 A.M TO 12.30 P.M.  
Venue : Lupin CME Auditorium, I.M.A. Building, Behind Chandan Cinema,  
J. R. Mhatre Marg, J.V.P.D. Scheme, Juhu, Mumbai - 400 049.

**PROGRAMME**

Time	Topic	Speaker
10.30 a.m. – 11.00 a.m.	Registration & Tea	
11.00 a.m.	Welcome Inaugural Address	Dr. Jayesh Lele Dr. Anil Suchak
11.00 a.m.– 12.30 p.m.	DOMESTIC VIOLENCE	<b>MRS. INDIRA JAISING</b> Leading Supreme Court Lawyer & Women's Rights Activist
12.30 p.m.	Vote of Thanks	Dr. Akil Contractor
12.50 p.m. onwards	Lunch	

**CO-ORDINATOR : DR. PRATIBHA THORAVADE**

- REGISTRATION FREE BUT A MUST.
- KINDLY REGISTER EARLY TO AVOID DISAPPOINTMENT.
- ALL ARE INVITED WITH FAMILY & FRIENDS.
- PROGRAMME WILL START AND END IN TIME.
- FOR REGISTRATION CONTACT : IMA OFFICE, TEL. NO: 2620 6517 / 2625 4368

Dr. Anil Suchak  
President

Dr. Jayesh Lele  
Hon. Secretary

Dr. Akil Contractor  
Chairman, Public Health & Welfare Sub Committee

Dr. Alka Mehta  
Chairperson  
Members Welfare Sub Committee

Dr. Heena Patel  
Chairperson  
Woman's Wing Sub Committee



## ANTI QUACKERY UPDATE

by Dr. Mahesh Baldwa, M.D.  
D.C.H.,LL.B.,LL.M.

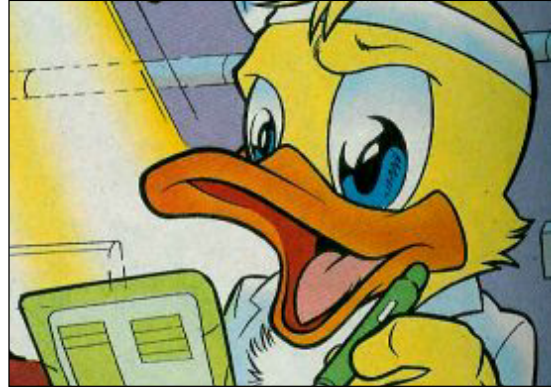
Formerly Assistant professor of pediatrics at  
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they have no training in this system.

1. following points define, elaborate and suggest some solutions to quackery.
2. One of the big challenges facing quality medical care in India is the fact that untrained/unqualified people or quacks can practice medicine with impunity.
3. Use of prefix doctor (Dr.) by quack and ayurvedic, unani & homeopathic practitioners. Either just retraining quack to use Dr. or MBBS+ plus some other identification mark like DOC etc will make a difference.
4. These people may not even have studied alternative medicine in any recognized school of medicine.
5. Many of them have served as assistants to some doctor before deciding to switch over to full-fledged medical practice on their own, while some may have been tradesmen etc. with no medical exposure.
6. Apart from this, a large number of practitioners of alternative systems of medicine exist in India, many of whom often practice allopathic medicine even though
7. A recent Supreme Court decision in *Poonam Verma v. Dr. Ashwin Patel* had restricted medical practitioners from practicing any system of medicine that they had not studied. For example, an ayurvedic practitioner cannot prescribe allopathic medicines or *vice versa*. The court had labeled such practitioners as 'quacks.'
8. Mechanisms to enforce the Supreme Court's ruling have not yet been put into place.
9. when ever city police conducts raids quacks are arrested and released on bail, while others manage to escape.
10. qualified practitioners today have to compete for patients with these quacks.
11. Anti-quackery actions can only encourage young doctors to set up practice in rural areas that presently have a high density of quacks.
12. The right to be treated by a qualified medical practitioner in times of sickness is one of the basic health-care rights to which all citizens are entitled.
13. It is very difficult for a person, when ill and in distress, to judge whether or not a person posing as a doctor is appropriately qualified.
14. IMA should press for some basic regulatory function of the government to curb menace of quackery.
15. It is surprising that despite so many representations and efforts made by the Indian Medical Association, quacks continue to practice in India.
16. Let us try our level best to curb it. ■



REPORT  
**199<sup>TH</sup> CWC MEETING OF IMA - HQ AT PURI ORRISA ON  
12<sup>TH</sup> & 13<sup>TH</sup> APRIL 2008.**

Following members from our IMA - Mumbai West Branch were present at the meeting:

- 1) Dr. C.R. Joshi
- 2) Dr. R.G. Jimulia
- 3) Dr. K.S. Aithal
- 4) Dr. B.S. Mehta
- 5) Dr. Suhas Pingle
- 6) Dr. Niranjana Vaidya
- 7) Dr. Alka Mehta

The meeting started with National Anthem & after that members offered the prayers for the departed souls.

The following agenda was discussed:

**1) Clinical Establishment Act:** IMA - HQ opposed the act. Resolution, There was discussion about this act & 7 states have already adopted the same act & centre is bound to adopt the act.

**2) Kidney Transplant Act:** The kingpin is a B.A.M.S. Doctors not IMA - Member. It was suggested that IMA should take the project.

**3) Endorsement Money:** It must be collected by IMA HQ only. Proctor & Gamble gave endorsement money last year. **Pepsico** has agreed to give 46 Lac / year for 3 years, Dabar is in pipeline.

4) There has to be a Nursing Home Board at IMA. HQ shall advice all state branches.

5) T.A. has been paid to CWC members and Central Council Members.

6) There is no shortage of corpus funds &

there is no loan due.

**7) Website of IMA:** There is offer of 8 lac / month.

8) Shifting of Academic wings: **C.G.P** to Chennai, AMS to Hyderabad & **A. K. Sinha's** institution to Patna. Rs. 5 lacs loan has been given to each one of them. Resolution passed.

**9) World Medical Association:** 2<sup>nd</sup> installation of 11.54 lacs to be paid. Total 25 lacs for 2 council members & 11 voting rights.

**10) RNTCP DOTS** has been very successful, thanks to Dr. Ashokan & Dr. Dharma Prakash the National coordinator & IMA coordinator at HQ.

**11) IMA Building** outsourcing of convention centre at rate of 5.50 lacs / month with effective from 1.05.2008.

12) A poor Patient's food was suggested at Rs. 50 per member.

**13) No Red Cross emblems should be used by any Doctors.**

14) Enquiry Committee has been formed with Dr. Ajay Kumar P.P. & Dr. S. N. Mishra as convener to look into all disputes & irregularities.

The meeting ended with vote of thanks to IMA Orissa for excellent hospitality & arrangements & especially Dr. M. Abbas was thanked profusely by all members.

Compilation By: Dr. Niranjana Vaidya

**IMACON 2008, Sayaji Hotel Premises, Indore  
IMACON & C.C. at Indore: December, 27<sup>th</sup> to 29<sup>th</sup> 2008.**

- i. Dr. S. N. Goyal Chairman Organising Committee.
- ii. Dr. C. P. Kothari Organising Secretary.
- iii. Dr. Nataran Sarde as Jt. Secretary of the conference.

Dr. S. N. Goyal  
Chairman organizing committee ( 9826060933 )  
Email : [info@snghospital.com](mailto:info@snghospital.com)

**IMA Maharashtra State Executive** meeting will be held at Pune in 31<sup>st</sup> August 2008.



**WELCOME NEW MEMBERS**

ANDHERI	DR. SAVE SHIVANI NITIN DR. JAWADEKAR PRAKASH SHAMASUNDAR DR. JAWADEKAR SUSHMA PRAKASH
BORIVLI	DR. PAI JAYASHREE KIRAN
DAHISAR	DR. NIDAMBALLI CHANDRAKALA ARUNKUMAR
GOREGAON	DR. MODI HARISH NANALAL
KANDIVLI	DR. KANSE SUREKHA MARUTI
KHAR	DR. M.JOTWANI Transferred from Mumbai Branch
MALAD	DR. BUBNA INDU SURESHCHANDRA
SANTACRUZ	DR. DOIPHODE SANGEETA RUSHIKESH
VILE PARLE	DR. VARDE VIJAY DATTATRAYA DR. VARDE MAYA VIJAY

**ASIAN HEART INSTITUTE'S – CLINICAL SERIES IN “CARDIOLOGY”**

Date	Topic	Speaker
05.06.2008	Arrhythmias	Dr. Santoshkumar Dora
12.06.2008	Investigations in Cardiology , Advantages & Limitations	Dr. Rajeev Warty
19.06.2008	Dyslipidimias	Dr. Nilesh Gautam
26.06.2008	Hypertension	Dr. Debabrata Dash
03.07.2008	Management of Stable Angina	Dr. Sunil Karande
10.07.2008	Valvular Heart Disease	Dr. Nilesh Gautam
17.07.2008	Acute Coronary Syndromes	Dr. Debabrata Dash
24.07.2008	Post MIA Rehabilitation and Prevention of CV Events	Dr. Aashish Contractor
31.07.2008	Heart Failure	Dr. Santoshkumar Dora
07.08.2008	PTCA v/s CABG	Dr. Pradyoth Rath

- WORKING LUNCH WILL BE SERVED FROM 1.30 PM TILL 2.30 PM
- CGP & IMA Members who have paid Annual Fees : (CGP - Rs.750/- & IMA – Rs. 1000/-) Free
- CGP & IMA Members : Rs. 50/- (Not Paid Annual Fees)



## INDIAN MEDICAL ASSOCIATION MUMBAI WEST BRANCH

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### BACK TO SCHOOL: Pediatrics - Basics and More

**20<sup>th</sup> July 2008 ; 9.00 am to 1.00 pm**

- A unique pediatric conference,
- Panel discussion based interactive format (AWESOME style, a Dr Amdekar invention)
- Specific Issues (Basics, Diagnostics... and the "Googly")
- Key TAKE-HOME messages
- Limited Participants

Time	Topic	Speakers	Moderators
9.00 - 9.30	Registration & Breakfast		
9.30	Welcome Address Inaugural Address	Hon. Secretary Dr Jayesh Lele President, Dr Anil Suchak	
9.30 to 10.15	THE FEBRILE CHILD: "How to stay "cool", while the Mercury rises"	1. Dr Y K Amdekar 2. Dr Raju Khubchandani 3. Dr Deepak Ugra	Dr Anand Shandilya Dr S.K.Joshi
10.15 to 11.00	VOMITING & DIARRHOEA: "While the situation is 'fluid'.."	1. Dr Rashid Merchant 2. Dr Anand Shandilya 3. Dr Ajit Gajendragadkar	Dr Shailesh Gupta, Dr Akil Contractor
11.00 to 11.15	Nutritional Replenishment	i. tea ii. coffee iii. biscuits	Un moderated
11.15 to 12.00	DEVELOPMENTAL, BEHAVIORAL AND SCHOLASTIC PROBLEMS: "Kahani Ghar Ghar Ki"	1. Dr Rashid Merchant 2. Dr Anaita Udawadia-Hegde 3. Dr Samir Dalwai	Dr Sailesh Gupta, Dr Ashok Balsekar
12.00 to 12.45	COUGH AND RESPIRATORY DISTRESS : "Clinical circumstances that make you say.. 'You take my breath away!'"	1. Dr YK Amdekar 2. Dr Raju Khubchandani 3. Dr Indu Khosla	Dr Ajit Gajendra Dr Subhash Gajria
12.45 to 1.00	Lucky Draws And Vote Of Thanks	Dr Jayesh Lele	
1.00 pm	Lunch		

**CO-ORDINATOR : DR. SAMIR DALWAI**

REGISTRATION FEES : • CGP & IMA Members who have paid ANNUAL Fees = FREE but **mandatory**  
• CGP & IMA Members : Rs. 100/- • Eligible Non – Members : Rs. 200/- • EARLYBIRD & LUCKY DRAWS

**DR. ANIL SUCHAK**

President

**DR. SUBODH KEDIA**

Asstt. Director - IMA CGP

**DR. JAYESH LELE**

Hon. Secretary

**DR. PRITI BHARGAVA**

Asstt. Secretary - IMA CGP



**REPORT OF PUBLIC HEALTH CHECK-UP PROGRAMME**

Our branch had organized Free Medical Check-up Camp at Pandurangwadi, Goregaon – East on Sunday, 18<sup>th</sup> May 2008 from 9.00 am onwards. The camp was conducted extremely methodically. The people attending the camp would examine thoroughly by a team of doctors belonging to various branch of medicines like general medicines, dermatologists & ophthalmologist. We had also arranged basic pathology investigation like blood sugar. We had also arranged investigative facilities – like PFT & ECG.

The following doctors of our branch offered their services for this camp:

Dr. Jayesh Lele, Dr. Sunil Vaswani, Dr. Vinay

Saraf, Dr. S N. Agrawal, and Dr. Pratibha Thoravade.

We are thankful to M/S Aventis, M/s Lupin for excellent co-operation and arrangements.

Around 150 people were examined. We also distributed free medicines to the needy people on this occasion.

We express our thanks to pharmaceuticals for donating medicines for this camp

I sincerely thank all the doctors who helped me in organizing this camp.

I suggest conducting such similar camps and activities in the future.

Dr. Akil Contractor  
Chariman,

Public health & welfare sub committee

Dr Vinay Saraf  
Coordinator

**• Congratulations •**

Our following members got elected at the **Malad Medical Association** managing Committee. 2008-09

- Dr Jayesh Lele: ..... President
- Dr Anil Suchak: ..... Managing Trustee
- Dr k C Mehta ..... Trust Board Member
- ❖ Dr Ketan Mehta ..... President Elect ❖
- Dr Agam Vora: ..... Vice president
- ❖ Dr Arvind Ghongane ..... Hon Secretary ❖
- Dr Sanjeev Maniar ..... Hon Treasurer
- ❖ Dr Mukesh Gupta ..... Hon Jt Secretary ❖
- Dr Mehul Bhatt ..... Chairman: - Cultural
- ❖ Dr SC Gupta ..... Chairman: - Scientific ❖
- ❖ Dr Vipul Patel: ..... Chairman: - Premises ❖
- Dr G V Agte ..... Committee member
- ❖ Dr Utpal Seth ..... Committee member ❖
- Dr B M Inamdar ..... Committee member
- Dr Siddharth Relan ..... Committee member
- Dr Divyagnan Sarvaiya ..... Committee member
- Dr Sameer varma : ..... Committee member



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- PIGMENTATION REDUCTION
- PERMANENT LASER HAIR REDUCTION
- PEELS & SKIN POLISHING
- LASER PHOTOREJUVENATION
- CELLULITE REDUCTION
- WRINKLE REDUCTION
- ANTIAGING TREATMENTS
- WHITENING TREATMENTS
- WARTS & MOLE REMOVAL
- COSMETIC SURGERY



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Report  
**PUBLIC HEALTH & WELFARE  
SUB COMMITTEE**

We had organized a **“Workshop on Yoga”** for Doctors at Kaivalyadhama, Swami Kuvalyananda Marg, Lonavala from 21.04.2008 to 26.04.2008, Monday to Saturday for 6 days. 6 doctors attended the workshop from 05.00 am to 09.00 pm.

Workshop was included lectures, practice of Yoga, Visits to various departments, Audiovisual presentations. We also enjoyed local site seeing. We had excellent memorable time.

We thanks Dr. Kamlesh Gandhi and Dr. Sunil Vaswani for helping & organizing such wonderful workshop.

Dr. Akil Contractor Co-ordinator	Dr. Pratibha Thoravade Chairman Public Health & Welfare Sub Committee
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**REPORT**  
**“UPDATE ON HEMATO  
ONCOLOGY”**

We had an excellent seminar on **UPDATE ON HEMATO ONCOLOGY** held at our branch premises on Sunday, 11<sup>th</sup> May 2008. Distinguished Hematologists from prestigious Tata Memorial Hospitals - Dr. Kumar Prabhash (“Acute Myeloid Leukemia”), Dr. Hari Menon (“Chronic Myeloid Leukemia”), Dr. Sudeep Gupta (“Lymphomas”), enlightened our delegates with an excellent presentations. It was well attended by more than 80 delegates from our branch.

Everybody appreciated the programme and felt the same as very informative and fruitful. We sincerely appreciate & thank Dr. Reddy’s Lab. for sponsoring this seminar.

Dr. Balkrishna M. Inamdar  
Programme Co-Ordinator

**“PUBLIC HEALTH &  
WELFARE SUB-COMMITTEE -  
REPORT ”**  
**“ WORLD ASTHMA DAY ” on  
Tuesday, 6<sup>th</sup> May 2008**

We had organized an interesting & interactive programme of **“ASTHMA IN GENERAL PRACTICE, HOW TO TREAT DIFFICULT CASES”** on the occasion of **“WORLD ASTHMA DAY”** on Tuesday, 6<sup>th</sup> May 2008. Leading Chest Physicians Dr. Agam Vora, Dr. Pralhad Prabhudesai & Dr. Salil Bendre guided the audience excellently on various aspects of asthma. This programme was excellently moderated by Dr. Navin Chatwani & Dr. Akil Contractor.

This programme was attended by more than 125 members & it was a great success.

Our sincere thanks to **M/s. LUPIN** for sponsoring the programme.

Dr. Akil Contractor  
Chairman  
Public Health & Welfare Sub Committee

**Report**  
**“UPDATE ON GYNECOLOGICAL CANCERS”**

Our branch had organized an excellent seminar on **“UPDATE ON GYNAECOLOGICAL CANCERS”** in association with IMA – CGP Sub Faculty of our branch and IMA – CGP Maharashtra State Faculty. It was held on Sunday, 27<sup>th</sup> April 2008 from 09.30 am to 01.00 pm at our branch premises. President Dr. Anil Suchak gave welcome address & inaugurated the seminar. Dr. B. M. Inamdar - Hon. Gynecologist (“Common Gynecological Cancers”), Dr. Suvarna Achrekar - Medical Oncologist (“Approach to management of Gynecological Cancers”), Jaslok Hospital, Dr. Mahendra Navare (“Surgical Concerns in Gynecological Cancers”) & Dr. B. C. Goswami (“Radiation Therapy in Gynecological Cancers”) addressed the delegates on various aspects of gynecological cancers in an excellent way. This was followed by a very interesting interactive session with many questions being asked and answered. It was well attended by more than 75 delegates.

The programme was excellently conducted & moderated by Dr. B. M. Inamdar.

We sincerely appreciate & thank **M/s. Intas Pharmaceuticals** for sponsoring this seminar.

Dr. Jayesh Lele, Hon. Secretary



**Dr. Sanjeev N. Deshpande**

M.S.,M.Ch (Plastic Surgery)

**Fellow Australian Cranio-facial Unit  
Royal Adelaide Hospital & Women's and  
Children's Hospital, South Australia**

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- Facial Fractures Management
- Post Traumatic Deformities of Face Correction
- Breast Augmentation
- Breast Reduction
- Gynaecomastia Correction
- Liposuction – Body Contouring Surgery
- Tummy Tuck – Abdominoplasty
- Fat Injection for contour deformities
- General Plastic Surgery



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Tel.: 28736296 \* Time 6.30 pm to 9.00 pm

Mobile : 9821274750 • Res.: 26205110 • Email : dr.nareshwadhwa@yahoo.com

## DR. SUHAS V. ABHYANKAR

MCPS, M.S.(GEN. SURG.), M.Ch. (PLASTIC), D.N.B. (PLASTIC), FICS

### PLASTIC, COSMETIC, RECONSTRUCTIVE AND BURN'S SURGEON

#### ACADEMIC ATTACHMENTS :

Assistant Honorary and Head of Department of Plastic Surgery, Dr.R.N.Cooper Hospital, Juhu, Mumbai.

Associate Professor Department of Plastic Surgery

Padmashree Dr. D.Y. Patil Medical College and Research Center

University teacher for MCH Plastic Surgery, Nerul, Navi-Mumbai

#### CLINICAL ATTACHMENTS :

Breach Candy Hospital, Mumbai

Masina Hospital and Kharas Memorial Burns Centre, Byculla Mumbai

Sushrut Hospital and Research Centre, 365 Swastic Park Chembur, Mumbai

BSES MG Hospital, S.V. Road, Andheri (West), Mumbai

Dhanwantari Hospital and Research Center, Dadar, Mumbai

#### CONSULTING ROOMS :

Parchure Polyclinic 159, Ganesh Prasad, Sir Bhalchandra Road, Hindu Colony, Dadar (West),

Mon to Fri 5 to 7 pm., Phone - 24143514.

#### Rhinoplasty

One or more of the following cosmetic corrections in the nose can be done

- Elevation of the depressed nose.
- Lengthening or built up of a very short nose.
- Removal of the hump from the bridge of the nose.
- Reduction of the length of nose.
- Reduction of the bulky tip.
- Elevating the drooping tip
- Narrowing the broad nose.
- Reduction in the size of nostrils.
- Correction of associated breathing problems (deviated septum) along with ENT surgeon.
- Correction of nasal deformity associated with cleft lip or other birth defects.

Chin Implant, Liposuction, Derma-lipectomy (Abdominoplasty or Tummy tuck), Breast Implant, Breast Reduction, Gynaecomastia, Face Lift, Baggy eyelids, Double chin, Thick lips, Hair transplant, Burns, Maxillofacial trauma and facial fractures, Hand surgery and Tendon transfer, Cancer Reconstruction

Main field of interest Burns and Aesthetic Surgery



## FORTH COMING EVENTS

1. Scientific programme of 'UPDATE 2008' on occasion of "DOCTOR'S DAY" on Sunday, 6<sup>th</sup> July 2008 from 02.00 pm to 06.00 pm. The programme includes update in Respiratory System, Cardiology & Diabetology.
2. **Doctor's Day Programme** from 06.30 pm onwards wherein Prominent Celebrities from different walks of life will be felicitated. This will be followed by Cultural Event.
3. '**GOOD PARENTING PROGRAMME**' on Sunday, 13<sup>th</sup> July 2008, 9 am to 1 pm for Parents.
4. "**GERIATRIC CELL**" of our branch has organized an interactive programme for senior citizens. It is based on the topic of "**OVERCOMING CHALLENGES OF AGING**" programme on Saturday, 19<sup>th</sup> July 2008 from 02.30 pm onwards. Distinguished physicians Dr. K. Ramamoorthy, Dr. Rajiv Kovil & Dr. Vivek Mehan will answer the various queries from the audience. The conveners of geriatric cell Dr. Kusum Doshi & Dr. B. S. Mehta will co-ordinate this programme.

Dr. Anil Suchak  
President

Dr. Jayesh Lele  
Hon. Secretary

## IMPORTANT ANNOUNCEMENT

### REFUND OF CRICKET / TABLE TENNIS & BADMINTON DEPOSITS

Dear members please collect your deposits by producing the original receipt / documentary evidence on or before 31.08.2008.

## ANNOUNCEMENT

### GYNAECON 2008



Like last year, this year too **GYNAECON – 2008** will be organized in our branch on **SUNDAY, 3<sup>RD</sup> AUGUST 2008** from 09.30 am onwards. Interesting sessions comprising of different subjects, will – known speakers and many take-home messages, will be part of this prestigious event.

**GYNAECON – 2008** will be organized in collaboration with "**Association of Fellow Gynaecologists**".

Look forward to this space in forthcoming issues.

Dr. Balkrishna M. Inamdar  
Convenor  
Gynaecon - 2008

## CHANGE OF ADDRESS

New Residence Address of  
**DR. BALKRISHNA M. INAMDAR**  
C - 41 / 42, 11<sup>th</sup> Floor, Sai Enclave,  
Behind City Centre Off S. V. Road,  
Goregaon - West, Mumbai - 400 062  
Tel. Nos.: © 6539 9927 / ® 2873 1040



dhami  
color??? full page



## STOP SEX SELECTION - DOCTORS CAN MAKE THE DIFFERENCE

IMA Mumbai West organized had organized an excellent workshop on “**STOP SEX SELECTION DOCTORS CAN MAKE THE DIFFERENCE**” under the aegis of IMA – Maharashtra State Branch on Sunday, 18<sup>th</sup> May 2008 from 09.30 am to 02.00 pm at IMA premises at Juhu.

I.M.A. – Mumbai West Branch Vice President Dr. Ashok Balsekar welcomed the speakers and delegates. Then, he invited Moderator & Co-ordinator Dr. Balkrishna M. Inamdar to take over and start the proceedings.

Dr. Balkrishna Inamdar narrated the early struggle which activists faced during campaign against sex determination and selective female feticide and formation of FIRST Forum of Doctors against Sex Determination and female feticide under his chairmanship in 1985. He also gave an account of how the FIRST LAW in INDIA which banned sex determination and female feticide was formulated and passed by Govt. of Maharashtra in 1987. He underlined the significance of IMA Mumbai West Branch in this struggle and elaborated the need for such workshops to be carried out in Maharashtra in near future.

Then he invited the esteemed speakers to speak on their respective topics. The speakers were Ms. Anuja Gulati of UNFPA (Prevention of Sex selection – Practices and implementation), Dr. Ashok Adhav – IMA National President-Elect (“IMA STRATEGY”), Dr. Devendra Shirole, President IMA Maharashtra Branch (“PNDT ACT & F FORM”) and Dr. Y.S. Deshpande, Vice President IMA Maharashtra Branch (“IMA’S Role in declining sex ratio”). All the topics were meticulously presented by the learned speakers and underlined the need for involvement of IMA in this issue. It is to the great credit of IMA



Maharashtra Branch to have taken very proactive steps in raising awareness amongst doctors under the dynamic leadership of Dr. Adhav, Dr. Shirole and Dr. Pingle.

This was followed by a very involved post-lunch interactive session – “IMA WORKING”, which was excellently conducted by Dr. Suhas Pingle. Dr. Devendra Shirole, Dr. Ashok Adhao, Dr. Y. S. Deshpande, Dr. Anand Kate & Dr. Shrikant Kothari participated and answered many questions asked by the delegates. It was well attended by delegates from western Maharashtra.

The workshop was well appreciated and proved very interesting and informative.

We express our sincere thanks to all those who attended and in particular to our Vice President - IMA Maharashtra State Dr. B. M. Inamdar and Hon. Secretary Dr. Suhas Pingle for his valuable help in organizing this workshop.

Dr. B.M. Inamdar  
Vice President, IMA-MS

Dr. S.H. Pingle  
Hon. Secretary, IMA-MS

Dr. Jayesh Lele  
Hon. Secretary, IMA Mumbai West



**Friends come & go;  
habits remain –  
specially the bad  
ones.....**

DR. AGAM C. VORA

Smoking is arguably the most important cause of morbidity & premature mortality in the world & in India. Addiction to nicotine is being recognized as being the essence of smoking behavior. The power of nicotine addiction is the reason why so many people who wish to stop smoking repeatedly fail in their attempts to do so. On average about 70% of the smokers want to stop smoking yet only 2 to 3 % are successful in quitting permanently each year.

During the reign of Emperor Akbar (1542 – 1609 AD) tobacco made its entry to India. Portuguese sailors entering India through Goa offered tobacco to the Mugal Emperor circa 1566. The Emperor consulted the royal physician "Hakeem" regarding pros & cons of this novelty. The Hakeem opined that the tobacco smoke should pass through a clay pipe immersed in water before the emperor consumes it. Thus the hookah was invented.

Akbar's son Emperor Jahangir succeeded him in 1611; by then tobacco cultivation had spread to large parts of India. Jahangir introduced taxation of tobacco products & discovered the virtues of taxing tobacco, since then Governments of the world have followed suit.

India is world's third largest tobacco producer contributing 8% of global total. In 1996 India grew 500,000 tones of tobacco. The states of Karnataka, Maharashtra & AndhraPradesh are the major contributors. 26 million Indians work in the tobacco industries.

Tobacco has been used in India since centuries. Hookah & Chillum have spiritualized smoking. There is implicit social acceptance to smoking.

World health organization estimates that worldwide 1.1 billion people smoke, representing about one third of the globe population aged 16 years & over.

Some 800 million smokers are in the developing world mainly in China & India. If no dramatic intervention is implemented starting now, there will be 1.64 billion smokers in the world by 2020.



"MAN, I COULD KILL A HUMAN RIGHT NOW!"

While cigarette consumption is decline in developed nations it is increasing at the rate of 3 – 4 % in the developing nations.

If current trend continues there will be 100 crore deaths due to tobacco during 21<sup>st</sup> century compared to 100 million deaths during the 20<sup>th</sup> century. Tobacco kills 4 million people each year, 2 million of which occur in the developing world.

By 2030 tobacco alone could lead to 10 million death, more than the combined deaths due to tuberculosis, malaria, malnutrition & maternal / childhood condition.

In 1998, 5.61 trillion cigarettes were produced worldwide; it is the equivalent of 948 cigarettes per person per year.

**IN INDIA:**

There are 184 million tobacco consumers of which 20 % smoke cigarettes, 40% prefer beedi & 40% chew variety of tobacco combinations.

Average Indian smoker is male, middle aged smokes 1 – 3 packs per day, is not aware of health consequences of smoking & is influenced by peers & advertising. Most smokers use smoking as mechanism to cope with stress.

Every year 55,000 children take up smoking habit.

Indians smoke 90 billion cigarettes per year, at average of Rs. 2 a cigareete, Rs. 180 billion goes up in smoke.

Studies reveal that the direct cost of treating top 3 diseases related to tobacco: CAD (heart disease), COPD & cancers in 1999 was Rs. 27761.1 crore where as the value of all tobacco products sold nationwide was Rs. 24,400 crore. Clearly tobacco economics hurts India immensely.



India's tobacco consumption has resulted in highly avoidable distinction of being world leaders in oral cancers. 33 % of world total of oral cancers occur in India.

800,000 people die each year in India due to tobacco related diseases, i.e. 2200 deaths per day, 90 per hour.

If current tobacco consumption trend continues, it alone would lead to 13.3% of all deaths in India. Effect of smoking extends to the smokers family as well, which may have to learn to leave with a sick relative & possibly to come to terms with premature death.

What is available for smoking?

- Tendu leaves.
- Tobacco.
- Opium.
- Kanabis indica.
- Cocaine

Type of tobacco preparation available for smoking

- Bidi
- Pikka – Indian cigar
- Chillum
- Hubble – bubble (hookah)
- Pipes

- Cigarettes.

- Cigars.

- Chi rut.

Type of tobacco available for chewing:

- Gutka

- Misri (mixture of jiggery with tobacco)

- Chutta (mixture of lime with tobacco)

- Gundi (mixture roasted badisoaf & coriander with tobacco)

#### **Reverse smoking:**

Chutta is smoked as Pikka. This type of habit is prevalent in Andhra Pradesh.

#### **Components of a cigareete**

Substances found in cigarette smoke that has received most attention is nicotine, which is the natural part of the tobacco leaf, it is one of the most unusual psychoactive drugs, and an average cigarette contains 10 mg of nicotine. Smokers inhale one tenth of nicotine; at 40-60 mg of nicotine inhalation, poisoning may occur.

#### **Why do smokers smoke?**

Non-physiological factors

1. Peer pressure
2. Pleasure & relaxation

ceramco



3. Relief from negative mood like anxiety, stress & irritability.

Physiological reasons

1. Physical dependence
2. Relief of withdrawal symptoms.

Most of the smokers smoke about 30 cigarettes per day & may need to smoke every 20 to 30 minutes. They unconsciously regulate their nicotine intake by altering their puffing & inhaling behavior to get what they need out of cigarette.

**Diseases associated with smoking are**

**CARDIO VASCULAR**

- Myocardial ischemia
- Arteriosclerosis
- Dys arrhythmia
- Cancer
- Lungs
- Larynx
- Pharynx
- Esophagus
- Pancreas
- Bladder
- Kidney
- Stomach
- Cervix
- Leukemia
- Pulmonary
- COPD
- Pneumonia
- Hyper reactive airways

**CHILDREN**

- Increased risk of asthma

- Sudden infantile death syndrome
- Otitis media.
- Pregnancy
- Infertility
- Ectopic pregnancy
- Spontaneous abortion.
- Premature labour
- Placenta previa
- Placenta abruption.
- Premature rupture of membranes.

**Up on quitting smoking:**

Within days of quitting smoking carbon dioxide begins to leave the body

Within weeks ex smoker begins to breathe easily & enjoys improvement in sense of taste & smell

One year after quitting smoking risk of death from coronary artery disease decreases by 50% & continues to decline further with time.

Risk of stroke & lung cancer reduces significantly over time.

Overall mortality risk approaches that of non-smokers after 10 to 15 years

Decline in lung function reaches that of never smoked in 3 – 5 years

Risk of lung cancer is reduced by between 1/3 and 1/2 after 10 years.

**The power of addiction:**

70% of all smokers want to quit smoking of which 30% do try every year, but only 2% of them can successfully quit smoking

..... Smoking is not just a bad habit but it is an addiction.

Nicotine mimics the effect of acetylcholin & causes the dopamine surge, which is thought to produce the same positive motivational state that is associated with food & sex.

Effect of nicotine on mesolimbic system: it increases dopamine levels that causes pleasurable effects & hence there is reinforcing behavior which motivates to repeat the behavior called reward pathway & on locus ceruleus it increases the firing rates of nor adrenergic neurons.

**Our survey:**

Environmental medical association of India conducted a survey with the blessings of Government of Maharashtra in 1986 – 87. 5000 people were interviewed in an extensive format at 20 railway stations (10 from central railway & 10 from western railway) by the help of NSS over 5 days. They were asked about their smoking habits (yes / no). Then were inquired about their age, educational



qualification, salary & their job. The results revealed:

1. Age at which smoking started: 15 to 25 years.
2. Reasons for starting smoking: peer pressure & to show masculinity, effect of movie.
3. Educational qualification: maximum smokers belonged to 7<sup>th</sup> to 10<sup>th</sup> Standard.
4. Economic status: most of the smokers were earning or (getting as pocket money) Rs. 300 – 500 per month (present equivalent of Rs. 1500 – 2500 per month). Higher the income group lesser was the smoking.
5. Type of job: students to factory job.
6. 27 % of them also used other forms of chewing tobacco.
7. Economically poor income group used primarily smoked bidi where as higher income group smoked cigarettes.
8. Most of the smokers smoked about 5 – 10 cigarettes / bidi per day.
9. When asked if they want to quit smoking: 63 % said yes.

#### Nicotine withdrawal:

Up on withdrawal symptoms begin within 4 to 6 hrs. & are most intense in first 3 days. Almost 80% of people who quit smoking experience withdrawal like:

- Anxiety
- Irritability
- Difficulty in concentrating
- Restlessness
- Craving
- Drowsiness
- Increased hunger
- Increased taste of sweets
- Weight gain
- Gastro intestinal problems etc.
- And most of the patients require few days to many months to normalize.

To cease smoking is the easiest thing I ever did ;I ought to know because I have done it a thousand times...

-Mark Twain.

I do not smoke much, only one cigarette at a time...

-Anonymous.

Dr. Agam C. Vora. Assistant Hon. & In charge, Department of Chest & T.B., Dr. R. N. Cooper Municipal General Hospital, Vile Parle west, Mumbai.

Address for correspondence: Vora Clinic, 302, Soni Shopping Center, L. T. Road, Borivali West, Mumbai 400 092. Email : agamvora@vsnl.com

## Dr. Hetal A. Chiniwala

M.S.D.N.B., D. Orth, A.F.S.A.(France), F.E.S.S.K.A. (Germany)

CONSULTANT ARTHROSCOPIC & SHOULDER SURGEON

#### • SPECIALITY IN •

1. Arthroscopic surgeries of the knee like meniscus resection and repair, Cruciate ligament reconstructions, synovectomy and arthroscopic treatment of patellofemoral joint disorders.
2. Arthroscopic and open surgeries of shoulder like reconstruction of unstable shoulder, rotator cuff repair, adhesiolysis of stiff shoulder, arthroscopic synovectomy etc.
3. Shoulder joint replacements.

#### • PROFILE •

1. **Master of Surgery in Orthopedics:** First in the Mumbai University.
2. **Diplomat of National Board,** New Delhi.
3. **Attestation de Formation Specialise Apprafondie.** Strasbourg, France. **Speciality training in shoulder surgeries.**
4. **Scholar of European Society of Sports traumatology, Knee surgery and Arthroscopy,** Berlin, Germany. **Speciality training in Knee Surgeries.**
5. **Fellowship** at Gyeonsang National University Hospital, Chinju, South Korea.

#### • ROOMS •



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#### APOLLO POLYCLINIC

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Phone : 28724712 / 28780577 • Timing : 8.30 p.m. to 10 p.m.



**World No Tobacco Day is celebrated around the world every year on May 31.**

This yearly celebration informs the public on the dangers of using tobacco, the business practices of tobacco companies, what WHO is doing to fight the tobacco epidemic, and what people around the world can do to claim their right to health and healthy living and to protect future generations.

The Member States of the World Health Organization created World No Tobacco Day in 1987 to draw global attention to the tobacco epidemic and the preventable death and disease it causes. In 1987, the World Health Assembly passed Resolution WHA40.38, calling for 7 April 1988 to be a "a world no-smoking day." In 1988, Resolution WHA42.19 was passed, calling for the celebration of World No Tobacco Day, every year on 31 May.

- 2008 - tobacco-free youth

**Theme : TOBACCO-FREE YOUTH**

Tobacco is the leading preventable cause of death in the world. It is the only legal consumer product that kills one third to one half of those who use it as intended by its manufacturers, with its victims dying on average 15 years prematurely.

Approximately 1.8 billion young people (aged 10-24) live in our world today with more than 85% found in developing countries. Having survived the vulnerable childhood period, these young people are generally healthy.

However, as the tobacco industry intensifies its efforts to hook new, young and potentially life-long tobacco users, the health of a significant percentage of the world's youth is seriously threatened by their deadly products.

Nicotine is a highly addictive substance and child and adolescent experimentation can easily lead to a lifetime of tobacco dependence.

**The focus**

Globally, most people start smoking before the age of 18, and almost a quarter of these individuals begin using tobacco before the age of 10. The younger children are when they first try smoking, the more likely they are to become regular tobacco users and the less likely they are to quit.

It is clearly proven that exposure to direct and indirect pro-tobacco advertising, together with other marketing strategies used by the tobacco industry, leads to an increase in experimentation by young people and, in turn, to the very real risk of their becoming regular users of tobacco products. The

**Nicotine is a highly addictive substance and child and adolescent experimentation can easily lead to a lifetime of tobacco dependence.**





**Let the policy-makers of your country know what you think. Advocate for a total ban on advertising, promotion and sponsorship of tobacco products in your country.**

tobacco industry spends tens of billions of dollars worldwide every year to effectively market its products in as many ways as possible.

In response to this threat to young people, this year's World No Tobacco Day campaign focuses on the following main message:

**One of the most effective ways countries can protect young people from experimenting and becoming regular**

**tobacco users is to ban all forms of direct and indirect tobacco advertising, including promotion of tobacco products and sponsorship, by the tobacco industry, of any events or activities.**

#### **WHY DO WE NEED TO CAMPAIGN FOR A TOTAL BAN ON TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP?**

- Because about half the children of the world live in countries that do not ban free distribution of tobacco products to them.
- Because only total and comprehensive bans can be effective in reducing tobacco consumption.
- Because national-level studies before and after advertising bans found a decline in tobacco consumption of up to 16%.
- Because partial bans have little or no impact on demand since advertising can be switched to alternative media.

*Direct and indirect tobacco advertising is conducted in numerous ways via: television; radio; Internet; magazines; banners, posters and hoardings; direct mail; coupons; sweepstake offers; brand stretching; brand loyalty programs; sponsorship of sports; sponsorship of specialized entertainment events in popular youth locations such as bars and clubs; and controlled circulation magazines distributed to those on the tobacco industry's large mailing list.*

#### **A call for action**

**A TOTAL BAN ON ADVERTISING, PROMOTION AND SPONSORSHIP OF**

#### **TOBACCO PRODUCTS REDUCES CONSUMPTION**

##### **Call to policy-makers:**

- Require by law a comprehensive ban on all forms of advertising, promotion and sponsorship of tobacco products. Be aware that voluntary policies do not work and are not an acceptable response to protecting the public, especially youth, from tobacco industry marketing tactics;

- Implement policies and programmes that do not target youth in isolation. Interventions that target the population as a whole, such as banning all forms of tobacco advertising, raising tobacco taxes, and creating 100% smoke-free environments have the greatest success in reducing youth tobacco use.

##### **Call to young people:**

- Let the policy-makers of your country know what you think. Advocate for a total ban on advertising, promotion and sponsorship of tobacco products in your country.

- Get involved in a campaign to educate your peers on how the tobacco industry uses advertising, promotion and sponsorship to persuade you to smoke or use other forms of tobacco. Let the industry know you won't be duped by its slick, expensive promotional efforts.

##### **Call to NGOs:**

- Advocate to policy-makers for a complete ban on advertising, promotion and sponsorship of tobacco products in your country.

- Help organize youth groups so they can be part of the campaign and engage in the conception, development, implementation, monitoring and evaluation of tobacco control policies and programmes to ban advertising, promotion and sponsorship of tobacco products.

##### **Call to the public:**

- Call on policy-makers to ban advertising, promotion and sponsorship of tobacco products to protect young people.

**Compiled by : DR JAYESH LELE**

**Implement policies and programmes that do not target youth in isolation.**



## Bariatric Surgery (Obesity Surgery)



Obesity has been proclaimed by World Health Organisation (WHO) as 'The Epidemic of the 21<sup>st</sup> Century'. The prevalence of obesity, is increasing worldwide and is today becoming a significant health hazard. India is not lagging behind and we are following the footsteps of west. With the introduction of burger, pizza and junk food culture Indians will soon match them. Even childhood obesity is on the rise. Overweight children and adolescents have a higher risk of becoming obese adults.

Morbid obesity is a disease which is chronic and affects the person for life. One puts on excess fat which in males is around the trunk and in females around the buttocks and thighs.

Obesity leads to Hypertension, Diabetes, Heart Ailments, joint problems and Obstructive Sleep Apnea. They are all responsible for a reduced life expectancy and an impaired quality of life. Obesity is estimated to be the number two killer disease of the 21<sup>st</sup> century. Interaction between biological,

% occurrence	
• Diabetes, Hypertension, High cholesterol	40%
• Heart diseases	15%
• Gallstones	30%
• Knee or back pain (Osteoarthritis)	20%
• Public ridicule due to their size and Depression	90%
• Infertility	50%
• Discrimination at work	90%
• Cancer of breast, prostate or colon	10%



Dr Abhay Agrawal  
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drabhay@gmail.com

Dr Abhay Agrawal is a practicing surgeon attached to the Asian Heart Institute, and has a private hospital in Malad E.

behavioral and environmental factors leads to Obesity. Weight management for an obese individual is a complex issue that requires various levels of education, behavioral modification, medical/surgical intervention.

To calculate the extent of the disease a simple formula is used.

$$\text{Body Mass Index (BMI)} = \frac{\text{Weight in kg}}{(\text{Height in meter})^2}$$

eg:  $\frac{100\text{kgs}}{1.5 \times 1.5} = \frac{100}{2.25} = 44.4 \text{ BMI}$

1.5x1.5      2.25

Pattern of BMI :-

Normal	18 - 22.9
Overweight	23 - 27.4
Mild Obesity – type I	27.5 – 34.9
Moderate obesity – type II	35 – 39.9
Severe obesity – type III	> 40
Super Obese	> 60

In the west it is a poor man's disease while in India it's a disease of rich and elite. Prevalence of obesity in India is upto 50% in women and 32% in men in the upper strata of society.

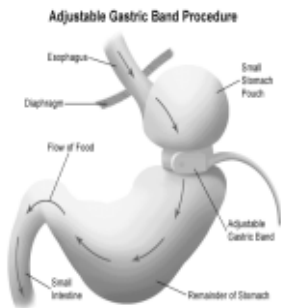
Morbidly obese patients can suffer from following medical conditions

Management of Obesity

Conservative therapy invariably fails to achieve or sustain weight loss in severely obese persons. The person gains back the weight in a short time which is referred to as a yoyo effect. Enough evidence exists to prove that surgery is the most permanent answer to morbid obesity. It is safe and effective and reverses the myriads of obesity related co-morbidities and improves quality of life.

Surgeries are tailor made according to the eating habits and BMI. They are either restrictive procedure or malabsorptive procedure.

Restrictive Surgery in form of Intra-gastric Balloon (IB), Adjustable Gastric Banding (AGB), Sleeve gastrectomy (SG) or malabsorptive procedure like Roux en Y gastric bypass (RYGBP) are done. Surgery for morbidly obese patient where in other methods of treatment have failed has evolved



GASTRIC BANDING

years most individuals loose 60 % of excess weight (E.W.L.) and in majority of the patient 90 % of the co-morbidity conditions get resolved.

Banding is effective in volume eaters or binge eaters, provided the patient is willing to undergo a change in diet, lifestyle and exercise regularly. Persons with the habit of eating too much sweets and alcohol are not good candidates for gastric banding.

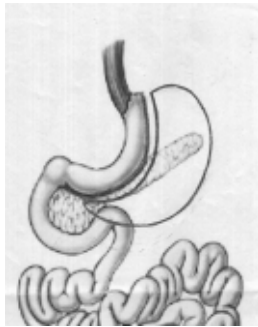
Sleeve gastrectomy is a good procedure with excellent results without any malabsorption.

For higher BMI > 45 and non compliance, Gastric Bypass is recommended. The intestines are manipulated in such a fashion as to create two separate channels for food and digestive juices and they would mix much later in the course of their passage to form a common channel. Gastric Bypass has very rapid initial weight loss for 2-3 yrs and then it stabilizes. Patients are



INTRA GASTRIC BALLOON

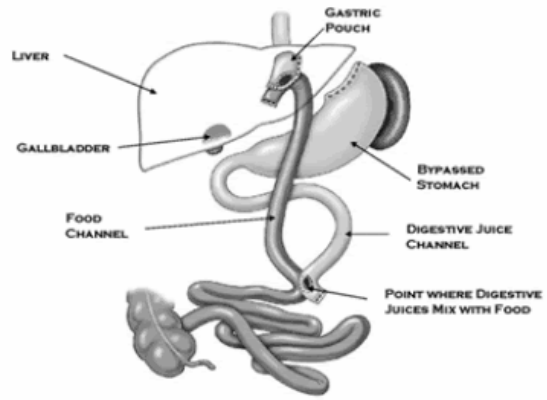
able to loose 80-90% of their excess weight and maintain it for ever. Moderate exercise regime is recommended after surgery to tone up the muscles and avoid sagging of skin after weight loss. Psychological analysis of all patients is done to determine any eating disorder. Patient determination, body image and existing depression which is very common are managed by the psychologist.



SLEEVE GASTRECTOMY

for long time but with the advent of being done Laparoscopically had added a new thrust in this field. Indications for surgery are BMI = 35 or = 32 with co-morbidities.

Gastric banding is the simplest option available with very low mortality and morbidity. At the end of three



ROUX-EN-Y GASTRIC BYPASS

Roux En Y Gastric Bypass (RYGBP)

Sometimes a two stage procedure is offered (Intragastric balloon/sleeve gastrectomy) in super obese patients to reduce the risk and complications.

Complete medical examination and investigations are done prior to the surgery to evaluate the fitness of the candidate for anaesthesia and to asses any co-morbid conditions if present.

Pre and post operatively a dietician plays an important role in management of these patients.

Modern laparoscopic treatment offers the following advantages

- Short stay (24-48 hrs)
- Practically pain free
- No wound related complications
- Patients returns to work in less than a week
- Cosmetically 5 tiny scars 1/2 - 1 1/2 cm
- Low complication rate comparable to any other surgery

- Follow up is needed every 3/4 months
- Improves overall quality of life (QOL)
- Almost all co-morbidities including Diabetes are resolved with weight loss.

Bariatric surgery is a fast evolving super specialty in Surgery and transforms the lives of many suffering from obesity and associated co-morbidities.

BEFORE. Weighing 118 kgs, uncontrolled Diabetic and Hypertensive.



10 months AFTER GASTRIC BYPASS.

Weighing 76 kgs and Non Diabetic and normotensive



**Prabodhan Goregaon Presents,  
Mumbai's first mobile Blood Collection Van**

At present our city requires 2.5 lakhs blood bags per year and only 60% bags are available through voluntary blood donation. Therefore every duty bound citizen must come forward and donate his valuable blood. It is mandatory that the blood in the blood bank has to come from 100% voluntary donors only. Prabodhan Goregaon has now come with Maasaheb Meenatai Thackeray Blood Bank's mobile blood van with all expert medical staff and great comfort.

The idea of this first Mobile Blood Collection Van in the city is initiated by Shivsena leader and MLA Mr.Subhash Desai, the founder member of Prabodhan Goregaon. He expects very good response by the people

This van is specially designed and they have taken so much care of blood donor's requirement. The

van have spacious 240 sq.ft. internal working area. There is special counter for donor registration and preliminary check -up. Four persons can donate blood at a time and sit comfortably on specially designed chairs.

For relaxation during donating the blood, they have arranged plasma TV., Resting facility for donors after blood donation and inbuilt pantry to get fresh tea / coffee immediately after blood donation. Inbuilt toilet is there. They have appointed qualified medical officers and expert technical staff. This fully air - conditioned van has a generator set to keep uninterrupted functioning of the equipments.

The donors will be issued certificates of appreciation and donor's card on the spot. This van will visit housing societies, corporate offices, railway stations

and colleges for the benefit of duty bound citizens who want to donate blood.

Maasaheb Meenatai Thackeray Blood Bank is established on 7th November 2004 at Siddharth Municipal General Hospital, Goregaon by Prabodhan Goregaon. This bank got recognition by State Blood Transfusion Council of Government of Maharashtra and designation as Regional Blood bank within two years.

This bank is also recognized by Central Government. Within four years more than 30 thousand blood bags have been collected and supplied to the needy patients. Very reasonable testing charges has been taken by the bank so that common people can afford. Special 'Poor Fund' created for supporting patient below poverty line.

**Telephone Conversations Recorded From Various Help Desks.  
True Telephone conversations recorded from various Help Desks around the U.K**

Helpdesk: What kind of computer do you have?  
Customer: A white one...

●●●●●●●●●●

Customer: Hi, this is Celine. I can't get my diskette out.

Helpdesk: Have you tried pushing the button?

Customer: Yes, but it's really stuck.

Helpdesk: That doesn't sound good; I'll make a note ...

Customer: No ... wait a minute... I hadn't inserted it yet... it's still on my desk... sorry ....

●●●●●●●●●●

Helpdesk: Click on the 'my computer' icon on to the left of ! the screen.

Customer: Your left or my left?

●●●●●●●●●●

Helpdesk: Good day. How may I help you?

Male customer: Hello... I can't print.

Helpdesk: Would you click on start for me and ...

Customer: Listen pal; don't start getting technical on me! I'm not Bill Gates damn it!

●●●●●●●●●●

Hi good afternoon, this is Martha, I can't print.

Every time I try it says 'Can't find printer'. I've even lifted the printer and placed it in front of the monitor, but the computer still says he can't find it...

●●●●●●●●●●

Customer: I have problems printing in red...

Helpdesk: Do you have a color printer?

Customer: No.

●●●●●●●●●●

Helpdesk: What's on your monitor now ma'am?

Customer: A teddy bear my boyfriend bought for me in the supermarket. ■



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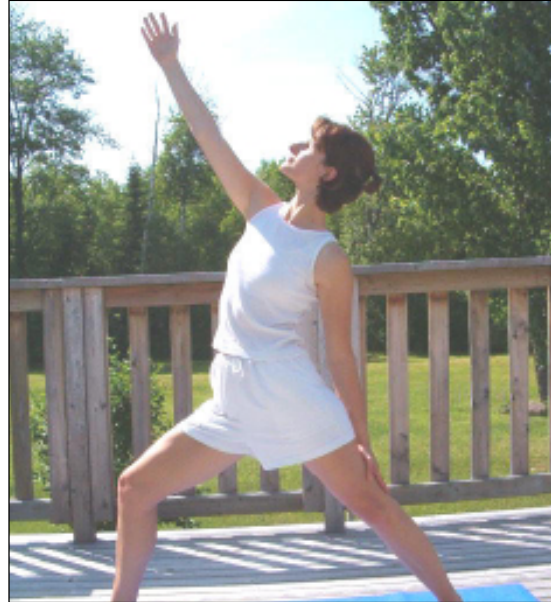
Dr. Rajiv Anand

**Health or wealth?**

If this question is thrown to anyone, perhaps most people will love to answer that it is health, which matters. But let us look deeply. Are people really practicing what they talk? For the time being let us forget lay people and focus on doctors in our community. Are we really conscious about our health and ready to sacrifice or forego a bit of wealth to ensure the health.

If it's got to be one or the other, health is the obvious choice, right? Then why do so many of us sacrifice it for wealth? Mainly because we believe we can get away with it. And we can for a while. But as the days and years go by and we are preoccupied with our daily routines, we have so many parties and get-togethers to attend, we have so many well-wishers who want us to accept their hospitality, we should have few pegs of alcohol, eat delicious food being provided which is made with abundance of oil and many undesirable additives. We feel happy as our hosts feel happy, but inside we are creating enough reasons to be unhappy and then none of these hosts will be there to share our unhappiness. Most of us take pride in ourselves being physically fit and healthy as long as we do not have any major sickness. We don't think of our health - as long as it doesn't come to the fore. And even then, there are always medicines to help us get by: pills for headaches, pills for high blood pressure, and pills for sleeplessness. We continue living the way we have become habituated over a long period of time. Some of us become out of shape... so what? Overweight? Fatigued? Let's take care of it later. Not just now - time is money! And did I hear saying — don't distract me you foolish friend by your ideal talk.

Dear Friends ! I happen to interact with all



age group people and especially my senior colleagues and I make sure that I learn from them and become richer from their experience and wisdom. I have seen so many of my famous colleagues spending their health gaining wealth for the first 20-25-30 years, and then have to spend their wealth to regain their health. For the remaining part of their life, if there are some still left for lucky ones.

But there won't always be time. When a heart attack, a chronic disease, or a loss of physical capacity reminds us of our mortality, our priorities will change. Gaining more influence and wealth will be toppled from their lofty rankings. If we choose wealth over health, we may end up spending our wealth trying to regain our health. It would be a lot easier and wiser to change our routines now, while there is still time.

What about today? Why not walk up the stairs instead of taking the elevator? Why not take our wife for a morning or evening walk for half an hour? Why not now and not later we should do 15-30 minutes of Yoga or exercise? Why not we should personally undertake our own Insurance for healthy-happy final 20 years rather than depending on others.

The first wealth is health.- Ralph Waldo Emerson



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	Gate Fold	18,000/-	-
	Centre Double Spread	16,000/-	12,000/-

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4. The cheque should be drawn in favour of "I.M.A. - Mumbai West Branch".

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