


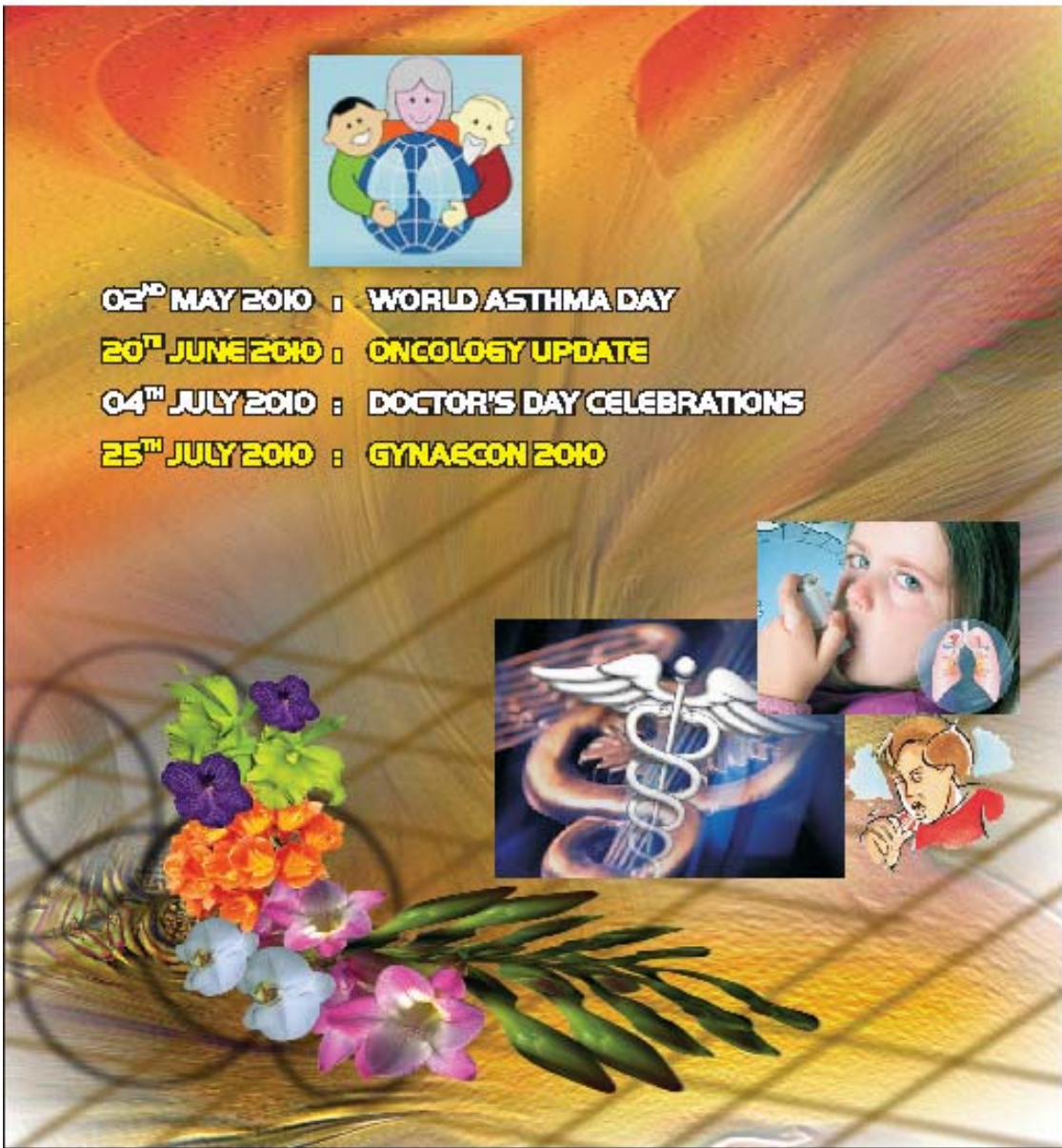
MAY 2010 VOLUME NO. 33 ISSUE NO. 2




MEDICAL IMAGE

Monthly Bulletin of INDIAN MEDICAL ASSOCIATION - MUMBAI WEST BRANCH
website: www.ima-mumbai-west.com

President : DR. BAL KRISHNA M. INAMDAR Hon. Secretary : DR. ASHOK BALSEKAR



02ND MAY 2010 : WORLD ASTHMA DAY
20TH JUNE 2010 : ONCOLOGY UPDATE
04TH JULY 2010 : DOCTOR'S DAY CELEBRATIONS
25TH JULY 2010 : GYNAECON 2010



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02ND MAY 2010
WORLD ASTHMA DAY

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ONCOLOGY UPDATE

04TH JULY 2010
**DOCTOR'S DAY
CELEBRATIONS**

25TH JULY 2010
GYNAECON 2010

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

ANNOUNCEMENT : We have a great pleasure to announce that a long awaited Members' Directory was released at Annual Day Programme by Chairman, Directory Sub Committee - Dr. Anil Suchak. All the members are requested to collect their copy of Telephone Directory - 2010 from the office from 11.00 am to 05.00 pm, in exchange of the directory coupon.

TELEPHONE DIRECTORY COUPON

Name of the Member : _____

Name of the authorized person : _____

I hereby authorize Mr. / Ms. _____ to collect

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(Signature of Authorized Person)

(Signature of Member)



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PRESIDENT SPEAK....

"SOFT TARGETS"

Dear Friends,

Few days ago, the news came that Maharashtra Govt. has returned the "Bill against Violence against Doctors" back to Vidhan Parishad, in effect meaning that violence against doctors will go unpunished. Though subsequently the bill was passed and now it has become a law (to the great relief of all the medical associations working together for it), I encountered many reactions from doctors. Majority of these reactions had one common theme – "This is bound to happen. Doctors are after all "soft targets"! Such resigned attitude spells defeat for all those working towards doctors' unity and for doctors' well being.

Are we really soft targets? And if so, can we do something about it?

There are two aspects to this poser. One: we need to unite and become a strong deterrent to any outside agency trying to damage us; and two: pay careful attention to the "etiology" of such unfortunate events.

Let us discuss the first one.

Unity is all about supporting each other without any personal agendas coming in between. We can undertake many steps towards achieving unity...

1. Realize that time has come to collaborate rather than compete with each other. This means we should be firm in our support to the treatment options employed by our colleagues; prevent any negativism creeping in while commenting about our colleagues in front of the patients; communicate to our colleague regarding any patient who has been seen by him and is dissatisfied; be open to find out and, in turn, give medical details about the patients who have requested yours or his expertise, keeping an open line of communication



between both of you; and diffuse any tension rising against our colleague (because you may be in his shoes at another time!).

2. Create small area wise doctor's groups and finalize the fee structures, which should be similar in all respects. It is when one doctor charges very less or very high that the comparisons start flying and dissatisfaction starts entering. It is also a good idea to display our charges on the board to inspire confidence in patients as regards our transparency.
3. Be ready to "close shop" in sympathy if any untoward incident happens against any of the doctors. The apparent difficulty in undertaking such a step is only mental. But if we need to present a strong deterrent, this could be the only way to do it!
4. Circulate the names of those miscreants amongst local doctor community so that the doctors – both Family Physicians and Consultants - know about such a person and think of refusing treatment to them. Another apparently difficult task, but we may have to take this strong step to create our strength.

The second part understands the "why", "what" and "when" the violent recourse is taken by the patients and their relatives and "how" we can address these "etiologies".

History reveals that there are two major grouses that relatives and patients have against doctors. One—our charges are deemed exorbitant; and two – we do not give a patient hearing to the woes suffered by patients. This is also believed to be true for the medical associations and bodies like MMC who, by nature of their involvement with doctors as members, have the well being of

doctors at their heart and, in the process, run the criticism of being deaf and negligent towards patients' rights.

Even though we would not like to look at these issues, we cannot remain aloof and isolated in our self created citadels. Hence, there are many things that we can do ...


1. We must be transparent in our charges. If we can explain them before even meting out treatment, I am sure many misgivings of the patients will vanish. However, it is also equally important that we "stick" to the charges and not inflate them due to "unforeseen complications"!
2. Communicate, communicate and communicate! There is no golden rule to prevent any bad incident except this. Before, during and after, you must be the "friend" that patient is looking for and looking up to. If we will act as if we are commercial, then we must brace ourselves to the dissatisfaction.
3. Make MMC strong and effective so that it will also look into patient's grievances and speedily (and I mean it!) resolve issues. Unfortunately MMC is not still active due to the "neglect" by the Government to appoint remaining members (apart from 9 that we elected). There is a definite place for doctors to make a strong representation to the Govt. to make MMC operative.

Friends, I am aware that many of the above things that I have suggested will appear to be difficult or even impossible. But, in order to prevent any wrong action by patients, we may have to employ some, or all, of these methods. Only then we will be able to breathe freely and not look for "treatment" of the violent reactions.

Indeed, the golden words since times immemorial are operative even today - "Prevention is better than cure"!!

With warm regards,

Dr. Bal Inamdar
President, 2010-11
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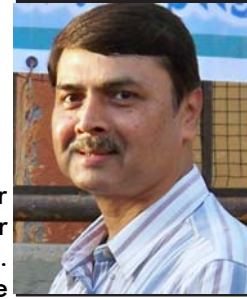
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FROM THE HON. SECRETARY'S DESK.....



Dear Colleagues,

One of the most successful captains of Indian cricket, Saurav Ganguly, was once asked a question during a press meet "How is it that you are a more successful captain than Sachin Tendulkar?" To this Ganguly replied – "See, it's like this. Captain is as good as his team and I am fortunate to have "a Sachin Tendulkar" in my team, but he is not so fortunate to have one !

CAPTAIN IS AS GOOD AS HIS TEAM !"

Yes! This year, we are also blessed with sincere and hard working members in our team. Office bearers as well as chairpersons of various sub committees selected by office bearers is a bunch of enthusiastic, sincere & hard working members. It is mixture of youth & experience. President, Dr. Bal Inamdar has various new ideas, bleeding in a new talent as co-chairpersons of sub committees, is one of them. These, co-chairpersons will be like understudies of chairpersons of the sub committees and be groomed and trained to be the leaders of the branch one day. One of the qualities of a great leader is to infuse confidence into his team members to be leaders themselves in future. (what an idea sirjee !)

Adrenaline is really rushing through the system and committee is abuzz with activities and future programmes. We are coming out with World Asthma Day, "Respiratory Management-2010" by Environmental Medical Association, Oncology Update & Doctor's Day Celebrations.

Because of rising costs and outgoings and overheads, Managing Committee has no choice but to increase the Annual Fees for CGP by a very nominal amount. But this year, the fees will include not only bi-weekly lectures, Sunday programmes and mini conferences but also annual conference. And committee also has some plans to have a couple of programmes in 5 star hotels at a nominal cost.

We have applied for accreditation of our branch with MMC.

Members now will have even more incentive to attend the lectures, since it will give them credit hours. MMC has already made 30 hours of credit hours compulsory in a span of 5 years, to keep our registration valid. This will also motivate more doctors to become members of our branch as well as CGP.

"All work and no play make Jack a dull boy!" So committee is planning some very exciting outdoor programme this year. Chairpersons of Cultural Sub Committee and Sports Sub Committee will be striving hard to entertain you and make you more active this year.

During the annual day celebration, we have opened a MCGM approved Free Vaccination Centre at our branch. Members must work and help the branch to make it popular in their area of practice.

Long awaited Members Telephone Directory – 2010, which was published on annual day is now ready for distribution. Members may collect the same in exchange of Directory Coupon given with this issue of Medical Image.

Our ground floor hall is being reshaped due to some compulsions of health dept of MCGM. Members may face some inconvenience for some time. But I am sure, members will co-operate & bear with us, as in the past.

Finally, our monthly bulletin is donning a new avatar and a new name shortly. But believe me, under any name, it is going to be as attractive, as readable and as interesting if not more !

Long Live IMA!

Dr. Ashok Balsekar

Hon. Secretary
drag_bal@yahoo.co.in

WEEKLY SCIENTIFIC PROGRAMME

**Lectures on Every Thursday
at 02.30 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
06.05.2010	Decision making for Coronary Artery Bypass Surgery	Dr. Ashok Hishikar
13.05.2010	Management of Chemotherapy in Lung Cancer	Dr. Tushar Patil
20.05.2010	Summer Break	
27.05.2010	Summer Break	
03.06.2010	Enteric Fever Today	Dr. S. Sanglikar
10.06.2010	Clinical and Laboratory diagnosis of Dengue Fever, Leptospirosis & Chikungunya	Dr. Tushar Shah
17.06.2010	Monsoon and the Skin	Dr. Vibha Nigale
24.06.2010	Gastroenteritis in Children	Dr. Vidya Gauri Kulkarni

G. P. FORUM

ADDITIONAL C.M.E. PROGRAMME FOR GENERAL PRACTITIONERS

**Every Tuesday
at 02.30 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
04.05.2010	Hyperpigmentation in Systemic illnesses	Dr. Hema Jerajani
11.05.2010	Overview and Management of Hepatitis-C	Dr. Samir Parikh
18.05.2010	Summer Break	
25.05.2010	Summer Break	
01.06.2010	Workshop on Tobacco De-Addiction	Dr. Kiran Shandilya
08.06.2010	Glaucoma and General Practitioners	Dr. Rashida Kutianwala
15.06.2010	Blood Components	Dr. Mukesh Desai
22.06.2010	Drug Abuse	Mr. Arun Bhargava
29.06.2010	Acid Base Balance	Dr. Sharad Sheth

- 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. 1000/- & IMA : RS. 1250/-) FREE
- C.G.P. & IMA MEMBERS : RS. 100/- (NOT PAID ANNUAL FEES) (WEEKLY LECTURES)

Each Lecture Carries A Credit of 1 Hour Each For FCGP Examination.

DR. B. M. INAMDAR **DR. ASHOK BALSEKAR**
President Hon. Secretary

DR. PRITI BHARGAVA
Asst. Director of Studies
IMA - Mumbai West C.G.P. Sub Faculty

DR. RONAK SHAH
Asst. Secretary

**MUMBAI WEST CGP SUB FACULTY of
INDIAN MEDICAL ASSOCIATION - MUMBAI WEST**

has great pleasure in inviting you to

“WORLD ASTHMA DAY”

on this year’s C.M.E theme

“YOU CAN CONTROL YOUR ASTHMA.”

Day and Date : SUNDAY, 02ND MAY 2010.

Time : 09.00 am onwards

Venue : Lupin CME Auditorium, IMA Bldg., Behind Chandan
Cinema, J. R. Mhatre Marg, Juhu, Mumbai - 49.

PROGRAMME

Time	Topic	Speaker
09.00 am-09.45 am	Registration & Breakfast	
09.45 am-10.00 am	Welcome Address Inaugural Address	Dr. Priti Bhargava Dr. B. M. Inamdar
10.00 am-10.30 am	Management of Asthma	Dr. Salil Bendre
10.30 am-11.15 am	Various Inhaler Devices Demonstration and some Aspects of Pediatric Asthma	Dr. Mukesh Sanklecha Bombay Hospital
11.15 am-12.00 noon	Spirometry Demonstration & Interpretation of Results	Dr. Pralhad Prabhudesai Mr. Vasant Shetye
12.00 noon-12.45 pm	Panel Discussion : “ DIAGNOSIS & TREATMENT OF ASTHMA AND COPD ”	Dr. Salil Bendre Dr. Mukesh Sanklecha Dr. Pralhad Prabhudesai
12.45 pm-01.00 pm	MCQs and Prize Distribution	Dr. Ronak Shah
01.00 pm	Vote of Thanks & Lucky Draw	Dr. Ashok Balsekar
01.00 pm onwards	Lunch	

CONVENOR : DR. PRALHAD PRABHUDESAI

REGISTRATION CHARGES : NIL but Registration **MUST** to make proper arrangements

A EARLY BIRD LUCKY DRAW FOR MEMBERS REGISTERED BY 09.00 A.M.

FOR REGISTRATION CONTACT : MS. APARNA / MS. SEEMA / MS. SUNITA
IMA - OFFICE TEL. NO. 2620 6517 / 2625 4368

DR. B. M. INAMDAR
President

DR. ASHOK BALSEKAR
Hon. Secretary

DR. PRITI BHARGAVA
Asst. Director of Studies

DR. RONAK SHAH
Hon. Secretary

IMA – Mumbai West CGP Sub Faculty

HEARTIEST CONGRATULATIONS!!!

Our Heartiest Congratulations to following
Managing Committee Members for their appointment as Chairpersons
on various Sub Committee of our branch.

1 Action Sub - Committee & Medico Legal Sub - Committee	Dr. Mahesh Baldwa
2 Anti Quackery Sub - Committee	Dr. Suresh Kalambi
3 Building Sub - Committee	Dr. Jayesh Lele
4 Cultural Sub - Committee	Dr. Rohini Badwe
5 Editor - Medical Image Sub - Committee	Dr. Ashok Balsekar
6 Fund Raising Sub Committee	Dr. Manohar Bachani
7 Geriatric Cell Sub Committee	Dr. Chhaya Desai
8 Identity Card Sub - Committee	Dr. Sanjay Gupta
9 Information Education & Communication	Dr. Pratibha Thoravade
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12 Medical Education Sub Committee	Dr. Sanjay Dudhat Dr. Rashmikant Sanghvi
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14 Membership Drive Sub - Committee	Dr. Nitin Agrawal
15 Public Health and Welfare Sub-Committee	Dr. Subodh Kedia
16 Social Security Scheme Sub-Committee	Dr. Subhash L. Shah
17 Sport Sub Committee	Dr. Nilesh Shah Dr. Hiren Ambegaonkar
18 Women's Wing Sub-Committee	Dr. Bhavna Patel Dr. Ushma Mashru

We would like to announce inclusion of following members in our managing committee by way of co-option.

- | | | |
|------------------------|---------------------|--------------------|
| 1. Dr. Manohar Bachani | 2. Dr. Rohini Badwe | 3. Dr. S. K. Joshi |
| 4. Dr. Suresh Kalambi | 5. Dr. Subodh Kedia | |

Dr. Balkrishna M. Inamdar

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INDIAN MEDICAL ASSOCIATION - MUMBAI WEST**

has great pleasure in inviting you

to

**“ONCOLOGY UPDATE”
CONTROVERSIES & INTERPRETATION**

Day and Date : SUNDAY, 20th JUNE 2010.

Time : 09.00 am onwards

Venue : Lupin CME Auditorium, IMA Bldg., Behind Chandan
Cinema, J. R. Mhatre Marg, Juhu, Mumbai - 49.

PROGRAMME

Time	Topic	Speaker
09.00 am - 09.45 am	Registration & Breakfast	
09.45 am - 10.00 am	Welcome Address Inaugural Address	Dr. Ashok Balsekar Dr. B. M. Inamdar
10.00 am - 10.30 am	Controversies in Diagnosis & Breast cancer.	Dr. Arun Kurkure Con. Onco. Surgen Breach Candy Hospital
10.30 am - 11.15 am	Controversies in management of Urological Cancers	Dr. Rishikesh Pandya Consultant Uro Oncologist B.S.E.S. & Nanavati Hosp.
11.15 am - 12.00 noon	Oncological Emergencies	Dr. Sanjay Dudhat Consultant Surgical Oncologist Nanavati & Raheja Hospitals
12.000 noon-12.45 pm	Panel Discussion	Dr. Arun Kurkure Dr. Rishikesh Pandya Dr. Sanjay Dudhat
12.45 pm - 01.00 pm	MCQs and Prize Distribution	Dr. Priti Bhargava
01.00 pm	Vote of Thanks & Lucky Draw	Dr. Ashok Balsekar
01.00 pm onwards	Lunch	

CONVENOR : DR. SANJAY DUDHAT

REGISTRATION FEES : • CGP & IMA Members who have paid ANNUAL Fees = FREE

• CGP & IMA Members : Rs. 100/- • Eligible Non – Members : Rs. 150/-

A EARLY BIRD LUCKY DRAW FOR MEMBERS REGISTERED BY 09.00 A.M.

This programme is Sponsored by **M/S. GLAXOSMITHKLINE – ONCOLOGY DIVISION**

FOR REGISTRATION CONTACT : MS. APARNA / MS. SEEMA / MS. SUNITA

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DR. B. M. INAMDAR **DR. ASHOK BALSEKAR** **DR. PRITI BHARGAVA** **DR. RONAK SHAH**
President Hon. Secretary Asst. Director of Studies Hon. Secretary
IMA – Mumbai West CGP Sub Faculty

IMPORTANT ANNOUNCEMENT

IMA - NATIONAL SOCIAL SECURITY SCHEME

Dear Members,

You must have received notice of payment of D.F.C. No. 15 dated 25.03.2010 by now. We would like to continue the service of collection of D.F.C. payment to our members. Please send your contribution as mentioned in your notice to our office latest by 09.05.2010. Please note that no payment will be accepted at our office after 5.00 p.m. on Monday, 10.05.2010 as the last date of payment at Ahmedabad is 15.05.2009.

You are requested to enclose.

- | |
|--|
| <p>a) A crossed a/c payee cheque in the name of "IMA - B.W.S.B." of the exact amount as mentioned in your notice with your full name, address, telephone number and N.S.S.S. number mentioned in legible handwriting at the back of your cheque.</p> <p>b) Blank document of "NOTICE-CUM-MONEY RECEIPT" received by you.</p> |
|--|

A temporary receipt will be issued by our branch. A composite demand draft will be prepared by our branch and dispatched along with a list of contributing members to the Headquarters of I.M.A.- National Social Security Scheme at Ahmedabad. You will receive your official receipts directly from the scheme from IMA – National Social Security Scheme.

We are sure you will avail of this facility like last few years.

SOCIAL SECURITY SCHEME OF IMA – MAHARASHTRA STATE BRANCH

We are happy to inform that our branch will be offering fraternity fund contribution collection facility for social security scheme of IMA – Maharashtra State Branch.

Please send a crossed a/c payee cheque drawn in favour of "IMA - MS - Social Security Scheme" to our office latest by 31st May 2010. Please write your full name, address and social security scheme on the reverse of your cheque for reference.

Individual receipts will be subsequently dispatched to you from **Social Security Scheme Office**.

Note: Cheques issued by GPA members for GPA - Social Security Scheme will also be accepted by our office till 18th June 2010 for the convenience of those members who are members of both our IMA - Mumbai West Branch and GPA. Please make cheque in the name of "**GPA-Social Security Scheme**" and write your name, Social Security Scheme Membership Number on the cheque. These cheque will be physically delivered to GPA office.

Dr. Balkrishan M. Inamdar
President

Dr. Ashok Balsekar
Hon. Secretary

STOP PRESS

IMA – Mumbai West Branch has been accredited by M.M.C. for conducting CME Programmes / Workshops / Seminars / Conferences.

REPORT

1) WHO DAY PROGRAMME :



CME on **WORLD HEALTH DAY** was held on **WEDNESDAY, 07TH APRIL 2010**. This year's theme "**1000 CITITES, 1000 LIVES - URBAN HEALTH MATTERS**". Dr. Daksha Shah, AHO, BMC elaborated all the Health Measures – Preventive And Curative - taken by BMC for the health of the residents of Mumbai. This was followed by lucid talk by Dr. Shekhar Ambardekar on Life Style Modifications for Improving Health. This was a joint programme of IMA – Mumbai West with Medical Club of Vile Palre. Dr. Akil Contractor, Director – CGP Maharashtra state and conducted the programme.

2) BRAIN ATTACK :

CME on Brain Attack was organized on **THURSDAY, 13TH APRIL 2010** by CGP Sub Faculty of IMA – Mumbai West Branch. The subjects covered were TIA and Stroke, Thrombolysis, Bleeds in the Brain. Dr. Anil Karapurkar and his team comprising of Dr. Rakesh Singh, Dr. Nishant Aditya and Dr. Vishwanath Iyer delivered the talks in very simple, lucid manner. The audience made the panel discussion lively by its volley of questions. We are thankful to M/s. Trivitron Healthcare for sponsoring the CME.



3) HAEMOPHILIA UPDATE :

To observe World Haemophilia Day (17.04.10), CME was organised on **18TH APRIL 2010** in Lupin Hall. It was inaugurated by President Dr. Inamdar. In accordance with this year's theme-" **THE MANY FACES OF BLEEDING DISORDERS: UNITED TO ACHIEVE TREATMENT FOR ALL**"-relevant topics were discussed. The convenor of the programme was Eminent Haematologist - Dr. Abhay Bhawe. The other faculty included eminent Haematologists - Dr. Srimati Shetty, Dr. Shashikant Apte (from Pune) & Dr. Samir Shah.



We introduced a new format in the CME, that of MCQs. It was prepared by, our young, enthusiastic Asst. secretary of CGP Sub Faculty, Dr. Ronak Shah. It kept the audience mesmerized and nobody seemed to mind the extension of the programme much beyond the scheduled time, not even the panelists who graciously explained the answers. Highest scorer of the quiz was Dr. Vikram Halankar.

The programme was well attended by over eighty delegates and appreciated by one & all. We are thankful to BAXTER INDIA for sponsoring this programme.

Dr. Priti Bhargava

Director, IMA-Mumbai West CGP Sub Faculty

REPORT : World Malaria Day :

Update on malaria followed by screening of IPL finals (for Members & their families) was arranged on Sunday, 25th April 2010. Programme started with lucid lecture with enjoyable PowerPoint presentation by Dr. Mangesh Tiwaskar. Members came in large numbers and their family members joined them later for IPL finals. This programme was co-hosted by Vile Parle Medical Club. So we were joined by our fraternity from Vile Parle Medical Club. Everybody enjoyed the programme along with delicious food-fare spread by M/s. Amantran Caterers.



Dr. Ashok Balsekar - Hon. Secretary

WELCOME NEW MEMBERS		
ANDHERI	DR. KHADE SHIVAJI NATHA DR. KATE BABURAO DNYANU DR. PANCHAL NILESH GANGARAM DR. PARMAR SHILPA ROOPCHAND DR. SHARMA VERONICA VIJAY	DR. KHADE BHARATI (MRS.) SHIVAJI DR. MEHTA KAUSHIK D DR. PANCHAL SANJAY GANGARAM DR. PARIKH SAMIR SUBODHCHANDRA DR. VARMA RAVI UPENDRA
BANDRA	DR. PARIKH SHRUTI (MS.) HITESH	
BORIVLI	DR. BRID RANJEETA RAMESH DR. SANGHVI GHEVARCHAND PUKHRAJ	DR. PARIKH FALGUNI SANJAY DR. TAPIWALA SHRUTI NIRANJAN
DAHISAR	DR. PRABHUGAONKAR SUJAY VITHAL	
GOREGAON	DR. BADWE ANUYA (MS) SHRIKANT DR. SINGH MANINDER KAUR D.	DR. BAROT VARSHA JYOTINKUMAR
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VILE PARLE	DR. BORKAR SANIKA (MS) RAJAN DR. BHAGAT HEMAL DILIP DR. DIYORA BATUK DAMJI DR. MAHALE PRIYA BHARAT	DR. BORKAR SHALMALI (MS) RAJAN DR. BHAGAT CHHAYA (MRS.) HEMAL DR. MAHALE MONALI BHARAT DR. MAHALE SUCHIT BHARAT
XX - SUB	DR. MEHTA SATYEN SURESH	

DR. B. M. INAMDAR
President

DR. ASHOK BALSEKAR
Hon. Secretary

MATRIMONIAL

SM for Jain Gujarati Girl BDS Mumbai 1984 born '59, (5' 4"), from Mumbai based MDS / BDS / MD / MS (Surgery) Boy of Jain Gujarati / Vaishnav (Vanik) well Settled Family.

Contact no. : 022 2774 2147 / 3928 1719

TAKE - HOME MESSAGE

08/04/2010

Understanding Echocardiography –
Dr. Darshan Jhala

Most useful for

- Heart Failure
- Valvular Abnormalities
- Congenital Defects
- Intracardiac Blood flow

Not useful for

- Coronary circulation
- Arrhythmias

13/04/10 “Brain Attack” –

Dr. Anil Karapurkar
Dr. Nishant Aditya
Dr. Rakesh Singh
Dr. Vishwanath Iyer

- **At least a Plain CT scan is a must before treatment is instituted in case of Stroke.**
- **Window period for thrombolysis is 1st 3 hour**
- **Intraarterial thrombolysis can be done from 3 -6 hours**
- **Thrombectomy can be done from 6-24 hours**

15/04/10 -

Understanding Coronary Angiography –
Dr. Vivek Mehan

Coronary Angiography is indicated in –

- Patient with suspected CAD-
 - to confirm
 - to exclude
- For evaluation of patients with established CAD-
 - Post ACSIMI
 - Post PTCA
 - Post CABG

Significant coronary stenosis is-

- . **>70% in diameter (not area)**
- . **>50% in diameter in Left Main**

20/04/10 NAFLD –

Dr. Ajay Chokshi

- Factors predisposing to Fatty Liver-
 - central obesity
 - Age >40years
 - Male gender
 - BMI>25
 - Elevated Fasting Blood Sugar
 - Raised AST&ALT

- **Fatty Liver** is the initial presentation- i.e.fat deposition in the liver
- About 65% of these fluctuate between this stage and the next stage -**NASH**

(Non alcoholic steato hepatitis). Here there is fat deposition +inflammation+scarring. -25%-35% of NASH patients progress to **Cirrhosis**

22/04/10 - Approach to CHD -

Dr. Bharat Dalvi

- Clues to underlying CHD -
- Pulse - very slow, very fast, irregular, absent
- Right ULHT - (Coarctation of Aorta)
- Cyanosis & / or clubbing
- Raised JVP
- Cardiomegaly
- Precordial activity
- Murmur
- Click
- Any suspicion of cardiac disease in a NB should be investigated on war footing.
- Post exertional syncope should be investigated for cardiac cause

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ANTIBIOTICS

Our body contains around 100 trillion cells, and 90% belong to the microbes. Thousands of species grow, evolve and reproduce on and in us. Sometimes some of the can prove notorious and cause infections. So we need some aid to help our defence system (Immunity). These aids are in the form of chemicals which are either naturally occurring substances or they are semi-synthetics or synthetic. These are called as Antibiotics – a Greeko-latin term meaning biologically effective against living organisms.

They act either being bactericidal or bacteriostatic. The first effect was demonstrated by the French chemist Louis Pasteur in 1870 when he tried to cure Cow Anthrax by inducing Cow Pox. But the first antibiotic was discovered by Dr. Alexander Fleming who demonstrated the antibacterial activity of a Fungus called *Penicillium Notatum*. This happened in 1928. There after the whole world started researching and discovering various classes and types of the antibiotics – majority being in the quest to conquer over the microbes. We have (had) almost 150 antimicrobials in our armamentarium. But as the men invented new “Mouse traps”, the nature has come out with “Better & Smarter” mice (Super Bugs). These smarter Super Bugs are ESBL, MRSA, MISA, VISA, GISA, VRE, MDR TB etc. So we are now in the era of “Bad Bugs & No Drugs”. The misuse of antibiotics is a leading cause of worry in entire medical fraternity. The poor interest leading to under-investment of the Pharma companies have added to the misery. And so, now a day’s fighting bacterial resistance has become a big “Headache”. So, antibiotics should be and must be used very cautiously and sensibly. Many factors play for the misuses of the antibiotics, but the details are out of the scope for this article. We also will keep away from anti-virals, anti-TB, anti-fungals & anti-Henson’s drugs. This article is aimed as a bird eye view of antibiotics and its proper use in day to day clinical OPD practice.

It has been found that more than 50% times,

antibiotics are prescribed for the wrong indication, leading to rapid development of MDR strains of microbes causing prolonged hospitalizations, increased economic burden & higher mortality.



OUR ARMAMENTARIUM –

- 1. Old Boys:** Penicillins & Sulphonamides.
- 2. Main Players:** Cephalosporins, Aminoglycosides, β Lactam Inhibitors, Quinolones & Macrolides.
- 3. Big Guns & New Power Kids:** Carbapenems, Ketolides, Monobactams, Oxazolidinones, Streptogramins & Glycopeptides.
- 4. Other Groups:** Tetracyclines, Polymixins, Bacitracin, Mupirocin, Clindamycin, Metronidazole & Chloramphenicol.

PENICILLINS – These had an honour of being referred as a “Miracle” after its usage during 2nd world war. These are the drugs which have a lactam ring and a single “R” group for its affectivity. But some microbes have developed an enzyme called “Penicillinase” which lyses the β lactam ring and make the drug ineffective.

These drugs are classified as –

- a. Naturally occurring** – Penicillin G (Crystalline, Procaine & Benzathine), Penicillin V (Oral).
- b. Extended Spectrum Penicillins** – these are sub classified as – (i) Aminopenicillins i.e. Ampicillin, Amoxicillin etc. (ii) Carboxypenicillin i.e. Ticarcillin. (iii) Ureidopenicillin i.e. Piperacillin.
- c. Penicillin + β lactam inhibitors** – like addition of Tazobactam, Clavulanic acid or Sulbactam.
- d. Penicillinase resistant** – Oxacillin, Cloxacillin, Dicloxacillin, Nafcillin etc.

Penicillins are mostly to be used in treatment of Bacterial URTI (Penicillin V & Amino), LRTI, infective enteritis (Newer penicillins), Pyogenic Meningitis (Crystalline) and most important of all treatment and prophylaxis of Rheumatic Fever and Bacterial endocarditis. Procaine and Benzathine penicillin are responsible sometimes in causing the acute anaphylactic reactions. So a caution has to be exerted by giving a Test dose subcutaneously.

SULPHONAMIDES – This group of the drugs were invented by Paul Eldritch. These are the first group of antibiotics to be thought of, but were not approved by US FDA till 1945. In today's race of antibiotics, these drugs have taken a bit of back sit as they mostly are bacteriostatic and have more side effects. They contain Sulphonamide group as a functional group for its affectivity. They are popularly known as Sulpha group. Apart from antibiotic activity, some of these drug groups also have anti-convulsant, diuretic, ophthalmological, dermatological activity. These are mostly oral preparations. As an antibiotic, these drugs are classified as –

- a. **Short acting** – Sulfaisodimidines, Sulphanilamide.
- b. **Intermediate acting** - Sulfadiazine, Sulfamethoxazole.
- c. **Long acting** – Sulfadimethoxine, Sulfamethoxypyridazine.
- d. **Ungrouped/Others**- Sulfacetamide, Sulphadoxine, Sulfasalazine, Probenecid.

These drugs are sometimes responsible of causing 2 very serious side effects like Steven Johnson syndrome and Lyell's syndrome (toxic epidermal necrolysis). Still some of these drugs are used in the treatment of Ear infections, malaria and the most important of the lot – PCP (drug of choice).

CEPHALOSPORINS – These are most widely administered drugs today. Discovered in 1948 primarily from mould – Cephalosporium Acromonium – found in the sewers, these drugs are either naturally occurring or semi-synthetic. The structure mostly resembles penicillins except the main ring is different and it has 2 "R" groups. The mode of action is

bactericidal, similar to penicillins. First cephalosporin was launched in market by Eli – Lilly and the drug was Cephalothin.

They are classified in generations depending upon their effect against bugs. The Gram Positive effect goes down or stays same and gram negative effect augments as we go from 1st generation to 4th generation.

1. **1st Generation** - are moderate spectrum agents. Good for URTI, Dental and SSTI. Some commonly used drugs are Cefadroxil, Cephalexin, Cephaloridine, Cephalothin, Cephapirin Cefazolin, Cephradine etc.
2. **2nd Generation** - have a greater gram-negative spectrum while retaining some activity against gram-positive bacteria. They are useful agents for treating upper and lower respiratory tract infections, sinusitis and Otitis media. Cefoxitin is a second generation cephalosporin with anaerobic activity. The commonly used drugs are –Cefaclor, Cefoxitin, Cefprozil, Cefuroxime etc. Cefuroxime is frequently used in treating Enteric Fever, UTI.
3. **3rd Generation** - have a broad spectrum of activity and further increased activity against gram-negative organisms. The parenteral third generation cephalosporins (ceftriaxone & cefotaxime) have excellent activity against S. Typhi and most strains of Streptococcus pneumoniae, including the vast majority of those with intermediate and high level resistance to penicillin. These agents also have activity against N. gonorrhoeae. Ceftazidime has useful antipseudomonal activity. The common drugs are – Cefdinir, Cefixime, Cefpodoxime, Ceftibuten, Ceftriaxone, Cefotaxime etc.
4. **4th Generation** - are extended spectrum agents with similar activity against gram-positive organisms as first generation cephalosporins. They also have a greater resistance to beta-lactamases than the third generation cephalosporins. Many can cross blood brain barrier and are effective in meningitis. Also effective against nosocomial infections. Common drugs are – Cefepime, Cefluprenam, Cefzopran, Cefpirome, Cefquinome etc.

MACROLIDES - The Macrolides are a group of drugs (typically antibiotics) whose activity stems from the presence of a Macrolide ring. Mostly bacteriostatic. Macrolides are used to treat infections such as respiratory tract and soft tissue infections. The antimicrobial spectrum of Macrolides is slightly wider than that of penicillin, and therefore Macrolides are a common substitute for patients with a penicillin allergy. A 2008 British Medical Journal article highlights that the combination of Macrolides and statins (used for lowering cholesterol) is not advisable and can lead to debilitating myopathy. This is because Macrolides are potent inhibitors of the cytochrome P450 system, particularly of CYP3A4. Macrolides, mainly erythromycin and Clarithromycin, also have a class effect of QT prolongation which can lead to torsade de pointes.

Commonly used drugs in this group are - Erythromycin, Roxithromycin, Azithromycin, Clarithromycin etc.

AMINOGLYCOSIDES - are molecules composed of a sugar group and an amino group. Several Aminoglycosides function as antibiotics that are effective against certain types of bacteria. They include Amikacin, arbekacin, Gentamycin, Kanamycin, Neomycin, Netilmicin, Paromomycin, Rhodostreptomycin, Streptomycin, Tobramycin, and Apramycin.

Aminoglycosides that are derived from bacteria of the Streptomyces genus are named with the suffix -mycin, while those which are derived from Micromonospora are named with the suffix -micin. These are mostly Bacteriostatic, but in higher concentrations, they can be even Bactericidal.

Commonly used for treating GNB infections, but most frequent use of Aminoglycosides is empiric therapy for serious infections such as septicaemia, complicated intra-abdominal infections, complicated urinary tract infections, and nosocomial respiratory tract infections. Usually, once cultures of the causal organism are grown and their susceptibilities tested, Aminoglycosides are discontinued in favour of less toxic antibiotics. Streptomycin was the first effective drug in the treatment of tuberculosis.

Since they are not absorbed from the gut, they are administered intravenously and intramuscularly. Some are used in topical preparations for wounds. Oral administration can be used for gut decontamination (e.g. Neomycin in hepatic encephalopathy). Tobramycin may be administered in a nebulized form. While using these drugs a closed watch on renal functions especially Creatinine clearance has to be kept to avoid reversible nephro-toxicity. The vestibular toxicity; if happens; is mostly irreversible.

QUINOLONES - The Quinolones also referred to as fluoroquinolones are a family of synthetic broad-spectrum antibiotics. The first generation of the Quinolones begins with the introduction of Nalidixic acid in 1962 for treatment of urinary tract infections in humans. The majority of Quinolones in clinical use belong to the subset of fluoroquinolones, which have a fluorine atom attached to the central ring system.

The effectiveness of fluoroquinolones for the treatment of respiratory disorders is similar to other antibiotic classes. Quinolones and fluoroquinolones are chemotherapeutic bactericidal drugs. Mostly used either by enteral or parenteral route to treat GPB infections.

Fluoroquinolones are generally well tolerated with most side effects being mild to moderate. Some of the serious adverse effects which occur more commonly with fluoroquinolones than with other antibiotic drug classes include CNS and tendon toxicity. Should be used with great caution while treating a seriously ill hyponatremic, dehydrated elderly patient. Might precipitate epilepsy.

The Quinolones are divided into generations based on their antibacterial spectrum. The earlier generation agents are, in general, narrower spectrum than the later ones.

1st Generation are Cinoxacin, Flumequine, Nalidixic acid, Oxolinic acid, Piromidic acid, Pipemidic acid, Rosoxacin.

2nd Generation are Ciprofloxacin, Lomefloxacin, Nadifloxacin, Norfloxacin, Ofloxacin, and Pefloxacin.

3rd Generation are Gatifloxacin, Levofloxacin, Moxifloxacin, Pazufloxacin, and Sparfloxacin.

4th Generation are Gemifloxacin, Prulifloxacin.

'BIG GUNS AND NEW KIDS' – All these above mentioned drugs are mostly effective in GPB infections except Carbapenems which are effective against all. But as much as possible these drugs should be and must be kept reserved for the IPD and Critical Care use only because if we lose these drugs now, then we don't have anything in our armamentarium for another 5 to 10 years.

Other specific drugs have limited activity in particular clinical situations.

HOW TO SELECT AN ANTIBIOTIC – Following factors will play a critical role in choosing a proper antibiotic.

- Site of infection.
- Suspected pathogens.
- Community v/s Nosocomial.
- Host immune status.
- Associated Comorbid conditions.

To choose without big mistake or error, try to answer the following questions –

- Is an antibiotic indicated on clinical grounds?
- Have appropriate investigations been performed?
- What organisms are most likely to cause this infection?
- Which agent is best?
- Is an antibiotic combination appropriate?
- Are any host factors relevant?
- What is the best route of administration?

- What is the appropriate dose?
- Can therapy be modified when lab results are obtained?
- What is the optimal duration of therapy?

REMEMBER – Antibiotics only help to augment the host immune response, so to have the best desired effect the host immunity has to be adequate. So there is NO such universal antibiotic good for all infections. Every antibiotic is a limited resource, use them with caution. And the best way of doing it is taking active steps for prevention of infections.

Dr. Mangesh Tiwaskar

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98215 52052**

IMA – CGP CME FEES FOR THE YEAR 2010 - 2011

ANNUAL FEES :

This includes Sunday's CME Programmes, all mini conferences, Annual Conference, Weekly CMEs on Tuesdays & Thursdays.

- IMA - CGP Members of our branch : Rs.1,000/-
- IMA – Members of our branch : Rs.1,250/-
- IMA Members of other branches : Rs.1,500/-

World Health Day - 7 April 2010

1000 Cities, 1000 Lives

With the campaign 1000 cities, 1000 lives, events were organized worldwide during the week of 7–11 April 2010.

The global goals of the campaign were:

- 1000 cities: to open up public spaces to health, whether it be activities in parks, town hall meetings, clean-up campaigns, or closing off portions of streets to motorized vehicles.
- 1000 lives: to collect 1000 stories of urban health champions who have taken action and had a significant impact on health in their cities.

1000 cities: open streets to people

- Any city, town, or local authority is welcome to participate. National leaders are encouraged to take part in the Day by promoting and participating in activities. An online registration form should be completed to officially register city participation and be eligible for some of the opportunities the campaign may provide (e.g. publicity, designation as one of the 1000 cities, etc.). Individuals can participate in the city-led events and can also submit individual stories of urban health champions. Following is the list of options for participation:

1. 1000 cities: open streets to people during the week of 7 – 11 April 2010

- Cities are invited to open a portion of their streets to people and close them to motor vehicles, offering citizens a novel public space for physical exercise, meeting family, friends and community, health checks, eating healthy local food or visiting local attractions.
- The ideal target date for opening streets is 11 April. For those cities where Sundays are a working day of the week, 9 April would be the preferred alternative.
- What is done in car-free zones is open to the creativity, desires, and priorities of a city. It can be one activity or several. Cycling in Latin America may be fun, but tai chi, classical music concerts, hosting soccer games, or enjoying a 10k walk with your

mayor may be more applicable elsewhere.

2. 1000 cities: organize other activities throughout the week

- There are many other activities, events, and policies that can demonstrate support for the World Health Day campaign. The announcement of bylaws or regulations on tobacco, food, waste management, or holding regular car-free events on a given day each week in the summer, are just a few examples of other major city initiatives.
- Activities or initiatives should encourage the participation of several types of agencies or groups, as this is one of the main messages of the World Health Day campaign – going beyond the health sector to ensure lasting health benefits to cities and citizens. School assemblies; activities with children; poster campaigns with schools; university forums; company relay races; clean-up campaigns; health fairs; and town hall meetings with mayors, national leaders, heads of states on local health concerns, are also activities to consider.

1000 lives: share the story of your local health champions

Individuals are a powerful force within urban settings making changes that have enormous health benefits for us all. Do you know someone who has made a real difference in the health of your city?

Then tell the world about it! The 1000 cities, 1000 lives campaign collects stories of urban health champions from around the world. Here's how it works.

Nominate your urban health champion

It can either be a self-nomination or someone you know or admire.

- Make a short video that reflects what this "health champion" is doing to improve health in your city, no more than four minutes long.
- Upload the video to the WHO YouTube site at www.youtube.com/whd2010.
- All six UN languages (Arabic, Chinese, English, French, Russian, and Spanish) can be accepted.

COGNITIVE DISORDERS IN THE ELDERLY

Jt. Indo-U.S. (Mt. Sinai) Dementia Research Project)

Topiwala National Medical College & BYL Nair Ch. Hospital

The Memory Clinic at B.Y.L. Nair Hospital in collaboration with Mount Sinai School of Medicine, New York City, USA is conducting a study on 'Cognitive Disorders in the Elderly'. We assess memory and other related problems in the persons of more than 50 years of age.

The evaluation involves a detailed Assessment of Cognitive Functions (Neuropsychological Evaluation), a Clinical / Neurological Evaluation and Haematological Investigations.

Such elderly persons who suffer from cognitive slowing or memory impairment, can be referred/ participate in the study and avail of the expertise of a multidisciplinary team. The results of their evaluation will be discussed with them and the patient would then return to the referring doctor for further consultation.

All the data collected for the study, in the abovementioned manner, will be kept strictly confidential.

Memory Clinic (132),
Psychiatry OPD (No. 13),
First Floor, New Building/ OPD Building,
B.Y.L. Nair Hospital,
Ph : 9324464350.

Contact Persons:

Dr. Meghna R Bhatnagar
Vaishali Ganwir (9833797875)
Richa Patel (9967516829)

CONGRATULATIONS !

- Our Senior Member **DR. J. R. SHETH** has been bestowed the prestigious "Bhartiya Chikitsak Ratna Award" on Thursday 25th February 2010 in Pune, by "Centre for Educational Development & Research".
- Our Senior member, **DR ASHOK KOTHARI**, is reelected as Hon Secretary of 125 yrs old BNHS (Bombay Natural History Society). He got highest number of votes among 26 candidates from all over India.

IMA – Mumbai West Branch is proud of you !!

Dr. B. M. Inamdar
President

Dr. Ashok Balsekar
Hon. Secretary

MEMBER'S WELFARE SUB COMMITTEE ANNOUNCEMENT

- 1) Member's interested in participating for Clinical trials may please give names to office. They will be compensated for their contribution.
- 2) We are planning a debate "Should Doctors Charge Doctors" on Tuesday, 1st July 2010. (Doctor's Day). Members interested to speak "for" or "against" may give their names to office. Attractive prizes for the winners.

Details will be given in the next issue of Medical Image.

Dr. Mehul Bhatt

Chairperson - Member's Welfare Sub Committee.



Newly installed president **Dr. B. M. Inanadar** giving his presidential address



Hon. Secretary **Dr. Ashok Balakrishnan** giving the Vote of Thanks



President **Dr. Jayesh Lalit** giving Presidential Address



Chief Guest - **Dr. R. S. Mehta**



Newly Elected Managing Trustee **Dr. R. G. Marulkar** giving his response



Dr. Jayesh Doctor addressing the gathering



Dignitaries lighting the lamp at Annual Day



Directory-2010 being released



President **Dr. Inanadar** greets Hon. Secretary **Dr. Ashok Balakrishnan**



Dr. Rohini Badve & others performing the various dances of India at Annual Day Celebration



Group Photo of New Office Bearers, Trust Board Members & Managing Committee 2010-11



Free Yodration center inaugurated by **Dr. Kudalkar** & **Dr. Anil Bandyopadhyay**