◆ GOA STATE ◆ VOL XXI ◆ ISSUE TWO ◆ APRIL – JUNE 2013

IMA NEWS

INDIAN MEDICAL ASSOCIATION

“ASPIRE TO INSPIRE ”

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IMA News

GOA STATE BRANCH

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IMA GOA STATE
Executive Committee
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From the Editor's Desk

Dear Friends,

It has indeed been an eventful first quarter of what promises to be a year of fulfillments.

The recent tragedy in the state of Uttaranchal following the massive devastation by floods has been a great tragedy for our country. The IMA Goa state is considering donating Rs. 50,000 (Rupees Fifty thousand) towards relief activities which is a generous gesture towards disaster management.

The branches have continued their various activities quite commendably. Whilst monthly meetings are both desirable and laudable, the emphasis in the news will be on community oriented programs, in the spirit of "aspire to inspire".

We have included articles of interest, but we should be aware that articles come from members, and therefore will be as good as the members wish them to be.

I sincerely request you to ensure that we are not starved for clinical or para clinical material.

This is the silver jubilee year of GIMACON and preparations for the conference are proceeding in full earnest. A preliminary bulletin is included in this issue. I do hope all of you will attend in huge numbers and help to make it a grand success. Here's to a year of achievement in the IMA.

Dr. Prithi de Sousa Araujo
Editor, IMA GOA State

From The President's Desk

Dear Colleagues in the IMA Goa State Branch,

Time flies, and before we know it we are entering the second half of the association year, and therefore time for stock taking and a little introspection.

The recent flood disaster should be a sombre reminder of our own fragility when we abuse nature. Our thoughts and sympathies go out to the bereaved families. May the souls of their lost loved ones rest in peace.

I thank the members for sanctioning Rs.50,000.00 on behalf of the State Branch towards the flood disaster fund of the IMA HQ. It is the least we could do.

Preparations for the annual conference are in full swing for what promises to be an unforgettable event. Please do visit the website which in itself is a remarkable effort by our enthusiastic organising president.

I started the year by promising a campaign for effective biomedical waste management in S. Goa. We had reached the stage of identifying a company to install and run it. The question is where to house it. At a recent meeting with the HM and others, the Goa Pollution Control Board pointed out that the guidelines suggested that having two units within a radius of 150k.m. was not a viable option. Hence the government decided to have one unit and shift the existing GMC unit to be incorporated at the new premises. A committee is to be formed for the purpose. However we intend to follow this up with further discussions on the viability and speedy implementation.

Neither the CEA nor the Prevention of Violence Bills made it to the assembly in the last session in spite of promises to that effect. My views on the CEA saga are expressed in an article in this issue. The feed back on the Prevention of Violence Bill is that this issue is not of "much significance" in Goa (!) whatever that means.

We had two special GB meetings, sorted out the additional clauses as directed by the IT department, and have finally managed to submit the updated constitution to the Registrar after four trips to the registrar's office.

We have had six state level CME programs this year; a seventh one is scheduled for July. My congratulations to the branches concerned for their initiative and enthusiasm

After all we "ASPIRE TO INSPIRE"

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

From The Secretary's Desk

Dear Colleagues in IMA

Warm greeting to each one of you.

Time flies, and three months have passed. This year our motto is "aspire to inspire". We should have the will do work with full dedication and honesty. With our wisdom we can surely win. We can take IMA to greater heights.

I thank all of you for your cooperation in agreeing to contribute towards the relief activities towards the disaster management in the recent tragedy in the state of Uttaranchal.
I appeal to all of you to co-operate with the branch representatives and work hard for the upliftment of the health of the people of Goa.

This being the silver jubilee year of Margao IMA, we are planing the annual GIMACON conference with full enthusiasm. I request each and every one of you to participate.
IMA is working hard to make this year a grand success.

Long live IMA

Dr. Rahul Borkar
Secretary, IMA Goa State Branch

Installation of the Goa State Executive IMA 2013

The Margao Branch of the Indian Medical Association (IMA) hosted the Installation Ceremony of IMA, Goa State at Babu Naik Hall, Margao on 5th January 2013. The CME was enthusiastically attended by around 150 doctors from all parts of Goa. The President of IMA, Margao, Dr. Naguesh Pai Kakode welcomed the audience and dignitaries. Dr. Sanjeev Dalvi, Director of DHS, Goa was the Chief Guest on the occasion.

The ceremony heralded the installation of the IMA, Goa State Executive Committee. The new office bearers are Dr. Gladstone D'Costa as President, Dr. Rahul Borkar as Secretary and Dr. Suraj Prabhudesai as Treasurer.

The ceremony was followed by a Continuing Medical Education programme where an eclectic mix of academic topics was covered. Air Chief Marshall (Retd) Dr. L. K. Verma, national expert on Biological Waste Management, spoke on the topic. This was then followed by a panel discussion on this issue which is a burning issue in Goa today.

The panelists were representatives of the major stakeholder organisations involved in tackling this issue, namely Dr. Sanjeev Dalvi, Dr. V. N. Jindal, Dean of Goa Medical College and Sanjeev Joglekar and Dr. Mohan Girap from the Goa State Pollution Control Board. The panel discussion was then followed by a talk on 'Approaches to Obstructive Airway Disease' by Dr. Ajay Keni, Consultant Chest Physician from Kolhapur.

On this occasion, the website of GIMACON 2013, annual conference of IMA, Goa was launched at the hands of the Chief Guest. This is the first time in the 25 year history of GIMACON that registrations will be done online and Dr. Naguesh Pai Kakode, the driving force behind this idea, promised a great GIMACON. Dr. Abhijit Nadkarni, Hon Secretary of IMA, Margao, proposed the vote of thanks.

BRANCH COMMITTEES

BARDEZ

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SECRETARY	: DR. SURESH MANDREKAR
TREASURER	: DR. SHEKAR SALKAR

CQS

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TREASURER	: DR. VISHNU VAIDYA
BRANCH REP.	: DR. RAVIN REGO

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PRESIDENT	: DR. G V PRABHU
SECRETARY	: DR. HEENA SHAIKH

MARGAO

PRESIDENT	: DR. NAGUESH KAKODE
SECRETARY	: DR ABHIJIT NADKARNI
TREASURER	: DR. PRAVIN BHAT
BRANCH REP.	: DR. EDWARD D'MELLO
	DR. DEEPAK DHOND
	DR. MOHAN RAIKAR

Minutes of concluding meeting of Executive Committee IMA Goa State held on 10th March 2013, in IMA Goa State Office, St. Inez, Panaji, Goa

The meeting started at 7.00 p.m. Since there was no quorum it was adjourned for 30 minutes.
The meeting restarted at 7.30 p.m.

Following members were present :
Dr. Gladstone D'costa, Dr. Rahul Borkar, Dr. Naguesh Kakode, Dr. Pravin Bhat, Dr. Prithi Araujo, Dr. Hina Shaikh, 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. Damodar Bhonsule, Dr. R. Rivinkar, Dr. Shailesh Hede & Dr. Abhijit Nadkarni, Dr. Preetam Naik, Dr. Sachin Palyekar, Dr. Shekhar Salkar, Dr. Kalpana Mahatme, Dr. Lalana Bakhale, Dr.A mey Kamat, Dr. Dhanesh Volvoikar.

Following members were granted LOA: Dr. Francisco Couto, Dr. Suraj Prabhudesai,
The State President called the meeting to order

1) IMA Bicholim Branch President, Dr. Sandesh Chodankar, 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 16-12-12 was confirmed .It was proposed by Dr. Prasad Netravalkar & seconded by Dr. Abhijit Nadkarni.

Matters arising from the Minutes

A) Dr. Gladstone informed the EC members that The Registrar of Societies and our C.A. has strongly recommended that we incorporate the I.T clauses into our constitution as amendments. These are now mandatory requirements as directed by the IT department if we are to continue our tax exemption status. The clauses are to be incorporated ad verbatim.
Dr. Gladstone also said that If we route these amendments through normal procedure, they will come into effect only after the AGB of 2014, and may create problems with our accounts during the interim two years. The Registrar, taking cognizance of this factor suggested that we have a Requisition AGB to adopt these amendments, and get them ratified subsequently.

The matter was placed before the Executive Committee and it was decided that a Requisition AGB be called on 13th April 2013 at 5.00 p.m. at Keserval Holiday Inn.

The Agenda of this AGB will be:

a) Passing and adopting the amendments to the constitution.

b) Ratification of minutes and Amendments passed at the September 2012 AGB

A second GB meeting will be required later on to ratify these proceedings, probably at the planned State level cardiology CME in May.

B) Dr. Gladstone also stated that a legal opinion was taken form Mrs. Shubhalaxmi V. P. Raikar regarding "conflict of interest" issue raised at the last meeting and it was made clear that both these institutions do not bar its members from holding the membership or the post in the Executive Committee of any other Association. The legal advisor also pointed out that the question of Conflict of interest has to be decided on an individual case to case basis.

C) Dr. Gladstone informed the EC members that Rupesh Gosavi has been appointed as an office assistant on a part time basis. His work timings will be 1:30-3:00pm. He will be responsible for keeping the IMA GOA State office clean and for collecting all the bills and other postal documents that are delivered to the IMA office and be in touch with the IMA GOA State Secretary .He will be paid RS. 2000 for the job. He will also be required to be present at the IMA GOA State office during the Executive Committee Meetings and see that all the arrangements for the meeting are done on time.

D) Dr. Gladstone informed the IMA members that the contract for managing the IMA GOA website has been signed and the rates are as follows:

The hosting cost will be Rs. 7,500/- (rupees seven thousand only) for three years.

Any changes in the site will be done provided the data is provided by the party with a maintenance cost of Rs. 150/- per month. If there is more than one request per month, it would be billed Rs. 100/- per upload.

Local Branch secretaries were therefore requested to send their reports to the state secretary by the first week of every month which would be forwarded to Dr. Anil Mehndiratta.

3) Matters relating to GIMACON XXV were presented by Dr. Naguesh Kakode.

He said that the theme for the conference would be "Emerging Horizons in Clinical Practice"

He proposed Dr. Jagadish Hiremath from Pune for the State Oration and that the topic would be "Cardiology- Yesterday, Today and Tomorrow"

It was decided that Dr. Rahul Borkar would send E-mails to all local Branch secretaries asking for one member to be nominated for the oration committee and to propose speakers for the state Oration, in the event that there were any further suggestions. The immediate past secretary pointed out that no members attended such meetings hence the branches would be contacted for representatives and if possible the matter resolved by mail.

Dr. Naguesh Kakode also told te EC members that the GIMACON XXV website will be kept updated.

He said that the venue for the conference will be HOLIDAY INN resort and it will be held on 28th and 29th September 2013.

The fees for the conference would be as follows:
Single delegate: Rs. 2000
Couple delegates: Rs. 3800
Accommodation: Rs. 6000 per room.
Dr. Jagadish Kakodkar asked about discounted Rates for students wing members and it was decided that they will be charged Rs. 1000 as registration fees and that unlimited number of Student wing members can register for the conference.

4) *Correspondence from IMA HQ was discussed.*
   a) *Dr. Rahul Borkar informed the EC members that IMA HQ had asked for member details in a particular format that included member name, mobile number and email id and that it has already been sent to the IMA HQ.*
   b) *Dr. Rahul Borkar informed that EC members about the mail from IMA HQ asking the members for recommendations for speedy rape case trial and to make the laws for rape cases better and effective. Members were asked to reply directly to the IMA National secretary general.*
   Dr. Gladstone stated that the National IMA secretary has started a new trend of asking IMA members for opinion on important matters at national level.
   Dr. Gladstone also requested the members to respond to such mails.
   c) *Dr. Rahul Borkar read out the MCI circular regarding Generic drugs. Dr. Gladstone said that he had sent his individual opinion to the IMA HQ.*
   He said that the National IMA has objected and the matter has gone back to the MCI.
   d) *Dr. Rahul Bokrar confirmed that all the EC members were receiving the e-mails from IMA GOA State.*

5) *Under AOB the following points were discussed:*
   a) *Dr. Naguesh Kakode informed the EC members that the organizing committee had decided to cancel the quiz program.*
   He informed the EC members that the organizing committee is going to have workshops on Saturday morning and that it will be have limited registrations. The workshop will be
   i) ECG reading
   ii) How to read a X-ray Chest
   iii) How to interpret blood reports
   b) *Dr. Vinayak Buvaji informed the EC members that IMA CQS in association with GMC is organizing a state level CME on clinical hematology on 13th April at Keserval Garden Retreat, Verna.*
   The registration fees will be Rs. 200 and it will be limited to 150 delegates owing to space constraints. The registrations will be based on first come first serve basis.
   c) *Dr. Anil Mehndiratta pointed out that Dr. Rahul Borkar had missed names of past presidents, Aao gaon chalen and disaster management cell members.*
   He said that these names are to be added to the list of invitees for the executive committee meetings. It was pointed out that sub-committees like the DMC and AGC were co-opted and not mandated to be on the E.C.
   Dr. Anil Mehndiratta also pointed out that local branch Treasurers are not a part of EC. This was noted.

d) Dr. Naguesh Kakode informed the EC about the South Goa CME program to be held on 24th March (world TB day) in Gomant Vidya Niketan, Margao from 7.00 p.m. onwards. He said that it was sponsored by the DHS.
The registration fees for the program will be Rs. 100 and it is open to members of IMA CQS, IMA Murmugao, IMA Ponda and IMA Margao.

e) Dr. Jagadish Kakodkar pointed out that as the Quiz format for the GIMACON was started by EC decision and queried how it could be cancelled without EC approval?
Dr. Anil Mehndiratta said that it was the decision of the organizing branch whether they want to have the quiz program or not.
Dr. Gladstone further added that the program of the conference is the prerogative of the O Organizing branch except for the Oration and paper presentation.
Dr. Gladstone stated that the minutes of the executive committee meeting held on 27-3-2011 read that the rolling trophy was announced and it does not state that it is binding on the subsequent GIMACON's. Dr. Salkar pointed out that an E.C. decision could be later reversed by the E.C. unlike a constitutional rule.
Dr. Naguesh Kakode proposed that the quiz program be scrapped for the current year, and it was passed by the EC.
Dr. Dhanesh Volvoikar said that quiz maybe held as a program separate from GIMACON.

f) Dr. Shekhar Salkar pointed that any money saved by the IMA Branches should be transferred to the trust otherwise it might get taxed.

g) Dr. Jagdish Kakodkar pointed out that DHS selects Ayurvedic and homeopathic candidates as medical officers for school health program.
He also said that hardly 50 students from GMC get PG every year.
Dr. Anil Mehndiratta said that since MBBS students don't apply for the post of medical officers, the posts are given to Ayurvedic and homeopathic doctors.
Dr. Gladstone invited Dr.Jagdish Kakodkar to send a proposal to him stating what IMA GOA State should do about it.However since the issue was a result of lack of allopathic applicants, the issue need not be pursued.

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

s/d-
Dr.Rahul Borkar

REGULATING GOAN HEALTHCARE-ACT IV

By - Dr. Gladstone D'Costa

The curtain rose on Act I in 1986 which should have been a landmark year for health care in Goa. The Goa Assembly passed the Goa Daman and Diu Private Nursing Homes (Regulation) Bill of 1986. (Bill No.29 of 1986). It even made its way to the Gazette (page 378, series 1-20), signed by Sheikh Hassan in his capacity as State Health Minister. There it quietly died from willful negligence because no rules were ever framed. Standard parliamentary procedure suggests that when a Bill has been passed by legislature, rules are usually framed within six months. If not, the Bill lapses in due course; which is precisely what happened in this case. Why it happened is a matter of conjecture, and I do not for a moment believe it was because of bureaucratic inefficiency.

Act II played out in April 2000. A seminar on "The State of Goas Health "was organized at the International Center by Sangath in collaboration with VHAI. Recommendations emerging from day long deliberations and presentations were summarized and presented to the then C.M., Francisco Sardinha. He was invited to make the concluding remarks with a view to follow up of the recommendations. When presented with the urgent need for an Act to regulate the functioning of hospitals, his reply was "the more rules you have, the more people break them". That the recommendation was shot down like a clay pigeon by a highly educated politician as opposed to a 4th class pass, was unimaginable and demoralizing.

Act III followed about a year later. Sushma Swaraj as Union Health Minister directed all states to introduce appropriate legislation to regulate hospitals and nursing homes. The State Health Minister, complying with the directive, requested the Goa Medical Council to prepare a draft bill. The Council painstakingly initiated a series of discussions with various stakeholders like the Nursing Home Owners Association, the IMA, and other professional bodies like the ASI and API. The outcome of these discussions was the "Private Nursing Homes Regulation Bill 2001" which was presented to the Health Minister in November 2001. Unlike the 1986 Bill, this one did not even make it to the Assembly, but got "lost" in the corridors of the Secretariat. One assumes it was subjected to a swift abortion en route.

The audience (Goan society) is now presented with Act IV. The Central Government passed the Clinical Establishment Act and requested the State governments to adopt the Act if there was none in force in the State. The Goa government took the view that there was a Medical Practitioners Bill that was already in place (which makes no reference to hospitals) and that the central CEA could be adapted to the local requirements. The IMA pursued the matter with the government with numerous representations to bring in this bill as well as an act for the "Prevention of Violence Against Healthcare Personnel". By January 2013, drafts of both Bills were presented to the government authorities, to be vetted by the law department with the hope that both bills would be passed by the Assembly in the just concluded session in April 2013, which was one of the longest in history (hence time was not a constraint). Neither bill "made the grade".

Once again it begs the question; why is it that these two bills which are so obviously in the interests of society and the common man, not permitted to see the light of day? To the neutral observer, it appears ridiculous to shut down "gaddas" selling omelet pao because they do not have a license to operate, yet permit hospitals which deal with life and death to function totally unregulated and unaccountable.

Why should such regulation be necessary at all? Quite simple; a patient has the right to know what to expect when he decides to get admitted into a particular hospital. There have to be some established minimum standards to qualify for the description "Hospital" Does the nursing home employ qualified nurses as approved by the Nursing Council? Can the patient expect to be looked after by qualified R.M.O.s?' If an emergency arise at 2a.m. in the morning, will the attending doctor be a qualified allopath or a make shift homeopath/ayurved? Does the hospital have a 24hr pharmacy with a qualified pharmacist as specified by law? These and many other such issues are practical problems that only patients and their relatives will appreciate. The point being that the State has to exhibit sufficient concern to anticipate such problems and provide for such contingencies. We not only need to legislate on the minimum standards for hospitals, but in this age of super specialization, we desperately need introduce grading systems to distinguish between a primary care hospital and a secondary or tertiary care centre.

Will this Tiatr (or should I say farce) end with Act IV, or are we going to see an Act V? Only time will tell.

BRANCH ACTIVITIES

IMA CQS – Monthly Report for May 2013

AAON GAON CHALE ABHIYAN PROJECT 08/05/2013

A community camp was organised by IMA CQS Members Dr. Shankar Nadkarni, Dr. Vinayak Buvaji President IMA CQS, Dr. Deepak Dangui Secretary IMA CQS and Dr. Ravindra Nadkarni at Sanguem for general public. People were examined and were screened for hypertension and diabetes. 12 new diabetic patients detected in this screening. They were given proper advice and regarding further follow up and diet and medication. Refreshments were sponsored by HDFC Bank.

Coordinator : Dr. Shankar Nadkarni Member IMA CQS

CME:

1. Monthly CME was held on 10/05/2013 at IMA CQS Hall for IMA Members. Dr. Manjusha Jindal Associate Prof of OBG Department GMC, delivered a brilliant lecture on "Good Antenatal Care by GP's ". She also advised to make proper & timely referral of complicated cases to higher referral centers to decrease the MMR.

CME 10/05/2013 DR Manjusha Jindal, Asso. Prof OBG Dept Dept. Goa Medical College.

COMMUNITY HEALTH ACTIVITIES:

1. 06/05/2013
   A general diabetic screening was done at Dr. Buvaji's Hospital on 06/05/2013, Curchorem Goa. Total 22 patients were screened none of the patients showed abnormal results.

Coordinator : Dr. Vinayak Buvaji President IMA CQS

Dr. Buvaji's Hospital Diabetes Screening

2. **08/05/2013**
   Hypertension detection camp was organised by Dr. Vishnu Vaidya at his clinic Dando Sanguem Goa on 08/05/2013. 45 patients were examined at his clinic out of which 15 were detected abnormal blood pressure. They were advised to take proper medicines & diet.

Dr. Vishnu Vaidya Treasurer IMA CQS

2. **17/05/2013**
   A lipid profile Camp was organized by Dr. Deepak Lotlikar Quepem at his clinic on 17/5/2013 where in 16 patients were examined . Two were detected with abnormal lipid levels. They were advised proper medicines & were given proper treatment.
   Coordinator: Dr. Dipak Lotlikar Member IMA CQS

Lipid Profile Camp

3. 26/05/2013

A general anaemia detection camp was organised by IMA CQS Member Dr. Pradnya Kakodkar at IMA CQS Hall on 26/5/2013. 35 patients were screened for haemoglobin. They were given haematinics sponsored by Franco Indian Pharma. Dr. Vinayak Buvaji President IMA CQS & Mr. Sameer Fatarpekar MR Franco Indian assisted for the same.

Coordinator: Dr. Pradnya Kakodkar Member IMA CQS

4. 30/5/2013

A general medical check up camp was conducted by Dr. Deepak Dangui Secretary IMA CQS at Coopar, Adnem Quepem Goa. 30 patients were examined and necessary advice & treatment given.

Coordinator : Dr. Deepak Dangui Secretary IMA CQS

Dr. Deepak Dangui Secretary IMA CQS

OBSERVATION OF NATIONAL DAY:

1) 12/05/2013 International Nurses Day

International nurses day was observed in Dr. Buvaji's Hospital on 12/5/2013 under IMA CQS Banner. All the paramedical staff was explained the importance of celebration of this day worldwide and were requested for dedicated medical service to human beings.

Co Ordinator: Dr. Vinayak Buvaji President IMA CQS

Dr. Buvaji's Hospital Paramedical Staff

2) 31/05/2013 World No Tobacco Day

World No Tobacco Day was observerd under IMA CQS banner at CHC Curchorem by President IMA CQS Dr. Vinayak Buvaji on 31/5/2013 along with Dr. Ganapati Kakodkar HO CHC Curchorem. Bad impact of tobacco consumption, economic disturbances, COPTA Act was detailed by Dr. Ganapati Kakodkar to the audience. Staff & patients attended in large number. Mr. Acharya welcomed the gathering.Program was ended by vote of thanks by Mr. Acharya & giving refreshment to all.

Coordinator: Dr. Vinayak Buvaji President IMA CQS

Dr. Vinayak Buvaji President IMA CQS

IMA Tiswadi – Monthly Report for May 2013

a) Monthly meeting of IMA Tiswadi for May 2013:

The monthly meeting of IMA Tiswadi was held on Friday, 17th May 2013 from 8pm onwards at Hotel Fidalgo, Panaji, Goa. The speakers for the CME were Dr. Naveen Sharma, Consultant Surgical Oncologist, Manipal Hospital Goa who spoke on "Bone and Soft tissue Tumours"; Dr. Amit Bhat, Consultant Urologist, Manipal Hospital Goa who delivered a lecture on "Erectile Dysfunction"; and Dr Yogeesh Kamat, Consultant, Royal Surrey County Hospital NHS Foundation Trust, Guildford, United Kingdom (UK) who spoke on "Evaluating changes in life changing surgery – Arthroplasty". Goa Medical Council had allotted Credit hours for the meeting. The meeting was followed by cocktails and dinner.

Special GBM and State Level CME on Clinical MICS on 25/05/2013:

The special GBM and State Level CME on Minimally Invasive Coronary Surgery at Majorda Beach Resort on 25th May 2013 was attended by Dr. Francisco Couto (President, IMA Tiswadi) and other members of IMA Tiswadi.

c) Camp at Dena Bank on 25/05/2013:

The IMA Tiswadi held a Hypertension Awareness & Eye check-up Camp on 25th May 2013 at Dena Bank, Panaji. Total of 75 patients availed of eye check-up and 69 patients attended at Hypertension Awareness camp. The camp was co-ordinated by Dr. Preetam Naik (Secretary, IMA Tiswadi) and the doctors who conducted the camp were Dr. Pradeep G. Naik, Dr. Vimal Rajput, Dr. Ramnath Neurekar, Dr. Preetam Naik and Dr. Amita Sequeira (Treasurer, IMA Tiswadi). Mukta Opticians provided assistance for eye check-up by way of equipment and technicians.

Dr. Francisco Couto
Hon. President,
IMA Tiswadi

Dr. (Mrs.) Preetam P. Naik
Hon. Secretary,
IMA Tiswadi

Monthly CME programme of I.M.A. Bicholim

Monthly CME programme of I.M.A. Bicholim was held on 26st May.2013 at Lions club Hall - Bicholim.

The programme began with a welcome by President Dr. Sandesh who also introduced the guest speaker Dr.Harish Peshwe ,practicing Gastro-enterologist from Panaji.

Dr. Harish spoke on 'Clinical approach to jaundice'. The programme was followed by an active interaction by the audience and ended with a vote of thanks by Secretary Dr.Suresh Mandrekar.

IMA Ponda – Monthly Report for May 2013

At MatruchayaSeva25 Centre: Weekly Health Camps:

by Dr. Purnima Dr. Sudhaand, Dr. Smita. Around40 to 45Womenpatients are seen at each camp.

Health check up of the inmate newborn and children ofMatruchaya,andthe destitute children every Wednesday by Dr. Purnima and any time as and when required health problem management at OPD level or by admitting in the hospital by Dr. Santosh and Dr. Purnima.

Dr. Amey Kamat conducted a health talk for a group of villagers at Cuncoliem to commemorate world hypertension day on 17th May.

IMA Margao - Monthly Report (April-June 2013)

The Margao Branch of the Indian Medical Association (IMA) organised a CME On 8th June 2013. This CME on Radiation Therapy Concepts at Hotel Gold Star, Margao was enthusiastically attended by a large number of the branch members.

BRUCELLOSIS: AN ENTITY OFTEN MISSED IN CLINICAL PRACTISE

Brucellosis is an extremely important disease around the world specially in developing countries. It has different modes of presentation depending upon the patient population and different species of Brucella involved. Human brucellosis is a zoonotic disease caused by facultative intra cellular gram-neg bacteria of the genus Brucella. There are six classical species, of which four cause diseases in humans, mainly B. Abortus, B. Mellitensis , B. Suis, B. Conis. The animal reservoir being cattle, sheep, goats, pigs and dogs. Amongst all these B. Mellitensis is the most virulent Brucella species for humans.

Clinical Manifestations:

Human Brucellosis is a disseminated Infection that presents with a broad spectrum of clinical manifestations. Brucella infections are difficult to diagnose because of a wide spectrum of clinical manifestations. It may present in humans mainly as fever or pyrexia. The various physical findings may depend upon the duration of illness and associated complications. Many of the internal organs involvement makes the diagnosis of Brucellosis very complicated. Involvement of gastrointestinal, cardiovascular, genito-urinary, haemopoetic, nervous, skeletal, pulmonary, cutaneous systems can perplex the clinician regarding the diagnosis of the diseases. More common involvement is seen in hepatic Brucellosis, whereas nervous involvement is seen in about 2-5% cases. Endocarditus in about 2% of cases and cutaneous manifestation is seen in about 5% of cases. The natural history of human Brucellosis is characterised by relapse after a variable period of clinical latency. Being an intracellular organism this necessitates the need for combination chemotherapy and prolonged duration.

Being a disseminated infection it is very difficult to pinpoint the diagnosis of the disease in the early stage in non-endemic areas. Patients usually present with fever, headache, arthralgia, myalgia, back pain, cough, sweat, malaise, anorexia, fatigue and weight loss .As the chronicity of the infection progresses then these manifestations may become localised depending upon which organ is affected the most. Physical findings include pyrexia in approximately 80%, of the patients with hepato splenomegaly in 30% of the patients.

In some of the patients, chronic brucellosis may lead to complications that affect various organs. Amongst them worth mentioning are osteo-articular manifestations, followed by hemato urinary complications, neurological and respiratory complications. Endocarditis and peritonitis are various forms of brucellosis. Cutaneous forms of brucellosis are also seen in around 5% of total brucellosis infected patients.

Osteo-articular manifestations are normaly seen in amongst 30-50% of the chronic brucellosis patients and are more commonly seen in those infected with B. Mellitensis. Of the total osteo-articular manifestations the hip joints is involved in max numbers followed by the knee and the sacroiliac joints. Brucellosis spondylitits affect in elderly population whereas sacroilitis occur both in elderly and in young populations of both the genders .

Neurological clinical syndromes include meningitis, encephalitis, meningo-encephalitis, radiculitis, myelitis and neuritis. Despite adequate treatment, there may be many symptoms persisting in these patients.

Epididymo-orchitis and prostatitis are the main urinary complications of Brucellosis. Although endocarditis in human brucellosis is rare, the aortic valve is more involved than the mitral valve. Peritonitis, lobar pneumonia, bronchitis, pulmonary nodules, and pleural involvement along with lung abscess have been noticed in brucella lung involvement.

Cutaneous manifestations are erythema, papular rash, petechia, purpura and cutaneous vascularitis.

Investigation and Diagnosis

Routine laboratory test are usually non specific. The WBC count may be normal or low haematological abnormalities may occur in 40-50% of the patient like leucopenia, neutropenia, lymphopenia, thrombocytopenia witha high ESR.

Diagnosis of brucellosis infected cases are done by serological tests and blood culture. A number of serological tests have been developed, amongst them Rose Bengal card test is the cheapest and most commonly used for screening purposes. Other sophisticated tests are precipitation test, complement fixation test and primary binding assay like indirect enzyme immunoassay .

A positive culture is the gold standard and although it is tedious to grow the organism. The rate of positive cultures in brucellosis are from 15-60%. Acute brucellosis has a high frequency of positivity while negative cultures are seen with the chronic form of the diease or with localisation of the disease to a particular organ.

Treatment

The world Health Organisation (WHO) recommends six weeks of combination treatment with oral Doxycycline plus Rifampicin (100mg bd Doxy+600 mg Rifampicin) or six weeks of Doxycyclin plus 21 days of Streptomycin. There are many studies where the use of Ciprofloxacin or macrolides are used without demonstrating any vivo superiority in these newer antibiotics. Monotherapy of brucellosis is associated with unacceptably high number of clinical relapses and is not recommended.

Other regimes like using triple combination utilising Supphmethoxazole/Trimethoprin with Rifampicin and Streptomycin is used in certain endemic conditions but results need to be further validated.

Newer regimes of combination of Doxycycline with Gentamycin can also be considered as acceptable, but are still awaiting new WHO suggestions. A different approach, utilising the combination of brucellar environmental modification and antibiotic use may pose new horizon for the treatment of brucellosis in the coming years.

Goan scenario

We have diagnosed about 14 cases of Brucellosis in the last six years in the age groups of 14 yrs. to 55 yrs. In most of them the commonest predisposing factor was the consumption of raw milk specialy in cold coffee. There were 2 butchers who did not use protective gloves while slaughtering the animals. We had one patient who used to drink camel milk and a young boy who presented with multiple lung abscesses who had a history of drinking raw milk at home.

We have no mortality rate so far. Most of them were diagnosed using RBT control and have responded to Rifampcin +Doxycline.

Dr. Rajesh Naik
MD (Bom)
Ex. Sr. Physician ESI Hospital Margao
Consultant Sr. Physican in Pvt Practice, Margao

World Scripture

Even if for a lifetime the fool stays with wise, he knows nothing of the dhamma-as the ladle, the taste of the soup.
Even if for a moment,
The perceptive person stays with the wise, he immediately knows the dhamma-as the toungue, the taste of the soup.

Dhammapapada, 5

ATTITUDE IS EVERYTHING

The process of the human change begins within us. We all have tremendous potential.we all desire good result from our efforts. Most of us are willing to work hard and to pay the price that success and happiness demand.

Each of us has the ability to put our unique human potential into action and to acquire a desired result. But the one thing that determines the level of our potential into action and to acquire a desired result. But the one thing that determines the level of our potential, that produces the intensity of our activity, and that predicts the quality of the result we receive is our attitude.

Attitude determines how much of the future we are allowed to see .it decribes the size of our dreams and influences our determination when we are faced with new challenges .no other person on earth has dominion over our attitude. People can affect our attitude by teaching us poor thinking habits or unintentionally misinforming us or providing us with negative sources of influence , but no one can control our attitude unless we voluntarily surrender that control.

No one else "make us angry" we make ourselves angry when we surrender control of our attitude. What someone else may have done is irrelevant. We choose , not they merely put our attitude to a test. If we select a volatile attitude by becoming hostile, angry, jealous or suspicious, then we have failed the test. If we condemn ourselves by believing that we are unworthy, then again, we have failed the test. If we care at all about ourselves, then we must accept full responsibility for our own feelings that have the capacity to lead our attitude down the wrong the can lead us confidently into a better future.

If we want to receive the rewards the future holds in trust for us, then we must exercise the most important choice given to us as member of the human race by maintaining total dominion over our attitude. Our attitude is an asset, a treasure of great value, which must be protected accordingly. Beware of the vandals and thieves among us who would injure our positive attitude or seek to steal it away.

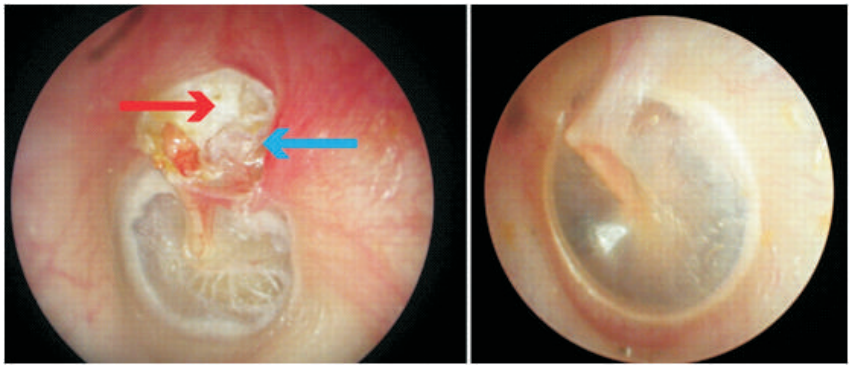
Having the right attitude is one of the basics that success requires. The combination of a sound personal philosophy and a positive attitude about ourselves and the world around us gives us an inner strength and a firm resolve that influence all the other areas of our existence.

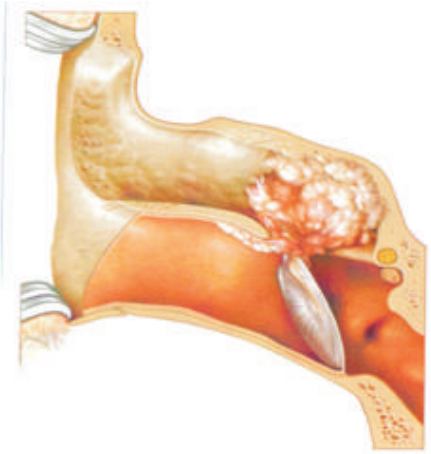
Jim Rohn

CHOLESTEATOMA –A SILENT BOMB IN THE MIDDLE EAR

Introduction-

It is very common to see the patients with chronically discharging ear in our clinical practice. There are many causes of discharging ear, but the one that deserves a special mention is a clinical condition called as cholesteatoma which has disastrous effects on human life. It is a sac like structure in the middle ear and is lined by keratinized layers of squamous epithelium similar to that of skin and is often called as "skin in the wrong place."



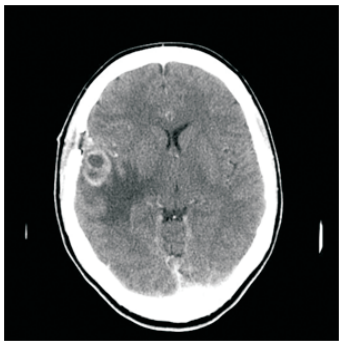


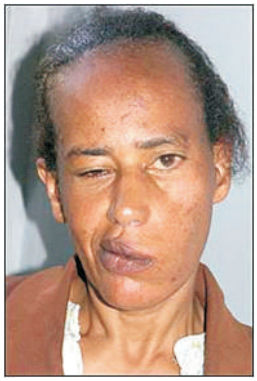
Etiopathogenesis and clinical presentation-

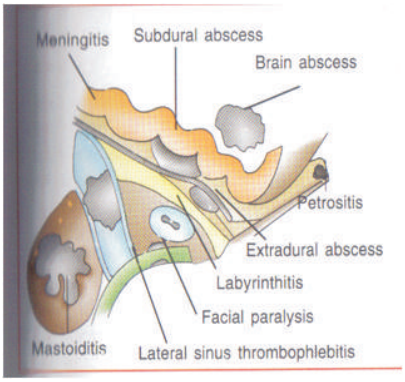
The exact etiopathogenesis of cholesteatoma is not known. But one of the most common cause is thought to be malfunction of the eustachian tube which normally connects the middle ear to the nasopharynx (a part behind the nose) and regulates the pressure in the middle ear. Its malfunction leads to negative pressure in the middle ear, leading to retraction of the ear drum and formation of a pocket lined by epithelium of the ear drum.

- In course of time this pocket deepens into the middle ear and gets trapped as a sac. As the keratinized epithelium sloughs off, the sac enlarges at the expense of the underlying structures in the middle ear. It also actively erodes the bone as it contains bone destroying enzymes. The expanding cholesteaoma sac causes destruction of the drum and the ossicles leading to deafness, and is usually associated with a yellowish-green colour, foul smelling, purulent, continuous discharge. If allowed to progress it can erode into the inner ear bony labyrinth leading to dizziness and vertigo. It can invade the facial nerve which courses through the middle ear. Facial palsy affects the movements of the facial muscles and also the eye closure. The worst that it can do is to erode the bony roof of the middle ear cleft which lies in close proximity to the temporal lobe leading to serious and potentially fatal complications like extra-dural abscess, sub-dural abscess, brain abscess, meningitis, otitic hydrocephalus and sigmoid sinus thrombosis. So it is almost like a silent bomb in the middle ear which can explode any time into the intracranial cavity at times leading to a fatal outcome.

- Complicated cholesteatoma is usually associated with a painful ear, fever, headache, vomiting and other signs of raised intracranial pressure which a clinician should keep in mind in any case of chronically discharging ear.





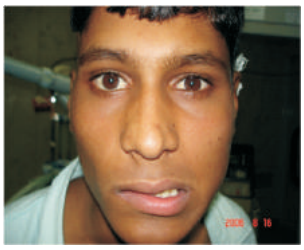


(Temporal lobe abscess) **(Cholesteatoma with facial palsy)**

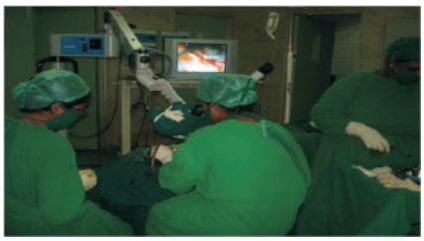
Management-

In almost all cases surgery (Modified radical mastoidectomy) is the final and definitive treatment. Before the surgery the patient undergoes a spectrum of tests that includes routine blood and urine examinations and various hearing tests including Pure tone audiometry. In selected cases HRCT scan of the Temporal bone is indicated. The CT Scan guides the surgeon as to the extent of the disease in the middle ear cleft and involvement of vital structures like the facial nerve and the inner ear labyrinth. CT scan however can not always precisely predict what the operative findings will be and intra-operative surprises are common.

The primary goal of the surgery is to make the ear disease free, dry, safe and prevent further complications. The secondary goal is to restore or maintain hearing by performing tympanoplasty in the same sitting. However the surgery carries with it potential risk. The most unwanted complication being an intra-operative injury to the facial nerve specially when the surgery is performed by a pair of an inexperienced hands .Others complications include dizziness and hearing loss. Improperly done surgery can lead to recurrence of the disease with the re-appearance of the original symptoms of cholesteatoma. However the post operative complications are rarely seen today due to better surgical techniques and availability of excellent quality operation. Thus in summary a cholesteatoma is a serious medical problem and its early recognition and treatment is crucial for the best outcome. Patients are likely to recover fully without complications if it is caught and treated early with a timely surgery.



(Pre-op- Cholesteatoma with Facial palsy)



(Cholesteatoma surgery)

(Post-op recovery and smile)

Dr. Sandesh Chodankar
Associate Professor-ENT
Goa Medical College

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PRELIMINARY PROGRAMME FOR GIMACON 2013

Day 1: Saturday, 28th Sept 2013

11am - **Pre conference workshop** 'Interpreting ECG, chest X-ray and routine blood investigations'

2.30 pm onwards– Registration

3.30 pm – Inauguration of exhibition

4.30 pm - Inaugural Function

IMA GOA STATE ORATION:

'Cardiology- Yesterday, Today and Tomorrow' by Dr. Jagdish Hiremath.

'Humour in Medicine' by Dr. Prakash Pispati

8.00 pm onwards- Cultural Programme and Banquet

Day 2: Sunday, 29th September 2013

Session 1 – 'Evidence Based Medicine' by Dr. Irwin Nazareth

Session 2- Paper Presentations

Session 3-'Allergy-A new understanding, diagnosis and management' by Dr. Anand Pendakur

Session 4- 'Health care laws and their impact on clinical practice' by Dr. M C Gupta

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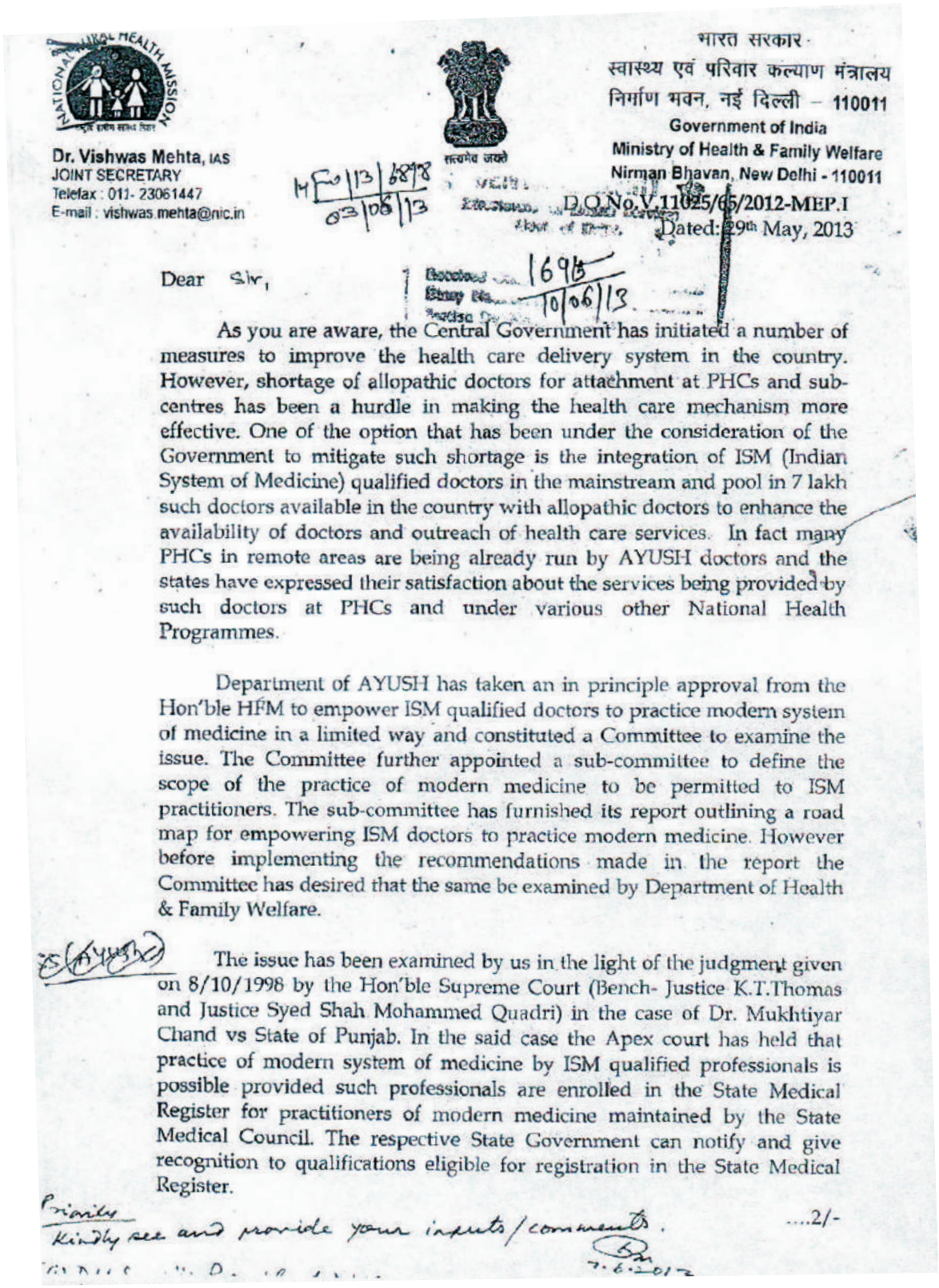

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली – 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

NATIONAL RURAL HEALTH MISSION

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MF 6/13/6878
03/06/13

D.O.No.V.11025/65/2012-MEP.I
Dated: 29th May, 2013

Received 1695
Entry No. 10/06/13

Dear Sir,

As you are aware, the Central Government has initiated a number of measures to improve the health care delivery system in the country. However, shortage of allopathic doctors for attachment at PHCs and sub-centres has been a hurdle in making the health care mechanism more effective. One of the option that has been under the consideration of the Government to mitigate such shortage is the integration of ISM (Indian System of Medicine) qualified doctors in the mainstream and pool in 7 lakh such doctors available in the country with allopathic doctors to enhance the availability of doctors and outreach of health care services. In fact many PHCs in remote areas are being already run by AYUSH doctors and the states have expressed their satisfaction about the services being provided by such doctors at PHCs and under various other National Health Programmes.

Department of AYUSH has taken an in principle approval from the Hon'ble HFM to empower ISM qualified doctors to practice modern system of medicine in a limited way and constituted a Committee to examine the issue. The Committee further appointed a sub-committee to define the scope of the practice of modern medicine to be permitted to ISM practitioners. The sub-committee has furnished its report outlining a road map for empowering ISM doctors to practice modern medicine. However before implementing the recommendations made in the report the Committee has desired that the same be examined by Department of Health & Family Welfare.

The issue has been examined by us in the light of the judgment given on 8/10/1998 by the Hon'ble Supreme Court (Bench- Justice K.T.Thomas and Justice Syed Shah Mohammed Quadri) in the case of Dr. Mukhtiyar Chand vs State of Punjab. In the said case 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 for practitioners of modern medicine maintained by the State Medical Council. The respective State Government can notify and give recognition to qualifications eligible for registration in the State Medical Register.

Priority
Kindly see and provide your inputs/comments.
7.6.2013

....2/-

In view of the above it is requested that the law prevailing in your State relating to registration of practioners of modern scientific medicine may be amended to provide an enabling provision to allow the enrolment of a ISM professionals in the State Medical Register for registration of the practioners of modern medicine, as maintained by the respective State Medical Councils. Simultaneously we are also requesting Department of AYUSH to get a draft curriculum prepared which would provide competency to a ISM professionals to practice preventive, promotive curative and rehabilitative allopathic medicine in respect to the commonly encountered health and get it vetted by MCI.

with regards,

Yours sincerely,

(Dr. Vishwas Mehta)

Shri S.C.L. Das
Principal Secretary (H&FW)
Department of Health & Family Welfare
Govt. of NCT of Delhi
R.No.A907, A-Wing
9th Level Delhi Secretariat
I.P. Estate, New Delhi-110 002

IMMEDIATE
BY SPEED POST

No.Z.31011/4/2011-N
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
Nursing Section
*****

Nirman Bhawan, N. Delhi.
Dated the 24th February, 2012

To

All State Health Secretaries

Sub: Need to protect and safeguard the interests of Nurses/paramedical staff working in private hospitals/clinical establishments – forceful retention of original certificates/documents – reg.

Sir/Madam,

I am directed to state that this Ministry has been receiving a number of complaints regarding practices being followed by certain private hospitals/clinical establishments in States. It has been alleged that to retain nurses/paramedical staff employed by private hospitals/clinical establishments, they are forced to execute service bond as well as compelled to deposit their original educational certificates and testimonials, etc. which are often released after payment of certain amount of bond money.

2. The matter has been raised in the Parliament as well as in various other fora for addressing the grievances and to protect and safeguard the interests particularly of nurses working in various private hospitals/clinical establishments across the country. The Government has taken a very serious view of such unethical practices on the part of certain private hospitals/clinical establishments in the States/UTs.

3. In order to protect and safeguard the interests of nurses and other paramedical staff, all the State Govts. are hereby directed to issue instructions to the effect that all the hospitals/clinical establishments registered with the States/within their jurisdiction, may strictly refrain from the practice of retaining any of the original certificates or documents of the nurses/paramedical staff employed by them. They may return forthwith the original certificates/documents to the concerned personnel within a fortnight at the latest and in case of any doubt the original documents could be sought, however, only their attested photocopies may be retained by the authorities.

Contd....

4. All the State Govts. are directed to monitor and seek a regular compliance report from the concerned hospitals/clinical establishments within their jurisdiction for scrupulously abiding by the instructions. Further, in the event of any such incident being reported, the concerned State Governments may immediately look into the matter and initiate strong penal action against such erring hospitals/clinical establishments.

5. This issues with the approval of Additional Secretary(Health), Ministry of Health & Family Welfare, Govt. of India.

Yours faithfully,

(Aparna Sharma)
Director