◆GOA STATE ◆VOL XXI ◆ ISSUE THREE ◆ JULY – SEPTEMBER 2013

IMA NEWS

INDIAN MEDICAL ASSOCIATION

“ASPIRE TO INSPIRE ”

www.imagoa.in

Printed at David & Co. Margao, Goa Ph. 2730326, 2726999

cover 4

cover 2

cover 3

IMA News

GOA STATE BRANCH

Vol. No. XXI Issue 3

IMA GOA STATE
Executive Committee
January 2013 - December 2013

Published by:
IMA Goa State Hon. Secretary
Dr. Rahul Borkar
101, Hemmady Regency
First Floor, Opp. SBI (Malbhat Branch)
Malbhat, Margao, Goa 403601
Tel.: 0832 2738245 Cell:9767948049
E-mail: rahulborkar77@rediffmail.com

From the Editor's Desk

Dear Friends,

It gives me great pleasure to present this third issue of the IMA News, Goa on the auspicious day of the GIMACON.

This year being the Silver Jubilee year of GIMACON, it is going to be a special and a unique experience for all of you. I do hope you will attend in large numbers.

We have been privileged to have had the cooperation and support of the Chief Minister, Home Minister and Secretary of Health on various important health related issues.

We have also been fortunate to have successfully completed the updated constitution.

I congratulate the local branches who have conducted many programs and have kept me updated about all their various events and activities.

Each one of you is important for the growth of IMA in Goa. I thank all of you for your cooperation and hope you will continue the good work in the months ahead so that we will continue to "inspire" each other with our articles and activities.

Dr. Prithi de Sousa Araujo
Editor, IMA GOA State

From The President's Desk

By the time this gets into print, we would be at the end of the third quarter of the Association year, with the annual conference round the corner. The conference, being the silver jubilee year, promises to be an experience of a life time. The web site and online registration was a first; the pre-conference workshops are other firsts. We sincerely hope ALL members will be a part of the unique experience, by registering and attending the conference.

The year so far, has been an eventful one. We responded to the rather illogical letter sent by the joint secretary, health, MoHFW, published in the last issue, by meeting the C.M. and presenting our views on the irrationality of asking the State Government to register AYUSH practitioners with the Goa Medical Council. The CM agreed with our views and further, the AG's opinion has ensured that this will never happen.

We also petitioned the CM to pursue the enactment Violence Bill and the CEA. I am pleased to inform you that the first has been passed by the cabinet and will be presented to the Assembly during the October session. The CEA bill is being pursued with the Law Secretary, and we hope this will also reach the Assembly in October.

We are indeed very grateful to the CM as well as the HM and Principal Secretary, Health for all their support in these issues.

We have been pursuing the bio-medical waste management problem. The government's decision to have a single unit for Goa, in Dharbandora was scuttled by the panchayat there who refused to allow the unit in the area. The problem now is where to locate the unit. Solutions for this are being explored.

All formalities with regards to the updated constitution have been completed and the hard copy and C.D. versions will be released at the inaugural function. This has been a very tedious affair requiring at least ten visits to the registrar's office, because the changes were not recorded in that office before. Nevertheless the process was essential and has been completed.
We have had a record seven State level CME programs so far, as well as equally important local branch programs.

I thoroughly appreciate the energy and enthusiasm with which the local branches have been working and thank everyone for the support so far.

As the saying goes "Keep the Faith"; continue to "Aspire to Inspire".
I look forward to seeing you at the conference.

Dr. Gladstone D'Costa
President, IMA Goa State Branch

From The Secretary's Desk

Dear Colleagues in the IMA

I warmly greet each one of you in this third quarterly issue of the IMA News, Goa.

The months have quickly gone by and we have arrived at the GIMACON 2013. It being the Silver Jubilee of the GIMACON, a number of programs and workshops are being specially organized at the conference which is going to be a mega event this year.

We have been quite busy at the State level as we have already had seven State level CME programs.

The different IMA branches have also organized various meetings and programs with good participation from all the members. It is rewarding to see so much enthusiasm in our members at the state level as well as at the local branches.

I wish our host branch all the best in organizing the 25th GIMACON and pray that it will be a grand success.

Dr. Rahul Borkar
Secretary, IMA Goa State Branch

Minutes of the Executive Committee IMA Goa State held on 9th June 2013 in the IMA Goa State Office, St. Inez, Panaji, Goa.

The meeting started at 11a.m.. Since there was no quorum it was adjourned for 30 minutes.
The meeting restarted at 11.30 a.m.

The following members were present:
Dr. Gladstone D'Costa, Dr. Rahul Borkar, Dr. Naguesh Kakode, Dr. Prithi de Sousa Araujo, Dr. G. V. Prabhu, Dr. H. P Pai, Dr. Anil Mehndiratta, Dr. Sunita Pai,, Dr. Jagdish Kakodkar, Dr. Vinayak Buvaji, Dr. Deepak Dangui, Dr. Sandesh Chodankar, Dr. Roshan Nazareth, Dr. Prasad Netravalkar, Dr. Shailesh Hede, Dr. Abhijit Nadkarni, Dr. Preetam Naik, Dr. Kalpana Mahatme, Dr. Francisco Couto, Dr. Deepak Dhond, Dr. Ravin Rego.

The following members were granted LOA: Dr. Suraj Prabhudesai, Dr. Hina Shaikh, Dr. Damodar Bhonsule, Dr. R. Rivonkar, Dr. Sachin Palyekar, Dr. Shekhar Salkar, Dr. Lalana Bakhale, Dr. Amey Kamat, Dr. Dhanesh Volvoikar.

The State President called the meeting to order.

1) *IMA Bardez Branch Secretary, Dr. Roshan Nazareth, welcomed everyone. Later Dr. Gladstone D'Costa, President, IMA Goa State, addressed the gathering and handed over the proceedings to Dr. Rahul Borkar, Hon Secretary, IMA Goa State.*

2) *The minutes of the previous IMA Goa State Executive Committee meeting held on 10-3-2013 was confirmed. There was a correction made in the minutes, where AGB was replaced by GBM.*
It was proposed by Dr. Anil Mehndiratta & seconded by Dr. Francis Couto.

Matters arising from the Minutes

A) *There was a query regarding dissolution of the IMA Trust and handing over the assets to IMA Goa State. Dr. Gladstone clarified that he along with the IMA Goa State Secretary, Dr. Rahul Borkar had a meeting with the IMA Trust members. During the meeting there was a considerable amount of discussion on who should be entitled to be a trustee. The attendees asked for the State President's opinion on the viability of the trust. The President pointed out that under current IT rules there was no practical difference between an association and a trust. A trust was now required to apply for exemption certificates for IT. The attendees felt that this was likely to be a tedious process and questioned whether it was worth it. The president replied that that was a call for the trust to take. The president was then asked whether he felt that the trust should be dissolved. The president gave his opinion as follows. The trust had been in existence for 15 yrs. And there had not been a single program outlined or planned. Further, we were still at a stage where we were arguing about who the trustees were. Hence, he suggested dissolution of the trust. The members present were receptive to this suggestion. .Dr. Gladstone clarified that the final decision to dissolve the Trust is solely that of the IMA trust members. He requested the trust to call a meeting for this purpose and convey it to the state office as soon as possible. He also suggested that the assets should be returned to the IMA State.*

Matters Related to Gimacon XXV

a) *Organizing President Dr. Naguesh Kakode and organizing secretary, Dr. Abhijit Nadkarni circulated the brochures of GIMACON XXV.*

The website of GIMACON XXV was displayed. Dr. Naguesh Kakode explained about the online registration process to the EC members. He also requested all the EC members for the updated addressographs of their respective branches.

b) *The following names were confirmed for the oration Committee:*

Mormugao Branch: Dr. H. P. Pai

Tiswadi Branch: Dr. Pradeep Naik

Bardez Branch: Dr. P. Rataboli

Bicholim Branch: Dr. Vikas Shirodkar

Margao Branch: Dr.Rajesh Naik.

The CQS Branch President, Dr. Vinayak Buvaji requested for some time to name their representative. This was granted.

As there was no representative from the IMA Ponda Branch, their representative for the oration committee is awaited.

c) *Dr. Jagdish Kakodkar suggested that the Organizing Committee should have the liberty to choose the oration topic if there was a delay from the branches in responding to the call to send names for the committee, to the IMA GOA state. The EC accepted the suggestion.*

d) *Dr. Gladstone D'Costa suggested that a presentation of the IMA Goa State history be made at the GIMACON XXV and Dr. Anil was requested to make the presentation. It was accepted by the EC members as well as Dr. Anil.*

3) *Dr. Rahul Borkar told the EC members regarding the revised rates sent by the IMA HQ for Single life members and couple life members. These rates will be valid for one year from 1st July 2013 to 30th June 2014 as a special offer.*

4) *Dr. Gladstone D'Costa read out a letter from the DHS about some private establishments/ hospitals keeping the original degree certificates of nurses and other para-medical staff and making them sign a certain bond and refusing to return the certificates. He said that these establishments then demanded money in return for the certificates, if the concerned nurses or para-medical staff failed to comply with the bond. The letter advised that this was contrary to the Supreme Court ruling on the matter in response to a PIL, and these establishments were advised to return the certificates forthwith. The letter would be published in the next edition of the IMA news.*

Under AOB the following points were discussed:

1) *Dr. Anil Mehndiratta asked for the reason behind the State treasurer, Dr. Suraj Prabhudesai's absence from EC meetings. Dr. Rahul Borkar clarified that Dr. Suraj Prabhudesai was on duty at the Hospicio Hospital on the days when the meetings were held and hence could not attend the same.*

2) *Dr. Anil Mehndiratta said that he had observed that the IMA State CMEs were used as a platform for corporate hospital promotions and that the branches should be informed that this was not allowed. Dr. Gladstone D'Costa read out the GMC rules printed in a previous edition of the IMA news published by Dr. Anil himself and said that no promotional presentations were allowed during CMEs.*

3) *Dr. Jagdish Kakodkar asked why non-medical speakers were given accreditation points and why diploma holding speakers were not given accreditation unless they provided proof of having 30 years' experience.*
Dr. Gladstone D'Costa said that such a thing had never occurred during his tenure in the GMC and that there was no such rule of 30 yrs.
He also said that there was no rule about non-medical speakers and there couldn't be a blanket rule about non-medical speakers. It depended on what the topic was and on the speakers' credentials. Such issues were decided on a case to case basis and there had been instances wherein non-medical topics had been allowed and where they had been rejected.

4) *Dr. Gladstone D'Costa reminded the committee of an earlier decision to put a copy of the constitution in the form of a CD in the medical delegate kit bag which could be exchanged for a hard copy at the local branch secretariat later if it was so desired. Future new members were to be given a copy of the CD free so as to restore a practice which hitherto should have been in place for a price.*
It was decided by the EC to reduce the printed version to 300 hard copies and 800 CDs. with printed stickers, a sample of which was shown for approval.

5) *It was decided by the EC that student wing members need not fill separate IMA membership forms and that the register which Dr. Jagdish Kakodkar maintained of the student wing members was adequate.*
It was further decided that all applications for GIMACON by student wing members should be endorsed/ signed by Dr. Jagdish Kakodkar.

6) *Dr. Jagdish Kakodkar requested all the Branch secretaries to involve student wing members in the IMA community activities. This was conveyed to the branch secretaries.*

7) *Dr. Gladstone D'Costa told the EC that the clinical establishment bill was stuck with the law commission.*
He said that the Law commission felt that the bill on prevention of violence against doctors and health care facilities was not an important issue in Goa and that they were reconsidering the necessity of the bill.
Dr. Gladstone D'Costa said that he planned to meet the law commissioner and requested the EC to accompany him. It was suggested that the OSD of the Health Minister, Mr. Vinayak Volvoiker be involved in the process.

8) *Dr. Rahul Borkar informed the EC that the IMA Tiswadi had paid an extra amount as membership fees (HFC) by mistake and that part of this fee had already been paid to the IMA HQ. It was decided that the State HFC be refunded and that a letter be sent to the IMA HQ explaining the matter and asking them to either refund the money or to adjust it against new member's fees.*

9) *Dr. Kalpana Mahatme informed the EC about the upcoming DMC workshop at Vadodara . She along with Dr. Kalpana Chodankar would be attending the workshop as IMA Goa State representatives.*
It was decided that the IMA GOA state would bear the travel expenses for their one way travel as per prescribed norms.

10) *Dr. Kalpana Mahatme requested all the branch presidents and secretaries to appoint one DMC member from their respective branches and to forward the names to the DMC Goa State.*

11) *Dr. Francisco Couto briefed the EC about the Upcoming State Level CME Program on the 16th June 2013 at Hotel Mandovi.*

12) *Dr. Rahul Borkar proposed the vote of thanks by thanking the host IMA Bardez branch and Dr. Francisco Couto for making all the arrangements.*
This was followed by fellowship and dinner.

s/d-
Dr.Rahul Borkar

LIFE SUPPORT PROGRAMS

By Dr. Sitakant N. Kamat-Ghanekar,
M.S. (General Surgeon], Consultant Surgeon
Program Director, Disaster Management Cell,
Indian Medical Association-Goa

Medical knowledge is increasing every moment. We have made tremendous progress in the fields of diagnosis, treatment and patient care. All over the world excellent facilities are developing. Even in Goa, new ventures are coming up rapidly. This is definitely a welcome step in right direction. But, what we lack is Emergency Medical Care. Well, we have a good network of ambulance services as Emergency Response System (ERS). But, an ambulance cannot arrive instantly. This is where "life support" or 'First Aid" can be life-saving.
The common emergencies are – Cardiac arrest, Drowning, Accidents, Choking… all these casualties need urgent life-support before definite medical treatment starts. The different life supports are :

- *BLS : Basic Life Support – for cardiac arrest and choking.*
- *ITLS : International Trauma Life Support – for accidents.*
- *ACLS – Advanced Cardiac Life Support for heart problems.*
- *PALS – Pediatric Advanced Life Support.*

The most commonly needed are BLS and ITLS. These have to be begun before the brain damage and death begins (3-4 minutes)

Most of us are not well-versed in the latest concepts on such emergency measures. It is desirable that all doctors must be trained in these. Then training can be given to para-medical staff and laymen. In most of the advanced countries courses are conducted in hospitals, educational institutions, offices, industrial houses, hotels, etc.

There are instances when young children have saved lives because they were aware of the techniques. Few cases are worth the mention :

- *In Canada, a ten year old girl guided her mother to give C.P.R. and remove an accidentally swallowed coin from the larynx of her two year old brother.*
- *In Bangalore, a fourteen year old boy in a posh housing complex gave CPR and also removed a big sticky gem in the larynx of a three year old girl.*
- *In Goa, a driver trained in life-support rescued a six year old boy drowned in a water tank of a temple, gave CPR as he removed the water from his lungs. The child was saved.*
- *A few trained life guards on the beaches also saved lives of tourists this way.*
- *In a few instances, foreigners have saved individuals drowned in swimming pools where many local people were mute passive spectators.*

At the same time, there were tragic instances where graduate doctors, specialists and even super specialists have not acted in such emergencies or acted wrongly as they were not trained properly and were also not aware of the latest techniques. Also, at times, in the presence of doctors, trained laymen have saved lives by giving correct and latest life support. All such instances are worth a thought by each of us.

In Goa, we have a few organizations giving such training for such life-support. One such organization is the Disaster Management Cell, of Indian Medical Association (DMC – IMA, Goa). We have a few graduate and post-graduate members of IMA who are certified instructors of American Heart Association (AHA). The Cell conducts courses on BLS, ITLS, ACLS, PALS with the co-operation of other recognized institutions.

DMC, Goa conducted programs for senior officers through the office of Collector of Goa, about two years ago. Recently, ten extensive courses of ten days each (Medical First Responders – MFR) were conducted for more than 650 officers of Fire and Emergency Department from Goa, Maharashtra, Uttar Pradesh, Bihar and Uttarakhand. Also, ten one-day courses on B.L.S. and transportation of accident victims were conducted for coaches of Goa Football Development Council and Special Olympics. Regular courses are being conducted by the faculty through the Safety Training Centre of Inspectorate of Factories and Boilers, Goa, for industrial organizations.

Besides, there are awareness programs, conducted by some IMA branches at their monthly meetings, as also for schools and panchayats, through the Disaster Management Cell.
An important point to be noted by all is that the American Heart Association revises the guidelines as per the feed-back from International Research Centers every five years. It is necessary to follow the latest guidelines. The last update was in 2010.

In several foreign countries, and even some states in India, such courses are compulsory for doctors and para-medical personnel working in all medical centers-government as well as private. Besides, what they need is a regular-yearly or two-yearly re-certification after the course. Even in Goa, refresher courses and updates are statutory requirements for industries.

Actually, a humanitarian and responsible medical profession need not wait for rules from Government or Medical Council. It is our duty towards the public who have so much trust in us. It is our ethical responsibility. We owe it to them, our mother land, and to humanity. We must equip ourselves with the latest knowledge and try to save lives.

DMC-IMA, Goa is most willing to conduct Awareness Programs through the IMA branches at their monthly meetings to appraise the members about the latest guidelines. Subsequently, we can organize courses and C.M.E.s on different LIFE SUPPORT courses, initially for our members, medical fraternity and later for the public. What we need are more qualified trainers and proper extensive planning.

The I.M.A. theme for Goa this year, as announced by our State President, Dr. Gladstone D'Costa is "Aspire to inspire". Also, he mentioned in his speech that we should have more and more – Public Interest Programs (PIP).

The above mentioned programs can fit well in both the above concepts. The medical fraternity can thus boost public faith and trust in us by following the ethical pathway. We can also simultaneously maintain our profession on a high pedestal.

Besides, we do not know when the emergency will strike. The next victim could be our dear, near ones or could be one of us. Hence, it is essential to equip ourselves with correct techniques as also the latest updates so that we have no regrets for the rest of our lives.

DMC – IMA, Goa will be glad to respond to your requests .

Long Live IMA.

"Service to Humanity is service to Divinity."

BRANCH ACTIVITIES

IMA Margao Monthly report (July to September 2013)

The Margao Branch of the Indian Medical Association (IMA) organized two CMEs in this quarter and they were enthusiastically attended by a large number of the branch members.

On 2nd August 2013, the IMA Margao hosted a CME on "Routinely asked specialized investigation towards diagnosis" and 'Pyrexia of unknown origin' at Hotel Woodland, Margao.

On 15th August 2013, IMA Margao hosted a CME on "ICU admissions - When & Why?" at Hotel Nanutel, Margao.

The members of IMA, Margao Branch are enthusiastically involved in preparing for the GIMACON 2013 and are looking forward to making it a grand success.

IMA CQS – Monthly Report for August 2013

1) A CME was held on 09/08/2013 at IMA CQS Hall on " Medicolegal issues in our practice and how to deal with them " by Dr. Madhu Ghodkirekar Assistant Prof. Forensic Dept., Goa Medical College for IMA CQS Members.

2) **WEBINAR (CME)** on Management of pain by Multispeciality approach

A CME was organized by IMA CQS for the members on management of pain by Multispeciality approach at wild west Hotel Curchorem Goa on 24/08/2013. Dr. Ashwani Mehta MD (Cardiology), Dr. GokulnathMD (Nephrology), Dr. Devendra Desai MD (Gastroenterolgy), Dr. Gautam Das MD (Anesthesiology)presented this CME on the web. A QnA session followed by the webinar.

COMMUNITY HEALTH ACTIVITIES:

1) 11/08/2013

Dr. Pradnya Kakodkar Member IMA CQS along with Dr. Deepak Dangui Secretary IMA CQS and Dr. Ganapati Kakodkar Branch Member held a mega multi speciality camp at IMA CQS Hall for estimation of Lipid Profile, Diabetes, ECG, Peripheral sensitometry. A Dietician was also present to advise regarding our lifestyle and modification of our diet. Over 100 patients were examined at this camp.

2) 13/08/2013

A peripheral sensitometry camp was organized at Dr. Pradnya's clinic which benefited 20 patients. Coordinator: Dr. Pradnya Kakodkar IMA CQS

3) 13/08/2013

A BMD camp was organised at Dr. Sonu Kamat's Hospital by Dr. Sarvesh and Dr. Satyesh for detection of early osteoporosis. 63 patients were examined. Dr. Vinayak Buvaji President IMA CQS assisted for the camp.

4) 14/08/2013

A diabetes detection camp was organized at Siddharudh Math Mirabag by Dr. Bhisso Shetgaonkar. 58 patients were benefited by the same. Coordinator : Dr. Bhisso Shetgaonkar.

5) 25/08/2013

A lipid profile camp was organised at Dr. Pradnya's Clinic for detection of abnormal lipid levels in patients. 25 patients were screened for lipids.

Coordinator: Dr. Pradnya Kakodkar IMA CQS

6) 26/08/2013

A general medical camp was conducted by Dr. Deepak Dangui at Kavrem where 33 patients were examined and were provided with free medicines.

OBSERVATION OF NATIONAL DAY:

1) 01/08 2013 to 07/08/2013 BREAST FEEDING WEEK
On the occasion of Breast Feeding Week Dr. Ganapati Kakodkar and his team conducted program to observe Breast Feeding Week at Codli Tisk. He and his team explained the importance of Breast Feeding to all mothers who were present and others present.

HEALTH EDUCATION ACTIVITY:

1) 10/08/2013
Dr. Vinayak Buvaji President IMA CQS delivered a talk on CaCx and Breast Cancer for early diagnosis and treatment. He explained to the audience about early symptoms for detection and early treatment. This talk was arranged at Rotary Hall Curchorem. Dr. Pradnya Kakodkar Branch member was also present.

2) 18/08/2013
Dr. Jagdish Kakodkar delivered a talk on Adolescent Health for students and parents at Maria Bambina School Cuncolim. Over 200 students along with teachers and parents attended the same.

3) 31/08/2013
Dr. Vinayak Buvaji President IMA CQS delivered a talk on CPR & First Aid for the staff of Unichem Pharma.He also presented a program on management of Burns, Bleeding, and poisoning for the staff.

IMA Tiswadi – Monthly Report for July 2013

a) Monthly meeting of IMA Tiswadi for July 2013:
The monthly meeting of IMA Tiswadi was held on Friday, 12th July 2013 from 8pm onwards at Hotel Delmon, Panaji, Goa. The speakers for the CME were Dr. Pralhad S. Savaikar, Consultant Surgeon, who spoke on "Basics of Laproscopy", and Dr. Sujoy A. Das, Consultant Laproscopic Surgeon and Pediatric Surgeon, who talked on"Advanced Laproscopic Surgery".

b) Gynaecological Examination Camp on 22/07/2013:

The IMA Tiswadi held a general Gynaecological Examination Camp in association with Mother and Child Care Team of Sri Sathya Sai Seva Organization and the Department of Obstetrics and Gynaecology of Goa Medical College for the ladies from the villages of Chimbel and Lakaki on 22nd July 2013 at Goa Medical College, Bambolim. A total number of 32 ladies were examined. Some ladies were also referred for ultrasound and sonography which was scheduled on 5th August 2013. The team of doctors was lead by Dr. Ajit Nagarsenkar (from IMA Tiswadi) and other doctors from Goa Medical College.

c) State Level CME on 27th July 2013:

The IMA Tiswadi along with IMA Goa State organized a State Level CME titled "Thyroid Update" on Saturday 27th July 2013 from 7 pm till 10.30 pm at Hotel Vivanta by Taj, Panaji, Goa. The meeting was attended by more than 160 attendees. The Dean of the Goa Medical College, Dr. V. N. Jindal was the Chief Guest and Dr. Rahul Borkar, Secretary IMA Goa State was the Guest of Honour. The Speakers were Dr. Ankush Desai, Consultant Endocrinologist, Goa Medical College, who spoke on "Hypothyroidism", Dr. Edwin Gomes, who delivered two lectures, one on "Thyrotoxicosis: How to Manage" and the other "Investigations in Thyroid disorders"; and Dr. Ajit A. Nagarsenkar, Assistant Professor, Department of Obstetrics & Gynaecology, Goa Medical College, who spoke on "Thyroid in Pregnancy: Silent Troublemaker".

IMA Tiswadi – Monthly Report for August 2013

a) Monthly meeting of IMA Tiswadi for August 2013:

The monthly meeting of IMA Tiswadi was held on Thursday, 29th August 2013 from 8 pm onwards at Hotel Delmon, Panaji, Goa. The speaker for the CME was Dr. Edwin Gomes, Professor & Head, Department of Medicine, Goa Medical College, who spoke on "An ACE to improve adherence, compliance and efficacy in Type 2 Diabetes Mellitus treatment".

Camp on 27/07/2013:

Dr. Mahendra Kudchadkar and Dr. Anupama Kudchadkar conducted a free orthopaedic and skin camp at Gujarati Mahila Mandal at Zarina Tower Panaji on 27th July. Dr. Mahendra Kudchadkar delivered a lecture on Healthy Habits to maintain good health followed by free orthopaedic and skin consultation for the ladies who attended the camp.

Camp on 15/08/2013:

The IMA Tiswadi along with Rotary Mid Town conducted a medical camp at the Directorate of Fire and Emergency Services, Panaji, on 15/8/2013. The team of doctors who conducted the camp were Dr. Nilesh Talwadkar, Dr. Sitakant Ghanekar, Dr. Deep Bhandare, Dr. Dalia Bhandare, Dr. Amita de Sequeira, Dr. Prashant Lawande, Dr. Anupama Kudchadkar, Dr. Mahendra Kudchadkar, Dr. Ramnath Nevrekar and Dr. S. V. Kamat. About 47 personnel were examined.

Monthly CME programme of I.M.A. Bicholim

Projects of IMA – DMC Goa, for the month of June / July 2013

1. **First Aid: Training program** was organized in association with Indian Red Cross Society – Goa State Branch for the staff of Double Tree Hilton, Arpora at their conference hall. About 40 staff members were imparted training in First Aid & CPR, conducted by Dr. Kalpana Mahatme.

2. **3rd National workshop on Disaster Management and Training of participants in 'Train the Trainers' course:**

Organized by IMA – HQ & IMA Gujarat State Branch and hosted by IMA – Vadodara Branch.

Dr. Kalpana Chodankar – Program Coordinator IMA DMC Goa & Dr. Kalpana Mahatme – Member Secretary IMA – DMC, Goa were invited to participate in the deliberations as also to be faculty members. IMA Goa State was instrumental in deputing the DMC members for the same.

Dr. Kalpana Mahatme presented and trained the participants on 'Pre-Hospital Assessment and Initial Management of Trauma Patients' while Dr. Kalpana Chodankar presented and trained the participants on 'Trauma in Pregnancy'.

The participants through their feedback forms informed that both the aforesaid faculty's were outstanding and there was immense value and overall appreciation in the contents of the presentations. This was further reiterated with a letter from the Organizers received on 23rd July 2013.

Dr. Kalpana Mahatme & Dr. Kalpana Chodankar receiving recognition plaques as faculty for the function at the hands of Dr. Paresh Majumdar, President – IMA, Vadodara.

In addition, IMA – DMC, Goa received an Award as 'Recognition of Disaster Management Activities'. Only three States in India – Goa, Kerala & Maharashtra were the recipients' of this award. The workshop was very well attended and nearly all States had their members present.

Dr. Kalpana Mahatme & Dr. Kalpana Chodankar receiving the award for IMA-DMC Goa, from Dr. Narendra Saini, Hon. Secretary General IMA HQ

3. **Donation of Stretcher to Goa Football Development Council;**

GFDC had organized a function on their first anniversary at their conference hall on 24th July 2013. Hon Chief Minister – Shri Manohar Parrikar was the Chief Guest. IMA – DMC, Goa, donated a stretcher to the council at the function. The event was well attended by members, coaches, dignitaries and media.

Chief Minister, Mr. Manohar Parrikar, accepting the collapsible stretcher on behalf of the GFDC from Dr. Kalpana Mahatme, Member Secretary, IMA-DMC, Goa. Also seen are Mr. Srinivas Dempo, Dr. Rufino Monteiro and Mr. Elvis Gomes of the GFDC.

MONTHLY CME PROGRAMS OF IMA PONDA

COMMUNITY ACTIVITIES OF IMA PONDA AND WOMEN WING IMA GOA STATE 2013

At Matruchaya Seva 25 Centre :
Weekly Health camps: by Dr. Purnima, Dr. Sudha and Dr. Smita. Around 40 to 45 Women patients are seen at each camp.

Health check up of the inmate newborn and children of Matruchaya,and the destitute children every Wednesday by Dr. Purnima.

School Health check up at Almeida High School on 2nd March 2013:
195 students from Std IX were examined by Dr. Santosh Usgaonker, Dr. Lalana Bakhale, Dr. Purnima Usgaonker, Dr. Smita Usgaonker, Dr. Vallabh Dhaimodker, Dr. Sudha Vaidhya and Dr. Rajendra Dev. Dr.Samidha Khandeparker did the blood grouping and haemoglobin of the students.

The camp was organized under Dr. Dhaimodker's guidance by the PTA of the School. Dr. Purnima designed and formated the health card at the request of the PTA.
Students with special findings were followed up and parents were guided about their further management. Some cases of obesity, hypertension, anemia and visual problems were detected.

School Health check up at St.Mary's High School on 3rd March 2013:

150 students from Std. II and III were examined by Dr. Lalana Bakhale, Dr. Vallabh Dhaimodker, Dr. Sudha Vaidhya, Dr. Subhash Shikerkar, Dr. Purnima Usgaonker, Dr. Dattaram Desai and Dr. Amey Kamat. The camp was arranged by the PTA of the school under the guidance of Dr. Lalana Bakhale.

Health talks:

23rd Feb 2013 :

At Vidhya Vihar High School Thana Cortalim: Talk followed by an interactive session by Dr. Purnima on **"Girlhood Health", Personal Health Awareness and Hygiene for Adolescent Girl Students.** Girl students from Std V to IX attended and actively participated in the session.

26th Feb 2013:

Dr. Purnima Usgaonker did the judgement along with 2 more judges at All Goa Science Seminar Organized by GVMs MIBK High School, Khandepar on **Health Care yesterday today and tomorrow**. 21 school teams with 3 students each from 21 different schools of Goa participated.

Dr. Purnima was also the chief guest at the Valedictory function. **She spoke on the occasion about personal health and the role of the individual student towards the health of the society in general, appealing them to refrain from bad habits and vices.**

8th March 2013:

Talk with an interactive session on Health of Women at the Goa Engineering College, Farmagudi by Dr. Purnima Usgaonker in observance of **International Women's Day.** Students and women staff from the college (around 60 to 70 of them) attended and actively participated in the session making it a success.

9th March 2013:

Talk with an interactive Session on Health of girls and Women at **the GVMs Rajmata Padmavati Saundekar High School Bandoda** by Dr. Purnima Usgaonker, for **girl students and parents.** It was attended by 150 people including staff, parents and students.

IMA BARDEZ - BRANCH ACTIVITIES

The first monthly meeting of IMA Bardez for the year 2013 took palce at Hotel Orion, Porvorim on the 25th of January 2013. The first topic for the evening was Overview of Urology by Dr. Madhumohan Prabhudessai, Consultant Urologist, Manipal Hospital and Goa Medical College, Bambolim. The second speaker was Dr. Amol Mahaldar, Consultant Nephrologist, Manipal Hospital and Goa Medical College, Bambolim.

CME ORGANISED BY IMA BARDEZ ON 20TH OF JULY 2013 AT HOTEL ORION, PORVORIM

IMA Bardez organized its 5th CME of the year at Hotel Orion, Porvorim. There were two topics for discussion that day. The first topic was, "Lower extremity arterial disease (LEAD) and Diabetes". The speaker for this topic was none other than Dr. Malay Patel, Consultant Vascular Surgeon, Endovascular Interventionist and Phlebologist from Ahmdebad.

The second topic for the day was, "Overview of treating arterial disease and New developments in the management of Arterial insufficiency", by Dr. Dhanesh Kamerkar, Consultant Vascular Surgeon, Ruby Hall Clinic, Pune.

MANAGEMENT OF ALCOHOLIC LIVER DISEASE(ALD):
CME organized by IMA Bardez on the 25th of August 2013

The meeting started with a warm welcome to the members by the Jt. Secretary, Dr. Dattaprasad Nagvenkar. He then introduced the guest speaker, Dr. Jose Filipe Alvares, MD, DM, DNB (Gastroenterology). The CME was attended by 92 doctors.

The 3rd CME meeting of the year of IMA Bardez took place on the 6th of April 2013 at Hotel Orion. The President Dr. Sachin Palyekar welcomed the gathering and introduced the speaker for the day, Dr. Vardhan Bhobe, a Laproscopic Surgeon. The topic chose for the day was "Does the pt need a Surgery?" A total of 76 doctors attended the same.

CME ORGANISED BY IMA BARDEZ ON 3RD AUGUST 2013 AT HOTEL ORION, PORVORIM

IMA Bardez organised its 6th CME of the year on the 3rd of August 2013. The topic was, "Routinely asked specialized investigations towards diagnosis". The speaker for the day was Dr. Bhushan Narula, MBBS (AFMC,Pune), MBA, PhD, General Manager (Training) for Dr. Lal Pathlabs Pvt. Ltd.
A total of 82 doctors participated in the same.

CURRENT CONCEPTS IN TREATMENT OF MALARIA DISCUSSED AT IMA BARDEZ MEET

The second monthly meeting of IMA Bardez for the year 2013 took place at Hotel Orion, Porvorim on the 23rd of February 2013. The meeting started with a welcome by the President, Dr. Sachin Palyekar and the speaker, Dr. Nicasia Fernandes, Assistant Professor, Dept. Of Medicine, GMC, was introduced by the secretary, Dr. Roshan Nazareth. The topic for the evening was **CURRENT CONCEPTS IN TREATMENT OF MALARIA.**

At the end of the session, Dr. Sachin Govekar, inaugurated a photographic exhibition of one of the members, Dr. Ketan Rao. This was does to encourage the members to showcase their talent before the house.

ISSUES IN THE DIAGNOSIS AND MANAGEMENT OF GERD IN CHILDREN DISCUSSED AT IMA BARDEZ MEET

The fourth monthly meeting of IMA Bardez for the year 2013 took place at Hotel Orion, Porvorim on the 29th of June 2013. The speaker for the day was the noted Pediatrician and neonatologist from Mapusa, Dr. Shivanand Y Gauns. The topic for the evening was **ISSUES IN THE DIAGNOSIS AND MANAGEMENT OF GERD IN CHILDREN.** Dr. S Gauns introduced the topic with an interesting case study of one of his patients. He then went on to show the members the difference between GER and GERD. Usually GER resolves by the age of 24 months, unlike GERD which requires treatment. Then going sequentially he put forth the various issues faced by the clinician in the diagnosis, the main stay still being a good clinical history. In the management he stated that the best at the moment are the PPI's.

A total number of 84 members attended the CME.

EMAIL FROM INDIAN MEDICAL ASSOCIATION

Dear Members of IMA,

The Modern Medicine is developing day by day and due to this development life expectancy has increased. Consequently the ageing population has increased as a global phenomenon. It is an accepted fact that the elderly population has a lot of problems. The main reason is the breakdown of the joint family system and the evolution of the nuclear family system. Majority of the elders have social, financial and health problems. Considering the magnitude of the problem, WHO has declared October 1st as World Elder's Day. The main aim of the day is to work for the help and care of the neglected people. Indian Medical Association in the National level has a project for care of elders (Project for care of elderly).

The National Committee for Care of Elderly has decided to commemorate World Elder's Day on 1st October 2013 in a befitting manner. All State/Local branches are requested to conduct Special programs/ Meetings on that day. We also request you to commemorate Care of Elderly week from 22nd September 2013 to 1st October 2013 by arranging the following programs, which will give our organization a very good mileage regarding social activities.

1. Get together of Senior Citizens.
2. Arts/Sports competitions.
3. Distribution of visual, hearing and rehabilitation aids.
4. Meeting of caretakers.
5. Free Medical Camps.
6. Home visits.
7. CME Programs specific to Elderly Care.
8. Counseling programs of elders and care takers.
9. Public meeting on 1st October with public participation and honoring of Senior citizen who have given exemplary service to the society.
10. Any program which you feel is beneficial to the elders.

Reports of the program with photographs may be forwarded to the Chairman/Convener, Care of Elderly Project. The reports will be evaluated, and State / Local branches will be selected for awards.

Kindly put in maximum effort to make the event a great success.

Dr. K. Vijayakumar
National President, IMA

Dr. Narendra Saini
Secretary General, IMA

Dr. V. U. Seethi
'Shaz', Govt. Hospital, Road MoulanaHospial
Perintalmanna-679 322
Mob: 09447196432
drvuseethi@gmail.com,
Chairman Convenor
National Committee Care of Elderly.

Dr. Samuel Koshi
dr.kosh2001@yahoo.com, ppsimaksb@gmail.com
National Committee Care of Elderly

Anaesthetic Management of Hepatic Lobectomy Surgery in a hypertensive patient

Abstract : This is a case report of a 50 year old female hypertensive patient who underwent left hepatic lobectomy for left lobe cystadenoma. The case was performed under general anesthesia combined with epidural analgesia for post op pain management. During resection, hypotension was maintained to reduce bleeding.

Keywords : Blood pressure and CVP, Epidural analgesia, General Anesthesia, Cystadenoma, Left Hepatic Lobectomy.

Author : Dr. Dalia Bhandare, Associate Professor, Department of Anaesthesology, Goa Medical College
Dr. Pabitra Ghoshal, Senior Resident, Department of Anesthesiology,
Goa Medical College.

Introduction : Hepatic (biliary) cystadenomas are rare multilocular cystic tumors of the liver that are derived from the biliary epithelium and are predominantly located in the right hepatic lobe. These tumors usually involve the hepatic parenchyma (approximately 85% of cases) and occasionally the extrahepatic biliary tract. .In 1892, Keen reported the first case of hepatic cystadenoma, which now accounts for 5% of all cystic lesions of the liver. Hepatic cystadenomas are benign tumors, but they have a high rate of recurrence and a potential for neoplastic transformation in approximately 10% of cases. Surgical resection is an important potentially curative therapy for liver tumors. Tough Goa Medical College is a referral centre, it has its own limitations as far as advanced technology and equipment is concerned. Liver resection is considered a demanding surgery even in high volume hepatobiliary centre. This kind of surgery was performed for the first time in this hospital with positive outcome.

Case Report: A 50 year old female patient, diagnosed case of hepatic cystadenoma, was planned for a left hepatic lobectomy. She was admitted with a history of a dull aching pain in the upper abdomen for 6 months. The pain had no relation to food intake and was non burning in nature. There was no history of vomiting, decreased appetite, nausea, blood in stools, jaundice and rapid weight loss. In the pre anesthetic checkup, the patient was of moderate built, with weight 70 Kg. She was found to havea high B.P. of 180/100mmHg and was started on Tab. Amlodipine 5mg once daily. She was posted for surgery in the routine OT after 15 days. In personal history, she did not have any addictions. On examination, her pulse was 68/min and B.P. 180/100mmHg Heart sounds were normal and chest clear. Abdomen was soft, non tender, a mass measuring 15 ×10 cm was felt in the epigastric region which was hard and mobile. Her Hemoglobin was 9.8 gm%, INR 1.1, platelet 1,98,000/ mm3. Renal function test was within normal limits,

Chest Xray and ECG were normal. Liver function tests were within normal limits. Ultrasound showed 2 complex masses containing cystic areas in the liver. CT revealed complex enhancing masses with internal \ cystic areas in left lobe of liver. Possibilities included biliary cystadenoma / cystadenocarcinoma / cystic metastasis.

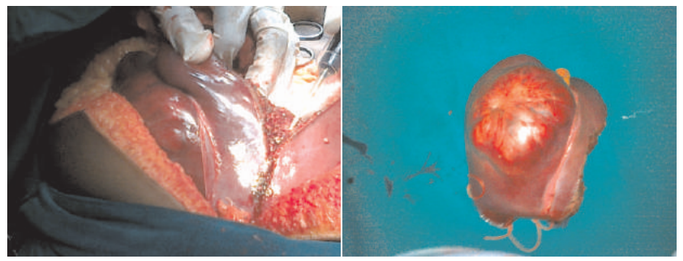
The right the before operation, the patient was re-evaluated and given tab. Diazepam 5 mg HS stat. Patient was categorized as ASA class II. The patient's relations were explained about the operation and its consequences, and blood components were arranged.

In the operation theatre, Twol/V lines, one 16g and one 18 g were passed and routine monitors were attached. Epidural catheter was placed in $T_{11} - T_{12}$ space and a test dose of Lignocaine 2% with Adrenaline 3ml was given. Epidural infusion of 0.25% Bupivacaine was started for intraop analgesia. Then the patient was premedicated with Ondansetron 4mg, Midazolam 2 mg, and Fentanyl 160mg. The patient was induced with Profofol 160mg and intubated with ETCT 7.5mm size after giving Vecuronium 8 mg. Then Anesthesia was maintained with Isoflurane and Vecuronium. Then CVC line was passed in Right internal jugular vein. An Arterial line was passed in the right Radial artery and continuous CVP and invasive blood pressures were monitored. Initial CVP was 14cm of water, and mean arterial pressure was 100 mm Hg. Urine output was monitored. The duration of surgery was 3 hours. Intraoperatively, initially mean arterial pressures were maintained between 90-100mm Hg. When resection of the left lobe started, mean arterial and central venous pressures were reduced to reduce bleeding. To reduce Blood pressure and CVP pressures, we increased Isoflurane concentrations and gave I/V injection Furosemide 10mg, and kept the epidural infusion rate of 5ml/hr. Mean arterial Pressures were lowered to 60-70mm of Hg and maintained in that level so as to maintain tissue perfusion. CVP was lowered to 6-8 cm water. Parenchymal Resection of Liver was done with the help of Harmonic ultrasonic dissector and resection period was around 45 minutes. During this period Oxygen saturation was maintained at 99-100%.After resection of the liver parenchyma, intra hepatic bile ducts and oozing vessels were ligated. Then the mean arterial pressure was brought back to baseline level to check for bleeding, to do so Isoflurane concentration was reduced and Injection Ephedrine 6 mg was given. Fluids were given so as to raise the CVP. There was no bleeding at the resected site. The abdomen was closed in layers after putting drains. Patient was reversed using neostigmine 2.5mg and glcopyrolete 0.5 mg. IV lignocaine 75 mg was used to control stressor response of extubation. The patient was extubated in deeper planes of anaesthesia to avoid the possibility of the patient

coughing on the tube and thereby triggering a stressor response. Later on the patient was shifted to the ICU for post op care and pain management.

Total intra operative blood loss was approx 500 ml, urinary out put was 300 ml. Total fluids that the patient received intraoperatively was Hetastarch (colloid) 500ml, Ringer lactate 500ml and normal saline 500 ml.

On the 1st post operative day, the vitals were within normal limits and the patient was comfortable. Epidural Analgesia with infusion of 0.1% bupivacaine at 5 ml/hr was maintained for 72 hrs then removed. CVC line also removed on the 3rd Ppost op day and the patient was transferred to the ward. Transfusion of blood components was not required.



Discussion: Hepatic (biliary) cystadenomas are rare multilocular cystic tumors of the liver that are derived from the biliary epithelium and are predominantly located in the right hepatic lobe. Surgical resection is an important potentially curative therapy for liver tumors[1] .One of most important aspect of anesthetic management during resection of major part of diseased liver part is to decrease bleeding and to preserve the splanchnic perfusion. Poozar-Lukonorvvic, N et al, had published an article with conclusion that Epidural block, combined with general anesthesia improved splanchnic perfusion and Liver oxygen delivery. Thus routine use of this type of anesthesia is justified and could be recommended in liver surgery[2]. In our set up also, epidural anesthesia is used combined with general anesthesia in major abdominal surgery and in this case also epidural catheter was placed at T_{11}-T_{12} space before induction and infusion was started for intra and post op pain management. An infusion rate of 5ml/hr was kept at the time of resection to decrease blood pressure and CVP along with improving splanchnic perfusion. Lowering the CVP to less than 5 mmHg is a simple and effective technique to reduce blood loss during liver resection and delete the need for blood transfusion with its hazards[3].Major resection with Low CVP allowed easy control of the hepatic veins before and during parenchymal transection. The anesthetic technique, designed to maintain Low CVP during the critical stages of hepatic resection, not only helped to minimize blood loss and mortality but also preserved renal function[4].

In one study, CVP during hepatic resection was not associated with intraoperative blood loss in living liver donors, suggesting that CVP may not be an important factor in predicting blood loss during hepatectomy in healthy subjects[5]. In this case, we reduced CVP pressure to 6-8 cm of water, and there was blood loss of 500ml. In literature there are other methods too, to reduce bleeding during resection. In one study, it is suggested that the use of Aprotinine significantly reduces blood loss and transfusion requirements in patient undergoing elective liver resection through subcostal incision[6]. Vascular occlusion is used to reduce blood loss during liver resection surgery. There is considerable controversy regarding whether vascular occlusion should be used or not during elective liver resections but intermittent vascular occlusion seems safe in liver resection. However, it does not seem to decrease morbidity. Among the different methods of vascular occlusion, intermittent portal triad clamping has most evidence to support the clinical application. Despite these improvements, liver resections remain a major surgical procedure and carry the risk for excessive blood loss and a subsequent need for blood transfusion. Blood transfusions have been associated with systemic side effects.

References:

1. Treatment options for hepatocellular carcinoma. Sandhu DS, Tharavil VS, Lai JP, Roberts LR Expert Rev Gastroenterol Hepatol. 2008 Feb;2(1):81-92

2. Influence of epidural Block on splanchnic perfusion in large liver resection. Pozar-Lukanorvik N, Paver-Erzen V, Gadzijev, EM. British J. Anesthesia 1999,82:43

3. Low central venous pressure anesthesia in major hepatic resection. EID EA, Sheta SA, Mansour E. Middle East J Anesthesiol. 2005 Jun; 18(2):367-77.

4. Perioperative outcomes of major hepatic resections under low central venous pressure anesthesia: blood loss, blood transfusion, and the risk of postoperative renal dysfunction: Malendez LA, Arslan V, Fischer ME, Wuest D, Jarnagin WR, Fong Y, Blumgart LH. J Am Coll Surg. 1998 Dec. 187(6):620-5.

5. Association between central venous pressure and blood loss during hepatic resection in 984 living donors: Kim YK, Chin JH, Kang SJ, Jun IJ, Song JG, Jeong SM, Park JY, Hwang GS. Acta Anaesthesiol Scand. 2009 May, 53(5):601-6.

6. Aprotinine reduces blood loss in patients undergoing elective liver resection, Lentschener, Claude, MD; Benhamom, Dan, MD; Mercier, Fredenic J, MD. Anesthesia and Analgesia, April 1997, volume 84,no 4.

ALCOHOL PROBLEMS IN CLINICAL PRACTICE

Dr. Abhijit Nadkarni, MBBS, DPM, MRCPsych, MSc

Are alcohol problems common in India?

Historically, India has got an undeserved reputation of being an abstinent culture. However, in reality, the epidemiological picture of alcohol consumption in India is characterized by predominantly male drinking, high rates of Alcohol Use Disorders (AUD) amongst drinkers and high rates of alcohol-attributable mortality and prevalence of AUD, relative to the per capita alcohol consumption (Prasad, 2009, Rehm et al., 2009). Economic growth has made India a target of market expansion by an ever-growing number of trans-national and local producers of alcoholic beverages (Casswell and Thamarangsi, 2009, Prasad, 2009). This has resulted in an increase in alcohol availability, alcohol consumption and alcohol related problems in India.

It has been reported that there is a strong relation between economic wealth and alcohol consumption in low income countries; the higher the gross domestic product, greater the overall volume of consumption and lower the proportions of abstainers (Rehm et al., 2009). This has implications for Goa as it is relatively prosperous compared to the rest of India and ranks fourth in the National Human Development Index with the second highest per capita domestic product in the country (Government of India, 2002). Furthermore, alcoholic drinks are easily available here at cheaper rates than in neighboring states, due to lower excise duties and local production of alcohol from the cashew fruit. Hence, unlike most of India, Goa has a more liberal, 'wet' culture towards drinking and this is reflected in lower abstinence rates (Silva et al., 2003). Early studies in Goa observed that AUD could be identified in 21% of men working in industrial settings, 15% of men attending primary care and 14% of men in the community (De Costa et al., 2007, Gaunekar et al., 2005, Pillai et al.,2013). AUD in Goa was strongly associated with adverse outcomes including common mental disorders (CMD), injuries, economic difficulties and spousal physical violence (De Costa et al., 2007, Gaunekar et al., 2005, Pillai et al., 2013).

How does drinking affect the patient?

Alcohol can damage nearly every part of the body. It can affect physical health and has been implicated causally in 60 different medical conditions (Rehm, 2003). He/she can get disturbed sleep, stomach pains, hyperacidity, stomach ulcers, vomiting of blood, liver disease, heart disease, malnutrition, fits, stroke and even death. It can affect mental health too. Heavy drinking can bring on depression and make people attempt suicide. Alcohol can cause brain damage and affect memory. It can make the patient get hallucinations and this is a distressing experience. Alcohol affects judgment, so he/she can do things he/she wouldn't normally think of doing. He/she is more likely to have fights, arguments, financial problems, family upsets, miss work, have accidents at home, on the roads and at work.

How do I know that a patient has drinking problems?

A study done in primary care in Goa demonstrated that nearly a quarter of men with AUD felt that drinking had a harmful effect on their health but only 16% were ever advised by a health care provider to reduce alcohol consumption. More importantly, a majority of men with AUD (68%) wanted to cut down or quit their drinking but only 9% had received any help to do so (De Costa et al., 2007), suggesting that clinicians need to enquire about drinking problems in their patients and having detected AUD, should be equipped to provide adequate management.

Some warning signs which will tell a clinician that a patient has drinking problems are:

- He/she uses alcohol to cope with anger, frustration, anxiety or depression.
- He/she regularly uses alcohol to feel confident.
- He/she needs a drink to start the day.
- His/her drinking affects relationships with other people.
- His/her drinking makes him/her feel disgusted, angry, or suicidal.
- He/she hides the amount he/she drinks from friends and family.
- He/she gets angry if confronted about his/her drinking.
- He/she is unable to say 'no' when someone offers you a drink.
- He/she is unable to say 'no' when someone offers you a drink.
- He/she drinks to get drunk.
- He/she get very shaky, sweaty, and tense a few hours after your last drink.
- He/she can drink a lot without becoming drunk.
- He/she needs to drink more and more to feel good.
- He/she tries to stop, but can't.
- He/she carries on drinking even though he/she can see it is interfering with his/her work, family and relationships.
- He/she gets "memory blanks" where he/she can't remember what happened for a period of hours or days after drinking.
- He/she is not able to socialize without a drink.
- He/she struggles at work because of hangovers.
- He/she takes a lot of sick leave to recover from effects of alcohol.

What can a patient do to stop drinking?

Some people can stop suddenly without any problems. Others do so gradually. A few things that a patient could do to reduce and stop drinking are:

- Set a target to gradually reduce the amount of alcohol he/she drinks.
- Not all brands of alcohol are the same strength. So he/she can consider drinking low-alcohol content drinks.
- He/she can pace his/her drinking so that he/she sips and doesn't gulp.
- He/she can avoid high-risk drinking situations like going to the bar or socializing with others who drink.
- He/she should learn how to refuse a drink.
- He/she should eat before and while drinking. Food makes the body absorb alcohol more slowly and so limits how quickly it gets into the bloodstream.
- He/she should work out other interests and hobbies that he/she can do instead of drinking.
- He/she can involve a family member or a friend who can help to agree a drinking goal and keep track of his/her progress towards achieving that goal.
- He/she should talk through problems and worries. Stress and worries can influence how much people drink. Talking about them can be a good first step to resolving problems with alcohol.

Please note that patients with alcohol dependence will not be able to stop drinking by themselves as they develop withdrawal symptoms like tremors, nausea, vomiting, hallucinations seizures and restlessness. Such patients will need medically assisted detoxification to manage the withdrawal symptoms.

Based on the World Health Organization's MH Gap guidelines for managing mental health problems in primary care(WHO, 2011), here are some things that a doctor can do in primary care to help patients who have drinking problems:

1) Taking a history of alcohol use

When asking about alcohol use:

Ask questions without indicating a preferred answer (e.g. 'How much do you drink?' instead of 'Do you drink a lot?'), and do not display surprise at any responses given.

Ask about the level and pattern of use of alcohol, for example: Where, when and with whom alcohol use typically occurs, what triggers alcohol use etc.

Ask about harms from use of alcohol, including: Accidents, Driving while intoxicated, Relationship problems, medical problems such as liver disease/stomach ulcers, legal/financial problems, alcohol-related violence including domestic violence.

Ask about how alcohol use began and its subsequent course.

Ask about signs of dependence, for example, the development of tolerance, withdrawal symptoms, use in greater amounts, continued alcohol use in spite of problems related to it, difficulty in cutting down alcohol use, and drinking alcohol first thing in the morning.

Ask about social networks and the person's alcohol use patterns.

2) Physical examination and investigations

When examining the person, look for presence of intoxication and withdrawal.
Look for evidence of long-term heavy alcohol use, such as liver disease (e.g. swollen liver, peripheral signs of liver injury) or peripheral nerve damage.
Investigations that should be considered: Liver Function Tests (LFTs), Full blood examination.

3) Motivating people to change their alcohol use

a) Engage the person in a discussion about their alcohol use in a way that he is able to talk about both the perceived benefits of it and the actual and/or potential harms.

b) Steer the discussion towards a balanced evaluation of the positive and negative effects of alcohol by challenging overstated claims of benefits and bring up some of the negative aspects which may be understated.

c) Avoid arguing with the person and try to say something in a different way, if your attempts meet with resistance.

d) Encourage the person to decide for themselves if they want to change their pattern of alcohol use, particularly after there has been a balanced discussion of the pros and cons of the current pattern of use.

e) If the person is still not ready to stop or reduce alcohol use, then ask the person to come back to discuss further.

4) Self Help Groups

Consider advising people with alcohol dependence to join a self-help group, e.g. Alcoholics Anonymous.

5) Management of Alcohol Withdrawal

Refer the patient to a psychiatrist for medically assisted detoxification if:

a) Patient is already in withdrawal; or
b) Alcohol dependent patient wants to stop drinking completely.

In **North Goa**, you could refer to:

a) Asilo Hospital, Mapusa, or
b) IPHB, Bambolim

In **South Goa**, you could refer to:

a) The DMHP Psychiatrist who visits the PHCs, or
b) Hospicio, Margao, or
c) IPHB, Bambolim

Tackling someone's alcohol problem can be hard work, but it pays off in the end by making a difference across all aspects of his/her life.

References

Casswell, S. & Thamarangsi, T. 2009. Reducing harm from alcohol: call to action. *The Lancet,* 373, 2247-2257.

De Costa, G, Nazareth, I., Naik, D., Vaidya, R., Levy, G., Patel, V. & King, M. 2007. Patterns of harmful alcohol consumption and associated problems in general practice attendees in Goa, India. *Alcohol & Alcoholism,* 42, 131-137.

Gaunekar, G., Patel,,V. & Rane, A. 2005. The impact and patterns of hazardous drinking amongst male industrial workers in Goa, India. *Social psychiatry and psychiatric epidemiology,* 40, 267-275.

Government of India. *National human development report 2001*. New Delhi: Government of India, 2002

Pillai, A., Nayak, M., Greenfield, T., Bond, J., Nadkarni, A. & Patel, V. 2013. Patterns of alcohol use, their correlates, and impact in male drinkers: a population-based survey from Goa, India. *Social psychiatry and psychiatric epidemiology,* 48, 275-282.

Prasad, R. 2009. Alcohol use on the rise in India. *Lancet,* 373, 17-18.

Rehm J, Room R, Graham K, Monteiro M, Gmel G, Sempos CT. 2003. The relationship of average volume of alcohol consumption and patterns of drinking to burden of disease—an overview. *Addiction,* 98, 1209–28.

Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y. & Patra,J. 2009. Global burden of disease, injury and economic cost attributable to alcohol use and alcohol-use disorders. *The Lancet,* 373, 2223-2233.

Silva, M.C., Gaunekar, G., Patel, V., Kukalekar, D. S. & Fernandes, J. 2003. The prevalence and correlates of hazardous drinking in industrial workers: a study from Goa, India. *Alcohol alcohol.,* 38, 79-83.

WHO 2011. *Mhgap: scaling up care for mental, neurological and substance use disorders* [online]. Available: http://wwwwhoint/mental_health/mhgap_final_englishpdf [accessed on 25.08.2013].

Doorway To Salvation

"In the wellness of your soul
Lies the secret to your peace
And the Doorway to Salvation
Every happiness you seek

So don't you sell your soul, my friend
In the search for worldly peace
There's a heaven that is waiting
In your final restful sleep

Watch with kindly gentle eyes
Every being that you see
Part of all of God's creation
A tiny bit is you & me

Think & speak & hear & feel
Only what is good & true
And the Doorway to Salvation
He will open it to you."

Dr. Ketan Rao.
[M.D., D.M.R.D., M.B.B.S.][Bom.]

Govt. revokes ban on Pioglitazone

Dear Sir/Ma'am,

I am pleased to inform you that the government has revoked the ban on Pioglitazone.

You will kindly recall our earlier communication to you intimating the prompt IMA action on the ban imposed by the Govt. on the sale of Pioglitazone in the country wherein we had informed you about the letter written by us to Shri Ghulam Nabi Azad, Hon'ble Union Health Minister and copies marked to Hon'ble President of India, Hon'ble Prime Minister of India, Chairman and members of the Parliamentary Standing Committee on Health & Family Welfare along with the Drug Controller General of India. A Press Release was also issued by us on this issue. Subsequently, the ban was lifted on July 31, 2013.

However, the revocation of the suspension of the drug is subject to the guidelines issued by the Govt. of India as mentioned in the Notification as under:-

IF WE ARE TOGETHER, NOTHING IS IMPOSSIBLE. IF WE ARE DIVIDED, ALL WILL FAIL!

Dr. K. Vijayakumar
National President, IMA

Dr. Narendra Saini
Hon. Secretary General, IMA

In a Lighter Vein

A man, who was visiting the doctor for his annual physical checkup, was looking rather worried. When the doctor asked him whether anything was troubling him, he said “Well, to tell you the truth, yes. You see, I seem to be getting quite forgetful. I'm never sure where I parked the car, or whether I've answered a letter, or where I'm going, or what it is I'm going to do once I get there - if I get there at all. I really need your help. What should I do?”

The doctor thought for a moment, and then answered, “Please pay me in advance.”

Under the auspices of THE ROTARY CLUB OF PANAJI MIDTOWN, Dr. D. B. Bhandare is conducting surgeries for the adults and children suffering from Congenital and Acquired deformities, Post polio cases and cases of Spasticity. The total treatment is free for the patients and is inclusive of investigations, surgeries, post operative care and aids such as crutches, calipers, shoes and other orthotics.

We appeal to all IMA Members to refer such cases to Dr. D. B. Bhandare, Shivram Apartments, off Dr. Atmaram Borkar Road, Panaji, Goa, Phone numbers: 0832 2423811; 9823037909.

Proposal Received from Student Leaders on the issue of Rural Posting

Save the Doctors to save patient from sufferings

Medical Student welcomed rural posting but raises questions on its feasibility in the present proposal

The government of India has recently decided to make it compulsory for medical graduates (MBBS) to do one year compulsory rural service to be eligible to apply for Entrance Test for Postgraduation (MD, MS etc.)

Medical Student had welcomed rural posting but questions the practicality of the above decision in the present format.

This will further increase one year of education for Post Graduate and Super Specialty which is already under the present scenario is too long.

Every year nearly 45,000 MBBS graduates (Allopaths) pass out from various institutions and all students wish to do post graduations;

(1) According to information, there are only 2866 situation vacant in various PHCs and CHCs in the country, so only a limited number of graduates of the 45, 000 can be adjusted yearly due to fiscal/ infrastructural reasons in PHC & CHC at rural level, hence making rural postings compulsory not feasible. Moreover, there are no structured postings in rural areas apart from how the remaining graduates be adjusted becomes a moot question. As there is no structured program for rural posting so these graduates will have to search for these limited seats in different parts of the country putting them in great stress and harassment.

(2) It is a normal phenomenon that nearly all the 45,000 graduating MBBS students apply for PG specialization immediately after they graduate, as it brings in greater skills in their healthcare delivery and better career opportunities. A one year rural stint will break the academic rhythm, thereby jeopardizing their quest for higher learning, which will directly affect the welfare of the patients and its delivery in the long run;

Remedial/ Alternative Approach:

1) Instead of compulsory rural posting after graduation, a rural posting of 6 months should be introduced within the 3 year PG course. By adopting this it will not put any pressure on the student nor will any extra finances be required. Moreover, it will be the responsibility of the medical colleges and universities to provide them the place of rural posting. Previously in most states PG was only a two years course so it will not hamper our PG training as well.

2) Another advice is that the promotion policies of the in-service Govt. Medical Officers, at both State Level and Central Level, should mandatory have a rural stint of at least six months for each and every promotion offered to them. This will immediately address the issue of major gaps of finding qualified professionals for rural healthcare delivery.

3) An incentive scheme is also suggested for all the Medical Officers (MO) serving in rural areas in the form of "hardship" allowance. Fully equipped infrastructure, adequate accommodation and security will again motivate the Medical officers to opt for voluntary rural posting.

4) More medical colleges in rural areas and where ever possible district hospital can be upgraded to medical colleges.

5) Lastly, another productive and effective mechanism is extensive use of Mobile Health Clinics in all the rural/ semi- urban areas. This will go a long way to address effective medicare reaching to all sections of the society.

Another immediate necessity is "**Equal number of UG and PG seats**": There is a major shortfall of PG seats vis-à-vis graduate ones, to the ratio of 1: 4 (45, 000 UG to 12,000-13,000 PG seats). This leads to the rest of the two third numbers of graduates students applying multiple times to get in to PG. This disheartens and discourages the graduating students and loss to national human resource in health care as they do not apply for jobs but study at home. It also encourages them to apply abroad, thereby creating a major recurring shortage due to the emigrating doctors in the form of brain drain. Now, if we compare PG & Super Speciality seats in India & USA, it shows the huge gap which is as follows:

	India (PG Degree)	U.S.A (PG Degree)
Psychiatry	376	1370
Emergency Medicine	32	1748
T.B & Chest Diseases	295	964
Family Medicine	2	3043
General Medicine	2214	6643
Radiology	667	1143

	India (Super Speciality)	U.S.A (Super Speciality)
Cardiology	246	781
Diabetes	49	251
Gastroenterology	93	433
Haematology	13	523
Nephrology	80	416
Oncology	46	408

It is pertinent to note that India's diseases burden is much more than USA because of our huge population.

Remedial/ Alternative Approach to shortfall of PG seats: Increase of PG medical seats from the existing 15,000 to at least 45, 000, in a phased manner if not more, to address the wastage of productive years of the graduate MBBS, while attempting multiple sittings for the PG entrance exams. Restricting "Brain drain" thereby addressing the shortage of more qualified doctors. In most of the developed countries, post graduates seats are more than the undergraduate seats. In our country where disease burden is higher but Post- graduate seats are much lower. So we appeal to increase the post graduate seats for better health care.

Medical Student are creating awareness throughout the country on this issue and their above suggestions. I request our members to send their views.

Dr. Narender Saini
Hon. Secretary General

REPLY TO LETTER FROM DR. V. MEHTA, IAS; JT. SECY. MoHFW. GOVT. OF INDIA

The Goa Medical Council had a special extraordinary meeting on the 9th July 2013 to discuss the above letter. To summarize the proceedings, the Council unanimously decided to reject the proposal as indicated in the letter. In the opinion of the Council, the proposal sent by the Centre to the states asking them to amend state medical council Acts to allow inclusion of ISM practitioners in the state medical register is outright illogical, devoid of merit and clearly unacceptable to the medical profession in India. If the objective is to increase the availability of allopathic doctors in rural areas, then it is the responsibility of the government to address the core issues which have precipitated the shortage of doctors in the first place. These issues will be addressed in the concluding part of this missive.

The letter states one option to "mitigate such shortage (of allopathic) is the integration of Indian System of medicine (ISM) qualified doctors in the mainstream". The word "integration" as described in the dictionary, means "the making up of a whole by adding together or combining the separate parts or elements". In the opinion of the Council, this can only be done with elements that have some similarities in their constituents. Even a cursory examination of the systems of medicine indicate that each of the AYUSH systems are individual in their philosophies and approaches, and are totally different from each other as well as from the allopathic system. Homeopathy for example treats "like with like". Allopathy is based on cause and effect. Further reading of such books like "Indian Systems of Medicine" by Dr. T. N. Manjunath would throw more light on the subject. Hence to attempt to integrate systems that have no similarity with each other is illogical and doomed to failure; a bit like trying to integrate oil and water.

Integration of two entities can only be successful if it is mutually acceptable to the parties to integration, and cannot be brought about by merely changing laws. The parties to integration in the instant case are the CCIM (Central Council of Indian Medicine) and MCI (at statutory level) and the IMA and the corresponding association of Indian medicine at practitioner level. There is no evidence that the above sets of parties have ever had a mutual dialogue / discussion about integration or reached a conclusion thereafter or developed a joint set of guidelines in this regard. It is therefore highly surprising, even grossly improper for the Jt. Secretary to issue instructions for such integration without any discussions. All that we have had so far are numerous attempts by the practitioners of ISM, to enter the field of allopathy through short cuts by the back door. The committee and sub-committee referred to in para two, have had no dialogue with their counterparts in allopathy. It is the patient who will ultimately be put at risk.

The letter dated 29-5-2013 has wrongly portrayed the intention of the court by stating "The Apex Court has held that practice of modern system of medicine by ISM qualified professionals is possible provided such professionals are enrolled in the State Medical Register of practitioners of modern medicine maintained by the State Medical Council".

It is maliciously made to appear as if the Apex Court has suggested or approved the feasibility or desirability of enrolling ISM professionals in the State Medical Register of practitioners of modern medicine maintained by the State Medical Council. This is nothing short of deliberate misrepresentation. The Supreme Court has merely stated a legal position. It has not endorsed the enrolment of ISM professionals in the State Medical Register.

In fact the intention of the Court is made clear on reading the judgment further on. "A harmonious reading of Section 15 of 1956 Act and Section 17 of 1970 Act leads to the conclusion that there is no scope for a person enrolled on the State Register of Indian medicine or Central Register of Indian Medicine to practice modern scientific medicine in any of its branches unless that person is also enrolled on a State Medical Register within the meaning of 1956 Act." (See Para 43 of the judgment).

Cognizance should also be taken of the judgment in the SC judgment in Poonam Verma vs. Aswhin Patel, (1996) 4 SCC 332: "A person who does not have knowledge of a particular system of medicine but practices in that system is a quack and a mere pretender to medical knowledge or skill, or to put it differently, a charlatan."

If the government is serious about such integration it should offer the 7 lakh ISM practitioners an opportunity to join the regular MBBS course in government medical colleges as per the regular criteria for selection, teaching and examination and the cost of such education should be borne by the government with ensured jobs after passing. Practitioners of the modern system of medicine could also be offered the same opportunity.

Let us now examine the question of the shortage of allopathic doctors in rural areas. In the opinion of the Council, in the first place this is not an issue in Goa. The reason for such shortage where it exists is the abysmal working conditions in rural areas. Doctors are expected to handle life and death situations without basic necessities like clean water, regular electricity and adequate sanitation. The remedy lies in the government creating and giving incentives to doctors to work in rural areas by providing proper living and working conditions in such areas and providing them adequate opportunities for career development. Rural service can be made to provide an advantage in post-graduate admissions. Financial incentives can be introduced such as added salary component for rural service, and tax benefits.

Why don't doctors like to set up private practice in rural areas? The answer is simple. Remote and rural areas lack basic living and educational facilities, security and potential to earn a reasonable living, as also scope for career advancement for themselves and their family. These are legitimate expectations, rather essential requirements, for any citizen, not only doctors. There is the added threat of litigation in working in handicapped situations.

Proactive measures need to be introduced. Discourage new medical colleges in urban areas and encourage them (as well as private nursing homes) in rural areas with suitable incentives. Rural service should be made a compulsory pre-registration requisite. However this service must be carried out under the supervision of senior doctors in much the same way as the hospital residency programs. Otherwise it would be grossly unfair to the rural population to thrust on them batches of inexperienced doctors. Rural service should count for additional points in any competitive scenario for post-graduate admissions and promotions in service. Any candidate who is prepared to sign a bond for rural service should be given preference for admission to medical colleges and indeed a reduction or waiver of fees.

Finally, the government must seriously review the budget allocation for health care in India if any of the above objectives are to be achieved. You simply cannot hope to improve the health of the nation with less than 2% of GDP. The assessment of 8-10% is closer to the mark.

In summary, merely changing the rules to allow backdoor entries into the practice of modern medicine is to be deprecated and rejected outright. In our opinion neither the IMC Act nor the Goa Medical Council should be reviewed to accommodate such short sighted amendments for the reasons stated above. We recommend that both the Central and State governments ignore these cavalier proposals which are detrimental to the long term interests of health care in India, and society in general.

In a Lighter Vein

The children were lined up in the cafeteria of a school for lunch. At the head of he table was a large pile of apples.

The teacher made a note, and posted on the apple tray: "Take only ONE. God is watching."

Moving further along the lunch line, at the other end of the table was a large pile of chocolate chip cookies.

Little Johnny had written a note, "Take all you want. God is watching the apples."

THE INDIAN MEDICAL ASSOCIATION

GOA STATE BRANCH TRUST

Office: Ashiqui Square, 2nd Floor, St. Inez, Panaji, Goa. 403 004

Chairman:
Dr. Paul R. A. Caeiro
Caeiro Bicholim Polyclinic & Hospital
Bicholim – Goa
Ph. 2362025

Managing Trustee:
Dr. Sunil G. Kakodkar
"TARA", H. No. 1174,
Near Ram Mandir, Pontemol,
Curchorem, Goa. 403706
Ph. (O) 2460890, (M) 9765565516
Email: sunilkakodkar@gmail.com

26/08/2013

To,
The President
IMA Goa State Branch
Ashiqui Square,
2nd Floor, St. Inez,
Panaji, Goa. 403004

Dear Dr. Gladstone D'Costa,
Greetings !!!

I have to inform you that the board of trustees which met on 17 April 2013 and on 19 June 2013 at Ashiqui Square office, St. Inez, Panaji deliberated and discussed on various points as under;

1. The validity and rotation of the new members as mentioned in the clause no. 4 (page 6).
2. The matter explained by the President of IMA about the Income Tax amendment which is applicable to the Trust.
3. The members present met on both occasions, after due deliberation and consultation with a lawyer decided that since the Trust was not conducting any activities which it was supposed to undertake and since the said activities were also being conducted by the Settlor independently and the respective Branches of the Settlor, the Trust should be dissolved and the properties of the same should be handed over back to Settlor as per the powers vested on the trust members vide clause no. 12 (a) and 20 (a) & (c). (pages 10, 13-14)
4. It was also decided that the legal procedure for this transition and the actual handover of the properties and any other matter arising out of or in respect to the process should be owned by the Settlor.
5. The members present for the meeting expressed their willingness for full cooperation in the conduct of the take over and put on record their appreciation and thanks for reposing the faith in them by their respective Branches of IMA Goa State.

Yours in the cause of IMA,
Regards

Dr. Sunil Kakodkar
Managing Trustee

CC:
- All Trustees on Board
- The President & Secretaries of the IMA Goa State Branches

INDIAN MEDICAL ASSOCIATION-PONDA BRANCH
IMA PONDA CHARITABLE TRUST

IMA PONDA HOSPICE – PALLIATIVE CARE CENTRE FOR TERMINALLY ILL

Dear Sir / Madam,

Indian Medical Association Ponda Branch (IMA) is a professional nonprofit making, non political NGO. affiliated to the parent IMA body situated at Indraprast Marg New Delhi. This is the largest NGO of Allopathic Medical practitioners in the country with its membership over 1.3 lakhs. IMA Ponda Branch was established on 20th October 1974 and is one amongst the local branches of IMA Goa State.

IMA Ponda Charitable Trust (Trust) is an autonomous body formed by all the life members of IMA Ponda with its main objective being dedicating their services to the Community by way of Health programs & Health related projects. The Trust is governed by its own Constitution. The Board of Trustees is formed by elected and Ex officio members.

The Trust is a fore runner in charitable activities and in appreciation of its services to the community in the last 38 yrs, the Communidade of Bandora has leased an area of 5000sq meters to IMA Ponda to continue the humanitarian work proactively.

IMA proposes to give coverage in terms of medical benefits which are not covered under Government schemes.

IMA has taken a note of the rising medical cost which at times becomes unaffordable for common men , hence subsidized or free facilities if possible shall be created to provide medical benefits to the community . These are subject to the flow of funds.

The Foundation stone for this project was laid down at the hands of Shri Laximikant Parsenker , Hon. Health minister of Goa on Thursday, 3rd January 2013.

IMA Ponda has succeeded in complying with all the formalities for construction of IMA GHAR & IMA-Ponda Hospice and wishes to achieve the goal of completing the project by 2014.

IMA PONDA HOSPICE – PALLIATIVE CARE CENTRE FOR TERMINALLY ILL

IMA-Ponda Hospice is being planned with the unique intention of serving humanity, in a field which has been ignored it is a necessity in the present day health and social scenario.

IMA-Ponda Hospice is aims at giving holistic care to the **terminally ill**, taking care of their physical, social, Emotional and Spiritual needs , in a homely atmosphere & provide relief from symptoms caused by a disease or its treatment.

IMA is planning to have 25 beds, to and take care of the terminally ill, of any age & disease, barring aside communicable diseases. IMA - Ponda Hospice will have a place for patient attendants to stay, Meditation room, Library, Recreation room for the **terminally ill** and will be staffed with doctors & paramedics who will give round the clock service to improve the quality of life & also provide support to the patient & his / her family members.

Members of IMA Ponda and other branches have shown their willingness to render their services for inmates there in. Our long term associate NGOs and Health professionals are willing to join hands with IMA Ponda to render service in a holistic manner at this facility, to bring solace to these unfortunate persons.

Provision for M O U : The Trust shall consider having MOU with other NGOs , professional bodies, other Charitable, religious and Professional Institutions, there by collectively offering medical services to the community.

Public Private Partnership (PPP) with central and local Government agencies shall be considered favorably.

We sincerely appeal to your good self to be a part of IMA-Ponda Hospice and associate with us in the best possible manner.

We remain,

President & Members – Indian Medical Association – Ponda Branch
Chairman & Trustees - IMA Ponda Charitable Trust

TERMINAL ILLNESS

Terminal illness is a medical term used to describe a disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient within a short period of time. This term is more commonly used for progressive diseases such as cancer or advanced heart disease than for trauma. In popular use, it indicates a disease which will eventually end the life of the sufferer. This medical term is given more attention in the present century.

A patient who has such an illness may be referred to as a **terminal patient terminally ill** or simply **terminal.** Often, a patient is considered to be terminally ill when the life expectancy is estimated to be six months or less, under the assumption that the disease will run its normal course.

Stages

Each patient reacts differently to the news of carrying a terminal illness such as cancer. In general, almost all patients go through various stages of acceptance when a disease like cancer has been diagnosed.

The first stage is disbelief. Most people are shocked that it could happen to them, there is extreme anxiety especially about the unknown, despair and anger are common. There is also guilt that perhaps the person has done something wrong to receive such a diagnosis. Some individuals use humor as a psychological defense mechanism; others become helpless and often start to bargain. This first stage usually lasts from a few days to a few weeks.

The second stage is depression which is usually a reaction to the diagnosis. The depression is mild to moderate in intensity and needs family support & counseling. Only in rare cases is any type of medical therapy required. The duration of depression often can last several weeks but soon fades and the person goes into the Final stage.

Final stage of acceptance.

Here the patient waits for peaceful transition to his/her heavenly abode.

Management

By definition, there is no cure or adequate treatment for terminal illnesses. However, some kind of medical management may be appropriate anyway, such as therapies to reduce pain or ease breathing. Some terminally ill patients stop all debilitating treatment to reduce unwanted side effects. Others continue aggressive treatment in the hope of an unexpected success. Still others reject conventional medical treatment and pursue unproven treatments such as radical dietary modifications. Patients' choices about different treatments may change over time.

Palliative care is normally offered to terminally ill patients, regardless of their overall disease management style, if it seems likely to help manage symptoms such as pain and improve quality of life.

Hospice care, which can be provided at home or in a long-term care facility, additionally provides emotional and spiritual support for the patient and his/her loved ones.

Some complimentary medicine approaches, such as relaxation therapy, massage & acupuncture therapy is helpful.

Care giving

For the person with a terminal illness, a caregiver is often needed. The caregiver may be a nurse, licensed practical nurse or a family member. The individual may require assistance from a caregiver to receive medications for pain and to control symptoms of nausea or vomiting. The caregiver can assist the individual with daily living activities and assist with movement. Caregivers provide assistance with food and psychological support and ensure that the individual is comfortable. The caregiver works in close association with physicians and follows their professional advise in need. Most caregivers become the patient's listeners and will allow the individual to express their fears and concerns without being judgmental. Caregivers reassure the patient and honor all advanced directives. Caregivers respect the individual's need for privacy and usually hold all information confidential.

Palliative care has become a speciality by itself over the years in the medical profession. Palliative treatment does not prolong life, nor prolong death. It only makes the transition into the great unknown more bearable! And also make the process of dying less of a trauma to the person and family.

There is a desperate need to broaden the awareness of palliative care and to extend its reach with palliative care not forming a part of medical education. There is also a need to educate & empower the medical profession. It is heartening to say only 0.4% of the estimated 2.5 millions of cancer patients in our country have an access to palliative care treatment. Palliative care has a role to play right from diagnosis till bereavement and beyond.

In the state of Kerala, after attaining targeted values in Infant Mortality Rate, Maternal Mortality. Rate & Life acceptancy, the Health ministry has taken Medicine of terminally ill on priority and has included it in the health policy of the state. Goa attaining same health care standard can think in similar directions and follow the foot steps of Kerala.

IMA Ponda is hopeful of creating an unique centre for the Terminally ill in Goa - IMA - Ponda Hospice, a project of IMA Ponda Charitable Trust.

INDIAN MEDICAL ASSOCIATION
PONDA BRANCH
IMA PONDA CHARITABLE TRUST
&
DIRECTORATE OF HEALTH SERVICES

Organises
work shop
On 19th OCTOber 2013
At IMA HOUSE PONDA
&
C M E
ON 20TH OCTOBER 13
AT SUB DISTRICT HOSPITAL
PONDA GOA

INDIAN MEDICAL ASSOCIATION – PONDA BRANCH
IMA PONDA CHARITABLE TRUST

REGISTRATION FORM FOR CME / WORKSHOP

Name: 1)_____

2) _____.

Address: _____

_____ PIN _____

IMA Local Branch _____

Medical Council Reg. NO : 1)_____ 2_____

Phone : _____ Mobile: _____

E-mail: _____

Please find the delegate registration fees in Cash / by Cheque / by DD of Rs. _____

(Rupees_____On Bank. _____Dated _____

Signature: _____ Date: _____

* Members of IMA shall be issued Certificates for attending CME .
* Nurses and Paramedics shall be issued Certificates for attending Work shop.

Dear Doctor,

Greetings from Members of IMA Ponda , Trustees of IMA Ponda Charitable Trust and Directorate of Health Services.

IMA Ponda is pleased to inform you that the Trust is working very hard to bring up IMA-Ponda Hospice , the 1st Phase of IMA GHAR project.

The Hospice building will be three storied with a built up area of over 900 sq. mts. Estimated cost is nearly Rs. 2.5 Crores . Construction work is in progress and we intend to complete it on a war footing by December 2014.

The Hospice will have a facility for admitting 25 inmates and the specially equipped Hospice staff would provide Palliative Care and Nursing services with a holistic approach and other primary medical care as required.

In order to run the Hospice, trained doctors, paramedical personnel and support staff will have to be recruited. Keeping in mind the special training requirements , this pilot C M E / Work shop has been organised with the main objective of sensitising the Health Care Professionals of Goa.

There will be two days Scientific sessions

1. Saturday , 19th October 2013 - Workshop - " Basics in Palliative Care for Nurses "
   At IMA House ,Ponda.
2. Sunday , 20th October 2013 – CME - " Essentials of Palliative Care "
   At Conference Hall , 4th floor, Sub District Hospital , Ponda.
   This programme is organised in association with Directorate of Health Services.

Members of IMA , Nursing or paramedical staff willing to render their voluntary services are welcome to register for Work shop.

Anticipating your kind participation.
We remain,

Dr. Mrs. Lalana Bakhale ..... President – IMA Ponda 9823987123

Dr. Santosh a/s/ Narayan Usgaonker ..... Chairman – Trust 9822120955

Dr. M. Mohandas ..... Medical Superintendent , S.B.H –Ponda 9011025027

Dr. Vallabh Dhaimodker ..... Secretary Trust 9422438155

Dr. Amey Kamat ..... Secretary – IMA Ponda 9822751356

Dr. Nutan Dev ..... Health Officer , S.D.H – Ponda 9011025039

Correspondence Address :-
Dr. Vallabh B. Dhaimodker, Secretary – IMA Ponda Charitable Trust
Vidhya Diagnostics Pvt. Ltd , Near Satyanarayan Temple, Dhavalimal, Ponda Goa, 403 401
Ph : 0832-2314463 , 2312148 , Fax : 0832-2313745 ; Mob : 9422438155, 7507272921,
E-mail : vdpl.dhaimodker@gmail.com , vallabh.ameeta@gmail.com

CONTINUING MEDICAL EDUCATION PROGRAMME
On ESSENTIALS OF PALLIATIVE CARE
Sunday 20 Oct 2013
Venue : CONFERENCE HALL ,Sub District Hospital, Ponda
PROGRAMME

Sr No	Time	Topic	Speaker
1	8.30 am	Registration	
2	9.00 am	Inauguration	
3	9.30 to 10.15 am	Principles of Palliative Care	Dr Priyadarshini Kulkarni Director, Cipla Center, Pune
4	10.15 to 11 am	Pain management and Morphine	Dr Geeta Joshi Head, Palliative Care, GCRI, Ahmedabad
5	11 to 11.20 am	Tea Break	
6	11.20 to 12 noon	Principles of Symptom Management in Palliative Care	Dr Linge Gowda, Head Palliative Care, Kidwai Memorial, Bangalore
7	12 pm to 1 pm	Palliative Care & Communication (Group work & Role play)	Dr Priyadarshini Kulkarni & Dr Linge gowda
8	1 to 2 pm	Stress Management	Dr Yashavant Joshi, Director, Unnat Academy of Human Excellence
9	2 pm onward	Lunch	

Registration Fees	
Workshop	No Fees, Registration Compulsory
C M E	Rs. 200 /

Payments may be made in cash or by cheque favouring " IMA PONDA CHARITABLE TRUST "
The organisers have applied for Three CME Credit Points .

Minutes of the Annual General Body Meeting IMA Goa State

Held on 30th September 2012, Hotel Holiday Inn, Cavelossim.

1) The Meeting Started at 2.30pm. Dr. H P Pai, the President IMA Goa state welcomed the members present.

2) One Minute silence was observed by all the members to condole the sad demise of three IMA members namely Dr. Pramod Dukle & Dr. Sripad Kunkoleikar, Ex Tiswadi Branch IMA members and Dr. Gurudas Nadkarni of Bicholim Branch.

3) The Minutes of the previous AGB of IMA Goa State held on 25/09/11 were circulated amongst the members & the same were confirmed. Proposed by Dr. Anil Gaunekar & seconded by Dr. Ajay Pednekar.

4) Office bearer's of IMA Goa State 2013 as mentioned below were confirmed.

President - Dr. Gladstone D' Costa
Secretary - Dr. Rahul Borkar
Treasurer - Dr. Suraj Prabhudessai
1st Vice president - Dr. Jagdish Kakodkar
2nd Vice President - Dr. Prasad Netravalkar
3rd Vice President - Dr. P. Rataboli
Jt. Secretary - Dr. Vinayak Buvaji
Jt. treasurer - Dr. Atchut Kakodkar
Editor IMA News Goa State - Dr. Prithi de Souza Araujo

5) Dr. Deepa Correia Afonso of IMA Margao Branch was confirmed as a member of Central Working Committee, IMA H.Q.

6) Secretary's report from September 2011 to December 2011 & that from Jan. 2012 to August 2012 as presented by Dr. Anil Mehndiratta on day one of conference was adopted & passed. Proposed by Dr. Gladstone D'Costa & seconded by Dr. Shekar Salkar.

7) Audited statement of accounts for the financial year from April. 2011 to March 2012 was circulated amongst the members and this was passed. Proposed by Dr. Shailesh Kamat & Seconded by Dr. Ajay Pednekar.

8) The following resolutions as briefed below, brought forward by the executive committee were taken up.
- Amendments to constitution --- Mode of communication for notices
- Ratification of amendments to the constitution.

AMENDMENTS TO THE CONSTITUTION

OLD	AMMENDMENT	JUSTIFICATION
1) Notices for meetings should be sent under certificate of posting.	Notices for meetings should be sent by post or by legally acceptable electronic media like e-mail, for those who were agreeable to receive the notices in this manner.	This is in keeping with advances in technology and in support of the corporate green movement to reduce the use of paper. E-mail is now a legally accepted form of communication. The post master has informed the certificate of posting has been abolished.
2) **WORKING OF THE FELICITATIONCOMMITTEE** **A)** A new member shall be appointed by the G.B, preferably from the branch which has no representation. **B)** A new Secretary shall be chosen by the members of the committee among themselves.	The new inductee into the felicitation committee should come from the same branch of the 3rd V.P. of that year. Every year, a new secretary should be selected from the longest serving member of the committee. If there were two or more members fitting this description, the committee should select one and the others to follow suit in the subsequent years.	This will ensure a fair system of rotation as well as time for the new members to get acquainted with the working of the committee. This will ensure a fair system of rotation and equal opportunity for all members to serve in the posts of office bearers.
3)**ORATION FUND CONTRIBUTION** The branch hosting the conference shall donate a sum of Rs 50000/- towards the IMA Oration Fund from 2005 onwards.	As per the executive committee March 2012 resolution, the contribution is withdrawn from 2012 onwards.	The contribution is withdrawn as the initial purpose of supplementation of IMA Oration Fund has been achieved.

AMENDMENTS AS DIRECTED BY THE IMA HQ FOR RATIFICATION BY AGB

1. Branch Representatives to the Central Council shall be in the following scales: - For every 60-100 members, one representative. Branches having less than 60 members can join together to form 60 members for the purpose of electing a representative. Thereafter, for every additional 100 members, or part thereof, one additional representative.
2. Branch representatives to the Central Council shall be life members of good standing of the local branch.
3. Branch representatives to the Working Committee shall be elected from amongst the members of the Branch who have been members of the Association continuously for at least five years preceding the election.
4. Conversion from Annual to Life Membership: The local Branch Secretary should get filled a new M.A. form from the member. The Branch Secretary should write in red ink/red ball point pen at the top of the form "Conversion from Annual to Life Member. His Serial Number from the general list is.....

5. A minimum of twenty persons who are eligible to be members of the Association as per the rules of the Association, who reside, practice or are employed in a place or its' neighborhood may form themselves into a Local Branch of the Association by a resolution passed at a General Body Meeting of such persons convened for that purpose.

6. Life Membership Fees collected by Local and State Branches shall be kept in a separate account with a nationalized bank and shall be invested separately. The membership amount so invested shall under no circumstances be withdrawn or spent. In case a member changes the Branch, the original amount received by the Branch shall be paid to the new Branch which the Member has joined. This shall apply to Local as well as State Branches. On transfer of Membership, the member shall have all rights of the new branch he has joined, including voting and holding office. However, if there is any extra charge for any hospitality, it will be the members' option to join it or not.

Proposed by Dr. Shekar Salkar and seconded by Dr. Gokuldas Sawant.

9) Resolution commissioning the Chairman of the Constitution Committee to update the constitution incorporating all the amendments since the first edition, and approval of the budget for printing 500 copies of the same at the quoted price of Rs. 25500/- for 500 copies, as well as making available a CD edition of the same. If further If further copies are needed this will be determined by reviewing the situation six months down the line. , and the executive committee is given the authority to go ahead. Proposed by Dr. Shekar Salkar and seconded by Dr. Shailesh Kamat. Copies to be distributed free of cost to all the branches.

10) Hon Legal Advisor- same person to continue- Ms Shubhalaxmi Pai Raikar.

11) Following topics were discussed under AOB:

A) Dr. Gladstone D'Costa enquired whether the meeting of the Goa Trustees was held this year or not. Dr. H P Pai said that he has written an email to Dr. Govind Kamat, the Chairman of the trustees has verbally informed that they shall be holding a meeting near future.

B) Dr. Shekar Salkar requested the house to discuss about the BRHC course.
Dr. Gladstone D'Costa informed that a Dr. Kishore is canvassing about the opinion of IMA doctors on BRHC Bill with a view to filing a writ petition in the S.C. He was canvassing the opinion of all medical practitioners on a national basis (either for or against) to present appropriate arguments in court. He requested the IMA members to write their opinion about the bill.
IMA Goa in general opposes this Bill.

C) Dr. Shishir Chodnekar & Dr. Jagdish Kakodkar suggested that IMA should pass a resolution opposing quackery and all IMA Goa state members should not support quackery.

D) Dr. S. Koragonker suggested that National security Scheme (NSS) should be widely promoted among all the members.

E) Dr. Jagdish Kakodkar requested all the branches to involve the Student Wing in all their community activities. As of now only Ponda & CQS are involving the student wing. Dr. Gladstone pointed out that this was largely due to lack of information as no details of the Students Wing have hitherto been available to the Branches. Now that the information have been incorporated in the updated constitution, there should be no further problem.

F) Dr. Jagdish Kakodkar congratulated the host Branch IMA Mormugao for holding a wonderful conference.

G) As far as the number of students to be allowed to attend the GIMACON, it was decided that it is the prerogative of the organizing branch.

H) Regarding a question on government doctors allowing private practice, Dr. Shailesh Kamat, informed that as per the Clinical Establishment Act, a government doctor can operate a patient in private in case of an emergency, provided he has taken a prior permission from the head of department or the head of the institution and he cannot get a remuneration for the same.

Their being no other topic for discussion the meeting was concluded by vote of thanks.

Sd/-
(Dr Anil Mehndiratta)
Hon. Secretary, IMA Goa State

SATISH DHUME & CO.
CHARTERED ACCOUNTANTS

SATISH R. DHUME, B.Com (Hons.) LL.B. (Gen.) F.C.A.

203/206/207, Mahalaxmi Chambers,
18th June Road,
PANAJI - GOA 403 001.
Tel.: 2226309/2227775
Fax : (0832) 2227775
E-mail : sdhume@hotmail.com

INDIAN MEDICAL ASSOCIATION - GOA STATE BRANCH & DISASTER MANAGEMENT CELL
(REG No. 33/GOA/98) ST. INEZ - GOA

BALANCE SHEET AS AT 31ST MARCH, 2013

LIABILITIES		IMA GOA	DISASTER CELL	AMOUNT
CAPITAL FUND (IMA GOA)				
Balance b/d	821932.58			
Add : - Excess of Income	84391.68	906324.26		906324.26
CAPITAL FUND (Disaste	165788.23			
Balance b/d				
Add : - Excess of Income over Expenditure	64757.00		230545.23	230545.23
Life Membership Fees				
Balance	401864.00			
Add: During the Year	89343.00	491207.00	---	491207.00
IMA Premises Fund				
Balance	72450.00			
Add: During the Year	5800.00	78250.00	---	78250.00
State Oration Fund				
Balance	263124.00			
Add: During the Year	10200.00	273324.00	---	273324.00
OUTSTANDING EXPENSES				
- Audit Fees		4500.00	3030.00	7530.00
- Accounting Charges		8500.00	---	8500.00
- Amt. payable to IMA Disaster Managem		37.00	---	37.00
Dr. Vallabh Dhaimodkar - towards Expenses incurred		---	6119.77	6119.77
TOTAL RUPEES . . .		1762142.26	239695.00	2001837.26

ASSETS		IMA GOA	DISASTER CELL	AMOUNT
FIXED ASSETS				
OFFICE PREMISES				
Balance b/d	44626.00			
Less: Dep. @10%	4463.00	40163.00	---	40163.00
Medical Equipment				
(Plastic Human Body)	16511.00			
Less: Dep. @15%	2477.00	---	14034.00	14034.00
FURNITURE & FIXTURES				
Balance b/d	1962.00			
Add: Addition during th	27023.00			
	28985.00			
Less: Dep. @10%	2899.00	26086.00	---	26086.00
FURNITURE & FIXTURES				
Balance b/d	12140.00			
Less: Dep. @10%	1214.00	---	10926.00	10926.00
BANK BALANCES				
Fixed Deposits in Goa Urban Co-op.		1474927.00	---	1474927.00
Fixed Deposits in Bicholim UCB Ltd.		---	128026.00	128026.00
Interest receivable on fixed deposit		180712.00	---	180712.00
SAVING BANK				
- GUCB Ltd. Mala A/c. No. 4488		2241.56	---	2241.56
- GUCB Ltd. Mala A/c. No. 6053		1865.09	---	1865.09
- GUCB Ltd. Mala A/c. No. 6143		2098.09	---	2098.09
- GUCB Ltd. Mala A/c. No. 7583		19489.05	---	19489.05
- IMA House Committee SB A/c. No.		11530.47	---	11530.47
- Bicholim Urban Co-op. Bank Ltd.		---	86709.00	86709.00
Payable				
- IMA Disaster Cell Exp. (Audit Fees		3030.00	---	3030.00
TOTAL RUPEES . . .		1762142.26	239695.00	2001837.26

For INDIAN MEDICAL ASSOCIATION GOA STATE BRANCH & DISASTER MANAGEMENT CELL

Dr. H. P. PAI (President) **Dr. ANILMEHNDIRATTA** (Secretary) **Dr. Mrs. SUNITA PAI** (Treasurer)

AS PER OUR REPORT ATTACHED

For SATISH DHUME & CO.
CHARTERED ACCOUNTANTS
(Firm Registration No. 109314W)

S. R. DHUME
(Proprietor)
M. No. 30498

Place: PANAJI - GOA
Date : 5th September, 2013

SATISH DHUME & CO.
CHARTERED ACCOUNTANTS

SATISH R. DHUME, B.Com (Hons.) LL.B. (Gen.) F.C.A.

203/206/207, Mahalaxmi Chambers,
18th June Road,
PANAJI - GOA 403 001
Tel.: 2226309/2227775
Fax : (0832) 2227775
E-mail : sdhume@hotmail.com

INDIAN MEDICAL ASSOCIATION - GOA STATE BRANCH & DISASTER MANAGEMENT CELL
(REG No. 33/GOA/98) ST. INEZ - GOA

INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD FROM 1ST APRIL, 2012 TO 31ST MARCH, 2013

EXPENDITURE	IMA GOA	DISASTER CELL	AMOUNT	INCOME	IMA GOA	DISASTER CELL	AMOUNT
To HFC Fees (IMA HQ New De	304249.89	23000.00	327249.89	BY FEES RECEIVED FROM BRANCHES			
To Cost of IMA News Letters (including				- Marmugao	53758.00	---	53758.00
distribution expenses)	94070.00	---	94070.00	- Ponda	4550.00	---	4550.00
To Printing & Stationery	13326.00	4201.00	17527.00	- Curchorem, Quepem & Sanguer	23520.00	---	23520.00
To Administrative Expenses	3000.00	---	3000.00	- Bardez	45475.00	---	45475.00
To Salary & Wages	70499.00	---	70499.00	- Tiswadi	100683.00	---	100683.00
To Postsge & Courier Charges	9693.00	1200.00	10893.00	- Margao	40400.00	---	40400.00
To Travelling & Conveyance	18180.00	---	18180.00	- Bicholim	17565.00	---	17565.00
To Auditors Fees	5082.40	---	5082.40		285951.00		285951.00
To Accounting Charges	8500.00	---	8500.00	Less: Appropriated towards Life			
To Felicitation Expenses	8725.00	---	8725.00	Membership of Rs. 89343/-,			
To Bank Charges	664.03	106.00	770.03	State Oration Fund			
To Workshop Expenses for brar	170777.00	---	170777.00	Rs. 10200/- & Premises			
To Repairs & Maintenance Expe	630.00	---	630.00	Fund of Rs. 5800/-	105343.00	---	105343.00
To Hosting of IMA Web Site	9250.00	---	9250.00		180608.00		180608.00
To Legal Fees	2500.00	---	2500.00				
To GIMACON Expenses Share	33728.00	---	33728.00	By Cont. recd from IMA Branches	---	50300.00	50300.00
To Website Expenses	4250.00	---	4250.00	By Salary reimbursement recd from	78000.00	---	78000.00
To Telephone Expenses	16389.00	---	16389.00	By Sponsorship recd for Health Aw	178800.00	265000.00	443800.00
To Honorarium to Faculties for (	---	250800.00	250800.00	By Sponsorship recd from GIMACC	228000.00	---	228000.00
To Course Fees & Trainer's Fee	---	8360.00	8360.00				
				By Benevolent fund recd from HQ N	1101.00	---	1101.00
To Depreciation							
- Office Premises	4463.00	---	4463.00	By Donation Received	---	25000.00	25000.00
- Medical Equipment	---	2477.00	2477.00				
- Furniture	2899.00	1214.00	4113.00	By BANK INTEREST			
				- FD Interest	180712.00	13323.00	194035.00
To Excess of Income				- Interest on SB A/c.	18014.00	2482.00	20496.00
over Expenditure	84391.68	64757.00	149148.68				
				By Dividend	12.00	10.00	22.00
TOTAL RUPEES ...	865247.00	356115.00	1221362.00	***TOTAL RUPEES ...***	865247.00	356115.00	1221362.00

For INDIAN MEDICAL ASSOCIATION GOA STATE BRANCH &
DISASTER MANAGEMENT CELL

Dr. H. P. PAI
(President)

Dr. ANIL MEHNDIRATTA
(Secretary)

Dr. Mrs. SUNITA PAI
(Treasurer)

AS PER OUR REPORT ATTACHED

For SATISH DHUME & CO.
CHARTERED ACCOUNTANTS
(Firm Registration No. 109314W)

S. R. DHUME
(Proprietor)
M. No. 30498

Place: PANAJI - GOA
Date : 5th September, 2013

SATISH DHUME & CO.
CHARTERED ACCOUNTANTS

SATISH R. DHUME, B.Com (Hons.) LL.B. (Gen.) F.C.A.

203/206/207, Mahalaxmi Chambers,
18th June Road,
PANAJI - GOA 403 001.
Tel.: 2226309/2227775
Fax : (0832) 2227775
E-mail : sdhume@hotmail.com

INDIAN MEDICAL ASSOCIATION - GOA STATE BRANCH & DISASTER MANAGEMENT CELL
(REG No. 33/GOA/98) ST. INEZ - GOA

RECIEPTS & PAYMENTS FOR THE PERIOD FROM 1ST APRIL, 2012 TO 31ST MARCH, 2013

RECIEPTS	IMA GOA	DISASTER CELL	AMOUNT	PAYMENTS	IMA GOA	DISASTER CELL	AMOUNT
TO OPENING BALANCES				By HFC Fees (IMA HQ New Delhi)	304249.89	23000.00	327249.89
Fixed Deposits in GUCB Ltd.	952927.00	---	952927.00	By Cost of IMA Newsletter	94070.00	---	94070.00
Fixed Deposits in BUCB Ltd.	---	88703.00	88703.00	(including distribution expenses)			
				By Printing & Stationery	13326.00	4201.00	17527.00
SAVING ACCOUNT				By Postsge & Courier Charges	9693.00	1200.00	10893.00
- GUCB Ltd. A/c. No. 4488	21353.41	---	21353.41	By Administrative Expenses	3000.00	---	3000.00
- GUCB Ltd. A/c. No. 6053	1808.94	---	1808.94	By Legal Expenses	2500.00	---	2500.00
- GUCB Ltd. A/c. No. 6143	8042.94	---	8042.94	By Felicitation & Meeting Expenses	8725.00	---	8725.00
- GUCB Ltd. A/c. No. 5783	439118.57	---	439118.57	By Bank Charges	664.03	106.00	770.03
- IMA House Committee SB A/c. N	98971.32	---	98971.32	By Audit Fees Paid	4495.00	---	4495.00
- Bicholim Urban Co-op. Bank Ltd	---	57584.00	57584.00	By Accounting Charges	8500.00	---	8500.00
				By Honorarium to Faculties for Con	---	250800.00	250800.00
To Contr. recd from IMA Branches		50300.00	50300.00	By Workshop Expenses for Branch	170777.00	---	170777.00
				By Salary & Wages	70499.00	---	70499.00
TO FEES RECEIVED FROM BRANCHES				By Website Expenses	4250.00	---	4250.00
- Mormugao	53758.00	---	53758.00	By GIMACON Expenses Share	33728.00	---	33728.00
- Ponda	4550.00	---	4550.00	By Travelling & Conveyance	18180.00	---	18180.00
- Curchorem, Quepem & Sangu	23520.00	---	23520.00	By Repairs & Maintenance Expense	630.00	---	630.00
- Bardez	45475.00	---	45475.00	By Hosting of IMA Web Site	9250.00	---	9250.00
- Tiswadi	100683.00	---	100683.00	By Board in IMA Hall	27023.00	---	27023.00
- Margao	40400.00	---	40400.00	By Telephone Expenses	16389.00	---	16389.00
- Bicholim	17565.00	---	17565.00	By Course Fees for conducting pro	---	8360.00	8360.00
To Donation Received	---	25000.00	25000.00	BY CLOSING BALANCES			
				Fixed Deposit in GUCB. Ltd	1474927.00	---	1474927.00
To Sponsorship recd for Program	178800.00	265000.00	443800.00	Fixed Deposit in BUCB. Ltd	---	128026.00	128026.00
To Sponsorship recd from GIMAC	228000.00	---	228000.00				
To Salary re-imbursement recd. fr	78000.00	---	78000.00	SAVING ACCOUNT			
To Benevolent fund recd from HQ	1101.00	---	1101.00	- GUCB Ltd. Mala A/c. No. 4488	2241.56	---	2241.56
				- GUCB Ltd. Mala A/c. No. 6053	1865.09	---	1865.09
TO BANK INTEREST				- GUCB Ltd. Mala A/c. No. 6143	2098.09	---	2098.09
- FD Interest	---	13323.00	13323.00	- GUCB Ltd. Mala A/c. No. 5783	19489.05	---	19489.05
- Interest on SB A/c.	18014.00	2482.00	20496.00	- IMA House Committee SB A/c. No	11530.47	---	11530.47
				- Bicholim Urban Co-op. Bank Ltd.	---	86709.00	86709.00
To Dividend Recd.	12.00	10.00	22.00				
TOTAL RUPEES . . .	2312100.18	502402.00	2814502.18	***TOTAL RUPEES . . .***	2312100.18	502402.00	2814502.18

For INDIAN MEDICAL ASSOCIATION GOA STATE BRANCH & DISASTER MANAGEMENT CELL

Dr. H. P. PAI (President)
Dr. ANILMEHENDIRATTA (Secretary)
Dr. Mrs. SUNITA PAI (Treasurer)

Place: PANAJI - GOA
Date : 5th September, 2013

AS PER OUR REPORT ATTACHED

For SATISH DHUME & CO.
CHARTERED ACCOUNTANTS
(Firm Registration No. 109314W)

S. R. DHUME
(Proprietor)
M. No. 30498