

SEPTEMBER 2009 VOLUME NO.34 ISSUE NO. 6



MEDICAL IMAGE

Monthly Bulletin of INDIAN MEDICAL ASSOCIATION - MUMBAI WEST BRANCH
website: www.imamumbaiwest.com

President: DR. JAYESH LELE

Hon. Secretary : DR. S.K.JOSHI

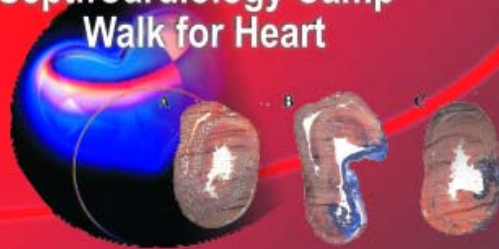
Editor : DR. B.M.INAMDAR



2nd Sept. : Public Awareness Programme:
Cancer of Female Genital tract
11th Sept.: Women's Wing -
Sweet treat for festive season

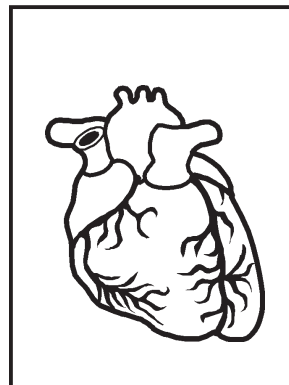


20 th Sept.:World heart day CME
27 th Sept.:Cardiology Camp
Walk for Heart



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Send sms to 9819812996 or email to : drjayeshlele@yahoo.com	DR. S.K. JOSHI Hon. Secretary



INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

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**FROM
THE PRESIDENT'S Desk.....**



Dear Friends,

During the last month we had dreaded episode of the 'H1N1' spread in Pune, and some parts of Maharashtra. There were as usual lot of controversies and once again our doctor community was blamed for nothing. The strict regulations were not stipulated by the necessary authorities and hence there was a trouble for community. We must have proper regulatory authority which must act fast on these issues and government technical support must move quickly to control the situation. Even after 3-4 weeks of the active spread the concerned authorities are taking enough strategy planning or concrete measures to control the disease. The distribution of the necessary medicines has not been properly established.

Last month we had 'DENTACON' Dental update, held for the first time. It was held on **FRIENDSHIP DAY, Sunday 2nd August**. It was great event wherein 2 medical associations jointly organised this seminar.

Dr Rohini Badwe our Chairperson for the cultural sub committee organised '**SANT MEERABAI**' Bhajans on the occasion of Gokulashtami on 19th August. Dr (Mrs.) Kavishwar and her team gave great performance. We have lot of unique cultural activities for the members during the year.

Dr Nilesh Shah and Dr Rawal organised **CONTRACT BRIDGE TOURNAMENT** for the 1st time in our premises. Many members missed the tournament due to prior commitment but 3 teams participated and were very happy about the arrangements. We plan to conduct this event

every year. Sport committee is also planning **SCRABLE, CARROM and CHESS TOURNAMENT** during October- November vacations please register for the same.

This year along with IMA Maharashtra State CGP we are organising **WORLD HEART DAY** on 20th September, followed by **DEDICATED CARDIAC CAMP** for the patients. Please participated in the CME as well as inform your patients to take advantage.

Activities are being geared up for the **MASATCON 2009** to be held in November. We hope that the adequate and quality arrangements shall make for the delegates. Our various scientific sessions are almost finalized. We shall be giving you most of the details of the event in the next issue.

Our continuous efforts with the MCGB and Charity commissioner's office are monitored and we hope to complete them as early as possible. This being long standing work is taking some time to prepare the documentation. But we are making progress in the correct direction.

Friends your presence makes the difference and hence please do join us in branch activities.

LONG LIVE IMA

DR JAYESH M. LELE

Cell : 981 981 2996

E mail : drjayeshlele@yahoo.com

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
03.09.2009	Holiday - Ganpati Visarjan	
10.09.2009	Cardio-Renal Syndrome	Dr. Kaustubh Vaidya
17.09.2009	CBC in Fevers	Dr. Y. K. Amdekar
24.09.2009	Beating Heart Surgery	Dr. Suhas Parikh
01.10.2009	Anti - quackery- Day	
08.10.2009	Pain in Abdomen	Dr. Rashid Merchant
15.10.2009	Cardio Pulmonary Resuscitation	Dr. Seema Pandya
22.10.2009	Holiday - Diwali	

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
01.09.2009	Nutritional Anaemias in Children	Dr. Jagruti Sanghvi
08.09.2009	Improvise your Skill in practice	Dr. Deval Doshi
15.09.2009	Diabetes Patho-Physiology and Investigations	Dr. Rajiv Kovil
22.09.2009	Self Monitoring of Blood Glucose	Dr. Rajiv Kovil
29.09.2009	Growth Disorders	Dr. Subodh Kedia
06.10.2009	Incretins-Newer Paradigms in Treatment	Dr. Manoj Chawla
13.10.2009	Clinical Cases in Diabetes	Dr. Manoj Chawla
20.10.2009	Holiday - Diwali	

- **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) (Weekly Lectures).**

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

DR. JAYESH LELE President	DR. S. K. JOSHI Hon. Secretary	DR. SUBODH KEDIA Asst. Director of Studies IMA - Mumbai West C.G.P. Sub Faculty	DR. PRITI BHARGAVA Asst. Secretary
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FROM THE HON. SECRETARY'S DESK.....



Dear Colleagues,

At the outset I sincerely thank all those who came to branch on Sunday, 9th August 2009 & cast their votes.

The Swine Flu epidemic & following panic caught everybody unaware. This expressed administration's obvious inability to deal with epidemic in a satisfactory & efficient manner I agree to deliver best health & hygienic service to the whole population of great metropolis like Mumbai is Herculean task & has to be judiciously co-ordinated among State & Municipal health authorities, private hospitals, private medical practitioners & other NGO's. The good attempt to educate & guide the public is the chief measure to control panic & to manage the health issues & sickness efficiently. Our branch also arranged the lectures by experts on Swine Flu to provide guidance and necessary information to the members. We also received guidelines for IMA – Head Quarters and we have printed the same in this issue. We also intend to organize few public awareness programmes to educate the masses at large very soon. What I feel is to tackle root cause to prevent such periodic epidemics of bird flu, swine flu etc. The hot & damp climate, over crowding in the slums with poor sanitation, inability to supply good quality of water, sheds of pet animals very close to human population are some issues we need to tackle. People also should know how best to keep good personal hygiene like covering the face while sneezing or coughing, preferring to rest at home rather than attending office in case of fever & cough & cold, avoiding cold chilled drinks during rainy season and avoiding visit to crowded places like cinema halls or malls or social functions.

Vaccine to prevent such epidemic is not real solution as vaccine is virus specific & further virus - subtype specific Viruses are known to mutate & change their characteristics. Hence vaccines prepared from already occurred epidemic cultures will offer effective protection in the subsequent epidemic if similar virus is causing epidemic. It will not be effective for other virus or other subtypes or strains of same virus. Besides huge costs beyond our human

imagination are involved. When such vaccines come into market. our country will be very highest ordering country for such vaccines considering 1) dense population of our country compared to sparsely populated European countries & USA and 2) the hype created by the media in minds of crores of people of our country People are talking of probable nexus between global health agencies & the multi national pharmaceuticals. I only hope & pray God to keep everybody healthy. I really Pray

सर्वत्र सुरिवनः सन्तु सर्वे सन्तु निरमयाः ।

सर्वे भद्राणि पश्यन्तु मा कश्चित दुःखम आप्नुयात् ॥

Last Sunday of September is observed as WORLD HEART DAY & last week of September is observed as WORLD HEART WEEK all over the world. Our branch has organised comprehensive checkup camp for the General Public above the age of 40 inclusive of physical checkup, Blood sugar & lipid & other necessary investigation, ECG & Cardiologists checkup on this occasion. This camp is scheduled on Sunday, 27th September 2009 at our branch premises from 09.00 am in the morning. Please refer your needy patients to this camp to avail the benefits of the camp. We need doctor volunteers also on this occasion. I request those who desire to offer their services to register their names to the office.

Our Cultural Chairperson Dr. Rohini Badwe definitely needs to be complimented & congratuated on for arranging excellent programme on Sant Meerabai's Bhajans. The programme really proved to be blend of spirituality, religion, dance & literature. She is trying very hard to present yet another unique programme of Diwali Swarprabhat during Diwali Festival. Kindly participate maximally & encourage her to present more & more such unparalleled programmes.

I will welcome your suggestions

DR. S. K. JOSHI

Hon. Secretary



FROM
THE EDITORIAL DESK.....



Who is Packing Your Parachute?

Why are friends so special? Byron, while dedicating the fourth canto of Childe Harold's Pilgrimage to his friend, John Hobhouse, wrote: "To one whom I have known long, and accompanied far, whom I have found wakeful over my sickness and kind in my sorrow, glad in my prosperity and firm in my adversity, true in counsel and trusted in peril - to a friend often tried and never found wanting".

Friends are there not only to lighten your mood on a dark day; they are there to share in fun and laughter, to acknowledge the sameness and also the unique differences between us, to support and protect you in their own way. **Friends make an extra effort to walk that extra mile.**

And there are many who support and protect you even without your knowledge! Just cast a glance around you and you will realize that you need many without whose help you cannot go through a single day of your life! They are your acquaintances, your well wishers, your buddies and many more. But, somehow, we never seem to realize their presence, let alone wishing them a simple thank you!

Charles Plumb was a U.S. Navy jet pilot in Vietnam. After 75 combat missions, his plane was destroyed by a surface-to-air missile. Plumb ejected and parachuted into enemy hands. He was captured and spent 6 years in a communist Vietnamese prison. He survived the ordeal and now lectures on lessons learned from that experience.

One day, when Plumb and his wife were sitting in a restaurant, a man at another table came up and said, "You're Plumb! You flew jet fighters in Vietnam from the aircraft carrier Kitty Hawk. You were shot down!"

"How in the world did you know that?" asked Plumb. "I packed your parachute", the man replied. Plumb gasped in surprise and gratitude. The man pumped his hand and said, "I guess it worked!" Plumb assured him, "It sure did. If your chute hadn't worked, I wouldn't be here today."

Plumb couldn't sleep that night, thinking about that man. He kept wondering what the man might have looked like in a

Navy uniform: a white hat, a bib in the back, and bell-bottom trousers. He wondered how many times he might have seen him and not even said 'Good morning, how are you?' or anything because, you see, he was a fighter pilot and the man was just a sailor. Plumb thought of the many hours the sailor had spent on a long wooden table in the bowels of the ship, carefully weaving the shrouds and folding the silks of each chute, holding in his hands each time the fate of someone he didn't know. The disturbed night led to a new awakening in him. He thanked God for inducing the man to meet him which opened a new eye within him!

Friends, let me ask you a question. Who is packing your parachute? Everyone has someone who provides what they need to make it through the day. We need many kinds of parachutes when going through our lives - we need our physical parachute, a mental parachute, undoubtedly an emotional parachute, and of course, a spiritual parachute. We call on all these supports while crossing many important stations in our lives.

Sometimes in the daily challenges that life gives us, we miss what is really important. We may fail to say hello, please, or thank you, congratulate someone on something wonderful that has happened to them, give a compliment, or just do something nice for no reason.

And it is important to acknowledge these friends to keep the equilibrium of our lives.

You have been my friends, well wishers and my ardent supporters. You have lifted me from my darkest days and protected me when I have been most vulnerable. You have been my strength and my inspiration. Friends, let me wish all of you a big and heartfelt thank you for being in my life!

Indeed, I do not know what I would have been without you!

With grateful regards,

DR. B.M. INAMDAR
Vice President and Editor
2009-10

IMAGE, October 2009 issue is special

DIWALI ISSUE,

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Achievements !

- Our Life Member & Leading Ophthalmic Surgeon from Andheri - **Dr. Deepak Vaidya**, has been appointed as **Medical Expert for Ophthalmic Cases of Maharashtra State Consumer Dispute Redressal Forum.**
- Our Senior Life Member from Vile Parle - **DR. KUSUM DOSHI** read a paper on **“AT HOME MEDICARE SERVICES”** for senior citizens at the International Gerontology Conference on ‘Multi Disciplinary Approach to Healthy and Participating Ageing’.
- Miss. Chitrini Dharnikumar Chalmela, daughter of our life member Dr. Dharnikumar Chalmela, passed XIITH Com (CBSC) Board Exam with 89.4% and CA Entrance Exam with excellent performance.
- Our senior member from Andheri (E) – **Dr. Jyotindra B. Thakkar** has been recognized by the Maharashtra State for his kind & selfless services to the poor and under privileged population of Malpa Dongri area in Andheri (East) and rewarded with the honour of **“SPECIAL EXECUTIVE OFFICER (S.E.O.)”** upto year 2014.
- **Dr. Alan Alappat** recieved **“Harmony for Silvers Foundation India Award 2009”** For his work in healthcare, shelter and security for senior citizens

Congratulations ! We are proud of you ! keep it up !

DR. JAYESH LELE
President

DR. S. K. JOSHI
Hon. Secretary

PUBLIC HEALTH & WELFARE SUBCOMMITTEE A REPORT

An awareness lecture was arranged for the employees of Tata Communications at their corporate office at BKC, Bandra (E) on Thursday, 20th August 2009. Our Member Dr. Ashok Balsekar spoke on “H1N1 Influenza” And “Life Style related Diseases”. Programme was attended by about 100 employees and was appreciated very well. This programme was co - ordinated by Dr. Akil Contractor.

Tata Communications wants similar awareness lectures delivered to their employees in the near future on “Breast Cancer Awareness” and “Do’s & Don’ts for parents on eating habits of their children”.

Members interested in volunteering to give these lectures may contact chairman of Sub Committee Public Health Welfare, Dr. Manoj Chawla.

DR. JAYESH LELE
President

DR. S. K. JOSHI
Hon. Secretary

DR. MANOJ CHAWLA
Chairman
Public Health & Welfare Sub Committee

CULTURAL SUB COMMITTEE REPORT

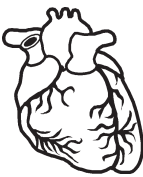
A very special spiritual programme was organized by cultural sub committee on Wednesday, 19th August 2009 on the auspicious occasion at Janmashtmi.

Mrs. Madhvi Kavishwar along with her team presented life story a Lord Krishna Devotee Sant Meerabai. Meerabai’s Bhajan’s were presented by Dr. Rohini Badwe, Dr. Vkiash Kavishwar & Mrs. Madhvi Kavishwar. Beautiful dance by Ms. Harshada Jambhekar (Nritya Alankar) was highly appreciated.

The entire presentation was very emotional & moved every body’s heart. Special invitees Padmshri Pandit D. K. Datar & Sanskar Bharati President Dr. Ranade were felicitated by IMA – Mumbai West Branch.


At the end of the programme the audience was spellbound & did not move, and requested for repeat performance for few bhajans & dances.

DR. ROHINI BADWE
Chairperson, Cultural Sub Committee



WALK FOR HEART

27th Sept. 09, Sunday
organised by
NSPHERE and other Associations
6.30 a.m.
N.L. High School, Marve Road, Malad (W).



REPORT MEMBER'S WELFARE SUB COMMITTEE

"DIET IN HEALTH & DISEASE" by Eminent Nutritionist / Dietician (Senior Nutritionist – Femina Miss India 2009) (Senior Dietician – "Talwalkars") MS. AVANITIKA SHAH on **FRIDAY, 07TH AUGUST 2009** at our branch premises.

This was a joint programme of Member's Welfare Sub Committee & Women's wing of IMA - Mumbai West Branch & Medical Club of Vile Parle. This programme was very well appreciated 85 delegates attended this programme.

DR. BIPIN KAMDAR

Chairperson

Member's Welfare Sub Committee

REPORT OF ANTIBIOTICS SYMPOSIUM

IMA – CGP Sub Faculty of our branch organised an excellent Symposium on "**ANTIBIOTICS**" on Sunday, 09th August 2009.

Hon. Secretary Dr. S. K. Joshi welcomed all the delegates & speaker. Leading Nephrologist of Mumbai **DR. ARUN SHAH** addressed the delegates & gave an excellent presentation of commonly used antibiotics

discussing various aspects like their sensitivity against micro-organisms, dosage, duration & clinical implications with case discussion.

Around 100 delegates attended the symposium. Everybody found symposium highly informative, educative & fruitful.

Asst. Director – IMA CGP Sub Faculty, Dr. Subodh Kedia presented Vote of Thanks.

SPORTS SUB COMMITTEE REPORT

Scrabble Tournament is Rescheduled on Sunday, 27th September 2009. This Tournament will start at 10.30am and will be preceded by A Talk on Scrabble By International Player and conductor of the Tournament Dr. Varisht Hingorani. Tournament is for members, their children & Grand children.

Bridge Tournament which was held for the First Time had 3 Teams Participating. The Winner were Dr. Rawal's Team included Dr. Rawal, Dr. Dinesh Khare, Dr. Nathani Rajesh & Dr. Mukund Jaganathan Eminent plastic surgeon HOD, of Sion Hospital and International Bridge Player who Represented India.

Runner up were Team Cyclonic Headed by Dr. Ulhas Shirodkar, Dr. Rao D. K, Dr. Helenkar Madhav And Dr. Nabar Satyan.

3rd Prize were to Pyramid Team headed by Eminent Physician and TV Personality Dr. Shah Tushar and including Dr. Shah Parimal, Dr. Hingorani Thakur and menezes Wilson.

We thank Mr. Arvind Paranjape for conducting the Tournament.

All the participants were happy with the arrangements and have agreed to get more participants for the next Tournament.

DR. NILESH SHAH

Chairman

Sports Sub Committee

ANOUNCEMENT

Cultural Sub Committee of IMA – Mumbai West has arranged Karaoke Singing Programme for members of Our association on Sunday, 20th September 2009 at 02.00 pm Those members who want to try their singing talent are requested to give their names to office.

Please Contact on : IMA Office - 26254368 / 26206517

DR. BALSEKAR ASHOK
9820535802

DR. BADWE ROHINI
9321024708

DR. PANDIT BIPIN
9820148959

REPORT OF “DENTISTRY UPDATE”

Our branch had an excellent, maiden & unique conference on **DENTISTRY UPDATE** on **SUNDAY, 02ND AUGUST 2009**. It was first such programme in the history of our branch. Hon. Secretary Dr. S. K. Joshi welcomed the delegates & distinguished Dentists. President Dr. Jayesh Lele inaugurated the conference.

Leading Periodontist Dr. Kumarswamy gave an excellent presentation on Gum disease. Leading Orthodontist Dr. Anil S. Malik gave an excellent overview of orthodontics & its amazing applications in modern day. Leading Oral & Maxillofacial Surgeon Dr. Neelima A. Malik gave an excellent insight of Oral & Maxillofacial Surgery with many of her own innovative approaches & devices in such surgery. Leading prosthodontist Dr. Milind Karmarkar gave an excellent presentation of Current Prosthodontics & its amazing applications in modern times. Leading Dentist Dr. Nirupa Kulkarni moderated programme in an excellent manner.

Programme co-ordinator Dr. Akil Contractor presented Vote of Thanks.

This conference was well attended by more than 120 delegates & was well appreciated by one & all.

We express our sincere thanks to Dr. Kusum Doshi for her invaluable help in organising this programme.

We also express our sincerest thanks to M/s. Johnson & Johnson India Ltd for their unrestricted educational grant towards this programme.

DR. AKIL CONTRACTOR
Programme Co-Ordinator

DR. S. K. JOSHI
Hon. Secretary

Thank You, Sir !

I have lectured over 300 times all over the world, but only thrice have I received a thanking letter. It only speaks about the high quality of membership and standards set by IMA – Mumbai West Branch. I quite humbly reciprocate the sentiments. Thanks for all courtesies extended.

DR. KUMARSWAMY
Leading Periodontist

GYNAECON 2009 POSTPONED

Gynaecon 2009, scheduled on **Sunday, 16th August 2009**, had to be postponed on account of unforeseen & unavoidable circumstances. Gynaecon 2009 will now be held on **Sunday, 29th November 2009** from 09.00 am to 05.00 pm. Please await further details

DR. JAYESH LELE
President

DR. S. K. JOSHI
Hon. Secretary

DR. B. M. INAMDAR
Convener

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Day & Date : WEDNESDAY, 02ND SEPTEMBER 2009.

Time : 01.00 p.m. onwards

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

PROGRAMME

Time	Topic	Speaker
01.00 pm - 02.00 pm	Registration and Lunch	
02.00 pm	Welcome Inauguration Introduction	Dr. S. K. Joshi Dr. Bhavna Patel
02.10 pm	Cancer of the Ovary	Dr. Sandeep Goyal
02.20 pm	Cancer of the Uterus and Cervix	Dr. Bipin Pandit
02.30 pm	Panel Discussion : "CANCER OF THE FEMALE GENITAL TRACT"	Moderator : Dr. Pankaj Teliwala Dr. Sandeep Goyle Dr. Bipin Pandit Dr. Chetna Doshi
03.30 pm	Question & Answer Session	
03.45 pm	Lucky draw & Vote of Thanks	Dr. Ashish Deshmukh

CONVENER : MRS. KRUTIKA BIMAL SHAH

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IMA & Medical Club of Vile Parle

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A unique Programme on **“WORLD HEART DAY”**

Day & Date : SUNDAY, 20TH SEPTEMBER 2009
Time : 09.00 a.m. onwards
**Venue : IMA Hall, IMA Building, J. R. Mhatre Marg, JVPD Scheme,
Behind Chandan Cinema, Juhu, Mumbai - 400049.**

PROGRAMME

Time	Topic	Speaker
09.00 am - 09.15 am	Registration & Breakfast	
09.15 am - 09.30 am	Welcome Address	President - Dr. Jayesh Lele
	Inaugural Address	State President – Dr. Arun Pawde
09.30 am - 10.00 am	Management of Acute Myocardial Event	Dr. J. J. Dalal
10.00 am - 10.30 am	How do I live with stent ?	Dr. Sushil Kumbhat
10.30 am - 11.00 am	Management of Dyslipidaemia	Dr. Nilesh Gautam
11.00 am - 11.15 am	Tea Break	
11.15 am - 11.45 am	Cardiology beyond 2010	Dr. Haresh Mehta
11.45 am - 12.15 pm	Diet and Life Style modification	Dr. Prasanna Nyayadhis
12.15 pm - 12.45 pm	Panel discussion	
12.45 pm - 01.00 pm	Vote of Thanks	Dr. S.K.Joshi
01.00 pm onwards	Lunch	

MODERATOR : **DR. AKIL CONTRACTOR**

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from

09.00 am to 12.00 noon

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Guidelines on Swine Flu

Do's	Don'ts
Avoid crowded places	Do not panic, it is important to be aware of swine flu.
Avoid travel to the affected area.	Do not hide your illness.
Wash your hands well with soap for about 30 seconds.	Skip public transportation or cancel air travel to the endemic areas.
Keep a distance of more than 6 feet from person with cough and sneezing.	Do not take aspirin or related drugs.
Consult the doctor if you have fever, cough, muscle aches, headaches, runny nose, red eyes, nausea and vomiting.	Do not take antibiotics of your own.
While coughing and sneezing cover your mouth and nose with tissue/handkerchief.	Keep your kid out of school for 7-10 days if symptoms are present.
When diarrhea, vomiting or breathlessness occur report immediately to designated hospital.	Avoid using the school bus or public transport in endemic areas.
Face masks (N-95) "Wear a face mask if you have flu, so that virus is contained better.	Do not plan any excursion to affected countries.
Surgical masks (N-95) add a level of protection when you are in contact with infected person.	Avoid crowded markets, cinema halls and gathering in the epidemic area.
If you have a respiratory illness, stay away from work or school to avoid infecting others.	
Eat healthy food with lot of fruits and vegetables and drink lot of fluids.	
Report the positive cases to Local Health Authorities.	

Issued in public interest by IMA

ALTER EGO

Complied by - **DR. VANI KULHALLI**

Dear Friends,

Beginning this month, we bring you a series of profiles and interviews with doctors who have excelled in fields other than medicine (also).

This month, I met Dr Ashok Kothari at his clinic in Santacruz West: one of the rare spots with a lush green garden. He enthralled me with his collection of books, antiques and lithographs-even if it was only a part of his collection.

This doctor of many talents spent his childhood in Deesa, Gujarat, subsequently moving to Mumbai to study in Elphinstone College. He did his graduation from Kasturba Medical College, Manipal and has been a Family Physician in Mumbai for last four decades.

He has a special interest in trees which earned him the nickname 'Dr Green'. In 1987 he was awarded a prize for planting the maximum number of trees. He was the Joint Secretary of 'Friends of Trees' for 25 years. He has co-edited 3 coffee-table books, "Salim Ali's India", "Treasures of Indian Wild life" and "Living Jewels from the Indian Jungle" (currently in press) and authored a book on Indian trees, "A Celebration of Indian Trees". He has been a Senior Executive Committee member of Bombay Natural History Society and Chairman of Library Sub committee since 20 years.

Here is what he told me:

VB : Good Morning, Doctor

AK : Good Morning

VB : I can see that you have a tremendous interest in Nature, how did you develop this interest?

AK : Actually my interest is particularly in trees and conservation of trees. There is no particular point or incident that made me develop this interest, I have been interested in trees, birds and the natural world since childhood. I never missed a chance to observe trees, plant trees or save a tree that is about to be cut down.

VB : Have you received any formal training or done a course on this subject?

AK : No. I observe the trees and have over the years built up my knowledge about them.

VB : Did your background in Medicine help you in any way to develop your interests?

AK : In Medical Practice I get time in the afternoons to do my work about trees. It provides considerable flexibility, so that I can schedule my work with trees. There were many doctors who became naturalists-to name a few Jerdon, Roxberg, Wallich and Royle.

VB : How has your hobby helped you in practice?

AK : It is a good diversion from the work of medical practice.

VB : What are your other interests?

AK : I also collect antiques and rare books. I have so far organized 7 exhibitions of rare books. I like to write and have written in English, Hindi and Gujarathi. I was also an active member and am a past President of Santacruz Medical Association. I was also President of Rotary club of Bombay Seacoast and am currently District

Chairman, Environment of Rotary District 3140.

VB : With a full time Medical Practice, how do you manage to do so many things?

AK : I get up very early and am considerably disciplined. I specifically keep aside time for my interests, for example I practice till 9 PM, not beyond that.

VB : What is the role of your family in these interests?

AK : Like me, my family members also enjoy and appreciate nature. When my children were younger, we all used to go together to nature tours.

VB : Is there any notable experience that you wish to share with us?

AK : I was really very happy to walk on the Gangotri glacier and see the origin of

Bhagirathi at the Gomukh. It was the most beautiful sight.

It is my mission to save trees and plant trees. Earlier, I used to respond to SOS calls and rush to protect any tree that was being cut. I find it to be a very cruel and moving sight, sometimes even to the extent of being unbearable.

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'SCRABBLE'

I am sure all of you have heard of Scrabble® and quite of a few of you must be having a Scrabble® set at home as well. It is the most popular organized word game in the world.

Scrabble was invented by an American architect, Alfred Mosher Butts in 1931 during the Great Depression. It was only after the Second World War that the game was christened as Scrabble and it took off. Within a few years he had sold 4 million sets in the United States and the Scrabble band wagon continues to roll even today.

Today, a simple search on Google gives you more 50,00,000 hits for scrabble.

There are scrabble clubs galore and millions of casual and regular players in the world enjoying this simple and yet complex game.

There are nearly 150 tournaments held in the US every year. The current estimate of the value of the Brand Scrabble is more than a billion dollars. In India the Mumbai Scrabble® Club and the Scrabble® Association of India are organizations dealing with the spread of Scrabble® culture.

The game is so popular that there have been regular world championships since 1991. The initial world champions have mostly come from the American subcontinent

- 1991 – Peter Morris (U.S.)
- 1993 – Mark Nyman (U.K.)
- 1995 – David Boys (Canada)
- 1997 – Joel Sherman (U.S.)
- 1999 – Joel Wapnik (Canada)
- 2001 – Brian Cappelletto. (U.S.)
- 2003 – Pakorn Nemitrmansuk (Thailand)
- 2005 – Adam Logan (Canada)
- 2007 – Nigel Richards (NZ)
- 2009 – to be held in Nov 2009

Indian participation at the **World Scrabble Championship** (WSC)

In 1999, for the first time India was given a seat at the WSC and Mohan Chunkath, an IAS officer from Chennai, Tamil Nadu became the first Indian at the WSC. He performed exceedingly well to come 21st in a field of 85 players. In the subsequent years, other players who have represented India are Ranganathan Chakravarty, Akshay Bhandarkar, Pramit

Kamath, Sherwin Rodrigues and Dr. Varisht Hingorani.

To understand the game better one needs to study the equipment and the rules.

A short summary is presented here.

The Game itself consists of a Board which has fifteen rows and fifteen columns.

Some of the squares are the premium squares. They have the following colour code

Pink – Double Word Score, Red – Triple Word Score, Light Blue – Double Letter Score and Dark Blue – Triple Letter Score.

Then there is the tile bag which contains 100 tiles of a predetermined tile frequency.

There are 2 Racks for keeping your tiles and preventing your opponent from having a look.

One of the more important accessories for tournament play is a Clock similar to the chess clock.

The game begins with the toss.

Each player has to pick a tile from the bag and the player with the tile that comes before the other in the alphabet has to start. The Blank comes before the A. In case of a tie, the toss is repeated. The tiles are then replaced.

The 4 Basic Moves that can be used in scrabble are described as follows

- 1) To Play through an existing letter
- 2) Hooking – adding a letter to the front or back of an existing word to create new words.
- 3) Extension play – extending a pre-existing word even if it means adding just - ing to a verb
- 4) Parallel play – placing a word parallel to an existing word such that more than one word is formed

Please remember – all tiles played in a single move have to be in one direction only.

A **Bingo** is a move in which all seven tiles are used. A bonus of 50 points is added to the score when a bingo is played. Expert players will average more than 2 bingos and a score of 400 plus points in a game.

CHALLENGES

After a player has made a move and announced the score, the opponent may challenge the word(s) if he/she think that they

are not valid. There is a book - the OFFICIAL SCRABBLE WORDS INTERNATIONAL (OSWI) which is used by referees / word judges. If the word exists in the book it is a valid move. If the word does not exist in the book, then it is invalid and the player loses his turn. The player need not know the meaning of the word played.

The game thus continues which each player making moves and finishing either the tiles or running out of time.

One of the most important things to learn in Scrabble are the **2 letter words** like AA, AI, ZO, XU, QI etc.

The international flavour of the game can be appreciated by the fact that both color (American spelling) & colour (British spelling) are valid.

Similarly all International Currencies are valid even old and extinct ones- some examples are Zloty - (Poland), Xu - (Vietnam), Dinar - (Saudi Arabia), Euro -(Europe), Baht - (Thailand).

All Units of measure - el, em, coulomb, amperes, volt, hertz, Pargana

All Titles - Kings, emperors, dukes, earls, Pashas, Viziers, Peshwas

There are quite a few Indian words - asanas, yoga, ashrams, pajamas, zenana, bazaar, mahatma, alaap

There are several advantages of playing scrabble

- 1) It obviously improves the Vocabulary and language skills.
- 2) It actually helps with Mathematics
- 3) The general knowledge improves because curiosity makes people learn the meanings of the words they play.
- 4) It helps with Analytical reasoning. They are faced with several options of plays and need to weigh the consequences of the moves to find the optimal play.

All in all, Scrabble is an Amazing game where **word power, strategy** and **luck** are equally important.

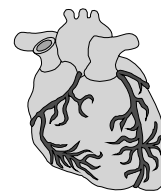
The proposed tournament on the 27th of September for the members of the IMA will be preceded by a short workshop on how to play competitive Scrabble® and tips on how to succeed in Scrabble® conducted by Dr. Varisht Hingorani. All participants are requested to bring their own Scrabble® boards. Writing material will be provided.

DR. VARISHT HINGORANI

*Best Wishes to All
from*

DR AKSHAY MEHTA

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CHELATION THERAPY

Lots of things are heard about Chelation Therapy - some are good some are bad, some controversial. The authenticity is doubted when we see posters of such medical theories on various bus stop and railway station.

The truth is just like a Sun shine does not get easily covered by clouds and when it does, it produces silver lining to clouds.

This article gives an unbiased opinion of about the Chelation Therapy.

From the pages of history

- The Chelation Therapy is derived from Greek word 'Chele' means claw. This refers to the claw like structure of the organic chemical EDTA
i.e. Ethylene-Diamine-Tetra -Acetic acid
- First Synthesized in Germany in 1930 and first patented in U S in 1941.
- EDTA is water soluble and chelates only di and tri-valent metallic ions those are dissolved in water.
- Its clinical use was first report in 1952 for lead poisoning patients when Michigan battery factory workers were discovered to be suffering from lead poisoning.
In 1955 Dr. Norman Clarke, Director of research of providence hospital in Detroit, Michigan reported use of intravenous EDTA to dissolve what he referred as metastatic calcium. i.e. calcium that has been deposited where it was not wanted as in arteries (atherosclerosis), joints (arthritis), kidneys (renal stones) and bony ossicular system in ears (otosclerosis) with generally favorable result.
- As initially thought that the atherosclerosis is due to hardening of arteries and hardened arteries could be softened if the calcium in their walls was removed. The chelation therapy will remove the calcium from arteries when given intravenously over long duration. Using this concept, **Clarke & Mosher in 1956** used the chelation therapy in patients of occlusive peripheral artery disease for the first time.
- Later in 1960, **Meltzer et al** used this modality of treatment in patients of angina pectoris. Initial they found no objective evidence of improvement but after 2-3 months, most of patients reported unusual improvement in their improvement in their symptoms. But Kitchell et al did an extension of the above study and concluded that EDTA chelation therapy, as used in this study, was not useful clinical tool in the treatment of coronary disease.

Chelation therapy protocol :

- The primary organization promoting the Chelation therapy is the "**American college for Advancement in Medicine**" (**ACAM**)
this was founded in 1973 as American Academy for Medical Preventics
- In 1989, an ACAM protocol included in Cranton's textbook foreword by Linus Pauling.
- **ACAM protocol for giving EDTA Chelation therapy** is as follows:-
 - ❖ IV infusion – 500 to 1000 ml of a solution containing 50 mg of disodium EDTA /Kg.
 - ❖ Plus Heparin, Magnesium Chloride, local anesthetic with several B- vitamins & 4 to 20 gms of vitamins
 - ❖ Infused slowly over 3 to 4 hrs
 - ❖ one to three times a week
- The initial recommendation is about 30 such treatments with the possibility of additional ones later The number of treatments to achieve optimal therapeutic benefit in the symptomatic patients range from 20 (minimum), 30 (usually needed) or 40 (not uncommon before the benefit is reported) to as many as 100 or even more over a period of several years.
- Full benefit does not normally occur for upto 3 months after series is completed the protocol states. The entire therapy is conjugated with Life style modification, stress (reduction) management, avoidance and caffeine, alcohol and smoking, nutritional counseling and proper yoga exercise advice, (which had proven role in prevention and treatment of coronary artery disease).
- The follow –up treatment include once or twice a month Chelation therapy for long term maintenance. The cost, typically 75 to 125 \$ (dollars) per infusion treatment, is not covered by insurance companies in USA. In India, the average cost of entire session of 30 cycle is around 70,000 to 1,00,000/-Rs.
- In **ACAM** protocol of 1989, nothing has specified about,
 - ★ Who should be treated
 - ★ How much treatment should be given
 - ★ How to judge whether the treatment is working or not.
- Later on, 1997 **ACAM** issued a revised protocol describing the same procedures but added contraindication, when the Chelation should not be used.

Unproven Claims: The proponents views have been summarized in four books.

- a) **The Chelation Answer:** How to prevent hardening of the arteries and rejuvenate your cardiovascular system (1982) by Morton Walker D. P. M and Garry Gordon M. D.
- b) **Chelation therapy; the Key to unclogging from arteries (1985)** by John Parks Trowbridge M. D & Morton Walker.
- c) **Text book on EDTA Chelation therapy (1989)** by Elmer Cronton M. D
- d) **Bypassing Bypass: the new technique of chelation therapy (IInd Edition 1990)** by Elmer Cronton M. D & Arline Brecher.

The scientific jargon in these books may create the false impression that Chelation Therapy is scientifically sound therapy for atherosclerosis. However their evidence consists anecdotes, testimonials and poorly designed experiments.

- Proponents of chelation Therapy claim that it is effective against atherosclerosis, coronary as well as peripheral arterial disease.
- Proponents of this therapy says that the benefits are due to following reasons:
 - ★ Increased collateral blood circulation
 - ★ Decreased blood viscosity
 - ★ Improved cell membrane function
 - ★ Improved intracellular organelle function
 - ★ Decreased arterial vaso-spasm
 - ★ Decreased free radical formation thus inhibition of the age process.

Going further ahead the proponents of chelation therapy claim that chelation therapy is wonderful modalities of treatment for arthritis, multiple sclerosis, Parkinson's disease, Psoriasis, Alzheimer's disease etc.

Adverse Reaction of Chelation Therapy:

- Chelation of calcium produces severe hypocalcaemia which produces various cardiac arrhythmias and tetany, precipitate congestive cardiac failure given impairment.
- EDTA is heavy preparation and hence renal impairment & nephrotoxicity is very common.
- Thrombophlebitis and embolisation severe vasculitis, dermatitis with generalized eczema is observed in few cases.
- Sensitivity to various components of the EDTA infusion produces variable allergic conditions from urticarias to severe auto immune hemolytic anemia.
- Severe impairment of immune function ,precancerous cellular mutations, loss of selective permeability of cell membrane invites various numerical side effects.
- Altered solubility of pancreatic insulin produces hypoglycemia's and insulin shock syndromes.

- EDTA is responsible for a wide range of potential side effects including gastrointestinal and muscular skeletal complaints, diaphoresis. Fever, leucopenia, thrombocytopenia, kidney damage, mineral depletion.

The Reality:

Olszwer and Carter (1989) stated that Chelation therapy benefited patients with cardiac disease, peripheral vascular disease and cerebrovascular disease. But the people who received the treatment were not compared to people who did not.

Is it the 'Chelation therapy works as placebo? Or adjuvant life style modification and stress management works to stabilize the plaques?

- Between 1963 to 1985, independent physicians published at least 15 separate reports documenting the case histories of many patients who had received chelation treatments and found no evidence of change in atherosclerotic disease.
- More recently, two randomized controlled double blind clinical trials - one at University of Heidelberg Medical clinics by **Curt Diehm MD** and other at University of Frankfurt by Cardiologist **Hopf** – found no beneficial effect of Ghelation Therapy (HOPF trial was with angiographic follow-up pre & post therapy)
- In **1992, Cardiovascular Surgeons in Denmark** conducted a double blinded randomized placebo – controlled study of EDTA treatment for sever intermittent claudication and found no benefits.
- **Villarruz et al: (2004)** conducted a systematic review of literature of all randomized trial of Chelation therapy and concluded that studies failed to demonstrate the benefits of chelation therapy.
- **Hayes (2005)** reported that several double blind randomized controlled trials showed no beneficial effects of EDTA therapy on the exercise tolerance.

WHAT THE INTERNATIONAL GUIDELINES SAYS :

- This is not FDA USA approved therapy. Rather in its mouthpiece 'FDA consumer' magazine, chelation therapy is listed as one of the top ten health frauds.
- **American college of Cardiology (ACC) in 1985** given a statement and later on re-approved in 1990, sates that the chelation therapy does not have any scientific evidence to justify its use in atherosclerosis.
- In October **1989, American Heart Association (AHA)** said that Chelation therapy is not effective for coronary artery disease scientifically.

- **American Medical Association (AMA) (4th December 1984)** mentioned that there is no scientific documentation for role of chelation therapy in treatment of cardiovascular disease atherosclerosis, arthritis or cancers.
- In **March 2001**, at the **American College of Cardiology Scientific Sessions**, Members doctors from university of Calgary reported the result of trial of chelation therapy in pt with coronary artery disease. This study was designed with collaboration of American College of Advancement in Medicine (ACAM) (The main organization proposing the utility of chelation therapy and formed the protocol for therapy.) One Group received chelation therapy and other group received placebo therapy with dummy injections. The result of the study showed no difference in improvement between both the groups. Thus chelation therapy proved to be ineffective and useless as treatment for coronary artery disease.
- In **1998** the **U S Federal Trade commission(FTC)** charged that ACAM's website and the brochure had made false and unsubstantiated claims that chelation therapy is safe, effective and relatively inexpensive treatment for atherosclerosis, later in **December 1998 FTC** announced that it had secured a consent agreement barring ACAM from making such advertising claims.
- **The US National Council against Health Fraud** believes that chelation therapy is unethical and should be banned.
- **American Academy of Family Physician (AAFP) in 2005** endorses the 1983 American Medical Association (AMA) diagnostic and therapeutic assessment of chelation therapy which states that chelation therapy is not established treatment for atherosclerosis.
- **AHA/ACC guidelines (2001)** states that chelation therapy is useless modality of treatment for chronic stable angina and in some cases it is harmful.
- **American College of Cardiology Foundation (ACCF)** agreed that there is insufficient scientific evidence to justify the application of chelation therapy for atherosclerosis on a clinical basis.
- **The National Center for Complimentary and Alternative medicine (NCCAM) and National Heart, lung and blood institute (NHLBI)** has launched the **trial to assess chelation therapy (TACT)**. This is large scale multicentric, randomized placebo-controlled double blind study to assess the efficacy of chelation therapy in coronary artery disease. It was stated in 2003,

2372 participants age 50 yrs and above with history of MI. The results are likely to be declared in July 2010. But regarding this (TACT) trial, one of the reputed **journal Medscape journal of medicine -2008** May published a controversy and asked why the **NIH Trial – TACT should be Abandoned'**. The authors found chelationist and ACAM used political connections to pressure the NIH to fund the TACT. The TACT protocol justified the trial by misrepresenting case series and by ignoring evidence of risks. The trial employs nearly 100 unfit, unqualified co-investigators. It conflates disodium EDTA and another, some what safer drugs. It lacks precautions necessary to minimize risks. The consent a form reflect those shortcomings and fails to disclose apparent proprietary interests the trials outcome will be unreliable. They concluded that the TACT is unethical dangerous, pointless and wasteful, it should be abandoned- (**Kimball C, Atwood MD, Elizabeth Woeckner, Robert S Baratz M D PHD, Wallace Sampson MD – Medscape Journal of medicine -2008**)

Current status

- In India the Chelation therapy is not approved by Indian Authorities like FDA and CSI (Cardiological society of India)
- Till the large scale double blind multicentric trials are not done and shown beneficial effects, the use of chelation therapy should not be recommended, rather till that time such therapies should be discouraged.
- Most of the chelation therapist or proponents refer their parents and relatives for their coronary disease to interventional cardiologist for medical management, PTCA /CABG rather than Chelation therapy. This itself proves that even they themselves are aware about the ineffectiveness of chelation therapy.
- **Our qualified readers are intelligent enough to decide whether to refer their patients for such chelation therapies or not? Rather it is their moral & ethical responsibility to discourage patients for going for such useless therapies.**

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Are we 'over' oxygenating our MI patients ?

Many times it has been seen on ward rounds that patients recovering from acute myocardial infarction or other heart ailments continue to receive oxygen on the 2nd or 3rd day despite being stable, not in heart failure and with arterial saturation above 96% when checked on room air.

Oxygen has been used in the treatment of myocardial infarction (MI) and acute coronary syndromes for over 100 years. The rationale for its longstanding use is the premise that it may increase **oxygen** delivery to the ischemic myocardium, thereby reducing the size of the infarction and improve clinical outcomes. Evidence in support of this approach is primarily derived from some, but not all, animal studies, in which the administration of 100% **oxygen** under normobaric or hyperbaric conditions during and/or after experimental coronary artery occlusion reduced the extent of myocardial necrosis.

However, concern has been expressed that the findings from animal studies may have poor applicability to the clinical situation in humans. Furthermore, there is evidence that the routine use of high-flow **oxygen** in uncomplicated MI may not improve clinical outcomes and may potentially cause harm. It is well established that arterial **oxygen** tension is a major determinant of coronary artery tone and that hyperoxia may result in a marked reduction in coronary artery blood flow. Other cardiovascular effects of high-flow **oxygen** therapy include an increase in systemic vascular resistance and blood pressure in patients with a myocardial infarction and a reduction in cardiac output and stroke volume.

Thus oxygen therapy may not be efficacious and might even be deleterious in many patients with acute myocardial infarction.

Is There Any Evidence of Benefit or Harm ?

Recently, a review of all studies of O₂ therapy in acute MI (Wijesinghe and others, Heart, Feb 2009; 95: 198 - 202.) found two randomized controlled trials devoted to the evaluation of **oxygen** therapy,

In the first trial, which excluded patients with evidence of heart failure at the acute stage, ventricular tachycardia was more common, the amount of injury enzymes released in the circulation was higher and mortality was increased in patients who received **oxygen** therapy. The second study involved patients treated with intravenous streptokinase and showed less frequent episodes of hypoxemia, but no impact on the occurrence of ventricular tachycardia; the mortality rate (one of 42 patients) was not reported in relation to treatment allocation. Overall, as the studies were small and lacked statistical power to detect a true influence on clinical outcomes, it may be concluded that there is no definite proof but a suggestion of a harmful effect of **oxygen** therapy and that there is absolutely no hint of a beneficial role in patients with myocardial infarction not complicated by heart failure. Thus, a simplistic theory (**oxygen** therapy is the best way to bring more **oxygen** to ischemic cells that desperately need it) is not supported by the evidence from clinical trials. The reasons for this lack of efficacy of **oxygen** treatment are speculative, but a likely explanation is indeed that **oxygen** therapy may act as a vasoconstrictor stimulus on the coronary circulation, with the additional possibility of an aggravation of reperfusion injury.

Thus the recommendation from American Heart Association and American College of Cardiology for such stable MI patients is of giving O₂ for the first 6 hours only.

Even this recommendation for the first 6 hours is not derived from any authentic data, but from “tradition” and belief that giving O2 will reduce the zone of ischemia. It is also based on some animal studies and one non randomized study. The ACC/AHA guidelines acknowledge in the accompanying text that it is “*not known whether this therapy limits myocardial damage or reduces morbidity or mortality.*”

Hence in this regard, it is reassuring that the most recent European guideline on ST-segment elevation myocardial infarction does not recommend **oxygen** therapy for all patients with myocardial infarction, *but limit its use to only those with heart failure.*

Also, the recommendations of the New Zealand Branch of the Cardiac Society of Australia and New Zealand state that “*oxygen should be administered to keep the saturations around 96%. Hypoxemia may occur in MI and oxygen therapy may only be indicated to relieve*

hypoxemia identified by oximetry monitoring in this situation.”

So during ward rounds I frequently disconnect the oxygen and ask the nurse to confirm that the saturation remains above 96% on room air for at least half an hour. Besides avoiding wastage and ‘possible harm’ due to unwarranted oxygen, the bonus points earned are relief to the patient from not having another ‘tube’ in him and a hint of reassurance and positive reinforcement that since he does not “need” oxygen, he is better and recovering well. One can discern the subtle gleam of joy in the eyes of the patient and the relatives.

Thus routinely giving oxygen on the second day of stable patient with acute MI, not in heart failure and with normal arterial saturation on room air, is not warranted. It happens so often that I thought it merits mention.

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