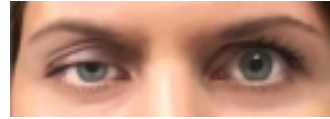




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**Weekly Scientific Programme
& G.P. Forum pg. 04**



ACNE - Diagnosis & Treatment

Pg. No. 21



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Dr. Jayesh Lele
Hon. Secretary



INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

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

*There is only one caste – the caste of Humanity.
There is only one religion – the religion of Love.
There is only one commandment – the commandment of Truthfulness.
There is only one law – the law of Cause and Effect.
There is only one God – the Omnipresent, Omnipotent, Omniscient Lord.
There is only one Language – the language of the Heart or the language of Silence.*

- Swami Sivananda

Dear Friends,

I have completed five months in office. It is a pleasure to see crowded halls in all our programs. It is my good fortune to have sincere office bearers who work hard for all programs.

Let me first congratulate Dr Pratibha Thoravade, who has been elected as the Vice President for Maharashtra state IMA.

GYANECON was organized on 3rd August 2008. We had a complete day conference on in our auditorium. Dr Bal Inamdar coordinated beautifully and we could enjoyed excellent speakers in the field of Gynecology and Obstetrics. First time a round table conference was organized, where delegates had interaction with speakers on one to one basis. It was very successful and appreciated by delegates. This conference was organized with Federation of Gynaec and Obstretic association. We gave a life time achievement award to Dr Shirsh Daftary, an eminent teacher of great repute for his great multifaceted work in all fields.

On 10th August, a mini conference of thyroid diseases – **THYROCON** was organized for the first time. Dr Ramesh Dargad coordinated this conference. Eminent speakers from this field of medicine were present and shared their knowledge with our members. On the same day we held additional annual general body meeting and elections of office bearers of Maharashtra state office in our branch.

On 15th August, we celebrated the 61st **Independence day** of our country in our branch. The TRICOLOUR was proudly hoisted in the patriotic love for our country.

Our **Geriatric cell** and the Public health welfare sub committee organized **Golden Years -2** for senior citizens on 20th August. The topic was "Neurological problems in the elderly". Dr

On 10th August, a mini conference of thyroid diseases – THYROCON was organized for the first time.



Ashutosh Shetty (Neurologist) spoke on dementia, stroke and alzheimer's disease.

The lecture series of Cardiology by Asian Heart Instutue is complete. Now we have arranged Clinical lectures series in **NEUROLOGY** and **UROLOGY** for our members. Good Topics and best speakers have been arranged by Dr Subodh Kedia and Dr Priti Bhargava (our GGP subfaculty).

A fascinating and interesting program for family and friends –"How to keep fit for ever" by fitness consultant Mrs Shalini Bhargava on 29th August will be a program to remember.

Our forthcoming mini conference on **Dermatology** has been arranged on 21st september 2008. Our programme coordinator and past president Dr Vinay Saraf has put in a lot of effort. A novel way of teaching is being launched in this conference - "How I manage ????" 100 cases will be discussed.

On 28th September, **World Heart Day** will be celebrated in a most befitting manner. We have joined hands with NSPHERE, GSC and MMA to organize a "Walk for your Heart", which will start at Goregaon sports club in the morning at 6.30 am. All our members with their family and friends should join to bring about awareness in this matter.

On the same evening of 28th September, we have finalized to have a unique session on Hypertension in our IMA hall. Dr Anil Sharma (eminent cardiologist) has very kindly agreed and accepted our invitation.

I thank all the members for their participation in all the activities. I would appreciate your continued support.

Jai Hind
Long live IMA

**Dr Anil Suchak
President**



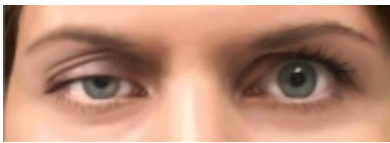
WEEKLY SCIENTIFIC PROGRAMME

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

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

DATE	TOPIC	SPEAKER
“CLINICAL SERIES ON NEUROLOGY”		
04.09.2008	Holiday - Ganesh Chaturthi	
11.09.2008	Myasthenia Gravis	Dr. P. P. Ashok
18.09.2008	Headache	Dr. K. Ravishankar
25.09.2008	Dementia	Dr. R.D. Gursahani
02.10.2008	Anti Quackery Day	Dr. Mahesh Baldwa
09.10.2008	Holiday - Dassera	

Each Lecture Carries Credit of 1 Hour for FCGP Examination.



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

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

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

DATE	TOPIC	SPEAKER
“CLINICAL SERIES ON UROLOGY”		
02.09.2008	Acute Urinary Colic	Dr. Hemendra Shah
09.09.2008	BPH & Ca Prostate	Dr. Samir Desai
16.09.2008	Urinary Incontinence	Dr. Rajiv Rajan
23.09.2008	Female Urology	Dr. Ajit Vaze
30.09.2008	Geriatric Care	Dr. Kusum Doshi
07.10.2008	Mental Health	Dr. Harish Shetty
14.10.2008	Olympic Vision	Dr. Himanshu Mehta

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

Dr. Anil Suchak
President

Dr. Jayesh Lele
Hon. Secretary

Dr. Subodh Kedia
Asst. Director of Studies

Dr. Priti Bhargava
Asst. Secretary

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



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

Dear Friends

We are almost 6 months in the office and our team is doing fairly good job on all fronts. Our various CME lectures are being attended by more and more members. Our all mini conferences were well attended by delegates. The response from the speakers is also very good and all our faculty teachers are very competitive and their lectures are so much educative that on the whole our CME's have become popular.

We had thought of variety of programmes for children as well as for the family members. Our memory Enhancement workshop for the children was well attended and parents have requested for more such classes as well advance training programme.

Our 2 programmes for the Senior citizens were well appreciated and well attended. This programmes are free and please tell your patients to attend as they are very educative. We request speakers to give basic to the audience.

This year the very sharp rise in charges for the Bhaidas Hall for the Annual conference is causing us to think that we must try and utilize our own premises for the conference. We are working on this very important issue and soon we shall inform you about the annual Conference.

We are attending to the long pending work with **Charity commissioner's office** about the documentation. We are also following up with **MCGB** about the charges and the various certifications of our premises. This is very tedious and taking lot of time and energy.

We are enclosing the list of the members whose I Cards are ready, please collect them from the office. Many members have sent big photos which are not suitable for the I Cards, so please send **STAMP** size photo. You can also email photo to drjayeshlele@gmail.com so that we shall be able to print the cards.

Many members have not collected their membership certificates received from **IMA**



This year the very sharp rise in charges for the Bhaidas Hall for the Annual conference is causing us to think that we must try and utilize our own premises for the conference. We are working on this very important issue and soon we shall inform you about the annual Conference.

HQ, so please collect the same. These certificates are needed for the **IMA social Security Scheme**. Many members have realized importance of our 2 social security schemes as well as newly introduced Professional Protection scheme, as these are implemented by our own members and experts. This gives us added advantage and we all should be utilizing these various facilities of our association.

We take this opportunity to congratulate **electd President Dr Arun Pawade, Senior Vice President Dr Anil Pachnekar, Dr Pratibha Thoravade, and Dr Pramod Umarji for the year 2008-2009**. Their team will be installed in November 2008 at Auragabad during Mastacon 2008.

Once again I request all to check your contact details; especially your cell phone nos as well as email addresses .We find lot of difficulty in communicating to you. We are sending the IMAGE by email also and many mails bounce back. Please confirm your details with office or with me.

Dr Jayesh Lele

Cell:- 981 981 2996

Email:- drjayeshlele@yahoo.com



REPORT

GYNAECON – 2008

The prestigious "Gynaecon – 2008" was organized at our branch on Sunday, 03rd August 2008 from 09.00 am to 04.00 pm. This conference was jointly organized by IMA – CGP Sub Faculty of our branch & Association of Fellow Gynaecologists (AFG). The patrons of this conference were Dr. Anil Suchak & Dr. S. N. Agarwal. Convenor was Dr. Balkrishna M. Inamdar; co-convenors were Dr. Rakesh Pandia & Dr. Mukesh Gupta.

There were various educative and informative sessions on many interesting issues in obstetrics and gynecology. The session included following topics.

- 1) "Stem Cells - Looking into the Future" – addressed by Dr. Ajit N. Kumar PhD (Molecular Biology) (**Chennai**);
- 2) "Enhancing Success in IVF – addressed by Dr. Firuza Parikh.
- 3) Female Urinary Incontinence – New trends - addressed by Dr. Dilip Dhanpal (**Bangalore**);
- 4) Dermatology & Cosmetology in Women - addressed by Dr. Falguni Shah.

This was followed by inauguration of the conference at the hands of our veteran and dedicated member as well as Ex. President – Dr. Arshad Gulam Mohd. & eminent Gynaecologist, Mumbai – Dr. Shirish Daftary. Dr. Shirish Daftary was then awarded "Life Time Achievement Award". In his response, he said that such awards always inspire him to work more for the benefit of the community and his fellow medical professionals. His "Key Note Address" was on a very interesting topic – "Obstetrics in developing countries with special reference to India". He very succinctly put it across the audience that clinicians in the present day India need to master the obstetrics in developing countries. He demonstrated the novel idea of "**Analgesia in labour**" which was very well appreciated by audience.

The conference also included interesting panel discussion on Recurrent Pregnancy Losses. The eminent panelists were **Dr. P. G. Natarajan (Perinatologist), Dr. Vinita Raut (Gynaecologist), Dr. Arun Apte (Gynaecologist) & Dr. Rakesh Pandia (Gynaecologist)**. This panel discussion was excellently moderated by Dr. Sudhir Naik & Dr. Mukesh Gupta.

After the lunch break there were discussions on day to day common topics. These were conducted in an unique and innovative style. The speaker would address the main salient features about the topic and then delegates seating in a group of 10 around the round table would discuss and interact on the same topic with an **Expert**. Each table was provided with one expert. There were such 15 round table discussions among

the audience. The delegates than would interact one to one with the expert with their queries / difficulties. The main speakers and the topics of round table interactions were as follows.

1. DUB – addressed by Dr. R. M. Saraogi
 2. Basic Antenatal care & Nutrition in Pregnancy - addressed by Dr. Kaizad Damania
 3. Vaginal Discharge - addressed by Dr. Mohan Gadam
- These discussions were met with excellent response. Everybody found them very interesting and fruitful.

This conference was well attended by more than 150 delegates and was indeed a great success.

The conference ended with a vote of thanks by Hon. Secretary Dr. Jayesh Lele. The Conference of this nature could not have been made possible without the efforts of the many. The team of Association of Fellow Gynecologists led by President Dr. S. N. Agarwal and Secretary Dr. Mukesh Gupta left no stone unturned in organizing and planning Gynaecon 2008. Patrons Dr. Anil Suchak & Dr. S. N. Agarwal chipped in with timely help whenever necessary. IMA - Mumbai West Branch office bearers – Hon. Secretary Dr. Jayesh Lele, Imm. Past President – Dr. Akil Contractor, Vice President Dr. Ashok Balsekar, Hon. Joint Secretary – Dr. S. K. Joshi & Hon. Treasurer Dr. Manoj Patel were a strong support to the conference. IMA – CGP - Asst. Director – Dr. Subodh Kedia & Asst. Secretary Dr. Priti Bhargava helped in the over all management. Dr. Manohar Bachani offered valuable help in getting sponsors.

We also thank all the speakers who gave unforgettable presentations, all the chairpersons and moderators who managed every session excellently well, all the experts of round table interaction, all the sponsors for supporting the event. M/ s. Amantran Caterers & Decorations for their excellent food and other services.

Lastly, I also thank from the bottom of my heart each and every person who directly or indirectly contributed towards the great success of this mega-event.

Dr. Balkrishna M. Inamdar
Convenor

List of sponsors of Gynaecon – 2008

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**INDIAN MEDICAL ASSOCIATION - MUMBAI WEST BRANCH of
IMA – MUMBAI WEST CGP SUB FACULTY
presents a special half day seminar on**

“DERMATOLOGY”

on

Day & Date : SUNDAY, 21ST SEPTEMBER 2008 • Time : 09.00 a.m. to 01.10 p.m.
**Venue : Lupin CME Auditorium, I.M.A. Building, J. R. Mhatre Marg, Behind Chandan Cinema,
J.V.P.D. Scheme, Juhu, Mumbai - 400 049.**

PROGRAMME

Time	Topic	Speaker	
09.00 am - 09.45 am	Registration & Breakfast		
09.45 am – 10.00 am	Welcome Address Inauguration President Address	Dr. Jayesh Lele Dr. Vinay Saraf Dr. Anil Suchak	
		Panelists	Moderator
10.00 am - 11.30 am	HOW I MANAGE ??? 100 Skin Cases will be Discussed	Dr. Shashikant Gwalia Dr. R.D. Kharkar Dr. Kalpana Sarangi Dr. Chitra Nayak	Dr. Vinay Saraf
11.30 am – 11.45 am	Tea Break		
11.45 am – 01.00 pm	Session - Continues		
01.00 pm – 01.10 pm	Vote of Thanks & Lucky Draws	Dr. Jayesh Lele	
01.10 pm onwards	Lunch		

Programme Co-ordinator : Dr. Vinay Saraf

Registration Charges :

- CGP and IMA Members who have paid ANNUAL fees = Free
(Only If Registered In Advance)
- CGP Members = Rs.100/- (Not paid annual fees)
- IMA Members = Rs.100/-
- Eligible Non Members = Rs.150/-

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

• “Early Bird Prizes” for those who register by 09.30 am on Sunday, 21st September 2008.

Dr. Anil Suchak
President

Dr. Jayesh Lele
Hon. Secretary

Dr. Subodh Kedia
Asst. Director of Studies

Dr. Priti Bhargava
Asst. Secretary

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



REPORT

GOLDEN YEARS – PART II

The second programme for senior citizens was held on Wednesday, 20th August 2008. President Dr. Anil Suchak and Hon. Secretary Dr. Jayesh Lele gave a brief overview of the objectives of these programmes. Dr. Akil Contractor introduced the speaker Dr. Ashutosh Shetty. In all 90 persons attended the programme including both practicing doctors and lay public.

Dr. Ashutosh Shetty highlighted and explained the clinical conditions seen in Stroke, Dementia and Alzheimer's diseases. He explained that these diseases are slowly progressive and debilitating. Many questions were asked (about 30 in all). The questions were monitored by Dr. B. S. Mehta and Dr.

Kusum Doshi. Prizes were given to the best questions judged by Dr. Ashutosh Shetty. The prize winners were Dr. Sudha Saraiya, Ms Amruta Lovekar and Mr Dhiren Parekh. The prize was a book "Dew Drops" - a compilation of quotes by Manju Amitabh Gupta.

Participants had many valuable suggestions which were noted. We shall try to put them for the next event.

The programme concluded by a vote of thanks by Dr. B. S. Mehta and by giving a bouquet to Dr. Ashutosh Shetty.

Dr. Kusum Doshi
Co-convenor

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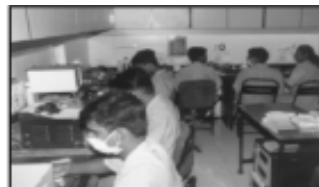
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Complex, Andheri (W), Mumbai-400053.
Tel : 2634 5842 / 2634 5843**

9.00 am to 9.00 pm Sunday Closed



REPORT

THYROCON – 2008

The Thyrocon was held on the Sunday, 10th August 2008 at LUPIN CME Auditorium was a great success with an overwhelming response from the members .The auditorium was packed to capacity & we needed some extra chairs as well. After the introduction by Dr. Suhas Pingle, President Dr. Anil Suchak welcomed all the speakers & delegates. Dr. Ramesh Dargad introduced Dr. Barnali Das who spoke on “Algorithm for Investigations Thyroid disorders”. The next speaker Dr. N. F. Shah who was introduced by past President Dr. Akil Contractor as “It was my dream to get Dr. N. F. Shah to IMA for the past couple of years, which has finally come true”. He spoke on “Hypothyroidism”. Then Dr. Nikhil Bhagwat spoke extensively on “Hyperthyroidism”. Dr. Tushar Bandgar then spoke on “Thyroid & Pregnancy”. He made a difficult topic look easy & interesting. Then Dr. Phulrenu Chavan spoke on “Thyroid Disorders in Children” & who made it to

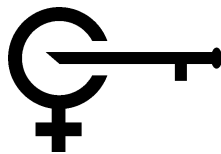
the conference inspite of some personal problem. All the delegates then showed their interest in the programme with active participation in the interactive session. The programme was then concluded with a vote of thanks by Dr. Jayesh Lele which was followed by Lunch.

The programme was sponsored by

- Abbot Pharmaceuticals.
- SRL Ranbaxy Speciality.
- Piramal HealthCare.
- Macleaods Pharmaceuticals.

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

Dr. Ramesh Dargad
Moderator



Nalini Endoscopy Unit

Dr. Vivek S. Salunke

M.D. D.G.O. (Mumbai), Gynaec Endoscopy Surgeon
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Gastro Intestinal & Laparoscopic Surgeon

Dr. Abhay Agrawal

M.S., Dip. Lap Surgery, F.I.A.G.E.S

Laparoscopic and Obesity Surgeon



World Heart Day "MEGA EVENT OF THE YEAR"

National Society for Prevention of Heart Disease & Rehabilitation [NSPHERE] along with Goregaon Sports Club, IMA (Bombay West Suburban Branch), Malad Medical Association and All other Western Suburban Medical Association and other NGO's celebrates this mega event on Sunday, 28th September 2008. This being the 9th symbolic walk of its kind, carrying the theme: 'KEEP YOUR HEART YOUNG'

Since when World Heart Day is celebrated

The Twentieth Century has witnessed considerable upsurge in the global incidences of Heart diseases, Hypertension & Diabetes. These diseases continue to take an increasing toll of human lives in spite of tremendous medical advances. Dr. Antonio Cardiologist & President of World Heart Federation (WHF) thought of spreading the awareness regarding prevention of these diseases, so he announced in the year 1999 to celebrate World Heart Day to spread this message of prevention of heart disease.

Mega Event Plans

- 1 Walk For Your Heart
To assemble at Goregaon Sports Club at 6.30 am (Tea & snacks will be served)
Rally will start at 7.20 am, it will pass through residential areas of Malad approx. 5 kms and will end at Goregaon Sports Club (tea & snacks will be served). There will be placards, banners & floats which will exhibit the message of prevention of 'Heart Disease'.
- 2 Exhibition on Coronary Heart disease, Diabetes & Hypertension



On Saturday 21st September 2008, time 10.00am to 6.00pm and 28, Sunday September 2008, time: 9.00am to 6.00pm which will be open free for all.

- 3 Cardiac Check Up Camp on Sunday -time: 9.00 am to 3.00pm with minimum charges. prior registration is compulsory.

4 Major Highlights

Cardiac Health care_ Diabetes exhibition' stall displays' demos & information on various Heart Care & Diabetes related products.

5 Cardiac Education Gallery

Thoughtfully planned patients education panels to explain A to Z of Cardiac health in simple language.

- 6 Heart Friendly Camp on Diet, Nutrition Yoga, Meditation & Weight Control by experts.
- 7 Souvenir of Cardiac Health containing useful information on preventive measures of Heart Attack, Diabetes & Hypertension.

We invite you to join this programme in large numbers with your family and friends to spread to message of Heart Disease.

"GET READY FOR A WALK' ON SUNDAY 28TH SEPTEMBER 2008

Organised by:

Chief Convenor

Dr. K. C. Mehta- (9820322043)

Co-Convenors

Dr. Anil Suchak

Dr. Nandana K. Mehta

Dr. Mehendra Agarwal

Dr. Jayesh Lele

Mr. Ritu Raj Gupta

Mr. Bharat Gala



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CONGRATULATIONS

Dr. Rupin Shah, Consultant Andrologist and Microsurgeon at the Lilavati Hospital and Bhatia Hospital, has been awarded the prestigious Dr. B. C. Roy National Award for the year 2007 in the category of “Development of Specialities” for his pioneering work in developing Andrology in India.

Dr. Anil Suchak
President

Dr. Jayesh Lele
Hon. Secretary

Achievements!

- **Dr. Alan Alappat** immunized **20,001st** child in his clinic at Kurar Village on 30th July 2008. He has been giving vaccines OPV, DPT, DT, Measles, BCG, and Hepatitis B himself for the last 20 years **FREE** on every **Wednesday**, (only charging Rs. 5 for disposables) with proper documentation, rigidly maintaining vaccine cold chain and proper follow up for booster doses.
- Our senior member **Dr. Anil Nirale** has passed prestigious PGDBA (Post Graduate Diploma in Business Administration) exam in Brand Management conducted by IBMS, Mumbai.
- Master Meet Atul Kadakia, son of our couple life member Dr. A. R. Kadakia & Dr. (Mrs.) S. A. Kadakia passed MHT – CET 2008 scoring 192 / 200 (PCB). SML – 27th Rank & Regional – 13th Rank.

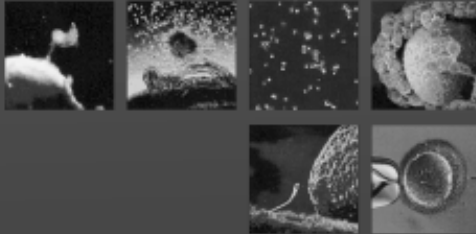
**HEARTY CONGRATULATIONS!
KEEP IT UP!! WE ARE PROUD OF YOU!!!**

Dr. Anil Suchak
President

Dr. Jayesh Lele
Hon. Secretary



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- Hormonal Assays

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3) LAPARASCOPY

4) HYSTEROSCOPY

5) MANAGEMENT OF RECURRENT ABORTIONS



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M.D.

Consultant Gynaecologist & Obstetrician
Ex. Asst. Honorary Dr. R.N. Cooper Hospital

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for

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- | | |
|--|--|
| 1) FNAC | 9) BCT Breast Conservation Surgery |
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| 5) Mammography | a) Reduction Mammoplasty |
| 6) Breast MRI | b) Augmentation Mammoplasty |
| 7) Chemotherapy | 13) L.D. and abdominal Flap for Breast
Cancer Surgery |
| 8) Pain Management for last stage
Breast Cancer | 14) Rehabilitation |

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"We all should work together to detect, diagnose
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ANNOUNCEMENT

ALL INDIA WOMEN'S DOCTOR'S CONFERENCE 2008

1st & 2nd November 2008 at Science City Calcutta

Contact : IMA Calcutta Branch

67, Lenin Serani Kolcutta

Tel.: (033) 2216 7086

E-mail : ima_cal@vsnl.net

Organising Chairperson : Dr. Sarbari Datta (098310 06325)

Organising Secretary : Dr. Nandita Chakraborty (098301 81799)

MASTACON - 2008

Conference of IMA - MS at Aurangabad

On 28th - 30th November 2008

At Mahatma Gandhi Auditorium, Govt. Medical College ,
Aurangabad - 431001

REGISTRATION CHARGES:

Rs. 1000/- for members • Rs. 800/- Accompanying Person upto 31.08.2008

Contact :

Organizing Chairman : Dr. Ramesh Malani

Organizing Secretary : Dr. Avinash Yelikar (098230 97408)

WORKING COMMITTEE MEETING

(Only for CWC members)

(CWC) at Tirupati on 15th & 16th November 2008

Contact : Dr. N. Apparao

SYMPOSIUM ON MEDICAL EDUCATION

jointly held by IMA – MS & IMA – Mumbai Branch at Mumbai Haji Ali Branch.

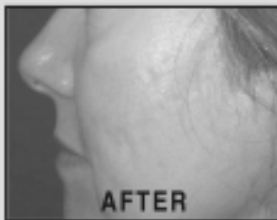
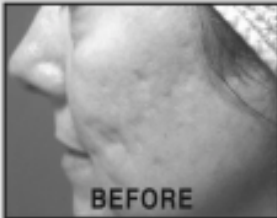
venue: Haji Ali, Next to race course.

30th August 2008 from 2.30 pm onwards

Compiled by : Dr. Niranjan R. Vaidya

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Fraxel first time in India US - FDA approved for

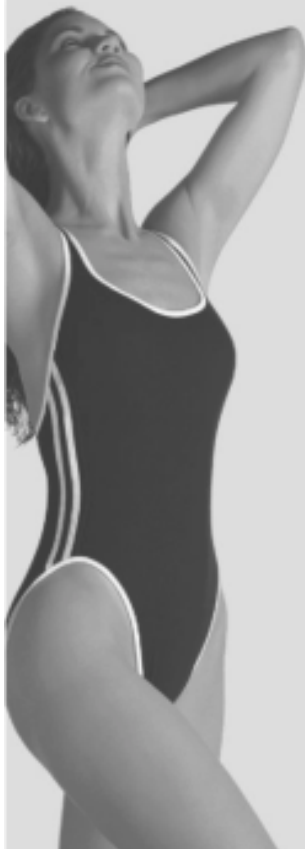


ACNE SCARS

- ACNE SCARS
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- FINE LINES
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MELASMA



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INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

presents unique

programme on **“WORLD HEART DAY”**

**A CME on “KNOW YOUR RISK”
Followed by a Musical Evening**

Day & Date : Sunday, 28th September 2008. • Time : 06.00 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
06.00 pm - 06.30 pm	Registration & Tea	
06.30 pm - 06.45 pm	Welcome	Dr. Anil Suchak
	Introduction	Dr. Jayesh Lele
06.45 pm - 07.45 pm	“KNOW YOUR RISK” “Where we are? Where can we go”	Dr. Anil Sharma Consulting Cardiologist Lilavati Hospital.
07.45 pm	Vote of Thanks	Dr. Akil Contractor
08.00 pm - 10.00 pm	Musical Programme	
10.00 p.m. onwards	Dinner	

Registration Charges :

IMA Members / Spouse: Rs. 50/- per persons

**FOR REGISTRATION CONTACT : MS. SEEMA / MS. SUNITA / MS. SONAL
IMA OFFICE, TEL. NOS.: 2620 6517 / 2625 4368**

**“ATTRACTIVE GIFT” for all those who register by 06.30 pm
on Sunday, 28th September 2008**

DR. ANIL SUCHAK
President

DR. AKIL CONTRACTOR
Programme co-ordinator

DR. JAYESH LELE
Hon. Secretary



Elbow Replacement

Arthritis of elbow



Preop X-ray



Surface replacement implant



Surface replacement



Function after surgery

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Watch videos of elbow function after replacement



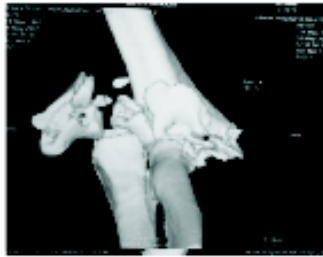
Injury

Grossly comminuted fracture

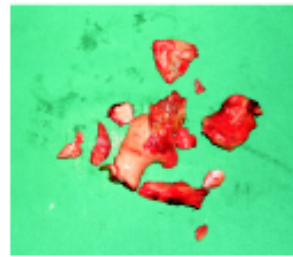
The lower end of humerus totally shattered as seen here



Preop x-ray



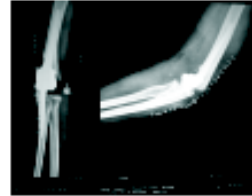
3D CT scan



Intra operative finding

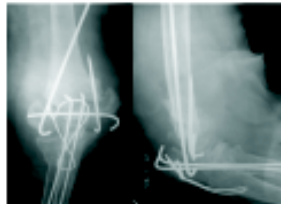


Hinge joint

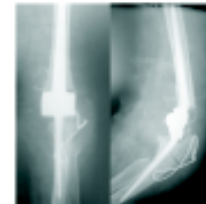


Post op x-ray after hinge replacement

Failed fixation



Failed fixation



After replacement



Function after replacement



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- | | |
|--|--------------------------------------|
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| ❖ Cosmetic Counseling | ❖ Facial Rejuvenation |
| ❖ Treatment for Acne/ Acne Scars/ Pigmentation | ❖ Wart, Skin Tag and Mole Removal |
| ❖ Chemical Peels | ❖ Dermatosurgery |
| ❖ Laser Hair Removal | ❖ Non-Surgical Facelift |
| ❖ Treatment for Aging Skin | ❖ Botox |
| ❖ Tricho analysis & Hair Treatments | ❖ Micro Current Facial Toning |
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TIME

10.00 a.m. To 1.00 p.m.

&

6.00 p.m. to 10.00 p.m.

*Cosmetology & Trichology Classes conducted for GPS / Doctors
Last week of every month*



ACNE - DIAGNOSIS AND MANAGEMENT

DR. VINAY SARAF

CLINICAL

- Lesions may be one or more of
 - ◆ comedos - open or closed
 - ◆ superficial papules and pustules
 - ◆ deep papules
 - ◆ nodules and cysts
- Lesions occur in
 - ◆ nearly all teenagers, at least to a light degree
 - ◆ young men, when severe (nodular)
 - ◆ women in the 20-35 year age group as chronic papules of the lower face, especially the chin
- Occurrence and severity are related to
 - ◆ inheritance (predominantly)
 - ◆ sex hormones
 - more frequent and worse in males
 - better during pregnancy and high-estrogen oral contraceptive use.
 - ◆ chronic use of cosmetics, moisturizers, pomades
 - certain ingredients are 'comedogenic'
 - not necessarily related to thickness or oiliness of cosmetic base
 - ◆ stress - in some individuals
 - ◆ sunlight
 - improves acne in many individuals
 - has no effect in some individuals, but masks by tanning
 - aggravates acne in a fw (especially the very fair-skinned)
- Exacerbations not related to
 - ◆ diet, junk foods, chocolate, vitamins, minerals
 - ◆ sexual activity
 - ◆ cleanliness
- Scarring
 - ◆ is the natural result of healing of dermal inflammation
 - ◆ is related to picking and squeezing only if that manipulation aggravates a specific lesion

TREATMENT

- Patient education is paramount. Critical points that the patient must realize are:
 - ◆ The occurrence of acne in them is preordained, and is not due to something they did or did not do.
 - ◆ Accordingly, they cannot control the disease by manipulating their diet, behavior, or environment.
 - ◆ Therapy usually helps, however, with the exception of intralesional or systemic corticosteroids it prevents new lesions but does not accelerate healing of old ones, so it should be applied every day to the entire acne-prone area, not just to individual pimples.
 - ◆ Often no improvement is seen for 3-6 weeks, so be patient.
- Washing with strong soap (including granulated soaps)
 - ◆ has only minimal impact on superficial pustules
 - ◆ does not prevent or remove comedos
 - ◆ often irritates the skin so that burning results from applying effective topical agents (see below) limiting or reventing their use.
 - ◆ Encourage a normal frequency of washing with a mild soap
- General rules regarding the use of effective topical agents.
 - ◆ they should be applied thinly, to the entire acne-prone area
 - ◆ they are less likely to be irritating if
 - washing is done infrequently, with a mild soap
 - they are applied to dry skin more than 15 minutes after washing
- Effective topical agents.
 - ◆ Benzoyl peroxide
 - is effective against superficial papules and pustules
 - works by killing bacteria, possibly prevents pore-plugging, and possibly suppresses oil production
 - water-based gels are less drying and irritating than alcohol or acetone-based



- products
- concentrations of 2.5% and 5% are sufficiently potent
 - may bleach colored fabrics
 - should be applied twice daily, if tolerated
- ◆ Tentinoin (retinoic acid)
- effective against comedos and, eventually, papules and pustules
 - works by loosening keratin pore plugs, and preventing their development
 - may take 6-12 weeks to affect comedos
 - lower concentrations (0.01% gel, 0.05% cream) are less irritating, but if they prove ineffective after 8 weeks more potent ones must be tried.
 - should be applied thinly once daily (usually at night)
 - may cause irritation or pimple-like red papules around plugged pores for the first few weeks
 - may photoirritate, so limit its use in the summer or during winter vacations
 - under certain conditions is a photocarcinogen in the hairless mouse, but relevance to human is unknown
- ◆ Topical antibiotics
- clindamycin, erythromycin, and minocycline in penetrating alcohol vehicles kill bacteria in follicles, and are effective against papulopustular lesions
 - effectivity is probably equivalent to that of benzoyl peroxides, but without effect on comedos or sebum production
 - are usually less irritating than benzoyl peroxides, but alcohol vehicle may be drying
 - bacterial resistance frequently develops after months of use, making the treatment ineffective
- ◆ combination topical treatment
- the use of tretinoin and benzoyl peroxide or topical antibiotic by the same individual is better than one drug alone in most papulopustular acne
 - because of chemical incompatibility, drugs must not be applied at the same time
- ◆ usually, tretinoin is applied at bedtime, and

Dr. Saumil A. Desai

M.D., D.D.V.

Specialist in the Diseases of :
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Above Dena Bank,
S.V. Road, Malad (W),
Tel.: 28885109, 28807677
Time : 5.00 pm to 9.00 pm

DR. DHANWAN'S

CHILDREN HOSPITAL
13, Tirupati Tower,
1st Floor, Thakur Complex,
Kandivali (E).
Tel.: 28549143
Time : 9.00 am to 10.30 am



benzoyl peroxide in the morning and at dinner time

- irritation is common, so use only mild soap and add lubricant or a mild topical corticosteroid if necessary

● Systemic Agents.

◆ Antibiotics

- tetracycline or erythromycin in doses of up to 1g daily usually improves superficial and deep inflammatory acne after 3-4 weeks - dosages of up to 2g daily may be needed for nodular acne

- minocycline, clindamycin and trimethoprim/sulfamethoxazole are alternatives, possibly effective in resistant cases, but with more potential side effects

- dapsone is antibiotic and anti-inflammatory and may be effective in severe and resistant cases, but has a multitude of potential side effects (refer patients in these cases to a dermatologist)

◆ Isotretinoin (130cis-retinoic acid)

- a derivative of vitamin A, it reduces oil gland output by up to 90%



- it is taken by mouth for 35 months. side effects occur early, improvement lags behind and may continue to increase after stopping treatment for 1-2 months. side effects resolve in 1-2 months.

- unlike any other acne therapy, the benefit is prolonged long after the drug is stopped (months or even years)

- side effects and their incidences are:



Dr. Haresh C. Timbadia

M. D. (Skin & VD) DVD (Bom) FICA (USA)

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		UV-B (Narrow Band)	Radio Surgery



cheilitis (90%), dry, chapped skin (90%), dry nose and/or eyes (80%), hair shedding (10%), peeling on palms and soles (5%), arthralgias and/or myalgias (15%), elevated liver transaminases (15%) and elevated serum triglycerides (25%). The serum abnormalities may return to normal during treatment.

- serum testing is advised before therapy and at 2 to 4 week intervals, or until the results are normal.
- isotretinoin is a potent teratogen. Female patients must use reliable birth control measures, and should have at least one normal menstrual cycle after stopping treatment before becoming pregnant
- no supplemental vitamin A should be taken during treatment, as that may increase side effects
- skin dryness can be treated with moisturizers, Ointments or lip balms may be used on the lips. Methylcellulose 'artificial tears' may be used for dry eyes.
- dose is 1 to 2mg/kg. Give the lower

dose for purely facial acne, the higher one for extensive truncal acne. Severe truncal acne may require a repeat 4-month course, after a 2-month rest period.

- cost is very high.
- because of extensive known side effects and continuing investigation of additional side effects, the US Food and Drug Administration recommends the use of isotretinoin only for severe cystic or nodular acne unresponsive to other medications.
- ◆ Oral zinc
 - effectiveness is controversial
 - up to 20% of patients suffer gastrointestinal upset or diarrhea with a dose of zinc sulfate 20mg three times a day
- Corticosteroids
 - ◆ systemic corticosteroids are used occasionally in severe, painful flares of nodular acne, for 1-2 weeks.
 - = intralesional injection of depot corticosteroids in an invaluable tool for individual nodules and large papules.

DURVE'S SKIN & LASER CENTRE

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M.D. (Skin), DNB, DDV
Consultant Dermatologist

DR. RASHMI DURVE

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20, Gopal Bhavan,
JB Nagar, Andheri (E),
Phone : 28258400



Physicians treating acne should acquire skill in administering this therapy

- ◆ Estrogens
 - low-estrogen pills may have no effect on, and may even worsen, acne
 - in the form of high-estrogen oral contraceptives often improve acne in women, but benefits and risks must be considered and the patient monitored for side effects - benefit may not be seen for three months
 - for the greatest benefit, estrogens should be given with replacement-dose corticosteroid (e.g. prednisone 5mg daily) to suppress adrenal androgens.

● Office treatments.

- ◆ mild peeling induced by ultraviolet light, CO₂ slush, liquid nitrogen or mild acid (trichloroacetic 20%-30%)
 - may cause mild improvement in superficial comedos and pustules
 - are used less often as self-administered topical agents have become more effective
- ◆ intralesional corticosteroids (see above)
- ◆ liquid nitrogen cryotherapy to individual papules and nodules possibly enhances resolution
- ◆ 'acne surgery'
 - the removal of comedos, and possibly drainage of pustules, with a comedo extractor
 - probably speeds resolution of pustules and prevents development of new ones
 - made easier by the chronic use of tretinoin, which softens comedos

● Treatment of scars.

Patients should be referred to a dermatologist for these specialized procedures

- ◆ dermabrasion, or deep chemical peel
 - destroys superficial dermis and epidermis
 - causes scarring, but hopefully it is flat, not pitted and lumpy
 - certain types of scars and certain areas of face respond best
 - residual erythema, keloids, and permanent pigment changes are possible complications
 - often needs to be repeated for best

results

- ◆ excision of elevated or depressed scars
 - effective if only a few obvious scars are causing most cosmetic impact
 - may be combined with dermabrasion to eliminate deepest pits
 - infection and scarring are possible complications
- ◆ injection of fibrin or processed collagen below depressed scars is another possible method.
 - adequately elevates large depressed areas and some furrows
 - may make 'ice-pick' pits more prominent
 - possible hypersensitivity reaction

PRACTICAL TREATMENT OF ACNE

- For all patients.
 - ◆ patient hand-out, destroy myths, relieve guilt
 - ◆ discontinue excessive washing, abrasives, and irritants

*With
Best Compliments
from*

Dr. Rekha Lanjekar

M.D. (Skin) Mum., D.V.D., D.D.V.

Consultant Dermatologist

G.1, Yellow Ribbon, L.M. Road,
Dahisar (W). Tel.: 28927874

.....

Purohit Medical Centre,
Borivli (W). Tel.: 28985370

.....

Cell No. 98202 28678



- Comedonal acne.
 - ◆ topical tretinoin
 - ◆ 'acne surgery'
- superficial papulopustular acne.
 - ◆ benzoyl peroxide alone
 - ◆ topical antibiotic alone
 - ◆ addition of tretinoin often helpful
 - ◆ systemic antibiotic in widespread or resistant cases
- Moderately deep papular acne.
 - ◆ topical antibiotic
 - ◆ benzoyl peroxide (possible irritant in women in their twenties)
 - ◆ systemic antibiotic often require
- Nodular acne.

Referral to a dermatologist for the complex long-term care required is recommended

 - ◆ topical agents for superficial component
 - ◆ high-dose systemic antibiotic
 - ◆ intralesional corticosteroids
 - ◆ possibly a brief dose of oral corticosteroids for flares
 - ◆ oral contraceptives and replacement corticosteroid in women
 - ◆ dapsone
 - ◆ isotretinoin

SUMMARY

SPECIFIC INVESTIGATIONS

- Acne grade and assessment of disability
- Sex hormones - when an abnormality is suspected (i.e. poor response, very irregular periods, significant hirsutism and female pattern alopecia) check levels of testosterone, sex hormone binding globulin (SHBG), prolactin, follicular hormone/leutin stimulating hormone (FH/LSH), and dehydroepiandrosterone; a scan of the ovaries may also be necessary
- In poorly responding male and female patients check 9.00 a.m. levels of cortisol and 17-C-hydroxyprogesterone to exclude late-onset congenital adrenal hyperplasia
- Skin and nasal swabs to exclude Gram-negative folliculitis
- Pre oral isotretinoin tests - pregnancy test; liver function tests, fasting lipids, glucose, full blood count
- Minocycline monitoring - antinuclear antibodies (ANA), DNA binding, pANCA, and liver function tests at 6-8 months

FIRST LINE THERAPIES

- Topical benzoyl peroxide
- Topical azelaic acid
- Topical antibiotics
- Topical retinoids
- Oral antibiotics - minocycline, oxytetracycline

SECOND LINE THERAPIES

- Oral antibiotics - minocycline, doxycycline, trimethoprim
- Combined antiandrogen estrogen oral contraceptive
- Spironolactone
- Red and blue light
- subpurpuric pulsed dye laser

THIRD LINE THERAPIES

- High dose systemic antibiotics
- Systemic isotretinoin

PHYSICAL AND SCAR THERAPY

- Comedone cautery
- Cryotherapy and intralesional corticosteroids to keloids
- Laser resurfacing
- Chemical peels



Cases of Learning Disability

Dr Samir Dalwai,

MD,DCH,DNB,FCPS,LLB,
Pediatrician and Director,
New Horizons Child Development Centre.

Case 1: S, a 10 years old boy in Grade V, was referred to the clinic with complaints of academic problems.

S's teacher had called the parents and told them that S was doing very badly in school. S's answer papers were full of spelling mistakes, half the questions were not even attempted and answers were completely irrelevant. All this in spite of the fact that S studied a lot and had answered all the questions at home when the mother was taking up his studies. Then, she was puzzled as to why did he perform so badly in school. They blamed the teacher, the teacher blamed the tuition teacher and she in turn, blamed everyone else! And poor S continued to suffer, though otherwise he was very smart, had a powerful memory and was very sweet by nature.

Case 2: R, a 11 year old girl, in Grade VI was referred to the clinic with behavioural problems.

R had become very short tempered over the last year or so, getting annoyed and irritated over trivial reasons. She would become very irritable and would fight with her mother over no reason. Screaming loudly, she would even hit the elders in the family and get physically violent and unmanageable. She was getting frustrated in school and detested going to school. Television became the centre of her attraction.

In fact, R used to perform very well in class till second or third grade. Thereafter, her performance began to dip and she started losing interest in studies and would score around 50 % initially, and now just about 35-40%.

Approach to these cases:

The common point running through both these cases is the **Poor Academic Performance**. (Performance as ensured by personally seeing the Report Card. Parents opinion regarding the same may be faulty, as they may regard 80% performance as below their expectations!)

About 25-35 % of all children perform poorly in school.

Poor Academic Performance may be caused due to three major reasons:

- 1) **Physical /Medical Illness**
- 2) **Socio-economic-cultural circumstances**
- 3) **Learning Disabilities**

Physical /Medical Illnesses:

- a) malnutrition, anemia, chronic affectations (tuberculosis, malignancy, etc.)
- b) epilepsy,
- c) subnormal mental functioning,
- d) visual or hearing handicap,
- e) allergies

By a combination of impaired functioning and loss of school days/learning time/loss of continuity at school, these problems contribute to a child doing badly at school.

Socio-economic-cultural circumstances:

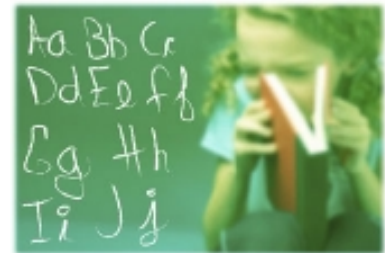
- a) adverse economic situation,
- b) adverse environmental conditions at home like non-inclination of family members towards academic pursuits, crowded homes with no suitable atmosphere for studying, **parental/familial discord with frequent fights, alcoholism**, chronic illnesses, noisy households where there are too many **distractions**, 24 hours media like Television,
- c) loss of parent or a dear one due to **death**,
- d) physical, sexual, emotional **abuse** or neglect
- e) gender discrimination.

Such adverse environmental situation may distract/prevent the child from studying.

Hence, the initial assessment is directed at ruling out the above issues. Most of the above are obvious when looked for in some detail and can be remedied. The most important are:

- i. **Visual and Hearing handicap**
- ii. **Sexual Abuse**
- iii. **Mild Mental Sub Normality**

Visual and Hearing handicap are notorious for being missed due to cursory examination or a casual attitude. Often, Parents will remark that the child can hear well and they will positively oppose an objective evaluation. It is here that the physician must insist on a **documented audiogram**.





Mild Mental Sub Normality can be assessed by enquiring about the child's functioning in activities beside academics. If the child is generally found to be equally challenged at all tasks and in all situations, one would suspect this. It would be easily ascertained by having a **qualified Psychologist** administer a standardized IQ test like WISC (Weschler's Intelligence Scale for Children). A score below 70 would be considered sub normal.

However, 8 – 10 % of children continue to do badly in school in absence of the above problems. These children are very bright and **may** do quite well in the early years of their school, often at the top of their class. They have a good memory for everything and will also remember oral instruction and teaching well and will recite all learned material promptly. However, ask them to read and write and there comes the problem.

Hence, the next step is to determine the **area of academics** that the child is having trouble with.

These areas could be assessed as **Reading, Writing, Arithmetic/ Mathematics**. (These terms are easily misunderstood in context of vernacular language. for instance, *padhana* in Hindi, does not specify the act of Studying or Reading. So if a parent says "*Padhane main takleef hai..*", it doesn't tell you

if the child has a problem with "studies" overall as above) or with the specific act of **READING**)

Writing can be evaluated in three ways:

a) the handwriting, which refers to the visualized matter on the paper

b) the spelling, which refers to the use of appropriate alphabets to spell a word

c) the language, which includes **a) grammar**; the tense, punctuations, use of capital Alphabet to start a new sentence, etc and **b) the vocabulary** used and the representation of ideas, continuity, etc

This is often the easiest to pick for these children will show typical characteristics. Their handwriting is very untidy and irregular. They will make the simplest spelling mistakes repeatedly. Rarely will they write in a neat and legible form. They will often make simple mistakes like "*p for q, 6 for 9, b for d, tap for pat, billl for bill, no for know*". Their drawing and coloring will be bad and give them to color and name a Map and they will be all lost. Often the answers they write will be irrelevant to the question and may actually be the answer of another question that they have merely learnt "by heart".

Reading presents its characteristic pattern. These children will hesitate and stutter and their reading will generally be awful without spacing

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between words, sentences, etc. They will use their finger to stay with a particular line, else they will lose the continuity and go from the first line to the third. Generally, they will make every attempt to read or write.

Arithmetic is a bigger problem. Simple steps of addition, subtraction, multiplication and division will be obstacles. And 'word sums' are a nemesis!

These problems:

1. Occur on a regular basis, for a period of more than 6 months

2. Occur in spite of the child studying for long duration everyday.

3. **Oral Performance** will be much better than written performance. Ask these children something orally, and they will reply correctly! The mother will often remark, that "My child does everything well at school/tuitions, but not in school." But at home/tuitions, it is always oral work that they do well. **"Take away written exams, have only orals, and my child will rank first in the class!"**

4. Over a period of time, these children slowly lose interest in school and studies. This Leads to **secondary BEHAVIORAL PROBLEMS**. They either become shy and withdrawn (**Internalisation**), or aggressive and defiant (**Externalisation**). This may go to the extent of overshadowing the Primary academic problem, and in fact, most cases present as Behavioral rather than Academic Problems.

Diagnosis:

Learning Disability (LD: Dyslexia, dysgraphia, dyscalculia)

Discussion:

1. Learning Disability is seen in children with normal and above normal intelligence, good vision and hearing and a favorable socio economic background who consistently perform badly in school.

2. Decline in performance worsens as the child goes to higher grades.

3. This is a neurological problem, though the exact cause is not known.

4. In spite of best efforts, the child is unable to comprehend the symbols of alphabets and the sounds of words, appropriately. Thus, *b* may be confused with *d* and *p* with *q*. The exact sequence of alphabets may be wrongly interpreted, thus, "tap" may be interpreted as "pat". Word sums may be difficult to interpret. So also, mathematical calculations like addition and subtraction are prone to mistakes.

5. When these children are unfairly criticized, it completely damages their self respect and leads to Behavioral Problems. Thus, they learn to avoid the matter rather than fail at it and suffer further

ridicule. These children grow up in an environment of criticism and comparison with their siblings or classmates. This damages for ever their self esteem and makes them perform badly even at things they may be good at, like drawing, art, music, sports, computers, etc.

Intervention:

1. Suspect that this child may be suffering from LD.

2. Refer to a Developmental Pediatrician, Psychiatrist or a Psychologist who is trained to deal with this matter. Appropriate testing like a normal IQ test along with specific psycho-educational tests will establish the diagnosis.

3. Remedial Education, in addition to their regular school, will enable these children to cope with their problem and they will learn how to read and spell correctly.

4. Occupational Therapy **will also help.**

5. Above all, parental counseling and behavior modification will go a long way in improving the home environment and improving everyone's self esteem.

6. The Government of Maharashtra offers special concessions and benefits at examinations. These concessions are mandatory on each and every school and enforceable in a court of law, if need be. ■

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FOR YOUR HEART STRINGS



Dr. Rajiv Anand

A GIFT FOR YOU RIGHT NOW RIGHT HERE

Dear Friend! Few weeks back in group meetings with Doctor colleagues, I heard with dismay, many friends regretting not having invested in 2nd home somewhere near Mumbai. They rather enviously mentioned about few friends who have made bungalow or farm house at Lonavla, Pune, Mahabaleshwar or elsewhere. These friends felt justified that they could have the privilege to get away to solitude, and a peaceful abode to nourish their soul and feel rejuvenated, had they been the owner of such bungalows etc.

Last month around 15th Aug ,most of us were either away for long weekend at some holiday destination or remaining sulked as they could not due to multiple factors of children's tests, old parents or unavailability of right place. Those who went cribbed about huge traffic jams and crowds everywhere and consequent poor service and far less enjoyment and wastage of substantial money.

Having been witness to both above mentioned incidents, made me learn something significant which I am sharing here with many friends Yes! It would have been really wonderful if we owned a bungalow/farmhouse as 2nd home where we could have retreated any time, any weekend, any no of times and could have felt refreshed , rejuvenated. But like most people in society we also behave in shortsighted and do think that happiness lies far away THERE and not HERE, and we collect reasons to sulk, regret and complain about whatever unhappiness is there in our lives.

Let us shake ourselves up and realize that we have vast inner sanctuary right HERE, and

right NOW. Right inside all of us, beyond all the thoughts and emotions we have a sacred, inner space where there is NOTHING, No thoughts, no emotions, no mine, no yours, a past, no future and just peace and awareness to connect to that peace. And this is not just for select few people only. This is for everyone whosoever is ready to help himself. And this inner space and peace and joy is also not in limited quantity which MAY run short as many may fear. Indeed, far from it, there is abundance of peace, joyfulness and infinite tranquility just waiting to be tapped. And a point to be taken note of is that this is not available for any specific age group –old or young, it is for everyone.

So! Do we realize that we already are the proud owner of this vast inner space ,meant for us, reserved for us, owned by us and in that sense we are infect extremely rich, yet crave for bungalows and farm house some where far away. We are ready to travel few hundreds of Km from home, are willing to sacrifice 2-3 days of working time or leisure time, don't hesitate to spend few thousands of rupees, but we have no time to connect with our own inner wealth. We keep on searching happiness everywhere else in food, sex, movies and relationship, but remain oblivious of inner treasure which is RIGHT HERE, RIGHT NOW AND JUST FOR ME ONLY.

Here are few vitamins for the mind.

There is a gold mine, in your goal mind!

What you get is what you set!

To get something you never had, you have to do something you never did.

“Some men have thousands of reasons why they cannot do what they want to, when all they need is one reason why they can.”

Dr.Rajiv Anand
M.D.,FIPS,FIASP,FIC(USA)
Psychiatrist & Sex Consultant
Personal Touch Counselling Centre

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



IMPORTANT ANNOUNCEMENT

ISSUE OF NEW IDENTITY CARDS

The Identity Cards of the following members are ready.
They are requested to collect the same from the office.

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| 121 Dr. Pandya Sameer | 167 Dr. Shah Rajiv | |

ANTI QUACKERY DAY

on Thursday, 2nd October 2008

Dr. Anil Suchak President
Dr. Jayesh Lele Hon. Secretary
Dr. Mahesh Baldwa
Chairman, Anti Quackery Sub Committee

IMA - MUMBAI WEST FOUNDATION DAY & ORTHOCON

on Sunday, 12th October 2008
From 09.00 am to 01.00 pm

Dr. Anil Suchak President
Dr. Jayesh Lele Hon. Secretary
Dr. Ram Prabhoo, Dr. Akil Contractor
Co-ordinators



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

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Tariff for classified advertisements

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

Charges for the same will be as under:

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

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

FACILITIES AVAILABLE IN OUR PREMISES		
	1) Ground floor hall	Sitting Capacity 300
	2) Lupin Auditorium	Sitting Capacity 150
	3) Lawn	Sitting Capacity 200
	4) 2 nd Floor Hall	Sitting Capacity 200
	5) 4 Self Contained Air Conditioned Double Bed Rooms	
	6) Terrace	Sitting Capacity 200



For details contact our office.

Dr. Anil Suchak, President

Dr. Jayesh Lele, Hon. Secretary