



IMA NEWS

INDIAN MEDICAL ASSOCIATION



“ASPIRE TO INSPIRE”



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Incoming Presidential Address



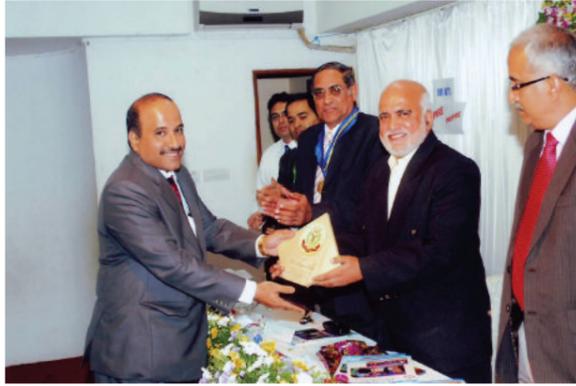
The D.H.S. Director Inaugurates The GIMACON XXV Website



The D.H.S. Director Speaks



Felicitating The Speaker



Releasing The IMA News Magazine





IMA News

GOA STATE BRANCH

Vol. No. XXI Issue 1

IMA GOA STATE Executive Committee January 2013 - December 2013

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| | |
|---|-------|
| Branch Committees..... | 2 |
| From the Editor's Desk..... | 3 |
| From the President's Desk..... | 4 |
| From the Secretary's Desk..... | 5 |
| Report of Installation Ceremony..... | 6 |
| Before Computers..... | 7 |
| Branch Activities | 8-17 |
| M.C.I. Letter | 18 |
| HIV related Tuberculosis..... | 19-21 |
| ABC of sleep Apnea Disorder..... | 22-25 |
| IMA Ponda Hospice..... | 26-31 |
| AGB..... | 32 |
| Amendment to the Constitution..... | 33 |
| Minutes of IMA State Exec. Com. Meeting.... | 34-38 |
| Letter from CA | 39 |
| Annexure..... | 40 |

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From the Editor's Desk

Dear Colleagues,

It is indeed a great pleasure to greet you in this first issue of the IMA-News Goa for the year 2013. The year was off to a good start with a very successful installation ceremony which set the tone and pace for the year.

In keeping with the program at the installation the main issue which will be pursued during the year will be Biomedical waste management.

The branches have conducted their various meetings quite commendably. While monthly meetings are both desirable and laudable, the emphasis in the news will be on the theme for the year "ASPIRE TO INSPIRE".

We have included articles of general interest but since the articles come from the members, I request each of you to contribute such articles which relate to clinical or Para clinical issues.

Preparation for the Silver jubilee celebration of the GIMA CON are proceeding in the full earnest with the launch of the official website of GIMA CON 2013 at the installation ceremony.

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,

This issue marks a new dawn in the life of the Goa State Branch of the IMA. It is the 25th year of the GIMACON and the fervor and fever is spreading fast, to make this a memorable year. New ideas and concepts are being infused into the GIMACON program, such as a web site for GIMACON XXV, online registration and a very relevant theme for the conference "Emerging Horizons in Health Care"

As part of the State program, outlined at the inaugural function, the stress will be on finding a long term solution to the problem of biomedical waste; the eventual vision being to establish state of the art waste management infrastructure for North and South Goa.

The drafts for the Clinical Establishment Act as well as the Rules; and the Bill on Prevention of Violence against Health Care Personnel have been submitted to the authorities and are doing the rounds in the corridors of power. The end of a saga particularly with the establishment of the CEA with the rules, is in sight.

Our updated and amended constitution has been approved by the IMA HQ, However, the Registrar of Societies, as well as the C.A. pointed out the urgent need to include certain clauses as directed by the I.T. authorities, if we are to maintain our tax privileges. This will need to be done by a Requisition AGB. as advised by him. Hopefully with this yet another phase of the evolution of the IMA Goa State Branch comes to a close.

We are embarking on a tie up with an NGO to provide medical back-up in Goa's slums. This will take the form of weekly camps on Sundays at various locations, starting in South Goa. We call upon members at general practitioner level particularly from the local area, to volunteer one Sunday morning of their time for this cause.

*Finally I would welcome any suggestions and ideas to make this a truly magnificent year in the history of the IMA Goa State Branch
Let us "ASPIRE TO INSPIRE"*

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



From The Secretary's Desk

Dear Colleagues,

It is a honour to take up the reigns as secretary of IMA branch and more so in such an important year.

We were off to a good start with the installation ceremony and we hope to have a number of state level CME's as well as normal community programs of the IMA.

Members may please be advised that the HFC fees are due to increase in April 2013 and it would be in your interest to send the fees as soon as possible. The headquarter has also requested for details of members including email ids for faster communication.

I earnestly request you to co-operate with your branch President so that the information may be relayed by me to the headquarters.

Members may please make a note of MCI circular regarding prescribing by generic names. The plans for GIMA CON 2013 have already been set in motion and we promise you an unforgettable event.

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.



BEFORE COMPUTERS

Remember when...

*A computer was something on TV
from a science fiction show of note...*

*A window was something
you hated to clean...*

An application was for employment...

A program was a TV show...

A cursor was profanity...

A keyboard was a piano!

Compress was something

you did to garbage,

not something you did to a file...

*And if you unzipped anything in public
you'd be in jail for a while...*

Log on was adding wood to fire...

Cut you did with a pocket knife...

paste you did with glue...

A web was a spider's home...

And a virus was the flu

And ram was the cousin of a goat...

Meg was the name of my girlfriend...

And gig was a job for the nights...

Now they all mean different things

And that really mega bytes!

Memory was something...

that you lost with age...

A cd was a bank account...

and if you had a 3 ½ floppy,

you hoped nobody would find out!

Hard drive was a long trip on the road

A mouse pad was where a mouse lived...

And a backup happened to your commode...

I guess you'll stick to my pad and paper

And the memory in my head

I hear nobody's been killed

in a computer crash, but when it happens

they'll wish they were dead!

PERCEPTIONS

There were two brothers in a small village in the eastern Cape. The twin brothers grew up knowing nothing else but poverty. Their father was an alcoholic and their mother a domestic worker.

They grew up with very little. On their way home one day, their parents were involved in a bus accident and died instantly. The brothers condition became worse. At age 17 they separated.

Years and years later a family member decided to find them for a family reunion. One of the brother was a wealthy engineer owning a construction company. He had a wife and three beautiful kids. The other was an alcoholic with no sense of direction for his life. The family member asked the engineer

"How did your life turn out like this?", "What did you expect with a child hood like mine?" he answered.

She moved on to the other brother with the same question

"What did you expect with a child hood like mine?" was his answer

This tells us that,

"men are not disturbed by the things that happened but by their perception of the things that happened"



BRANCH ACTIVITIES

IMA Margao - Monthly Report for **January - February 2013**

The Margao Branch of the Indian Medical Association (IMA) organised a CME, which was enthusiastically attended by a large number of the branch members. On 9th February 2013 Dr. Kapil Prabhudesai, Consultant ENT Surgeon spoke on the Current Concepts in ENT & Head Neck Cancer Surgery at Hotel Gold Star, Margao.

A handwritten signature in black ink, appearing to read 'Abhijit Nadkarni', written in a cursive style.

Dr. Abhijit Nadkarni
Hon Secretary
IMA, Margao



IMA Tiswadi – Monthly Report for January 2013

a) Installation of New Committee and Monthly meeting of IMA Tiswadi for January 2013:

The installation of the new Committee for year 2013 of IMA Tiswadi was held on Friday, 18th January 2013 from 8pm onwards at Hotel Fidalgo, Panaji, Goa. Dr. Gladstone D’Costa, President IMA Goa State was the Chief Guest and installation officer. Dr. Prasad Netravalkar (outgoing President) gave the welcome address and thanked the members of IMA Tiswadi and the outgoing Executive Committee for their various services. Dr. Francisco Couto (outgoing Secretary) presented the Secretary’s Report for 2012 and highlighted the various activities and achievements of the IMA Tiswadi during the year. This was followed by the handover and Installation Ceremony in which Dr. Francisco Couto was installed as the new President for 2013, Dr (Mrs) Preetam P. Naik as the new Secretary and Dr. Amita de Sequeira as the new Treasurer and the name of the other new Executive Committee members were also announced. Dr. Francisco Couto (President) welcomed all the new Executive Committee members. This was followed by the CME which had two speakers namely Dr. Audumbar S. Netalkar, Senior Consultant Neurosurgeon, Goa Medical College, Apollo Victor Hospitals, SMRC Hospital, Vrundavan Hospital and Vintage Hospital who talked on “Neurosurgical and Interventional Treatment in Stroke”; and, by Dr. (Mrs). Vidhya V. Sawant, Consultant Obstetrician & Gynaecologist, Manipal Goa Hospital who spoke “Stroke in Pregnancy”. Goa medical Council had allotted credit points for the CME. The meeting was sponsored by Manipal Goa Hospitals. Dr. Nilesh Talwadkar (Vice President) compered the meeting and Dr. (Mrs). Preetam Naik proposed the Vote of Thanks. The meeting was followed by cocktails and dinner.





IMA Ponda – Monthly Report

Indian Medical Association, Ponda Branch is starting a Community Health project at Farmagudi Ponda - IMA-Ponda Hospice - a Centre for Terminally ill patients ,an unique of its kind in the state of Goa to be managed and run by a professional NGO .

The Foundation Stone for was laid on Thursday, 3rd January 2013 at the hands of Shri Laxmikant Parsekar , Hon. Minister for Health ,Government of Goa in distinguished presence of Shri Deepak Dhavlikar Hon. Minister for Cooperation and Factories & Boilers, Shri Lavoo Mamledar, M.L.A. Ponda, Dr . V. N. Jindal Dean, Goa Medical College, Dr. Sanjeev Dalvi, Director of Health Services, Dr. Harivallabh Pai President, IMA Goa State - 2012, Dr. Gladstone D'Costa, President, IMA Goa State - 2013, Mrs. Sulaksha Naik Sarpanch, Village Panchayat. Bandora, Mrs. Rukmi Dangui, Chairperson, Ponda Municipal Council, Shri Narayan Navati, Addl. Collector South Goa, Shri Narendra Savaikar, Chairman Law Commission, office bearers and components of Comunidade of Bandora, members of IMA from Ponda and other branches, representatives from Government depts., village panchayats, Municipality, NGOs, Institutions, Philanthropists, well wishers and members of press media .

Dr. Narayan Usgaonker, Chairman welcomed the gathering, Dr. Vallabh Dhaimodker, Secretary gave brief report of the Trust activities, Dr. Rajiv Usgaocar outgoing president IMA Ponda briefed regarding the project. Dr. Harivallabh Pai President, IMA Goa State - 2012 & Dr. Gladstone D'Costa, President , IMA Goa State - 2013 appreciated the efforts of IMA Ponda in bringing up the project of such a magnitude .

Mr. Laxmikant Parsekar, while addressing the gathering had a praise for IMA Ponda for having thought of such a project in Ponda which is in the centre of Goa and that it would benefit the community at large. It was interesting to note that members of IMA Ponda give dedicated professional services and they also devote time and reinvest their financial resources for the community. This shows their inclination towards Social Corporate Responsibility. He also assured that Government of Goa would also be willing to help such a project, because it is a need of an hour .

Earlier the rituals of Bhoomi poojan were performed by Dr. Vallabh Dhaimodker in presence of all the members of IMA and distinguished guests and later on unveiling of Plaque was done by Shri Parsekar. Dr. Lalana Bakhale, President, IMA Ponda proposed vote of thanks.

IMA Ponda has appealed to various NGOs, professional organizations citizens from different corners of Goa to extend their full cooperation for this project .

IMA Ponda received felicitations, greetings and messages from all over for this novel project.



b) Adolescence Programme on 18th January 2013:

The IMA Tiswadi organised a Lecture on Adolescent Health taken by Dr. Ajit Nagarshekar at Don Bosco School, Panaji on 18th January 2013 in the morning which was well received by the students. Dr. Prasad Netravalkar was also in attendance.

c) Health Camp at Mala on 20th January 2013:

A Health Camp was held on 20th January 2013 at Mustifund School premises, Mala, Panaji, by IMA Tiswadi in association with YUVA and Vintage Hospital, Panaji. YUVA is a new NGO of youth engaged in social services under the Presidentship of Dr. Rufino Monteiro (Past President, IMA Tiswadi) and had their inauguration and first activity as a health camp in association with IMA Tiswadi. This was inaugurated by Hon. Health Minister Shri. Laxmikant Parsekar in presence of Dr. Rufino Monteiro, Dr. Francisco Couto (President, IMA Tiswadi) and others. About 200 adult patients and 70 children / infants were examined. 50 diabetic patients were tested free of cost with Glucometer RBSL and HbA1C testing. The doctors who conducted the camp included Dr. Rufino Monteiro, Dr. S. V. Kamat, Dr. Swapnil Usgaonkar, Dr. Fenton de Souza and Dr. Amy Menezes.



Dr. Francisco Couto
*Hon. President,
IMA Tiswadi*



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



IMA BARDEZ – Monthly Report

IMA BARDEZ MEETS AT HOTEL ORION, PORVORIM

The first monthly meeting of IMA Bardez for the year 2013 took place at Hotel Orion, Porvorim on the 25th of January 2013. The meeting started with a CME on the two topics. The gathering was welcomed by the President, Dr. Sachin Palyekar and the speakers were introduced by the secretary, Dr. Roshan Nazareth. The first topic for the evening was Overview of Urology by Dr. Madhumohan Prabhudessai, Consultant Urologist, Manipal Hospital and Goa Medical College, Bambolim. He presented an overview in the various subspecialties: General Urology and Reconstructive Urology, Paediatric Urology, Laproscopic Urology, Uro Oncology, Endo Urology, Transplant (Kidney) Urology, Andrology and Male Infertility and finally Female Urology. The second speaker was Dr. Amol Mahaldar, Consultant Nephrologist, Manipal Hospital and Goa Medical College, Bambolim. He spoke on the various causes and approaches to Acute Kidney Injury through a question answer interactive session which was not only informative but also lively. The president informed the house that the certificates would be given to the participants six monthly, to cut down on the costs, to which the house agreed. The meeting ended with dinner.



IMA - MORMUGAO

31st December 2012

HQ New Year's Eve Get-together

Venue: The HQ, Vasco

Organised By IMA Mormugao 2012 Committee.

Deep Vihar School

Talk on "Steps towards prevention of sexual harrassment"

18th January 2013- Dr. Shailesh Kamat

22nd January 2013- Dr. Ravi Aggarwal

Target Audience: Higher Secondary and Middle school students.

CME on Venous Diseases

24th January 2013, Hotel Cidade de Goa

Venous Association Of India (VAI)

International conference on Venous Diseases (VAICON 2013)

In association with IMA Goa.

Attended by many delegates from IMA- Mormugao Branch.

4 credit points

1st CME for 2013

Held on 4th February 2013

At HQ Hotel, Vasco

Handing over done by 2012 Committee

Speaker: Dr. Uday Nagarsekar

Topic: "Changing Face of OBG Practice



IMA-BICHOLIM REPORT FOR THE MONTH OF JANUARY-2013

The installation ceremony programme of the new Executive committee of IMA -Bicholim was held on 27th January 2013 at Lion club hall- Bicholim. Association year 2012 Executive committee members -President Dr. Pradip Padwal, Secretary – Dr. Vikas Shirodkar and Treasurer- Dr. Dalal handed over the charges to incoming President Dr. Sandesh Chodankar, Secretary Dr. Suresh Mandrekar and Treasurer Dr. Shekhar Salkar.

Dr. Sandesh welcomed the gathering and announced the tentative programme for the year 2013 in his acceptance speech.

Dr. Suresh formally introduced the speaker of the day Dr.Rajesh Patil- Associate Professor Dept. of Surgery-Goa Medical College

Dr. Patil spoke on “LAPAROSCOPIC SURGERY-OUR EXPERIENCE” with a very active interactive session from the audience.

The function concluded with vote of thanks by Dr. Suresh.





AAON GAON CHALE ABHIYAN PROJECT 26/01/2013

A community camp was organised by IMA CQS Members Dr. Vinayak, Dr. Deepak Dr. Vaidya and Dr. Ravindra Nadkarni at Vaddem Sanguem for people over 40 years. 150 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. Mr. Anil Bagkar and Ms. Twinkle Bagkar sponsored the diabetic tests screening. Smt. Swati and Ms. Parima assisted for the camp. Free medicines were distributed to people sponsored by Bergen, Franco Indian and St. Morrison Pharma.

Co-ordinator : Dr. Vinayak Buvaji

CME:

A CME was held on 11/-1/2-13 at IMA CQS Hall for IMA Members. Dr Shivanand Bandekar spoke on Arthritis and its management at GP level.

CREDITS: ONE

International CME in collaboration with VAICON as Co organizers on 24/01/2013 at Cidade De Goa . Over 450 delegates attended.

Topic: Venous Diseases and Management with Natinal and International Speakers

Credits: FOUR

COMMUNITY HEALTH ACTIVITIES:

14/01/2013

Blood screening camp was conducted for detection of anaemia at Dr. Buvaji's Hospital. 40 patients were screened at the laboratory. 10 patients were detected to be anaemic.

They were given free medicines and advice regarding diet and hygiene.

Co-ordinator : Dr. Vinayak Buvaji

19/01/2013

Dr. Shankar Nadkarni in collaboration with Mineral Foundation Of Goa examined 120 patients at Panchayat Hall Tambdi Surla at Sacorda in a general medical camp

**20/01/2013**

A screening camp was conducted for the staff of BSNL Telephone Department and Municipality Staff of Curchorem on 20/01/2013 for detecting anaemia, Diabetes, Hypertension and Hyperurecemia. They were given free starter course of medicines for one month for their respective ailments. Dr. Vinayak Buvaji President IMA CQS, Dr. Deepak Dangui Secretary IMA CQS and Dr. Pradnya Kakodkar conducted the camp. It was assisted by MR of Franco Indian with medicines.

Co Ordinator: Dr. Vinayak Buvaji President IMA CQS

28/01/2013

A bone Mineral Densitometry camp was conducted at Dr. Sonu Kamats Hospital Curchorem Goa on 28/01/2013. 47 patients were screened for BMD assisted by Alkem Bergen Pharma MR. Necessary medications were distributed and prescribed. Dr. Sarvesh Kamat, Dr. Satyesh Kamat and Dr. Vinayak Buvaji attended the camp.

Co Ordinator: Dr. Sarvesh Kamat

31/01/2013

A lipid profile camp was conducted at Dr. Pradnyas Clinic and 25 patients were screened for lipid profile They were treated and medicines given. It was assisted by MR of Ranbaxy Pharma.

Co Ordinator: Dr. Pradnya Kakodkar

PULSE POLIO IMMUNIZATION :

Dr. Vinayak Buvaji President IMA CQS and Dr. Vishnu Vaidya Treasurer IMA CQS actively participated in National Pulse polio Immunisation on 20/01/2013 at Dr. Buvajis Hospital and Dr. Vaidyas Clinic resp.

OBSERVATION OF NATIONAL DAY:**30/01/2013**

Leprosy day was observed on 30/01/2013 under IMA CQS Banner by conducting a camp at adopted village School at Cotarlim Sanguem Goa. Dr. Gaurish Laad Consultant Dermatologist and Dr. Vinayak Buvaji examined all the students of the Primary School and proper advice in respect to their health. No case of leprosy was detected.

Co Ordinator: Dr. Vinayak Buvaji



HEALTH EDUCATION ACTIVITY:

12/01/2013

150th Birth Centenary of Swami Vivekananda

Dr. Jagdish Kakodkar Branch Member conducted a lecture on the messages of Swamiji in the context of the modern world to the youth of Smt Chandrabagha Tukoba Naik Higher Secondary School on 12th January 2012 on the same while educating them about the harmful effects of tobacco, alcohol & drugs. He also educated them about the importance of saving the environment, methods for improving concentration in studies and values for life. He addressed over 250 students of Std XII and XII. He also educated them about the importance of saving the environment, methods for improving concentration in studies and values for life.

YOU CANNOT CHEAT YOURSELF

A woman in our diet club was lamenting that she had gained weight.
She'd made her family 's favourite cake over the weekend,
she reported and they'd eaten half of it at dinner.

The next day she said she kept staring at the other half,
until she had cut a thin slice for herself. One slice led to another,
and soon the whole cake was gone.

The woman went on to tell us how upset she was with her lack of will power
and how she knew her husband would be disappointed.

Everyone commiserated until someone asked what her husband
said when he found out.

She smiled "He never found out, I made another cake and ate half!"

Whom do you think you are cheating?

You can cheat some people all of the times;
or all of the people of the times; but yourself never

"To thy own self be Honest"



भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA

पॉकेट - 14, सेक्टर - 8, द्वारका, नई दिल्ली - 110 077
Pocket - 14, Sector - 8, Dwarka, New Delhi - 110 077



Platinum Jubilee
(1933 - 2008)

MCI-211(2)(Gen.)/2012-Ethics/

Date: 21/01/2013

To,

Dean/Principals of all the Medical Colleges,
Director of all the hospitals (exclusive PG Institutions without medical college),
President, all the State Medical Councils.

Madam/Sir,

Your kind attention is invited to circular no. MCI-211(2)(Gen.)/2012-Ethics/145183 dated 22.11.2012.

The said circular had called upon the doctors practicing medicine to prescribe Drugs with Generic name as far as possible and it reads as under:-

"The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 inter-alia prescribes as under regarding use of generic names of drugs vide clause 1.5:-

"1.5 - Use of Generic names of drugs: Every physician should, as far as possible, prescribe drugs with generic names and he/she shall ensure that there is a rational prescription and use of drugs."

All the Registered Medical Practitioners under the IMC Act are directed to comply with the aforesaid provisions of the Regulations without fail.

You are requested to give wide publicity of the above regulations to ensure that all the doctors practicing medicine under your jurisdiction comply with the regulation."

All concerned are once again urged to take necessary steps for observance of the aforesaid provision of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 in its letter and spirit.

Yours faithfully

(Prof. Sanjay Shrivastava)
Secretary



HIV Related Tuberculosis

Tuberculosis, an ancient disease continues to remain even today a major public health problem in much of the developing world. The problem is now further complicated by the relentless spread of the HIV virus. It is increasingly recognised that there exists a synergistic relationship between TB and HIV infection. Mycobacterium Tuberculosis co-infects one third of the worlds HIV sero-positive individuals. 11-13% of incident TB cases in the world occur in HIV positive people. In India 55 to 60% of reported AIDS cases have tuberculosis. TB accounts for 12-13% of all AIDS related deaths worldwide.

Effect of HIV infection on Tuberculosis

Infection with HIV results in progressive immunodeficiency and renders the infected person increasingly vulnerable to a wide range of pathogens. TB is the commonest opportunistic infection in the HIV infected persons. Overall HIV infected persons have approximately 8 to 10 times greater risk of TB than HIV negative persons. Progressive depression of cell mediated immunity (CMI) which is the hallmark of HIV infection leads to increased risk of active TB by the following mechanisms

1. Reactivation of quiescent focus: Whereas only 10% of HIV negative persons who have latent TB infection will develop active TB disease at some stage during their life. This figure rises to a whopping 60% for HIV infected persons who have latent TB. The annual risk of developing TB disease in these co infected persons is about 10% compared to the lifetime risk of 10% in non HIV infected persons.

2. Progression of recent infection: The depressed CMI is responsible for rapid multiplication of TB bacilli with increased incidence of progressive primary tuberculosis. Primary TB accounts for one third of all cases of active TB among HIV positive people.

Further more the chance of relapse of TB in HIV sero positive are also higher than in non HIV infected.

Effect of TB on HIV infection

TB accelerates the course of HIV infection. Activation of cells harbouring latent HIV infection by Mycobacterium TB and its products induces over-expression of cytokines such as TNF alpha which in turn promotes viral replication.

Clinical presentation of TB in HIV infected patients

Clinical presentation of TB in HIV infected patients varies depending on the degree of immuno suppression. In patients without pronounced immunodeficiency (i.e. CD4 count >



350 cells/ microlitre), HIV related TB clinically represents TB among non HIV infected persons. Majority of the patients have disease limited to the lungs and common chest radiographic manifestations include upper lobe fibro-nodular infiltrates, with or without cavitation. However, extrapulmonary TB (EPTB) disease is more common in HIV infected persons than in HIV negative, regardless of CD4 counts, although clinical manifestations are similar to EPTB in HIV non infected people.

In patients with more marked immune suppression i.e. CD4 count less than 350, the following atypical features may be seen.

Diffuse pulmonary disease without cavitation, often involving the lower lobes may occur.

Miliary and disseminated TB is more common.

Prominent mediastinal lymphadenopathy may occur.

Extrapulmonary involvement i.e. lymphadenitis, pleural effusion, pericarditis, meningitis etc. is more common especially when CD4 count is less than 200.

Severe systemic disease with high fever and rapid progression to sepsis syndrome may occur with severe immune suppression.

Diagnostic problems

Diagnosing TB in HIV infected may be difficult due to the following issues.

Atypical radiological presentation of pulmonary disease.

Sputum smears may be negative for AFB even in the presence of extensive radiological changes.

Mantoux skin test (PPD) may be negative.

Histopathology in EPTB associated with severe immune suppression may not demonstrate the typical granulomatous inflammation associated with TB disease. Granulomas and caseation may be completely absent or poorly formed.

Treatment of TB in HIV infected individuals

Recommendations for anti TB treatment regimens in HIV infected adults follows the same principles as for adults without HIV infection. Standard RNTCP (Revised national TB control programme) treatment regimens of category 1 and category 2 (for new and retreatment cases respectively) can be used in HIV positive patients.

Though many researchers including CDC recommend extension of the continuation phase for a longer period in EPTB, the RNTCP recommends this only in the case of CNS tuberculosis.

Treatment of HIV infection in patients with tuberculosis

NACO and Central TB division in India have recently revised their guidelines to recommend the initiation of anti retroviral therapy (ART) in all co-infected patients irrespective of the CD4 count. However the initiation of ART in patients on anti TB treatment is complicated because of drug – drug interaction, overlapping toxicities, additional pill burden and development of immune reconstitution inflammatory syndrome (IRIS)



The following important points need to be kept in mind.

Nucleoside reverse transcriptase inhibitors (NRTI) can be safely coadministered with any anti TB drug. Co-administration of Rifampicin with any of the protease inhibitors (PI) or non nucleoside reverse transcriptase inhibitors (NNRTI) (except Efavirenz) is contraindicated. This is because Rifampicin induces Cytochrome P450 enzyme and may substantially decrease blood levels of PI and NNRTI resulting in failure of these drugs and potential development of resistance. In turn, PI and NNRTI may induce or inhibit cytochrome P450 and thus alter the concentration of Rifampicin. Rifabutin is a less potent cytochrome P450 inducer and can be used in place of Rifampicin. INH, Ethambutol, PZA and streptomycin can be concurrently used with all anti-retroviral drugs.

Immune reconstitution inflammatory syndrome (IRIS)

IRIS is a paradoxical reaction occurring in a TB patient after the initiation of ART due to the recovery of immune responses to previously recognised TB antigen. It usually occurs 1- 3 months after starting ART and is more common when ART is initiated at a CD4 count of less than 100. High fever, worsening respiratory status, radiological worsening of pulmonary lesions, increase in the size of lymph nodes, new lymphadenopathy and increasing pleural effusion are some of the features of IRIS. Though the syndrome is usually self limiting, severe cases may require the use of systemic corticosteroids.

TB prophylaxis in HIV infected individuals

HIV sero-positive patients who need anti TB prophylaxis include

1. Patients with tuberculin skin test (Mantoux test) reaction larger than 5mm.
2. Those in close contact with infectious case of pulmonary TB. INH prophylaxis in a dose of 300mg/day should be given to these patients for a period of 9 months after ruling out active tuberculosis.

Conclusion

The immune defects produced by HIV influence the natural history of TB infection. The HIV pandemic has altered the epidemiology of TB. Early diagnosis and effective treatment of TB among HIV infected patients are critical for reducing the morbidity and mortality associated with the disease, minimising the adverse impact of TB on the course of HIV and interrupting the transmission of TB in the community. In addition, all HIV infected TB patients must be provided access to care and support for HIV disease including ART.

Dr. Govind V. Desai
Senior Chest Physician
Hospicio Hospital
Margao, Goa



ABC of Sleep Apnea Disorder

Sleep apnoea is among the top four causes of heart disease. and yet is neglected by both the patients and their treating physicians. Moreover, Poor OSA control affects Hypertension, Diabetes and Obesity.

OSA is a highly prevalent disorder that affects upto 5% of the population. According to the American academy of sleep medicine, upwards of 90% of people with sleep apnoea go undiagnosed.

DEFINITION

Obstructive Sleep Apnoea (OSA) is defined as the cessation of airflow during sleep preventing air from entering the lungs caused by an obstruction.

The standard definition of any apnoeic event includes a minimum 10 second interval between breaths, with either a neurological arousal, a blood oxygen desaturation of 3-4% or greater, or both arousal and desaturation. Clinically significant levels of sleep apnoea are defined as 5 or more episodes per hour of any type of apnoea. Hypopnoea are defined as a 50% reduction in airflow for more than 10 seconds, followed by a 4% desaturation, and / or arousal.

TYPES OF SLEEP APNEOA.

There are 3 different types of sleep apnoea. Obstructive, Central and mixed. During sleep, the brain instructs the muscles of breathing to take a breath. Central sleep apnoea occurs when the brain does not send the signal to the muscles to take a breath, and there is no muscular effort to take a breath. It is rare. Obstructive sleep apnoea occurs when the brain sends the signals to the muscles and the muscles make

SYMPTOMS

People with sleep apnoea may complain of excessive daytime sleepiness often with irritability or restlessness. But it is normally the bed partner, family or friends who notice the symptoms first. Sufferers may experience some of the following:

Extremely loud heavy snoring, often interrupted by pauses and gasps.

Excessive daytime sleepiness, e.g., falling asleep at work, whilst driving, during conversation or when watching TV. (This should not be confused with excessive tiredness with which we all suffer from time to time).

Irritability, short temper.

Morning headaches.

Forgetfulness.

Changes in mood or behaviour.

Anxiety or depression.

Increased frequency of urination during night. This can happen even with uncontrolled diabetes mellitus.

Decreased interest in sex.



Remember, not everyone who has these symptoms will necessarily have sleep apnoea. We possibly all suffer from these symptoms from time to time but people with sleep apnoea demonstrate some or all of these symptoms all the time.

DIAGNOSIS

The ultimate investigation is polysomnography, which will include:

Electro-encephalography (EEG) - brain wave monitoring

the AHI by 25%. Therefore a healthy lifestyle and diet that encourages weight loss will improve OSA.

Medications – OSA is due to an anatomic airway narrowing , hence it is difficult for a medication to have an effect. Nasal airway obstruction, Hypothyroidism does require appropriate correction. Modafinil drug may be helpful to increase alertness in severe OSAs along with other treatment.

Dental Appliances.—It holds the jaw and tongue forward and holds the palate up thus preventing closure of the airway. This small increase in airway size often is enough to control apneas. A dental appliance requires natural teeth to fit properly, it must be worn every night , and the cost is variable.

CPAP (Continuous positive airway pressure.)—It is the best , non surgical treatment for any level of OSA. CPAP uses air pressure to hold the tissues open during sleep. It delivers the air through a nasal or face mask under pressure. As a person breathes, the gentle pressure holds the nose, palate , and throat tissues open.

BiPAP – Bilevel positive airway pressure is indicated in patients requiring higher pressures of CPAP. The BiPAP machine delivers a higher pressure during inspiration, and a lower pressure during expiration. That allows a person not to feel like they are breathing out against such a high pressure, which can be bothersome.

SURGICAL TREATMENTS FOR OSA

The type of surgery that is chosen is dependent on individuals specific anatomy and severity of sleep apnea.

Nasal airway surgery the airways becomes obstructed and prevents the flow of air. It is the most common AND mixed sleep apnea is a combination of previous two with treatment being the same as OSA.

AHI and SEVERITY SCORE

The Apnea-Hypopnea Index (AHI) is expressed as the number of apneas and hypopneas per hour of sleep. The greater the AHI, the more severe the apnea.



An apnea event has 4 components.

1. First, the airway collapses.
2. Second, an effort is made to take a breath, but is unsuccessful.
3. Third, the oxygen level in the blood drops.
4. Finally, when the amount of oxygen reaching the brain decreases, the brain signals the body to wake up and take a breath.(this is what the bed partner hears as a silence followed by a “gasp” for air.)

Thus, when an apnea occurs, sleep is disrupted.Sometimes this means a person wakes up completely, but sometimes this can mean the person comes out of a deep level of sleep and into a more shallow level of sleep.

SYMPTOMS

Pulse oximetry - heart rate and blood oxygen level monitoring

Electrocardiography (ECG) - heart monitoring

Sound and video recording

This is a very expensive investigation, with few centres able to offer it routinely for all suspected sleep apnoea patients. A 'mini' sleep study is more usual, consisting of pulse oximetry and nursing observation. Nowadays, Home sleep study is becoming more popular.

PSG can be: 1. Diagnostic PSG

2. Treatment PSG

3.Split night PSG – 1st half confirms and 2nd half is utilized to adjust CPAP pressures.

CONSEQUENCES OF UNTREATED APNEOA

Untreated OSA increases the risk of:

Heart attacks

Strokes/CVA

High uncontrolled blood pressure

Decreased productivity at work

Poor sex life

Decreased attentiveness at home, and

Sudden death.

NON SURGICAL TREATMENTS FOR SLEEP APNEOA.

Behavioral changes.- It is estimated that 10% weight gain will worsen the AHI by 30% , and a 10% weight loss will decrease the AHI by 25%. Therefore a healthy lifestyle and diet that encourages weight loss will improve OSA.



Medications – OSA is due to an anatomic airway narrowing , hence it is difficult for a medication to have an effect. Nasal .

Hyoid suspension

Maxillomandibular procedures

Tracheostomy

Bariatric surgery

10. Combinations of the above

It is important to remember that surgery is not the miracle cure, and failed surgery may render CPAP useless.

Dr. Pravin N. Bhat MD,FCCP

Director- SUPRAVI Chest Centre

Margao.



IMA PONDA CHARITABLE TRUST IMA PONDA HOSPICE – PALLIATIVE CARE CENTRE FOR TERMINALLY ILL

Indian Medical Association Ponda Branch (IMA) is a professional nonprofit making, non political NGO affiliated to parent IMA body situated at Indraprastha Marg New Delhi. This is the largest NGO of Allopathic Medical practitioner in the country with Its membership over 1.78 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 objectives being providing dedicated services to the Community by way of Health programs & Health related projects. Trust is governed by its own Constitution.

The Board of Trustees is formed by elected and Ex officio members .

Trust is a fore runner in charitable activities and in appreciation of its services to the community in last 38 yrs Comunidade of Bandora has leased an area of 5000 Sq 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 facilities are subject to fund influx .

Indian Medical Association , Ponda Branch is starting a Community Health project at Farmagudi Ponda - IMA-Ponda Hospice - a Centre for Terminally ill, patients , an unique of its kind in the state of Goa to be built and managed by a professional NGO . There are 38 such institutions in whole of India.

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 HOSPICE – PALLIATIVE CARE CENTRE FOR TERMINALLY ILL

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

IMA-Ponda Hospice is being planned with unique intension of serving the humanity, in a field which has been ignored and is a necessity in the present health & social scenariosospice

IMA-Ponda Hospice is aiming at giving holistic care to 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, and take care of 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 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 : 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 (P PP) with central and local Government agencies shall be considered favorably .

TERMINAL ILLNESS

Terminal illness is a medical term 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 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. Shock, 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. Duration of depression often can last several weeks but soon fades and the person goes into the Final stage .

Final stage of acceptance. Here patient waits for peaceful transition to 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

TERMINAL ILLNESS

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 loved ones.

Some complementary 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

It is disheartening to note that only 0.4% of the estimated 2.5 millions of cancer patients in India have an access to palliative care treatment.

Palliative care has a role to play right from diagnosis till bereavement and beyond.

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 specialty by itself over years in medical profession , Palliative treatment does not prolong life, nor prolong death, 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 extend its reach with palliative care not forming part of medical education ,there is also a need to educate & empower medical profession It is hearting to say only 0.4%of estimated 2.5 millions of cancer patient in our country has an access to palliative care treatment. Palliative care has a role to play right from diagnosis till bereavement and beyond .

In state of Kerala after attaining targeted values in Infant Mortality Rate . Maternal Mortality Rate. & Life expectancy , Health ministry has taken Medicine of terminally ill on priority to include it in 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 Terminally ill in Goa – IMA-Ponda Hospice , a project of IMA Ponda Charitable Trust .

**By: Dr. Narayan a/s Santosh Usgaonker ,
Chairman
& Dr. Vallabh Dhaimodker, Secretary -Trust**



All Goa Interschool Science Quiz Competition

All Goa quiz competition was held on 30th January 2013 to commemorate 50 Golden years of its existence. In all 30 secondary schools from Goa participated in the event. Dr. Ravindra J. Rivonkar the past student of this school was guest of honour on this occasion. Mst. Wedyn Noronha and Anson Dias were the proud winners of the science quiz. Speaking on the occasion Dr. Ravindra J. Rivonkar who was past student of St. Cruz High School shared his experience as the student of the school and said he was proud to be a product of St. Cruz High School and was grateful to his Almamater for all that he is today. The Chief Guest Mr. J. Remedios Rebello, the chairman of Goa Board stressed on a need of enhanced quality of education and called on Students to make the best use of modern technology available for learning. Earlier Rev. Fr. Aleixo Pereira, Principal of the School, welcomed the gathering while Mr. J.J. Russuel Coutinho the headmaster proposed the vote of thanks.



**Dr. Ravindra J. Rivonkar is seen presenting the prize to the winner of the competition.
Also seen in the picture
is the Chairman of the Goa Board Mr. J. Remedios Rebello**



Dear Members of the IMA Goa State Branch,

The Registrar of Societies and our C.A. has strongly recommended that we incorporate the attached 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.

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 at its meeting on the 10th March 2013, and the outcome was that the Executive Committee directed that a Requisition AGB be called.

Therefore the said AGB is called:-

1. Date: 13th April 2013
2. Time: 5:00 PM
3. Venue: KESERVAL HOLIDAY INN, VERNA
4. Agenda:-
 - a) Passing and adopting the amendments to the constitution as on the attached sheet.
 - b) Passing of Minutes and Amendments passed at the September 2012 AGB

As per procedure, if there is no quorum at the appointed time, the meeting shall be reconvened half an hour later at the same venue and shall proceed with the meeting with the members present.

**KINDLY INFORM ALL YOUR BRANCH MEMBERS.
THE AGB WILL BE FOLLOWED BY A STATE LEVEL CME PROGRAM ON HEMATOLOGY
ORGANISED BY IMA CQS AND GMC.
(WILL MAIL THE DETAILED PROGRAM LATER)**

Your presence at the meeting is requested.

Regards,
Dr. Rahul Borkar
Hon. Secretray,
IMA GOA State



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.



8) The following resolutions as briefed below, brought forward by the executive committee were taken up.

- i) Amendments to constitution --- Mode of communication for notices
- ii) 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) <u>WORKING OF THE FELICITATION COMMITTEE</u> 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 3 rd 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) <u>ORATION FUND CONTRIBUTION</u> 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. |



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

The meeting started at 7.00 pm. Since there was insufficient quorum it was adjourned for 30 minutes. The meeting restarted at 7.30 pm.

Following members were present:

Dr. Gladstone D'costa, Dr. Rahul Borkar, Dr. Naguesh Kakode, Dr. Pravin Bhat, Dr. Edward D'Mello, Dr. Prithi de Sousa 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. Amey Kamat, Dr. Dhanesh Volvoikar

Following members were granted Leave of Absence: Dr. Francisco Couto, Dr. Suraj Prabhudesai, Dr. Mohan Raiker, Dr. Deepak Dhond, Dr. Shailesh Kamat, Dr. Baban Parulekar, Dr. Deepa Correia Afonsa, Dr. P Rataboli, Dr. Atchut Kakodkar, Dr. Basavral Pattanshetti, Dr. Ashok Amshekar, Dr. Ravin Rego, Dr. Medha Salkar, Dr. Suresh Mandrekar.

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 were confirmed. It was proposed by Dr. Prasad Netravalkar & seconded by Dr. Abhijit Nadkarni.

Matters arising from the Minutes were discussed:

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 PM at Kesarval Garden Retreat, Verna.

The Agenda of this AGB will be:

- A) Passing and adopting the amendments to the constitution as suggested by the C.A.
- B) Passing of the 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. The Registrar also pointed out that though in the minutes of 2005 and 2010 the amendments are mentioned as having been circulated. They need to be entered specifically, and signed by the secretary.

B) Dr. Gladstone also stated that a legal opinion was taken from Mrs. Shubhalaxmi U.P.Raikar regarding “conflict of interest” issue raised at the last meeting, and it was made clear that neither of these institutions 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 the 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 Borkar 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 Kesarval 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 7pm 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 Mormugao, IMA Ponda and IMA Margao.

e) Dr. Jagdish 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 Organizing branch except for the Oration and paper presentation. Dr. Gladstone stated that the minutes of the executive committee meeting held before the conference 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 may be 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.

6) 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

Hon. Secretary, IMA GOA State



SATISH DHUME & CO.

CHARTERED ACCOUNTANTS

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

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8th March, 2013

Dr. Gladstone A. D'Costa
President
Indian Medical Association
Vasco - Goa

Dear Sir,

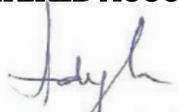
I have to inform you that Clauses as per attached list are required to be added in your constitution to avail benefits under the provision of the Income Tax Act.

Kindly contact in case if you want any further clarification.

Thanking you,

Yours faithfully,

For SATISH DHUME & CO.
CHARTERED ACCOUNTANTS


S. R. DHUME
(Proprietor)



ANNEXURE

NECESSARY CLAUSES TO BE INCORPORATED IN TRUST DEED/MEMORANDUM OF ASSOCIATION

1. INVESTMENT CLAUSE : The funds of the Trust/Society shall be invested in the modes specified under the provisions of Section 13(1) (d) f.w.s. 11(5) of the I.T. Act, 1961 as amended from time to time.
2. ACCOUNTS CLAUSE : There shall be maintained all accounts of the Trust/Society regularly. The accounts shall be duly audited by the Chartered Accountant. Every year, the Accounts shall be closed by 31st March.
3. AMENDMENT CLAUSE : No amendments to the Trust deed/Memorandum of Association/Bye-laws/ Rules and Regulations shall be made which may prove to be repugnant to the provisions of the sections 2(15), 11, 12, 13, & 80G of the Income-tax Act, 1961, as amended from time to time. FURTHER NO AMENDMENT SHALL BE CARRIED OUT WITHOUT THE PRIOR APPROVAL OF THE COMMISSIONER OF INCOME TAX.
4. DISSOLUTION CLAUSE : In the event of dissolution or winding up of the Trust/Society, the assets remaining as on the date of dissolution shall under no circumstances be distributed among the Trustees/members of the Managing Committee/ Governing body but the same shall be transferred to another charitable Trust, /Society whose objects are similar to those of this Trusts/Society[®] and which enjoys recognition u/s 80G of the Income Tax Act, 1961, as amended from time to time.
5. CLAUSE 5* : The trust formed shall be irrevocable.
6. CLAUSE 6 : The benefits of the Trust/Society shall be open to all irrespective of caste, creed of Religion.
7. CLAUSE 7 : The funds & the Income of the Trust/Society shall solely utilized for the achievement of its objectives & no portion of it shall be utilized for payment of The Trustees/Members by way of profit, Interest dividends, etc.
8. CLAUSE 8** : Objects / activities of religious nature require deletion.

* This clause will be applicable in the case of Trusts.

** Applicable only when an Intimation seeking recognition / renewal of recognition where any religious nature of activity involved as per Trust Deed / Memorandum of Association u/s 80G(5)(v).