

## CONTENTS

PRESIDENTSPEAK..... 3

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## INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

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

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## PRESIDENTSPEAK...

YOU WILL BE A MAN, MY SON!

Dear Friends,

***“Happy and Prosperous  
New Year 2011  
to all our members!”***

***We should be rigorous to ourselves and forbearing, if not indulgent, to others, and, if we make comparisons at all, it ought to be with those who have morally excelled us.***

— William Wadsworth

Let me first congratulate all the “National IMA awardees” from our Branch (details elsewhere in this issue). When Dr. Ashok Balsekar, our Hon. Secretary, gave me the news of many of us being awarded IMA National Awards in 2010, I was frankly stunned. I could not fathom the reason for me being selected for the high “National” honour as a “Best Adjudged President of a Local Branch”. More so when I was told that there are very few Presidents awarded likewise from amongst more than 1600 IMA branches in India! Incredulous news indeed! But then when I reflected on the variety of programmes done this year touching many areas, I was grateful to our Managing Committee and the various Chairs who handled their portfolios so adeptly. This has indeed been a feature this year. The many-splendored programmes organized with commitment, sincerity, enthusiasm and skill

by almost all our Chairs made me proud of our branch which has such members! Such a “bench strength” is certainly a very heartening prospect and augurs well for the future of our branch!

This year we have annexed almost all the top awards and prizes at the State and National level. A matter of pride but also of some consternation! This is so because often I have seen that it is difficult to handle success but not failure! After every failure, we regroup and re-programme ourselves. Success however tends to make us complacent and egoistic which invariably hampers and downgrades our future performance! This is especially true in voluntary organizations like ours where complacency begets procrastination. We need to get over this creeping “Laissez-faire” or “leave it alone” attitude and march ahead with the same enthusiasm and passion leaving behind in our wake all such awards and prizes. We indeed have “miles to go before we sleep”!

The kaleidoscope of our activities and programmes continues to widen its reach and intensity. Many new ideas have been translated into programmes. Our “**Emerging Stars of Medicine**” conference will be held on Sunday 16<sup>th</sup> January. We will felicitate these “young icons” for their dedication and excellence in their field. We will listen to their thoughts and works which will give others inspiration and insights into achieving excellence. Do come in large numbers.

Also, we will be giving “**IMA Mumbai West Medical Education Scholarship**” to four (4) needy and meritorious students from four public hospitals and medical colleges in Mumbai. We have asked these colleges to screen the applications and send three such applications (per college). The final four will be selected by our team. The scholarships are worth Rs. 25000/- each and will go a long way in supporting these students from our communities. The idea has been liked by all the colleges. Our Managing Committee has earmarked adequate funds for continuation of this much needed initiative for the future. I am

sure this scholarship will be a very popular one in the years to come amongst the future of medical profession – i.e. the students – and lead to a very distinguished presence for our branch in the medical community!

Clinical Establishment Act is here to stay! Whatever the misgivings about the act, there is no doubt that every state government will modify it as per their policies and enforce it in near future! One of the important conditions will be accrediting our clinics and establishments. To help our members, we have organized a seminar on this rapidly looming issue on 2<sup>nd</sup> January 2011. We are looking into the possibilities of being part of the body which decides on the various conditions of accreditation. This is a proactive step for our members, even before the state government enforces us to get accredited. Quality Control of India (QCI) representative will be present. QCI is authorized by Govt. of India to look into the accreditation of clinics and establishments. We hope to come to a mutually convenient set of conditions for accreditation for our members. This is a pioneering work and I must mention the inputs by Dr. Ashok Balsekar, Dr. Suhas Pingle and Dr. Subodh Kedia due to whose efforts we hope to breathe freely and pursue our profession in a more congenial environment. Please keep looking for further announcements in future issues of “Medical Image”.

All our committees are working with new ideas and initiatives. To name a few - the new methods of learning by our CGP; Medical Education Committee with its wonderful programmes for the students; IEC committee with its variety; the graceful and innovative programmes by Women’s Wing, Cultural, Sports and Members Welfare committees; the

novel “First Time” programmes by Geriatric cell; the new ideas implemented by Public Health and Welfare committee, good work done by Building subcommittee, our committed Library committee, social security committee, Action/Medicolegal/Anti Quackery committees etc. etc. It is indeed a matter of great satisfaction for our branch that we have such dedicated future leaders amongst us! This year has indeed highlighted those who have love for our branch and would go to any level of commitment to serve selflessly. These are the individuals who rise above their “positions”, “ambitions” or personal benefits. These committee chairs - some of whom are quite new - have certainly shown the way to even some of the senior members! The future of our branch is certainly secure in their capable hands.

This all-encompassing and all-pervading work reminds me of a beautiful poetry by **Rudyard Kipling ...**

***If you can fill the unforgiving minute  
With sixty seconds’ worth of distance run,  
Yours is the Earth and everything that’s in it,  
And which is more - you’ll be a Man, my son!***

In any organization, future indeed belongs to those who believe in giving their selfless best for the fulfillment of the common dreams!

Warm Regards,

**DR. B. M. INAMDAR**  
President, 2010-11  
9833054054  
bminamdar@gmail.com

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## HON. SECRETARY'S DESK...

*Dear Colleagues,*

In an association as big as IMA – Mumbai West, one of the many things. I have learnt during my tenure of secretaryship is importance of delegation of work to you colleagues. Your trust in others can get you their cooperation. When you have faith in them, they will have faith in themselves. And this will create internal motivation and enthusiasm to work. In their zest of work, they may commit some errors of judgement and errors of commission or omission and thereby likely to hurt sentiments of some people, unknowingly. But we must understand that we are all working towards a common goal – that is to take IMA – Mumbai West to greater heights. When we share this task, each member of the team can feel a part of the whole picture and will contribute with their best efforts.

A programme on tarot card reading and handwriting analysis arranged by Women's Wing Sub Committee was very interesting and kept the audience glued to their seats till 05.30 pm in the evening on Friday, 17<sup>th</sup> December 2010, very contrary to their behavior during CMEs when they have "Enough of it" by 04.30 pm and start leaving. May be that is the difference between entertainment and education. In spite of very innovative programme, and free at that, attendance was not very encouraging. About thirty five people attended. This calls for a rethink on our policy of not joining hands with other associations. We should coordinate &

cooperate with our neighbours at least for Non – Medical programmes.

A programme on “**Emerging Stars of Medicine**” conference is arranged on Sunday, 16<sup>th</sup> January 2011. We hope to see the future stars of medical world and listen from them what they did differently to reach where they have!

On the same day, we will be conferring a scholarship of ₹. 25 Thousand each for 4 students from municipal and government colleges. Economic handicap is the major criteria for selection of scholars, other than merit. Like any new idea, this idea is also taking time to take root, and response is not exactly overwhelming.

A Damocles' sword of “**Accreditation of Clinics**” is hanging over the heads of medical fraternity. IMA is trying with all its might to resist this move by the government. But it is better to be prepared for the worst while hoping for the best ! Therefore, a programme on sensitization on standardization of clinics & dispensaries is arranged along with Quality Council of India (QCI) on Sunday, 02<sup>nd</sup> January 2010. It will help us if we attend this programme in large numbers and give suggestions to form the accreditation policy before it is formed arbitrarily. This approach will be better than trying to dig a well when the house is on fire. All of us should collectively think and help QCI make rules that can give standardized medical care to the patients throughout the state, without too many hassles to the medical fraternity.

We should not be reduced to a committee whose individual members can do nothing to solve a problem and collectively decide that nothing can be done !

Long Live IMA !

**DR. ASHOK BALSEKAR**

Hon. Secretary  
drag\_bal@yahoo.co.in

## G. P. FORUM

### C.M.E. PROGRAMME FOR GENERAL PRACTITIONERS

**Every Tuesday  
at 02.30 p.m. sharp**

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

DATE	TOPIC	SPEAKER
04-01-2011	Anti Angina Drugs	Dr. Mahesh Shah
11-01-2011	HIV and Malignancies	Dr. Bhavna Parikh
18-01-2011	Common Trauma Conditions	Dr. Amit Ajgaonkar
25-01-2011	Pointers to Pulmonary Illnesses and Differential Diagnosis	Dr. Ajay Godse
01-02-2011	SWT – A New Modality in Non – Invasive Revascularisation	Dr. (Ms.) Kulsum & Dr. R.L. Juvekar

## WEEKLY SCIENTIFIC PROGRAMME

**Lectures on Every Thursday  
at 02.30 p.m. sharp**

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

DATE	TOPIC	SPEAKER
06.01.2011	Ca Breast UPDATE	Dr. Muzammil Shaikh
13.01.2011	What's New In Psoriasis - Relevant to Family Physician	Dr. R.D. Kharkar
20.01.2011	Spot Diagnosis - Dermatology	Dr. R.D. Kharkar
27.01.2011	HIV and Skin	Dr. R. M. Shah

- WORKING LUNCH WILL BE SERVED FROM 01.30 PM TO 02.30 PM BEFORE EACH CME.
- CGP & IMA Members who have paid Annual Fees : FREE
- C.G.P. & IMA MEMBERS : ₹ 100/- (NOT PAID ANNUAL FEES).

► **MMC ACCREDITATION HAS BEEN APPLIED FOR.**

► **CHARGES FOR MMC CREDIT HOURS (FOR THE ACCREDITED CMES) '50/- APPLICABLE TO ALL IMA MEMBERS DESIROUS OF CREDIT HOURS.**

**EACH LECTURE CARRIES A CREDIT OF 1 HOUR EACH FOR FCGP EXAMINATION.**

<b>DR. B. M. INAMDAR</b> President	<b>DR. ASHOK BALSEKAR</b> Hon. Secretary	<b>DR. PRITI BHARGAVA</b> Asst. Director of Studies IMA - Mumbai West C.G.P. Sub Faculty	<b>DR. RONAK SHAH</b> Asst. Secretary
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## INFORMATION, EDUCATION & COMMUNICATION SUB COMMITTEE - A Report

- 1) On the occasion of “**WORLD AIDS DAY**”, A rally was arranged at Malad (East) on **WEDNESDAY, 01<sup>ST</sup> DECEMBER 2010** from 10.30 am to 12.30 pm. It was attended by 100 people including students & teachers of Govind Nagar Municipal School, staff of M. W. Desai Hospital.

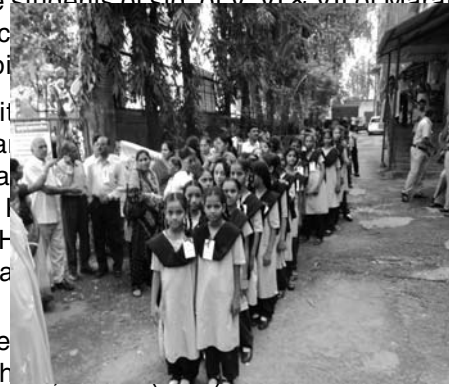
Biscuits packets distributed to all. Snacks, fruits and gifts were given by sponsor which was brought by C.D.O. of M. W. Desai Municipal Hospital.

We thank Dr. Kamlesh Gandhi, Mr. Krishna Kokate, C.O.D. from M. W. Desai Hospital Mrs. Anuraha Kamle, Police Inspector Mr. Jadav and Mr. Tembre, Police Constable Mr. Ambre and Mr. Redekar for helping in organizing this rally.



- 2) A lecture was organised at Govind Nagar, Municipal School, Malad (E) on **WEDNESDAY, 08<sup>TH</sup> DECEMBER 2010** from 11.30 am to 01.30 pm for the students of std. of V, VI & VII of Marathi Medium. Lecture was given on the topic of **ORS**,

Biscuits packets were distributed to all. We thank Dr. Kamlesh Gandhi, Mr. Krishna Kokate, Mr. Ravi Chavda, Teachers Mrs. Anuraha Kamble, Mrs. Seema Shaikh, Mrs. Hemangi Shastri, Mrs. Meeta Patil and Mrs. Seema Shaikh for helping in organizing this programme.



- 3) A lecture was organised at Govind Nagar, Municipal School, Malad (E) on **WEDNESDAY, 08<sup>TH</sup> DECEMBER 2010** from 11.30 am to 01.30 pm for the students of Std. I, II, III & IV of Marathi medium. Programme started with self introduction by the student. Lecture was given on the topic of personal & general hygiene, diet, exercise. Biscuits packets were distributed to all. We thank principal of the school Mr. Anil Kesari, Teachers Mrs. Kelle Fernandes, Mrs. Sucharita Joshi, Mrs. Hemangi Shastri, Mrs. Meeta Patil and Mrs. Seema Shaikh for helping in organizing this programme. We also thank Dr. Kamlesh Gandhi, C.H.O. Dr. (Mrs.) Khankal, C.D.O. Mrs. Anuraha Kamble, Mr. Ravi Chavda for helping in organizing this programme.

**DR. PRATIBHA THORAVADE**

Chairperson - Information, Education & Communication

## **MEMBER'S WELFARE SUB COMMITTEE - A Report**

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Member's Welfare Sub Committee had organised a documentary on 9/11 attacks on Sunday, 28<sup>th</sup> November 2010 at Lupin auditorium under IMA movie club. The show was attended by more than 100 members & their family. The documentary revealed many startling facts about 9/11 which was never revealed in media. It was appreciated by all.

### **DR. MEHUL M BHATT**

Chairperson  
Member's Welfare Sub Committee

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## **MEDICAL EDUCATION SUB COMMITTEE**

Fourth Educational Programme for Residents was held on **SATURDAY, 11<sup>TH</sup> DECEMBER 2010** at 07.00 pm onwards, in our branch premise. Introduction of the programme was done by Dr. Rashmikant Sanghvi, Chairperson, Medical Education Sub Committee.

First lecture was delivered by **DR. SALIL BENDRE**, M.D. (Consultant Chest Physician) on "**SLEEP APNOEA**". The second lecture was given by **DR. RAHUL TAMBE**, D.N.B. (Consultant Physician) on "**CURRENT TRENDS IN DIABETES MANAGEMENT**". Both the lectures were excellent, informative and were well appreciated by all the residents.

### **DR. RASHMIKANT SANGHAGI**

Chairperson  
Medical Education Sub Committee

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## **RNTCP WORKSHOP - Report**

RNTCP Training Workshop, under IMA's IMA – GFATM – RNTCP – PPM - RCC PROJECT, was organised on Sunday, 19<sup>th</sup> December 2010 at IMA - MUMBAI WEST.

It was attended by 19 delegates. Dr. Manisha Bidaye, Technical Consultant for this project for Unit-3 of Maharashtra State, conducted the workshop very efficiently. A Pre - Test was answered by all the delegates. Subsequently the delegates got so engrossed in the subject that they lost track of time and the workshop extended well beyond the scheduled time, with only a short lunch break to intervene.

The other faculty were- Dr. Mrs. Keskar (CTO) and Dr. Avinash (WHO Consultant for TB).

The workshop ended with delegates answering a Post Test

Questionnaire and signing an optional MOU.

Dr. Manisha Bidaye deserves special appreciation for conducting the workshop efficiently, enthusiastically and with sincerity.

### **DR. PRITI BHARGAVA**

Asst. Director of Studies  
IMA – CGP Sub Faculty



## **BED SIDE CLINIC – A REPORT**

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Bed side clinic was conducted on **TUESDAY, 21<sup>ST</sup> DECEMBER 2010** at Sujay Hospital. It was attended by 9 Members. 3 cases were discussed in detail.

- Case 1 : 90 years old male patient who suffered aspiration pneumonia with (Rt) IT fracture.
- Case 2 : 44 years old male patient who had mixed malaria, suddenly became breathless and landed with ARDS.
- Case 1 + 2 were discussed by Dr. Abhishek Bhargava
- Case 3 : 60 years old Punjabi female having scoliosis was discussed by Dr. Jairam & Dr. Raveshia.



Enthusiastic members bombarded the consultant with loads of questions.

### **DR. RONAK SHAH**

Asst. Secretary, IMA –CGP Sub Faculty

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## **CADAVER ORGAN TRANSPLANT**

An awareness talk on CADAVER ORGAN TRANSPLANT was addressed by ZTCC (Zonal Transplant Coordination Centre) Counsellor Miss Sujata Nadar, on 21<sup>st</sup> December 2010 in Lupin Hall.

The term 'CADAVER' is a misnomer here. When organs are taken from a brain dead individual, while he/she is on life support (on ventilator and with circulation maintained), it is called CADAVER ORGAN TRANSPLANT. At this stage almost any organ can be retrieved for transplant. Once circulation stops only skin (within 6 hours) and cornea (within 24 hours) can be retrieved for transplant.

ZTCC is the regulatory body for all Cadaver Organ Transplants. It is a Government body. Cadaver Organ Transplants can take place only in centres (hospitals) registered under and recognised by ZTCC. If the 'willing' donor happens to be at a non-recognised centre, he / she has to be transferred to a recognised centre, only then can his/her organs be retrieved for Cadaver Organ Transplant. The recognised centre arranges for its ambulance for the transfer and no charges are levied on the persons concerned.

ZTCC maintains a priority list of potential recipients. This list is updated regularly and all Cadaver Organ Transplants take place in accordance with this list, under ZTCC.

### **DR. PRITI BHARGAVA**

Asst. Director of Studies, IMA – CGP Sub Faculty

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## **REPORT**

Attend one and get 2<sup>nd</sup> as a bonus". We had very much informative and intellectual talk by a versatile personality, Mrs. Sandhya Aditya Kaushik on

### **1) "Hand Writing Analysis" and 2) "How do Tarot Cards Work ?"**

This was like a live demonstration with amazzzz....ing interest everybody showed to learn and to know about themselves. It was a great response by the crowd of more than 45 members. We all had many tips to take back, realizing our potential and achieve success in the life and work.

It was the greatest gift for the coming new year.

### **DR. BHAVNA PATEL**

Chairperson, Women's Wing Sub Committee  
IMA MUMBAI WEST

# **DR. SALIL BENDRE**

**INVITES YOU FOR...**

## **"2 DAYS RESPIRATORY TRAINING WORKSHOP"**

AT IMA LUPIN HALL, MHATRE MARG, ANDHERI WEST.

**DATE : 5<sup>TH</sup> AND 6<sup>TH</sup> FEBRUARY 2011, SATURDAY & SUNDAY**  
**TIME: 9AM TO 5 PM ON BOTH DAYS**

### **HIGHLIGHTS :**

- ❖ THIS WORKSHOP COVERS HISTORY TAKING, SYMPTOMATOLOGY & CLINICAL DIAGNOSIS.
- ❖ DELEGATES WILL BE EXAMINING PATIENTS , TAKING THEIR HISTORY & DISCUSSING THE DIAGNOSIS.
- ❖ XRAY DIAGNOSIS , MIS DIAGNOSIS IN RESPIRATORY DISEASES.
- ❖ PAEDIATRIC RESPIRATORY DISEASES.

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IMPORTANCE OF PHYSIOTHERAPY IN CHEST DISEASES.  
CERTIFICATES WILL BE HANDED TO ALL DELEGATES.

**REGISTRATION CHARGES: Rs 2000/-.**  
**(after 26<sup>th</sup> January 2011: RS 2500/-)**

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**CONTACT :**

**9820001152 / 9821333915 / 26743841.**

**INDIAN MEDICAL ASSOCIATION - MUMBAI WEST**  
**&**  
**QUALITY COUNCIL OF INDIA**

*present*

**A Sensitization Programme**

**on**

**“STANDARD FOR CLINICS / POLYCLINICS / DISPENSARIES”**

**Day & Date : SUNDAY, 02<sup>TH</sup> JANUARY 2011.**

**Time : 08.30 am to 2.00 pm**

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

**PROGRAMME**

<b>Time</b>	<b>Topic</b>	<b>Speaker</b>
08.30 am - 09.30 am	<b>Registration &amp; Breakfast</b>	
09.30 am - 10.00 am	<b>Inauguration</b>	
10.00 am - 10.30 am	Global & Indian Scenario on Accreditation	Dr. Giridhar Gyani
10.30 am - 12.30 pm	Clauses of the Standards for Clinics & Dispensaries	Dr. Arati Varma
12.30 pm - 12.45 pm	Modalities & Costing	Dr. Zenab
12.45 pm - 01.30 pm	Questions / Answers	
01.30 pm	<b>Vote of Thanks</b>	Dr. Ashok Balsekar
01.30 pm onwards	<b>Lunch</b>	

- ▶ **REGISTRATION FEES : FREE BUT PRIOR REGISTRATION IS MUST.**
- ▶ **LUCKY DRAW FOR EARLY BIRDS UPTO 09.30 AM ONLY.**

**FOR REGISTRATION CONTACT :**

**MS. APARNA / MS. SEEMA / MS. SUNITA**

IMA - OFFICE TEL. NO. : 2620 6517 / 2625 4368

**DR. BALKRISHNA M. INAMDAR**  
President

**DR. ASHOK BALSEKAR**  
Hon. Secretary

# INDIAN MEDICAL ASSOCIATION - MUMBAI WEST

*Presents*

## “EMERGING STARS OF MEDICINE” Conference

**Day & Date : SUNDAY, 16<sup>TH</sup> JANUARY 2011.**

**Time : 08.30 am onwards**

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

### PROGRAMME

Time	Topic	Speaker
08.30 am - 09.30 am	<b>REGISTRATION &amp; BREAKFAST</b>	
09.30 am - 09.45 am	Welcome	
09.45 am - 10.15 am	Pediatric Hemophilia	Dr. Swati Kanakia
10.15 am - 10.45 am	Back to Basics-Work up of an Infertile Patient	Dr. Kaushal Kadam
<b>INAUGURATION</b>	Welcome Speech	Dr. Ashok Balsekar
	IMA PRAYER & National Anthem	
	President's Speech	Dr. B. M. Inamdar
	<b>“EMERGING STARS OF MEDICINE” CITATION AWARDEES</b>	
10.45 am - 12.30 pm	<b>MEDICAL EDUCATION SCHOLARSHIPS</b>	
	Introduction of <b>Guest of Honour</b> and her Address : <b>DR. LEKNA PHATAK</b>	
	Introduction of <b>Chief Guest</b> and his Address : <b>DR. T. P. LAHANE</b>	
12.30 pm - 01.00 pm	Panel Discussion on COPD Moderator: Dr. Navin Chatwani	Dr. Pralhad Prabhudesai, Dr. Salil Bendre, Dr. Parag Mehta
01.00 pm - 01.30 pm	Depression	Dr. Ashit Sheth
01.30 pm - 02.00 pm	<b>LUNCH</b>	
02.00 pm - 02.30 pm	Widening Horizons of Metabolic Surgery	Dr. Amarnath Upadhye
02.30 pm - 03.00 pm	Interesting cases in Diabetes	Dr. Pradeep Ghadge
03.00 pm - 03.30 pm		
03.30 pm	<b>Vote of Thanks &amp; Lucky Draw</b>	

#### **REGISTRATION CHARGES** : Maximum 150 delegates

- ❖ CGP and IMA Members who have paid ANNUAL Fees = Free. (Only if Registered in Advance)
- ❖ CGP & IMA Members : ₹. 200/-
- ❖ Spot Registration & Eligible Non Members : . 300/-
- Early Bird Prizes for those who register by 09.00 a.m. ● Lucky draw at the end of the programme.
- ▶ MMC ACCREDITATION HAS BEEN APPLIED FOR.
- ▶ CHARGES FOR MMC CREDIT HOURS (FOR THE ACCREDITED CMES) .50/-

**APPLICABLE TO ALL IMA MEMBERS DESIROUS OF CREDIT HOURS.**

#### **FOR REGISTRATION CONTACT :**

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

**DR. BALKRISHNA M. INAMDAR**  
President

**DR. ASHOK BALSEKAR**  
Hon. Secretary

**IMA - CGP MUMBAI WEST SUB FACULTY**  
**of**  
**INDIAN MEDICAL ASSOCIATION - MUMBAI WEST**  
*present*  
**“GASTRO - ONCOLOGY UPDATE”**

**Day & Date : SUNDAY, 30<sup>TH</sup> JANUARY 2011.**

**Time : 09.00 a.m. to 01.00 pm**

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

**PROGRAMME**

Time	Topic	Speaker
09.00 am - 09.30 am	Registration & Breakfast	
09.30 am - 10.00 am	Welcome Address	Dr. Ashok Balsekar
	Inaugural Address	Dr. B. M. Inamdar
	Introduction	Dr. Priti Bhargava
10.00 am - 10.45 am	What is Her 2 : How it is Tested, And is it Tested in Breast and Gastric Cancer	Dr. Manjeet Mehta
10.45 am - 11.30 am	Minimal Access in Gastric Cancer Surgery	Dr. R C Mistry
11.30 am - 12.15 am	Newer Targeted Therapy in Advanced Gastric Cancer	Dr. P S R K Sastry
12.15 pm	Vote of Thanks	Dr. Ronak Shah
12.15 pm	Lunch	

**REGISTRATION CHARGES** : Maximum 150 delegates

- ❖ CGP and IMA Members who have paid ANNUAL Fees = Free. (Only if Registered in Advance)
- ❖ CGP & IMA Members : .200/-
- ❖ Spot Registration & Eligible Non Members : .300/-

▶ **Early Bird Prizes for those who register by 09.00 a.m.**

▶ **Lucky draw at the end of the programme.**

▶ **MMC ACCREDITATION HAS BEEN APPLIED FOR.**

▶ **CHARGES FOR MMC CREDIT HOURS (FOR THE ACCREDITED CMES) .50/-**

**APPLICABLE TO ALL IMA MEMBERS DESIROUS OF CREDIT HOURS.**

**DR. BALKRISHNA M. INAMDAR**

President

**DR. ASHOK BALSEKAR**

Hon. Secretary

**DR. PRITI BHARGAVA**

Asst. Director of Studies

**DR. RONAK SHAH**

Asst. Secretary

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

## “IGNORANCE OF LAW NOT EXCUSABLE ! ”

(for information of our members)

### **BIO-MEDICAL WASTE :**

A) The hospital waste generation has become a prime concern due to its multidimensional ramifications as a risk factor to the health of patients, hospital staff and extending beyond the boundaries of medical establishment to the general population.

Hospital waste refers to all Waste Biologic or Non Biologic that is discarded and not intended for further use. Bio-Medical Waste (BMW) is generated in hospitals, research institutions, health care teaching institutes, clinic, laboratories, blood banks, animal houses and veterinary institutions.

Hospital waste management has been brought into focus in India recently, particularly with the notification of the BMW (Management and Handling) rules 1998. The rule makes it mandatory for the health care establishments to segregate, disinfect and dispose their waste in an eco-friendly manner, otherwise attracts imprisonment upto 5 years, fine extending upto one lakh or both under section 15 of the environment (protection) act 1986.

**B) COMMON ENTRANCE TEST FOR MBBS :** The Union Health Ministry has decided to conduct common entrance tests for medical, engineering, MBA, MCA, Pharmacy, Law, Nursing and others for various colleges across the country. Though the CET will ease the pressure on lakhs of aspiring students to have several entrance examinations at multiple destinations, clashes of exam dates, counseling dates, recurrent expenses etc. it has got several disadvantages and practical difficulties also.

There is also a proposal for the common entrance test for post graduate medical education also from the health ministry.

**C) COMMON EXIT TEST AFTER MBBS ! :** The MCI is proposing a common exit test after getting MBBS degree from Medical Colleges. The MCI has given a statutory recommendation for a mandatory common exit test which is under consideration by the health ministry. According to MCI this is raised considering the SENSITIVE NATURE OF THE MEDICAL PROFESSION – DEALING WITH LIFE AND DEATH KEEPING IN MIND VARYING STANDARDS OF EDUCATIONS IN VARIOUS MEDICAL COLLEGES.

We should take up such matters against Medical Council of India and Union Health Ministry for the decisions which are not only detrimental not only to our profession, but also to the public at large.

We are waiting for the response from our members on the above issues. Response will be published in the next issue of Medical Image.

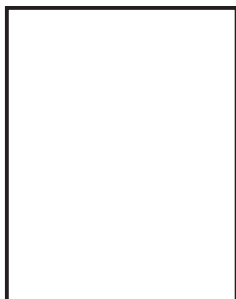
### **DR. ASHOK BALSEKAR**

Hon. Secretary

#### **-: MATRIMONIAL :-**

“Cultured well educated **Jain Gujarati Family** invites alliance for their smart slim good looking, family loving, BDS (Mumbai) 26 year, 5’ 5’, daughter, from Mumbai based MDS / BDS / MD / MS (Surgery) / MBBS – DNB groom of Gujarati Jain / Vaishnav well settled and pure vegetarian family”.

**Contact : 022 2774 2147 Mobile : 98195 39893 / 99206 39893**



## GUEST EDITOR

*Dear Colleagues,*

I consider it pride and my privilege to be the guest editor of this special issue of Medical Image dedicated to Ophthalmology. At the outset let me wish all our fellow members a very HAPPY NEW YEAR 2011. May this year bring in new and better news in the lives of all our members.

Ophthalmology, as you all know is one of the fastest developing faculties wherein new techniques, instrumentations and advances have amazed not only patients but even we doctors. We can proudly say that in Mumbai Ophthalmology is abreast with the latest in the world and almost any new technology in ophthalmic world is available in Mumbai.

Gone are the days when patients needed to rest at home / bed for weeks after a routine Cataract surgery. New methods of Cataract management have not only made Cataract treatment a day care surgery, but a truly day cure surgery where patients virtually can go back to routine work on the second or third day of the operation. Cataract surgery has evolved from the large incision (12 mm) Intracapsular Cataract surgery, to Extra capsular (8-9 mm), to Small Incision Cataract surgery (5-6 mm) , to Phaco Emulsification surgery ( 3 mm) . Now we talk of Sub 1 mm Cataract surgery incision. I am sure that the day may not be far where the entire Cataract surgery may be performed just through a needle puncture. IOLs (Intraocular lenses) have also seen rapid advances. Going through

Large non supported 11-12 mm disc IOLs, through Non Foldable (5.5 to 6.5 mm), then Foldable (3-4 mm incision) now we are talking about and doing Rollable IOLs which pass through less than 1 mm incisions.

Retinal surgeries too have seen their advances. Initially most of the retinal procedures were blind procedures and results of the procedures could be assessed only weeks after the surgery. Visual outcomes and success of retinal surgeries used to be below 25%. Now new techniques of closed Vitrectomies, 23 G needle retinal surgeries & Lasers are offering better surgical outcomes.

Glaucoma management too has seen advances in form of diagnostic equipments like computerized perimeters, Optic nerve head analyzers, Retinal nerve fiber analyzers which help us to assess the Glaucoma at the earliest. Drugs for Glaucoma have made the management of Glaucoma simple, alleviating the need of surgery. Rarely do we see properly following blind due to this disease.



es too have evolved along crude (now I may say so my), though that time it was and excellent surgery for excimer laser and now the to get rid of not only Myopia, but Hypermetopia and all. I may not be wrong in saying that Mumbai city must be performing the largest number of refractive surgeries in the world.

Management of Diabetic Retinopathy (DR) with the help of new Lasers, drugs and surgeries has reduced the incidence of blinding due to this disease. Patient awareness, surveillance, modern techniques/instrumentation to demonstrate record and monitor diabetic retinopathy has aided the management of DR. Change as they say is the only permanent thing in this world. Techniques & Technology is going to change day by day. We will be having access to more and more modern things. Face of Ophthalmology is changing so fast that sometimes it even makes us Ophthalmologist

wonder, how technology can advance and be exploited for the betterment of Human mankind.

Advances in Ophthalmology offer us better treatment and reliable results. But the problem is in early identification of an Eye problem and providing the right treatment to your patient at the right time. A simple thing like keeping a Snellens chart (vision testing chart) in the clinic, Charting Vision, Identifying drop in vision and providing the necessary guidelines or referring the patient at right time can help your patients receive Right treatment at Right time. Friends lets join hands to "Prevent Blindness"

Once upon a time dreaded (*dreaded because they are causes of irreversible blindness*)

diseases like Glaucoma, Diabetic Retinopathy and Age related Macular degeneration can be almost completely controlled if diagnosed early, followed up properly and treated in time.

Friends if you can diagnose or even suspect any of these problems and provide the right direction to your patients you can help your patients avoid "Blindness"

Thanking you,

**Dr. ARUN S. CHAUDHARI**

MS; DOMS ; FCPS ; MAMS  
drchaudhari@mtnl.net.in  
Mobile: 9820186978

## WELCOME NEW MEMBERS

Andheri	Dr. Anvekar Amar Gangaram	Dr. Anvekar Renuka (Mrs.) Amar
	Dr. Clements Lyia Lata	Dr. Desai Mahendra Chhotalal
	Dr. Jain Sushil M.	
Bandra	Dr. Chopra Pravin Mangilal	Dr. Gupta Ashish Bhushanlal
Borivli	Dr. Chandorkar Vasumati (Mrs.) Jayprakash	
Kandivli	Dr. Vachharajani Bharatkumar Maniprasad	Dr. Vachharajani Pratima (Mrs.) B.
Khar	Dr. Advani Veena (Mrs.) Gurmukh	Dr. Dhingreja Bhajan Kishindas
Santacruz	Dr. Jadhvani Govind Prabhudas	
Vile Parle	Dr. Dharurkar Nilesh Vasant	Dr. Dharurkar Shubhada Nilesh
	Dr. Jhaveri Snehal Mahesh	Dr. Jhaveri Reshma (Mrs.) Snehal
	Dr. Shah Kesar Sanjiv	
XX-Sub	Dr. Bhot Firdaus Beheram	

**DR. B. M. INAMDAR**  
President

**DR. ASHOK BALSEKAR**  
Hon. Secretary

**DON'T FORGET !!**

**POLIO PLUS NID ON 16-01-2011 & 20-02-2011**

"URGE YOUR PATIENTS TO GIVE EXTRA POLIO DOSES TO CHILDREN BELOW 5 YEARS OF AGE ON SUNDAY, 16<sup>TH</sup> JANUARY 2011 & 20<sup>TH</sup> FEBRUARY 2011 AT THE NEARBY BOOTHS".



## AMBLYOPIA (Lazy Eye)

**DR. ARUN S. CHAUDHARI**

MS ; DOMS ; FCPS ; MAMS  
**OPHTHALMOLOGIST**

**Chief Eye Surgeon - Greenleaf Clinics**  
**Ex Hon Consultant : Lotus Eye Hospital, Juhu**

### AMBLYOPIA ( Lazy Eye)

*Amblyos means dull and ops mean vision*

I have chosen to write on this topic because **Amblyopia is one of the commonest causes of treatable blindness in children.**

Von Grafe defined Amblyopia as the condition in which the *“clinician saw nothing and the patient very little.”*

**Definition :** Technically Amblyopia is defined as Unilateral or Bilateral decrease of Visual acuity caused by form vision deprivation and/or abnormal binocular interaction during a sensitive or critical period for which no organic cause can be detected by physical examination of the eye and which in appropriate cases is reversible by therapeutic measures.

Thus as we understand

- ✓ there is a decrease vision,
- ✓ there is no organic cause found and above all
- ✓ it is reversible with proper treatment.

By sensitive period we mean the sensitive period of visual development i.e. from 6 weeks after birth till 6 months, although visual maturation continues till 6-7 years of age. Hence we need to diagnose this problem at the earliest and treat it as early as possible preferably before the age of 6-7 years.

**Prevalence :** it is far more common than we believe. 0.5% to 3.5% in preschool children, 4.0 to 5.3% in patients with ophthalmic problems. One can safely presume that it may be as high as 2-3 % of general population.

#### Categories of Amblyopia:

- 1) Strabismic amblyopia (Squint related) –

cause is abnormal binocular interaction and more common in convergent squints (75%) than in divergent squints (22%)

- 2) **Refractive amblyopia** (Refractive error related) - cause is deprivation of vision due to refractive error. More common in Hypermetropia esp. those exceeding +3.50, these children may have associated squint. Also seen in children having high astigmatism and anisometropia ( difference in the power of two eyes different)

- 3) **Deprivational amblyopia** – cause is vision sensory deprivation during the critical period. Congenital cataracts report the most severe instance of deprivation, hence congenital cataracts need to be treated at the earliest ideally the opportunity for successful treatment should be limited to 6 months.

**DIAGNOSIS :** Before considering the label of Amblyopia, the child has to be properly and carefully refracted. Cycloplegic refraction (Glasses examination under effect of dilatation by relaxing the ciliary muscles completely) and Visual Acuity needs to be tested and recorded monocularly. In Smaller children (below 2.5 years), retinoscopy readings need to be relied upon. Once the child grows up definite assessment of Visual acuity can be made.

**Treatment:** All Amblyopia must be corrected properly prior to starting Amblyopia therapy



**Spectacle Correction** is guided by Retinoscopy, Automated refractor and vision assessment in verbal age children

**Occlusion therapy** is by far the most important of the methods of treating developmental Amblyopia. Occlusion may be Total or Partial, Direct or Indirect. Full time occlusion gives quicker and better visual recovery. Schedule for occlusions are best decided by Ophthalmologist The basic principle of occlusion is to occlude the better eye so as to give a thorough chance to the deprived eye to improve.

In associated squints the amblyopia needs to be given thorough chance to improve before resorting to any required surgery for the squint In deprivational/developmental amblyopia such as Cataract, the Cataract needs to be first treated, followed by careful refraction and then amblyopia therapy as required.

Various other aids like penalization and instrumentation like CAM stimulators can be used

**Follow-up** : It is most crucial that all patients undergoing Amblyopia therapy need close frequent and careful follow-ups. Younger the child better the results.

Follow-ups are required till vision of the Amblyopic eye and the fixing eye becomes equals or until no further improvement is noticeable in the amblyopic eye after atleast 3 months of total occlusion of the fixing eye. Motivation and cooperation of the Parents form pillars of the treatment of Amblyopia especially the Patching therapy. Often if there are no good results treatment instructions should again be reviewed with the parents.

**Pitfalls of treatment:** Occlusion amblyopia, Recurrence, Inadequate results.

### **How Can You Prevent Amblyopia in your child patients?**

- ✓ Keep a Snellen's chart in your Clinic and record vision of all children as a routine practice

- ✓ In preverbal age group look for
  - Squint
  - Non fixing eye
  - Obvious eye diseases, Cataract, Corneal opacity, Small or large eye
- ✓ Do not ignore Parents history of child not following light or objects
- ✓ At slightest doubt involve your Ophthalmologist in the care of your patient
- ✓ Ensure that your amblyopic patients follow experts advice and comply with treatment
- ✓ Motivate your patients parents for successful outcomes

Your timely referral can prevent the child from a permanently deprived vision.

**Prognosis:** If detected in time, Amblyopia is treatable and has very good prognosis.

Diagnosis and Management of amblyopia therefore should be initiated at as early age as possible. Although the best outcome is achieved if treatment is started before age 5, research has shown that children older than age 10 and some adults can show improvement in the affected eye. The upper age limit for response to amblyopia is unclear. Adolescents aged 13 to 17 showed improvements as well, albeit in smaller amounts than younger children. It is uncertain whether such improvements are only temporary, however, particularly if treatment is discontinued. Experience has shown that attempts after the age of 10-11 are futile, however there is always no harm in giving a chance to the child to better his/her vision.

Finally I wish to harp again on “Amblyopic is **one of the commonest causes of treatable blindness in children.**”

Your feedbacks and queries are valued at [mail@greenleafindia.in](mailto:mail@greenleafindia.in)

..... **Dr Arun S. Chaudhari**

## VITAL FACTS ABOUT KERATOCONUS THAT YOU SHOULD KNOW... BUT DON'T



### DR. VINAY AGRAWAL

M.B.B.S., Dip. Ophth..., M.D., D.N.B. (Ophth).

Cornea Fellow, L.V.Prasad Eye Institute, Excimer laser training fellowship, Germany.

Instructor & Fellow, University of Rochester, New York,

Consultant : Clear Vision Eye Center, Santacruz (W), Lilavati Hospital, Pramukhswami Eye Hospital

Keratoconus is a disease of the front surface of the eye that often is visually debilitating. It affects about 1/2000 of the population, Many struggle to function in everyday life due to inappropriate treatment options or advice.

Because there is a lack of experience in the keratoconus area often a person that has keratoconus will accidentally be steered in a totally incorrect direction.

Fortunately, you can be different!

This report covers the vital issues in keratoconus that if not understood can lead to significant problems, inconvenience, grief and emotional distress.

When you understand and apply these important principles you can be at ease with this frustrating condition.

### **Keratoconus does not lead to blindness**

The reality is that no one goes blind from keratoconus.

There are currently multiple options before corneal transplantation might be required from:

- a. Glasses
- b. Soft contact lenses
- c. Rigid gas permeable contact lenses
- d. Rigid gas permeable lenses piggybacked on soft disposable contact lenses
- e. Mini-scleral contact lenses
- f. Corneal Cross Linking with Riboflavin (C3R)
- g. Intracorneal Ring implantation (Corneal Ring)
- h. Re-prescribing glasses, soft contact lenses or rigid gas permeable contact lenses after

Corneal ring implantation / corneal cross linking with riboflavin.

Clear Vision Eye Center offers ALL the above options in one place.

### **Keratoconus does not progress forever**

The good news for most people is that keratoconus usually stabilizes quite well in the third decade of life, except when:

1. Poorly fitted contact lenses are used
2. The affected person regularly and aggressively rubs their eyes.

### **Reducing eye rubbing is vital**

Over the years I have come up with three strategies:

1. It is a good idea to use anti-allergy drops.
2. Cold compresses should be used when you feel like you need to rub.
3. Use appropriate contact lens solutions.

### **How do you know that you have keratoconus?**

#### **Getting the diagnosis correct is the first step.**

Many patients are not diagnosed till quite late in the course of the disease.

Pointers to a possibility of keratoconus are:

1. Fluctuating vision (or your child says this all the time).
2. Rapid and repeated changes of spectacles.
3. "Unclear Vision" despite "new" spectacle numbers.
4. Inability of the optician to give you a "correct number"

5. for spectacles.
6. Family history of keratoconus

The correct diagnosis depends on a number of skilled clinical evaluations. None can replace your skilled eye surgeon and his examination skills.

**Assessing the visual needs and improving the vision is the second step.**

If spectacles are no longer good enough, then consider the possibility of contact lenses. These are a keratoconus patient's best friend. Rest assured that there is always a lens for you.

Being at the forefront of keratoconus management Clear Vision Eye Center offers a variety of cutting edge options for its patients. In the rare event that an eye with keratoconus needs surgery Clear Vision offers all surgical options ranging from Deep Anterior Lamellar Keratoplasty (DALK) to Penetrating keratoplasty (PK).

**Keratoconus specialists are far and few**

At the beginning of this report I mentioned the prevalence of keratoconus in the general Indian

population is guessed to be about 1/2000 to 1/3000. There are approximately 13,000 eye surgeons in India so if patients with keratoconus were even distributed every eye surgeon each would have only 30 keratoconus patients to look after. No eye surgeon in the country could possibly develop any expertise in this area.

The good news is that there are approximately twelve to fifteen centers around the country that look after many keratoconus patients. Clear Vision is proud to mention that it is one of these.

**What are the current management options for keratoconus?**

This includes all the different contact lenses (RoseK, modified keratoconus CL, Soft perm [soft edge], Scleral lenses), Para surgical therapies like Corneal Collagen Cros

Linking with Riboflavin (C3R), Intracorneal Ring Segments (ICRS), and corneal transplantation (both lamellar and penetrating keratoplasty). This makes us one of the few national centers with end-to-end expertise in keratoconus management.

**CONGRATULATIONS TO TAMIL NADU IMA !  
NON – ALLOPATHS CAN'T PRESCRIBE ALLOPATHIC DRUGS**

IMA – Mumbai West congratulates Tamil Nadu IMA for the excellent work in the field of Anti Quackery.

A feather in its crown is the stay obtained from the Chennai high court against the government order permitting the non allopathic doctor to prescribe allopathic drugs and also doing surgeries.

All the best for success in the pending cases against quackery also !

**DR. SURESH S. KALAMBI**

Chairperson,  
Anti Quackery Sub Committee

**CONGRATULATIONS TO KERALA STATE BRANCH**

IMA – Mumbai West congratulates the leaders of IMA Kerala State Branch for their untired and sustained official, legal actions and political lobbying efforts against the BRHC Course which has made the Prime Minister to request the UNION HEALTH MINISTER TO STOP ALL FURTHER PROCEEDINGS ON BRMS AND TO KEEP IT IN ABEYANCE.

## WHITESTAR TECHNOLOGY IN PHACOEMULSIFICATION WITH THE ELLIPS



### DR. KUMAR J. DOCTOR

Refractive and Cataract Surgeon

Medical Director of Doctor Eye Institute

Specializes in removal of spectacle power by Excimer laser with LASIK surgery and Cataract Removal by Phacoemulsification with foldable and Multifocal I.O.L Implantation.

Recipient of “**Gold Medal Award**” presented by the CM of Maharashtra, Shri.Vilasrao Deshmukh,

“**Best Academic Private Practitioner Award**” in the silver jubilee MOS conference

“**Merit Video Presentation Award**” at APAO-2006 at Singapore.

“**Best Innovations in Ophthalmology**” at MOS in 2007 and

“**Best Video Presentation Award**” at MOS in 2008

“**Captain of Ophthalmic Premier League**” trophy at IIRSI Delhi in 2009

### DOCTOR EYE INSTITUTE PVT. LTD.

Tel. : 2628 4103, 2625 1689, 2628 7165, 6523 7166 Email: drkumardr@gmail.com

A cataract is the clouding of the lens of our eye and is a natural part of the ageing process. Surgical removal is the only known effective cure for cataract.

**Cataract Surgery by Phacoemulsification has undergone a tremendous progress ten years.** It has evolved rapidly over the last two decades. The technological advancements as well as the skill of the surgeons has lead to a much higher rate of success with better visual results and fewer complications.

Phacoemulsification is the technique used most commonly to remove a cataract. This involves the use of an instrument that applies ‘**high-energy sound waves**’ to fragment the cataract into small pieces so that it can be removed through a small incision.

However, this **high-energy sound waves** yield multiple disadvantages, including higher total energy used inside the eye leading to heat production, turbulence, chatter and higher fluid usage. This can cause corneal burns, damage to the delicate structures of the eye (endothelium). Also learning this technique is difficult.

In the past, many people were not recommended Phaco surgery due to various other eye conditions such as low endothelial cell count in corneas etc but due to technical advances in the latest Machines such as The WHITESTAR SIGNATURE SYSTEM (Allergan / Abott, USA) this has become a safer option.

The WHITESTAR SIGNATURE SYSTEM is more than just the latest phaco technology. it’s an all-new surgical platform. It represents a breakthrough in safe, easy CATARACT removal technology that has never been available to the cataract surgeon, until now.

Signature System technologies are ideal for removing all lens (cataract) types and can accommodate the preference of various surgical techniques. This benefit is of increasing importance to surgeons and their patients. It is equipped with the most advanced ELLIPS handpiece which incorporates lateral movement which when blended with forward and back motion results in elliptical cutting path which makes Phacoemulsification easier for brown and hard cataracts. The all-new Whitestar Signature System with the latest Revolutionizing Lens (cataract) removal technology, the ELLIPS makes the cataract surgery safer, easier and faster.

This reduces risk of bag rupture and Uses little to no ultrasound. WHITESTAR Technology is clinically proven to produce clearer corneas post-op day 1!

**Hard Cataract Removal have never been so simple!!** WHITESTAR Technology is clinically proven to produce clearer corneas post-op day 1 After Cataract Surgery Intra Ocular Lens is implanted through the opening created and placed inside the eye in place of the natural lens that has been removed. It is now possible to remove dependence on glasses after Cataract Surgery with Multifocal IOLs.

## TAKE - HOME MESSAGE

**BY DR. PRITI BHARGAVA**

*Director CGP*

<p><b>02.12.10 :</b>  <b>FIRST LINE ART AND PROPHYLAXIS IN HIVDR.</b>  <b>GEORGE OOMMEN</b>  <u>Constructing a Antiretroviral regimen</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 NRTI + NNRTI or PI</li> <li><input type="checkbox"/> Treat all pts with CD4 <math>\leq</math> 350</li> <li><input type="checkbox"/> For pts with WHO stage 3 and 4, treat irrespective of CD4 count</li> <li><input type="checkbox"/> Use FDCs in first line treatment</li> <li><input type="checkbox"/> Do CD4 count routinely</li> <li><input type="checkbox"/> Initiate ART in all HIV pts with active TB irrespective of CD4 count</li> <li><input type="checkbox"/> Start ART in all pregnant women with HIV and a CD4 count of <math>&gt;350</math> cells/mm<sup>3</sup> for PMTCT <del>NEVER</del>.</li> <li><input type="checkbox"/> Use Unboosted PIs</li> <li><input type="checkbox"/> Use d4T/ddI, TDF/ddI, AZT/d4T together</li> <li><input type="checkbox"/> Monitor CrCl when TDF is used</li> </ul> <p><b><u>DRUGS FOR OI PROPHYLAXIS -</u></b>  <b>Prophylaxis should be offered to:</b></p> <ul style="list-style-type: none"> <li>● <b>HIV positive adults</b> : all persons with symptomatic HIV (Stage II, III or IV); asymptomatic persons with CD4 count <math>&lt;</math> 200 .HIV exposed infants from 6 weeks of age</li> </ul> <p>Recommended dose</p> <ul style="list-style-type: none"> <li>● Adults: 1 DS tablet daily of co trimoxazole</li> <li>● Prophylaxis should be given till CD4 stays above 250 for 6 months</li> <li>● Alternative Regimens</li> <li>● Dapsone 100 mg /day</li> <li>● In patients with CD4<math>&lt;</math>100 and positive toxoplasma antibodies, pyrimethamine 50 mg weekly + folic acid 15 mg weekly should be added to regimen</li> </ul> <p>Timing of PEP- CDC Guidelines-</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Initiate ASAP (within minutes) upto 36 hours</li> <li><input type="checkbox"/> Obtain expert advice when interval has exceeded 36 hours</li> </ul> <p>2 Drug PEP-</p> <ul style="list-style-type: none"> <li>. Lamivudine + Zidovudine (Duovir)</li> <li>3Drug PEP-</li> <li>. Lamivudine + Zidovudine + Efavirenz (Duovir E)</li> </ul> <ul style="list-style-type: none"> <li>▪ The Right Duration – 28 Days</li> <li>Never ever use NEVIRAPINE as part of PEP</li> </ul>	<p><b>16.12.10 : PEDIATRIC HIV/aids</b>  <b>DR. RASHID MERCHANT-</b>  MANAGEMENT &amp; PREVENTION (IRIS)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Occurs within 1-2 months of ART</li> <li><input type="checkbox"/> Paradoxical response when increased CD4 &amp; decreased PVL</li> <li><input type="checkbox"/> IRIS occurs when CD4 (<math>&lt;</math>50) PVL(<math>&gt;</math>100,000)</li> <li><input type="checkbox"/> Self limited with good prognosis</li> <li><input type="checkbox"/> Rx OI first for 2-3 months / ct - ART</li> <li><input type="checkbox"/> NSAID/ Corticosteroids (4-6 weeks)</li> <li><input type="checkbox"/> Thalidomide , Pentoxifylyline</li> <li><input type="checkbox"/> ? IV.IGG</li> </ul> <p><b>DR. P. S. MAMTORA</b>  Plain X-Ray of Spine is of ZERO Value in <u>Diagnosis</u> of Cervical or Lumbar Disc Prolapse  Degree of SLR is not Diagnostic</p> <p>Pain in the lower back or Radicular pain IS.  <b>TREATMENT OF BACK PAIN-</b></p> <p>Complete Bed Rest varying from 2 days to 6 weeks</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> NSAIDs</li> <li><input type="checkbox"/> Steroids <ul style="list-style-type: none"> <li>• Oral</li> <li>• Injectable</li> <li>• Epidural</li> </ul> </li> <li><input type="checkbox"/> Muscle Relaxants</li> <li><input type="checkbox"/> Physiotherapy</li> <li><input type="checkbox"/> (Standard initial electrical modalities, later exercises,)</li> </ul> <p>McKenzie protocol</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Surgery (Discectomy, multiple approaches)</li> <li><input type="checkbox"/> Nucleolysis (Chymopapaine &amp; Ozone)</li> <li><input type="checkbox"/> Other pathies (Homoeopathy seems to work very well Long term)</li> <li><input type="checkbox"/> Posture awareness</li> <li><input type="checkbox"/> Specific exercises (flexion as well as extension)</li> </ul> <p>ALL treatment modalities are ONLY palliative  <b>NONE ARE CURATIVE.</b></p>
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<p><b>09.12.10 : Pregnancy and HIV</b> Dr Ira Shah INFANT ARV</p> <ul style="list-style-type: none"> <li>▶ <i>Infants born to HIV-infected women receiving ART for their own health</i></li> <li>▶ <i>for breastfeeding infants: daily NVP from birth until 6 weeks of age</i></li> <li>▶ <i>for non-breastfeeding infants: daily AZT or NVP from birth until 6 weeks of age</i></li> </ul>	<p><b><i>Clinical Epilepsy Dr. Ashok Shirshat</i></b></p> <p><i>The best pointers to a seizure are lateral tongue biting and post-event confusion<sup>1</sup></i>  <i>Studies suggest an advantage of phenobarbitone use for partial onset seizures and a clinical advantage with carbamazepine for generalized onset tonic-clonic seizures<sup>1</sup></i>  <i>Favorable tolerability profile and relatively low potential for drug interactions of oxcarbazepine make it a valuable option in the treatment of childhood epilepsy<sup>2</sup></i></p>
<p><b>Approach to shoulder pain - Dr. Hetal Chiniwala</b> <b>Arm pain is not always from shoulder Joint</b> SOURCE OF PAIN:</p> <ol style="list-style-type: none"> <li>1. Cervical Spine</li> <li>2. Thoracic Outlet</li> <li>3. Shoulder Joint</li> </ol> <ul style="list-style-type: none"> <li>• Correct exercise program is the cornerstone of treatment</li> </ul>	

## ANNOUNCEMENT

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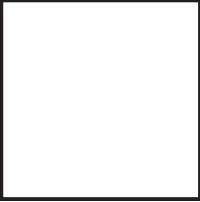

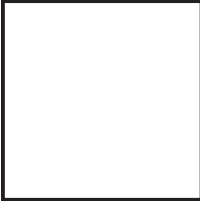

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**DR. ASHOK BALSEKAR**

Hon. Secretary

## HEARTIEST CONGRATULATIONS !


Award won by our branch At **"IMACON - 2010"** at **JAIPUR**

	<ul style="list-style-type: none"> <li>• Our President <b>DR. BALKRISHNA M. INAMDAR</b> has been selected for the prestigious <b>"PRESIDENT APPRECIATION AWARD FOR BEST ADJUDGED PRESIDENT OF LOCAL BRANCH"</b> by <b>IMA - NATIONAL AWARD COMMITTEE</b> for the year 2010.</li> </ul>
	<ul style="list-style-type: none"> <li>• Our Hon. Secretary <b>DR. ASHOK BALSEKAR</b> has been selected for the prestigious <b>"PRESIDENT APPRECIATION AWARD FOR BEST ADJUDGED SECRETARY OF LOCAL BRANCH"</b> by <b>IMA - NATIONAL AWARD COMMITTEE</b> for the year 2010.</li> </ul>
	<ul style="list-style-type: none"> <li>• Our Trust Board Member <b>DR. BAKULESH S. MEHTA</b> has been selected for the prestigious <b>"PRESIDENT APPRECIATION AWARD FOR BEST ADJUDGED PRESIDENT OF MAHARASHTRA BRANCH"</b> by <b>IMA - NATIONAL AWARD COMMITTEE</b> for the year 2010.</li> </ul>
	<ul style="list-style-type: none"> <li>• Our Hon. Treasurer <b>DR. AN R. VAIDYA</b> has been selected for the prestigious <b>"PRESIDENT APPRECIATION AWARD FOR BEST ADJUDGED SECRETARY OF LOCAL BRANCH"</b> by <b>IMA - NATIONAL AWARD COMMITTEE</b> for the year 2010.</li> </ul>

This is a moment of glory for our branch.

We are very proud of these achievements.

**HEARTIEST CONGRATULATIONS. KEEP UP THE GOOD WORK!**

	<h3 style="margin: 0;">ACHIEVEMENT</h3> <p style="margin: 5px 0;">Leading dermatologist from western suburb and our past president - <b>DR VINAY SARAF</b> has been elected as <b>"PRESIDENT OF INDIAN ASSOCIATION OF DERMATOLOGIST VENEREOLOGIST &amp; LEPROLOGIST"</b> for the year 2010-2011 (Maharashtra State).</p> <p style="margin: 5px 0;">Our hearty Congratulations to him.</p>
<p><b>Dr. Balkrishna M. Inamdar</b> President</p>	<p><b>Dr. Ashok Balsekar</b> Hon. Secretary</p>