



IMA PLUS



Indian Medical Association Pune Branch - Monthly Newsletter

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94th
Year

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Directors :

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Dr. Padma Iyer

Dr. Sanjay Patil



This Month

26th Feb : Workshop for medical professionals on MTP, PC PNDT Act

27th Feb : IMA Dr. Ajit Golwilkar Oration & CME on excellence in Healthcare

Next month :

6th Mar : IMA MS Medico Legal Conference

6th Mar : IMA Sports

20th Mar : Diary Release & CME

Office

Dr. Nitu Mandke IMA House, 992, Shukrawar Peth, Tilak Road, Pune - 411002, Maharashtra.

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Venue : Dr. Nitu Mandke IMA House, Tilak Road, Pune - 411002

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**Sunday
6th March
2022**

Registration Charges

**Member : Rs. 1200/-
Non-member : Rs. 1500/-
(Inclusive of GST)**

**9.00 am
to
5.00 pm**

Payment Options

Please send DD / at par cheque in the name of **"IMA PUNE CME"**

BANK DETAILS

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| Bank Name | Saraswat Bank |
| Bank Branch | Tilak Road |
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2 MMC Credit Hours Awaited

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State Chairman, IMA Medicolegal Cell

Dr. Vipin Checker
Co-Chairman
IMA MS Medicolegal Cell

Dr. Jayant Navarange
Conference Patron

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Conference Logistics

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Member, IMA MS Medicolegal Cell

Dr. Raju Varyani
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Dr. Sunil Ingale
Organising Secretary

Dr. Alka Kshirsagar
Organising Secretary

Dr. Rajan Sancheti
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FOR ASSISTANCE, PLEASE CONTACT

Dr. Sunil Ingale (Org. Secretary) - 9850036524



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| | |
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Congratulations



Past President IMA MS and Past President IMA Pune, **Dr. Avinash Bhondwe** is elected as **Dean of Indian Medical Association's College of General Practitioners at National level** for the year 2021-22.

He was installed by Central Minister of Food and Public Distribution and Environment Forest Mr. Ashwini Kumar Choubey and Newly Elected IMA National President Dr. Sahajanand Prasad Singh at New Delhi on 31st December 2021.

IMA Pune is Proud of You.

IMA Annual Sports Carrom and Chess

Event will be conducted at IMA Hall on 6th of March between 10 am and 4 pm .

For Carrom participants can contact

**Dr Vaibhav Dhudhat
7507775829**

and for chess can contact

Dr Milind Khedkar 9689931102

Registration fees -100/- per

Participant per Event

Last date for registration is 4th March

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Contact +91-9373313489, email: neelanilagarwal@gmail.com



Our Finance minister of India Mrs. Nirmala Sitharaman presented the Union Budget for 2022 on 1st February 2022.

Although we expected the precovid budget allocation to healthcare (1.8%) to be increased to at least 3%, it came as no surprise that our government thinks that healthcare isn't a necessary expense.

We were hoping some special provisions for health infrastructure and manpower required for health services, special attention to family medicine as well as for small and medium nursing homes which are the real backbone of healthcare system in India. In general a major expectation was to have some reduction in premium paid for mediclaim insurance or at least a reduction GST of 18% on that premium amount.

In this budget, two main health related proposals were put forward. A National digital health ecosystem and the second, National Tele Mental Health program!

National digital health ecosystem is essentially the same as National Digital Health Mission (NDHM) and Ayushman Bharat Digital mission (ABDM), which have already been rolled out in 2020!

National Tele Mental Health program is the only new development and we really appreciate and welcome it.

Since the first confirmed case of Covid 19 was reported in India in March 2020, covid 19 pandemic has made tremendous impact on every aspect of society and livelihood. National measures like lockdown, isolation, social distancing and so on were implemented in response to increasing covid 19 cases and fatalities. This has negatively affected economy, employment and public health. With worries about the future, uncertainties of life, mental health issues are becoming a major concern. Rather it has become 'parallel pandemic'.

Millions are suffering from stress, anxiety, depressive symptoms, loneliness, worry and so on.

What are the symptoms of these issues? How to reveal, diagnose and treat such cases effectively is the biggest challenge.

In year 2017, according to ICMR, one in seven persons in India suffered from mental disorder of varying severity with anxiety and depressive disorders being the most common! So we had an epidemic of mental ill health and now it has become a parallel pandemic!

With UG and PG medical students being at the forefront, they are bearing the brunt of this situation. Unprecedented uncertainty with their education, examinations, admissions and career have made them especially susceptible to mental health issues.

Everyone needs to understand, be aware and should get treated by experts.

Actually we Indians have great legacy of spirituality and yoga. These things are already incorporated in our lifestyle. But lack of awareness, denial and stigmatization are major obstacles towards mental health illnesses. There are variations from personal to social factors like region, religion and spirituality.

People have become increasingly conscious of their physical well-being. However, mental health maintenance remains ignored to a great extent. The younger population suffers primarily from developmental disorders like attention, mood, behavioral disorder and anxiety



while the older population falls prey to depression and anxiety.

This brings us to some important questions to tackle mental health issues like,

- How to bounce back, in the face of an uncertain end to the pandemic?
- How to develop capacity to tolerate setbacks and adapt positively?
- What are the strategies available or practical tips to overcome such issues?
- From where one can get positive motivation?
- How to calibrate our response and to control our immediate reaction to a crisis situation?
- How to manage stress and emotions in a healthy and positive way?
- How to use short term strategies like deep breathing, relaxation and mindfulness to cope with stress effectively?
- How to develop sense of control with evidence based knowledge from reliable sources?
- How to avoid havoc made by media by replaying the experiences and rethinking of crisis?

I think we need to understand the difference between social distancing and physical distancing.

And only experts in this field will help us to get answers and solutions by which we can maintain perspective.



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Indian Medical Association, Pune

Under the aegis of

Kamalnayan Bajaj Academic Center

IMA Pune Financial Diary 2022-23 Release

& CME

Date : Sunday, 20th March 2022

Time : 8.00 am to 4.00 pm

Detailed CME programme will be notified soon

IMA Pune Financial Diary Release 11am to 1pm

2 MMC Credit Points Awaited

Dr. B. L. Deshmukh
President IMA Pune

Dr. Dhanesh Kamerkar
Chairman, IMA Diary Committee

Dr. Sanjay Patil
Co-Chairman, IMA Diary Committee

Dr. Raju Varyani
Secretary, IMA Pune Diary Committee

Dr. Sunil Ingale / Dr. Alka Kshirsagar
Hon. Secretaries IMA, Pune

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From the President's Desk

Dr. B. L. Deshmukh
Mob : 99601 72759

Dear member colleagues,
Seasons' greetings!

We are almost at the end of the third Covid wave now. Schools and colleges have opened with a physical format. First booster precaution Covid dose is definitely helping the community at large. Teenage group vaccination is also a great move by the Government as well as the medical fraternity. Vaccines will be available in medical shops soon. We pray that we are at the end of Covid pandemic now. Hopefully Covid pandemic will end by mid March 2022 as per authorities. Maybe Covid will coexist but like routine flu.

MMC registration renewal process for our members is going on in full swing. We are guiding most of the members at IMA. Around 200 members were helped by IMA Pune. There is very good feedback from our members. The procedure is member friendly. Hats off to MMC for a very good online portal. Total 30 MMC credit points are needed for 5 years till 65 years of age. After 65 years of age the MMC credit points are not needed but MMC registration renewal has to be done.

To help our Medical students, residents, fellows, postgraduates and junior doctors, IMA Pune had organised the webinar on 'Mental Health for Medicos' through which medical students got practical tips and strategies as well as positive motivation to cope with anxiety, stress and depression. Dr Dhananjay Chavan, well known Psychiatrist was the main speaker. He gave practical tips through his lecture. Deans of four Medical Colleges in the city appreciated the program. They expressed that it was the need of this pandemic situation. For the last two years we have been facing the Covid pandemic. In the midst of this, we are also experiencing a coexisting pandemic of mental health issues. With UG and PG medical students being at the forefront, they are nearing the brunt of this situation. Unprecedented uncertainty with their education, examinations, admissions and career have made them especially susceptible to mental health issues.

The violence on medical professionals is increasing day by day. The Doctor's Protection Act must be implemented in a proper way to protect the medical fraternity. Strong action against the culprits is a must.

We have recently associated (through MoU) with Symbiosis University for upliftment of educational qualification of members and medical personnels. It will be beneficial for all of us. We are planning online courses for medicos. MBA in Finance, one year certificate course and two year degree course.

Our IMA Financial Diary project is going on smoothly which is for fund raising also. It will be released next month. Participate with many more advertisers.

We are preparing for our IMA Maharashtra State Conference on Medicolegal Issues, MLCON to be held on 6th March 2022. It is a much needed activity for our members. Kindly register for the same at the earliest.

Thank you so much.

My IMA! Your IMA! Our IMA! Jai IMA!!



●●



IMA PUNE ONLINE CERTIFICATE COURSE ON EVIDENCE BASED DIABETES MANAGEMENT

Convener : Dr. Arati Shahade

Comprehensive 12 module online learning
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Starting from 9th April 2022. (12 Sessions)**

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After that Rs. 10,000/- + GST = Rs. 11,800/-

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Includes
A Diabetic Foot
Workshop (Hybrid)

12 MMC POINTS

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| Branch Name | Tilak Road Pune |

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For more details contact us IMA Pune on

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President
IMA Pune

Dr. Meenakshi Deshpande
President Elect, IMA Pune
Mob. : 9922464365

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Hon. Secretaries
IMA Pune

Dr. Jayant Navarange / Dr. Sanjay Patil
Facilitators

Dr. Geetanjali Sharma
Co ordinator for Course
7875816146



**IMA Pune Online Certificate Course
on
Evidence Based Diabetes Management**

**SCIENTIFIC
PROGRAM**

| DATE | TOPIC | SPEAKER |
|--------------------------|--|---|
| 09/04/2022 2pm to 5pm | Definition, Epidemiology, Diagnosis LAB Diagnosis Case Presentation / Quiz | Dr Vasanthkumar Dr Shamala Lahoti Dr Arati Shahade / Dr Vihita Kulkarni |
| 16/04/2022 2pm to 5pm | Primary & Secondary Prevention of Diabetes Treatment Algorithm OHA / Algorithm Should Sulfonylureas be retired ? | Dr C S Yajnik Dr Arati Shahade Dr Arvind S R Dr Dattatray Patki Dr Arati Shahade |
| 23/04/2022 2pm to 5pm | OHA 3 Troglitazone / Triple Drug Therapy Works ! Model Diet a Components Diet from a Physician's Perspective Prescribing Exercise in a Diabetic Patient | Dr Vijay Panikkar Dr Amruta Bhalerao Dr Dr Meenal Mohit |
| 30/04/2022 2pm to 5pm | Intro to CHR Complication Neuro Pathy in Diabetes OHA 4 Gliptins Sexual Dysfunction | Dr Suhas Erande Dr Ashu Rastogi Dr Arati Shahade Dr Dhananjay Sathe Dr Juman Deepak |
| 07/05/2022 2pm to 5pm | OHA 6 GLP1 A Insulin GDM OHA 5 SGLT2 Inhibitors | Dr Neeta Deshpande Dr Archana Sarda Dr Sanjay Kalra Dr Vijay Neglur |
| 14/05/2022 2pm to 5pm | Cardiac Complication Infection in Diabetes Tuberculosis in Diabetes | Dr Tiny Nair Dr Priscilla Dr Muruganathan |
| 21/05/2022 2pm to 5pm | Diabetes in Paediatrics - Unique Features GIT in Diabetes Skin Lesions Including Dermatophytosis | Dr Rahul Jahagirdar Dr Altamas Shaikh Dr Sunil Tolat |
| 28/05/2022 2pm to 5pm | Diabetic Dyslipidemia Hypertension CGMS / SMBG Hypoglycemia Metformin - Why First Line ? | Dr Raman Purie Dr Jagdish Hiremath Dr Banshi Saboo Dr Sangram Biradar Dr Suhas Erande |
| 04/06/2022 2pm to 5pm | Kidney in Diabetes Laboratory Methods in Infection Acute Hyperglycemic Complications | Dr Dr Dr Uday Phadke |
| 11/06/2022 2pm to 5pm | Revision & Case Discussions - Management of Diabetes in family / OPD Practice | Dr Arati Shahade Dr Avinash Bhondwe |
| 18/06/2022 | Exit Exam | |

PROGRAMME SUBJECT TO CHANGES

19/6/2022 9 am to 4 pm
Diabetic foot workshop (Hybrid Platform)
Detailed program will be communicated later



Points to Ponder

Mandar M Naik

Finance expert, 9823040150

The world's greatest content curator was Readers Digest. It completes 100 years this year!

The nostalgia that comes attached with this name is unparalleled. DeWitt and Lila Wallace are no more and not relevant today! A sad reality of the disruption caused by the digital era to the publishing era. On a long enough timeline the survival probability of anything is zero, the question is how do we mitigate and ensure continuity by hopping onto a fresh timeline and restart. A leaf of inspiration from Readers Digest ; "Points to Ponder" is an articulation of real life questions in disruptive and volatile conditions like ours today for our medical fraternity

1. Am I an entrepreneur with my hospital/clinic who inherits business risks or a professional who gets paid a fixed plus bonus basis the work in a corporate setup?
2. How will I pass on my setup to the next generation? What are the loan and liabilities I should take for growth? How should my balance sheet look like?
3. How will I wind down and encash my clinic/hospital considering my next generation is not interested?
4. If I retire and stop work will my assets be sufficient to maintain my lifestyle. Do I start tracking my cashflows? Are assets and cashflows different?
5. When I am alive how to create transitional succession plan? How do I start planning for the same?
6. Do I have a consolidated report to address my assets and network? Does my insurance cover every liability?
7. Do I have a structure where my family is untouched even if my business suffers? How do I firewall the same?
8. What is my financial plan and how do I revisit it for monitoring as time passes?

The intention of planning on to start the Financial OPD in IMA Pune where money related questions for work and family will be analysed and treated on a case to case basis is an ideal solution to the points to Ponder! The details about will be conveyed to you in the coming issue



WELCOME NEW MEMBERS

| Sr. No. | Name | Speciality | Contact |
|---------|--------------------------|----------------|------------|
| 1 | Dr. Abhishek Zanwar | Rheumatologist | 9699507339 |
| | Dr. Shweta Bhandari | Pathologist | 9403811137 |
| 2 | Dr. Sachin Laxman Parhad | Medicine | 9049973446 |
| 3 | Dr. Nina Mansukhani | Consultant | 9822321543 |
| 4 | Dr. Khedekar Mayura | Paediatrician | 9850029647 |
| 5 | Dr. Hetal Jobanputra | Dermatologist | 9822496166 |
| 6 | Dr. Rachana Jagdishlal | Gynaecologist | 9822025949 |
| 7 | Dr. Aditya Date | Consultant | 9881076529 |
| | Dr. Sayali Chitale | Paediatrician | 9822022654 |



Invitation : workshop for medical professionals on MTP, PC PNDT Act

IMA Pune and Pune Municipal Corporation Health Department in association with WDW Committee and PC PNDT Committee of IMA Mah State , have jointly organized State Level online workshop on MTP/PCPNDT Act by medical professionals .

The details of the workshop are as below -

Date: Saturday 26th Feb 2022

Time : 2.00 pm to 6.00 pm

Workshop Highlights :

- Inaugural Function and sessions graced by Distinguished Guests from IMA Mah State , Public Health Department, Legal experts , Medical professionals
- Adequate time for interactions and open forum
- Informative sessions :

1) MTP Act and recent amendments - Dr. Nikhil Datar

2) PC-PNDT Act and recent Amendments - Dr. Viren Kulkarni

3) ART Bill, regulatory requirements for Surrogacy , IVF - Dr. Dilip Walke

4) Legal and Regulatory Compliance of MTP-PC PNDT Act - Dr. Kalpana Baliwant

5) Open Forum -

Panelists: Dr. Jayant Navarange, Dr. Ashutosh Jape, Dr. Dinesh Thakare, Dr. Santosh Kulkarni, Dr. Chandrashekhar Sohoni, Dr. Prashant Chaudhari.

Moderator : Dr. Vaijayanti Patwardhan, Dr. Meenakshi Deshpande

1 MMC Credit Point awaited

Registration Fees: Rs. 200/- (IMA Member) Rs. 500/- (IMA Non Member)

Registration is open now, Visit to www.imapune.com for payment

Bank Details for Online Payment,

Bank - Saraswat Bank Tilak Rd

Account Name:- I.M.A PUNE CME

Account Number:- 038200100024826

IFSC Code:- SRCB0000038

Branch Name :- Tilak Road Pune

- For more details contact IMA Pune on 020-24464771/020-24430042/7350214512.
- Online registration link will be shared to all registration delegates on Previous day
- Please send your queries to drvaijayangti19@gmail.com, ashutoshjape@gmail.com, cc to imaofpune@gmail.com before 25 Feb 2022.

Dr. B. L. Deshmukh
President, IMA Pune

Dr. Sanjay Patil
Executive Trustee,
IMA Pune

Dr. Sunil Ingale / Dr. Alka Kshirsagar
Hon. Secretaries, IMA Pune

Dr. Ashutosh Jape,
Chairman, PCPNDDT, IMA MS
Coordinator

Dr. Vaijayanti Patwardhan
Co-Chairman, PCPNDDT com,
Chairman , WDW IMA MS
Coordinator

Congratulations



Dr. Raju Varyani, Assistant Director, IMA PUNE CGP



Dr. Rajan Sancheti, Asst. Secretary cum Treasurer, IMA PUNE CGP



Dr. Anuradha Patankar, Asst. Secretary, IMA PUNE CGP



Dr. Sanjay Kulkarni has won the election for the President of USI (Urology Society of India). He is President Elect for 2022 and will preside as President of USI for the year 2023.

IMA SPORTS

IMA Pune has always been striving for the wellbeing and fitness of Doctors. In that context we are arranging IMA Annual Sports Events for the year 2022 in the months of January and February. Following sports are planned tentatively subject to modifications as per prevalent Covid Situation

| Sports | Date Time and Venue | Coordinator's name & Contact number |
|-----------|-----------------------------|-------------------------------------|
| Carrom | 6th March 10 am IMA Hall | Dr Vaibhav Dudhat (7507775829) |
| Chess | 6th March , 10 am, IMA hall | Dr Milind Khedkar (9689931102) |
| Badminton | February Second Week | Dr Shriniwas Prabhu (9822256658) |
| T.T | February Second week | Dr Suresh Jain (9822335381) |
| | | Dr Sujit Nilegaonkar (9096076446) |
| Cricket | 20th February | Dr Kedar Patil (9823017515) |
| Football | 27th February | Dr Gaurav Karve (9860308604) |

Cricket and Football – Event will be conducted as a Interhospital /Inter Association Tournament in month of March. Only limited number of teams would be allowed for a one day event. Interested teams can contact organizers for details and confirming their entry against a fees of 11000/- per team for cricket and 3000/- per team for Football. Hospitals willing to be Sponsors please contact Sports Committee members .

Prior Registration with 100/-per player per event (except Cricket and Football)

Payment to be done through IMA website and screenshot / message to be sent to respective coordinator for registration.

Please confirm about event details and slot availability with the concerned coordinator before payments.

Interested participants are requested to Contact Sports Committee Members Dr Kedar Patil 9823017515 and Dr Milind Khedkar 9689931102 for further details and registration related issues.

Indian Medical Association, Pune

Under the aegis of

Kamalnayan Bajaj Academic Center

IMA Pune Dr. Ajit Golwilkar Oration & CME on excellence in Healthcare

27th February half day virtual CME

- 1) "Dr. Ajit Golwilkar Memorial Oration" by Dr. V Mohan - "Making Excellence a Habit - Secret to building a world class Healthcare system"
- 2) Dr. Jayaram on "Service & Operational Excellence in Lab" or "Drivers of Lab Excellence"
- 3) Dr. Prachee Sathe on "Challenges in delivery of Critical Care"
- 4) Dr. Jayant Navrange on "Current Medicolegal Environment in India" while on path to achieving this excellence in healthcare or "Accountability in Healthcare"

1 MMC Point

For Registration Contact : Phone (020) 24464771/24430042

Dr. B. L. Deshmukh
President IMA Pune

Dr. Sunil Ingale / Dr. Alka Kshirsagar
Hon. Secretaries IMA, Pune

IMA Walking Competition conducted on 20/01/22 at Taljai Hills

Winners of the competition are

- 1) Dr Sachin Lakde
- 2) Dr Jayant Navrange and Dr Sanjay Patil
- 3) Dr Praful Pradhan

Female Category Winners -

- 1) Dr Swati Shrotri
- 2) Dr Meenakshi Deshpande
- 3) Dr Padma Iyer



Congratulations to all winners.

Prize distribution will be during Sports Dinner in Month of March .This competition was followed by Yoga Session .Yoga expert Dr Manali Deo conducted the session .

Dr Padma Iyer ,Dr Arati Nimkar and Sports Comittee members Dr Kedar Patil and Dr Milind Khedkar and Staff members Aniket and Santosh conducted the event .

Chess and Carrom will be conducted on 6th March Sunday at IMA hall along with MLCON .

For details please contact Dr Kedar Patil and Dr Milind Khedkar



Mental Health for Medical Students

Dr Dhananjay Chavan

M : 9423578087

There is no miracle or magic pill to eradicate all the suffering of life! Here I have tried to give a few simple tips.

Generally medical students and doctors have a healthier lifestyle but one area where they are negligent is sleep. It is all the more important to take care of this given that often their duties don't allow them to sleep at regular hours. Lack of sleep is a serious health hazard—it has adverse effect on our cognitive and emotional health. Sleep and exercise are among the best tools we have to protect our mental health.

Some important basic principles to follow for proper sleep are:

- Keep a regular waking time. Outdoor activities and exposure to bright light in day time help sleep.
- Exercise regularly. Avoid strenuous exercise four hours before bedtime.
- Sleep in a quiet, cool and clean place.
- Go to bed only when sleepy. Read or listen to music or audiobooks but keep the lights low.
- Don't lie in bed for a long time if unable to fall asleep. Sit up. Do not keep checking watch at night.
- Do not watch TV while in bed or use computer / smartphone in bed. Decide a time after which you will not use mobile/TV at night.
- If you have difficulty sleeping at night, keep daytime naps short - less than 40 minutes. Do not lie in bed for more than 30 to 40 minutes during day time.
- Avoid bright lights at night in house. Warm color lights help.
- Avoid tea/cafeine in the evening and at night.
- Develop a relaxing routine before bedtime; such as changing into night clothes, brushing, wash, shower etc
- Minimize sitting during day time. Walk or stand as much as possible. Even while watching TV try to get up as much as possible.
- Alcohol disturbs sleep architecture and specifically affects REM sleep which in turn affects our emotional health.

Importance of Routine:

Having a routine helps. Wake up at the same time every day. Have a separate work and study areas in the house. Timetable, whether for study or daily routine, is important but should not be too rigid. Remember that it is okay not to be productive sometimes. Try to keep designated Silence Periods when all family members work or rest quietly without any interaction.

Recognizing Psychiatric Conditions

All of us feel bored, depressed, irritated, fearful or frustrated sometimes. It is normal. Accept these emotions. If this is due to a conflict in family or with friends, discuss it within a specific and short time window.

However, if such a state of mind continues for several days--you are feeling stressed and exhausted, burned out and disinterested, irritated or sad; if your sleep and appetite is disturbed; if you lack confidence and motivation; if you feel guilty, anxious or suicidal—it could be due to Depressive disorder. Such psychiatric conditions are medical/biological disorders and are not a reflection on your personality, character or mental strength. Depression and Anxiety disorders are extremely common and are a leading cause of morbidity all over the world. Not only do they affect quality of life but also efficiency and productivity.



Social Media

Social media has emerged as a major mental health hazard. If possible use social media only during designated times. Use social media such as Instagram and Facebook only to stay connected with friends and family; not to argue or spread misinformation. Medical students should be particularly careful as use of social media late at night can cut into their sleep hours.

Exercise

There is overwhelming emerging evidence that exercise is extremely important for mental health. Exercise plays a vital role not only in the prevention of depression and anxiety. Running, walking or hiking in nature is even more helpful. Lack of exercise is the most important risk factor for dementia in later life.

Household chores are an excellent way to stay physically active. They can also have a calming effect on mind if done regularly.

Positive Emotions

If you have the aptitude, even a few minutes of meditation makes one calm. However, don't expect miraculous changes. Dance, Yoga and Tai-chi bring positive changes in mental health. Accept adversity as a way of life. Be kind to yourself. Among all the demands and aims of life, don't ignore small innocent everyday joys and pleasures.

Feel gratitude for so many people who have helped you throughout life. Everyday many people are working unbeknownst to you to make your life comfortable. This contemplation brings a sense of gratitude. Having goodwill and compassion for others and helping others also makes you happy. Stable friendships and simplicity are the fodder of a happy life. Charity brings joy to you even before it helps the recipients. Forgiveness removes burden from your mind. All these feelings need to be cultivated consciously. Even a few moments every day go a long way in giving you a positive mental frame.



Result of Managing Committee Election - 2022

The following 10 candidates are declared elected unopposed to the Managing Committee of Indian Medical Association, Pune Branch.

1. 10 posts are for the year 2022 to 2025 i.e. for 3 years
2. Dr. B. L. Deshmukh will be in Managing Committee as Immediate Past President for 2022-23 for one year.

| Sr. No. | Name of the member | Mobile | Email ID |
|---------|-------------------------|------------|-----------------------------------|
| 1 | Dr. Aarti Nimkar | 9822304882 | aarti.nimkar@gmail.com |
| 2 | Dr. Anil Dudhabhate | 8888621535 | anildudhabhate9@gmail.com |
| 3 | Dr. Anuradha Jadhav | 9822498934 | sachinphaltan@live.com |
| 4 | Dr. Ashutosh Jape | 9822250337 | falgunjape@yahoo.com |
| 5 | Dr. Avinash Bhondwe | 9823087561 | avinash.bhondwe@gmail.com |
| 6 | Dr. Prashant Chudhari | 9225527998 | nmc@live.in |
| 7 | Dr. Rajan Sancheti | 9823147882 | rajansancheti1@gmail.com |
| 8 | Dr. Raju Varyani | 9822646025 | dr.rraju.varyani@yahoo.com |
| 9 | Dr. Sunil Ingale | 9850036524 | sunil.ingale1234@gmail.com |
| 10 | Dr. Sachin Sangamnerkar | 9673000651 | sachinsangamnerkar@rediffmail.com |

Dr. Padma Iyer

Election Officer 2022, IMA Pune



Last Month in IMA [January 2022]

Dr. Sunil Ingale/ Dr. Alka Kshirsagar
Hon Secretaries IMA Pune

11th January 2022

Oncology Update

Dr. Tushar Patil spoke on Recent advances in cancer chemotherapy and Organ preservation in cancer in details. Dr. Vinod Gore talked on Recent advances in Oncosurgery with the help of few videos and Role of primary care physician in oncology. It was attended by 1135 delegates with 1 MMC point.

12th January 2022

Respiratory Update

Dr. Sundeep Salvi discussed very well Asthma and COPD with practical tips. Dr. Mahaveer Modi talked about Approach to a case of ILD and Sleep Medicine – Year in Review. It was attended by 1135 delegates with 1 MMC point.

14th January 2022

Learning Disabilities

Dr. Bhooshan Shukla nicely explained Role of psychiatrist in learning disabilities. Dr. Sharmila Patil talked about Role of pediatrician in learning disabilities. Mrs. Kshipra Rohit discussed Awareness about learning disabilities. It was followed by question answer session. It was attended by 1135 delegates with 1 MMC point.

15th January 2022

Hypertension

Dr. Sachin Lakade elaborated on Diagnosis and latest guidelines for management of HTN and Evaluation & Management of secondary HTN & Resistant HTN. Dr. Sachin Yadav discussed Hypertensive Urgency and Emergencies and Management of HTN in Pregnancy. It was attended by 1135 delegates with 1 MMC point.

16th January 2022

Rheumatology

Dr. Pravin Patil spoke on Interpretation of Investigations in Rheumatic Diseases and Recent advances in the management of rheumatoid arthritis. Dr. Gayatri Ekbote explained about how to Approach to connective tissue diseases. Dr. Abhishek Zanwar talked about Viral polyarthralgia investigations and treatment. It was attended by 1135 delegates with 1 MMC point.

26th January 2022

Republic Day

73rd Republic day was celebrated With Flag hoisting by President Dr. B. L. Deshmukh at Dr. Nitu Mandke IMA House at 8 am. This was followed by an excellent talk and presentation by Dr. Madhubala Joshi-Chinchalkar on her amazing experience at Antarctica. She had accompanied the team of Indian scientist to Antarctica in 2017. It was a very impressive and inspiring lecture about flora fauna and extreme climatic conditions. It also showed nature's beauty and how climate change and global warming has started affecting Antarctica. This was organized by IMA Arts Circle. Chairman Dr. Mohan Joshi introduced Dr. Chinchalkar. Dr. B. L. Deshmukh, President Spoke about India's republic day and shared the first page of our Constitution. This was attended by more than 60 IMA members.

**29th January
2022**

Mental Health for Medicos

To help medical under graduate and post graduate students, a webinar was organized to guide them to cope with anxiety, stress and depression. A well known psychiatrist Dr. Dhananjay Chavan spoke on Mental Health for Medicos. He pointed out few disciplinary measures to follow about sleep, mobile uses, physical activity, day to day routine and fundamental understanding of psychiatric disorders. It was attended by more than 150 medical students.

**31st January
2022**

Dr. Nitu Mandke Birth Anniversary Celebration

Dr. Alka Mandke and her family members attended Dr. Nitu Mandke Birth Anniversary Celebration in IMA Pune. Dr. B. L. Deshmukh and IMA members paid homage to Dr. Nitu Mandke statue with floral bouquet.

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२६ जानेवारी २०२२ : आर्ट्स सर्कलचा कार्यक्रम

सकाळी आठ वाजता प्रजासत्ताक दिनाच्या कार्यक्रमाची सुरुवात झाली प्रथम प्रेसिडेंट डॉ. बाळासाहेब देशमुख यांच्या हस्ते ध्वजारोहण करण्यात आले. यानंतर सेक्रेटरी डॉ. सुनील इंगळे यांनी सर्वाना प्रतिज्ञा दिली. साडे आठ वाजता आय एम ए आर्ट्स सर्कलचा कार्यक्रम सुरु झाला. कार्यक्रमाला जवळजवळ ५० सभासद आणि पाहुणे उपस्थित होते.

डॉ. सुनील इंगळे यांनी प्रास्ताविक केले. प्रेसिडेंट डॉ. देशमुख यांनी प्रजासत्ताक दिनाचे औचित्य साधून राज्य घटनेच्या निर्मितीची माहिती दिली आणि घटनेच्या पहिल्या पानाचे वाचन केले. आर्ट सर्कल चेअरमन डॉ. मोहन जोशी यांनी वक्त्या डॉ. मधुबाला चिंचाळकर यांची ओळख करून दिली. डॉ. मधुबाला चिंचाळकर / जोशी या २०१७ साली अंटार्क्टिका खंडावर असलेल्या मैत्री या भारतीय संशोधन केंद्रात डॉक्टर म्हणून गेल्या होत्या. आपल्या या धाडसी आणि आगळ्यावेगळ्या मोहिमे बद्दल दृक्श्राव्य माध्यमातून माहिती देत त्यांनी सर्वाना मंत्रमुग्ध केले.

त्या म्हणाल्या तसे Antarctica is a land of superlatives या अत्यंत थंड, निर्मनुष्य जागी त्या भारतीय पथका सोबत १४ महिने राहिल्या. तिथल्या निसर्गाची विविध रूपे तसेच केवळ ध्रुवीय प्रदेशात पाहायला मिळणारे अरोरा – आकाशात होणारी मनोहारी रंगांची उधळण त्यांनी सुंदर चित्रबद्ध केली आहे. तिथली जीवसृष्टी, तिथले जीवन, मैत्री केंद्रावरच्या सोयी, घेतली जाणारी पर्यावरणाची काळजी. तिथे साजरा केला जाणारा प्रजासत्ताक दिन या साऱ्या गोष्टींचे दर्शन त्यांनी घडविले. अशा वातावरणात लांबलचक ध्रुवीय रात्रीचा सामना करताना स्थानकावरच्या लोकांची मानसिक आणि शारीरिक तंदुरुस्ती राखण्याची जबाबदारी त्यांना पार पाडायची होती त्या आव्हानाबद्दलही त्यांनी खूप सुंदर माहिती दिली.

कार्यक्रमानंतर त्यांनी शंकांना उत्तर देताना अंटार्क्टिका विषयी झालेल्या वैश्विक करार बद्दल सांगितले. पर्यावरणातील बदलामुळे या सुंदर आणि आजवर मानवी हस्तक्षेपा पासून दूर असलेल्या भूमी ला आता जो धोका निर्माण झाला आहे त्याविषयी ही त्यांनी जाणीव करून दिली. सेक्रेटरी डॉ. अलका क्षीरसागर यांनी आभारप्रदर्शन केले आणि त्यानंतर हा अतिशय सुंदर कार्यक्रम संपन्न झाला



MANAGING ASTHMA AND COPD IN PRIMARY CARE

Dr Sundeep Salvi

MD, DNB, PhD(UK), Hon FRCP(London)

Director, Pulmocare Research and Education (PURE) Foundation, Pune

Asthma and COPD are the commonest chronic respiratory diseases encountered in clinical practice. There are an estimated 50 million cases of COPD and 38 million cases of asthma in India. COPD is the 2nd leading cause of death and suffering in India, while deaths due to asthma in India account for 42% of all global asthma deaths. It is important for primary care physicians in India to diagnose and manage asthma and COPD better so that we can reduce the suffering and deaths.

Asthma is a genetic disease, whose gene(s) are also associated with the development of allergic rhinitis, allergic rhino-conjunctivitis, eczema or allergic dermatitis and migraine. Presence of a family history or a past history of any of the above illnesses is a very strong risk factor for asthma. Remember that not all asthmatics are allergic in origin, only 40% have allergic origin, the remaining are usually because of exposure to different forms of outdoor and indoor air pollutants. Cough is the most common presentation of asthma, not breathlessness, as the name implies in hindi or marathi (dama). Dry irritating cough on exertion or laughter or after exposure to dust and perfumes, cough during the early hours of morning (3-4am), cough associated with thick sticky phlegm and presence of wheeze are all classical presentations of asthma. Variable symptoms (symptoms come and go with periods of normalcy with or without treatment) are the hallmark features of asthma.

Inhalation therapy is the most important route of delivering drugs in asthma management and all patients must be given inhalation therapy. Every asthma patient must be treated with inhaled corticosteroids (budesonide/fluticasone/beclomethasone), either alone or with long-acting bronchodilators (formoterol, salmeterol). The dose of the inhaled steroid should be based according to the severity of asthma. In most patients (>90%) inhaled steroids have to be given for a lifetime, just like how we usually treat diabetes and hypertension for a lifetime. Not treating asthma patients with inhaled steroids will increase their likelihood of asthma exacerbations and death; 42% of all global asthma deaths occur in India and one of the most important reasons is that they are not treated with inhaled steroids. Oral medications such as theophyllines, deriphyllines, motelukast, etc are inferior treatment for asthma and should certainly not be used in place of inhaled corticosteroids.

Bronchial hyperresponsiveness is the hallmark feature of asthma – the smooth muscles in the bronchi contract following exposure to innocuous substances like dust, allergens and air pollutants, just like the mimosa pudica leaves (lajaloo, chuimui). This is caused by underlying airway inflammation, which responds only to inhaled steroids. COPD on the other hand is caused by long-term exposure to noxious substances that cause damage and destruction to the small bronchi and alveoli. Tobacco smoke, indoor air pollutants (biomass burning, mosquito coils/dhoop smoke), outdoor air pollutants and occupational exposures are the causes of COPD. The damage and destruction here is usually permanent and very often progressive, unless halted.

One of the main treatments of COPD is to prevent the rapid decline in lung function that occurs. This can be done by reducing/minimizing/stopping the exposure to noxious substances. If the COPD is because of tobacco smoking, advising the patients to stop

smoking is a very important part of COPD management. If the COPD is because of long-term exposure to biomass smoke (chullah smoke), ask them to replace with LPG or at least improve the ventilation in the kitchen.

Pharmacotherapy of COPD is different from asthma, but similar in the sense that all COPD patients must be treated with inhalation therapy. However, the drugs are different. In asthma, all patients must be treated with inhaled steroids, but in COPD, inhaled bronchodilators are the main treatment (Tiotropium alone or with Formoterol). Inhaled steroids should be given only in some patients – those who have been hospitalized at least twice in the last one year, those who have recurrent COPD exacerbations and those whose blood eosinophil counts are more than 300/L. Inhaled steroids in COPD increase the risk of them having pneumonias and therefore they should be given very carefully, unlike in asthma.

Preventing COPD exacerbations is a very important component in the management of COPD. An acute exacerbation of COPD can cause severe decrement in lung function, worsening of quality of life and even death. An acute exacerbation of COPD should now be labelled as Lung Attack, just like the heart attack we see due to acute myocardial infarction. Calling it a lung attack will increase the awareness and importance of acute exacerbations and will ensure that patients are serious about preventing them. Ensuring that all your patients are taking their inhaler medications correctly and on a regular basis will prevent 50% of the exacerbations. Vaccination is another important way in which COPD exacerbations can be prevented. All patients of COPD must be given the following 5 vaccines; influenza vaccine every year, pneumococcal vaccines once, DPT (diphtheria, pertussis, tetanus) booster vaccine once, herpes zoster vaccine once (those >50 years) and the COVID vaccine. Pulmonary Rehabilitation is also a very important component of COPD management. Advising the patient to do regular walking, deep breathing exercises, pursed lip breathing, abdominal breathing and yoga are important components of pulmonary rehabilitation.

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OBITUARY

Dr Mukund Rahalkar (31.12.1943-07.02.2022)



Dr Mukund Rahalkar's departure to his heavenly abode marks end of an era as well as to an end his romance with Radiology which began half a century ago. He had an eagle's eye while he interpreted the radiographs diligently. This not only helped build his reputation as an astute Radiologist but also raised the bar of Radiology education in B.J. Medical College which he joined as a teacher.

He was Past President of Pune & Maharashtra state branch of IRIA & had great tenures. He became Secretary & Vice chairman of ICRI. He had many publications to his credit in national & international journals. He was the recipient of IRIA's prestigious Dr. Ashok Mukherjee Award.

Dr Dilip Lakhkar



Rational use of antivirals in COVID-19

Dr. Ameet Dravid

Mob : 9975619766

COVID-19 is characterized by 2 phases; viral replication phase (day 1 to day 7 since onset of symptoms) and the host inflammatory response phase (day 8 onwards). Although host factors like dysfunctional and exacerbated inflammatory response (cytokine storm or cytokine release syndrome) do play a role in the disease course, the risk of severe illness and death associated with SARS-CoV-2 infection is also influenced by a higher nasopharyngeal viral burden. Clinical progression to severe disease has a considerable impact on patients and on health care systems, increasing a patient's risks of receiving mechanical ventilation and of death and potentially overburdening local and regional hospital capacity during Covid-19 surges. Reducing Covid-19-related hospitalizations, and potentially also reducing community transmission by helping patients clear infectious virus more rapidly, are therefore critical. Currently 4 anti-viral agents are prescribed for management of mild COVID-19 in Pune, India – Oral Molnupiravir, Early intravenous Remdesivir, Intravenous Casirivimab-Imdevimab monoclonal antibody cocktail and Oral Favipiravir. Two additional treatment modalities will be available in India soon – Intravenous Sotrovimab and Oral Paxlovid (Nirmatrelvir-ritonavir). A brief information of advantages and disadvantages of all antiviral agents is given below:

Paxlovid:

PAXLOVID™ (nirmatrelvir [PF-07321332] tablets and ritonavir tablets) is authorized for emergency use in both high-risk adults and high-risk pediatric patients 12 years of age and older weighing at least 40 kg. EUA based on clinical data from EPIC-HR study, showing PAXLOVID reduced risk of hospitalization or death by 89% (within three days of symptom onset) and 88% (within five days of symptom onset) compared to placebo. The company plans to file a New Drug Application (NDA) with the FDA for full regulatory approval in 2022. PAXLOVID is a SARS-CoV-2 main protease (Mpro) inhibitor (also known as SARS-CoV2 3CL protease inhibitor) antiviral therapy. Nirmatrelvir [PF-07321332], is designed to block the activity of the Mpro, an enzyme that the coronavirus needs to replicate. Co-administration with a low dose of ritonavir helps slow the metabolism, or breakdown, of nirmatrelvir in order for it to remain active in the body for longer periods of time at higher concentrations to help combat the virus. Nirmatrelvir is designed to inhibit viral replication at a stage known as proteolysis, which occurs before viral RNA replication. In preclinical studies, nirmatrelvir did not demonstrate evidence of mutagenic DNA interactions. Current variants of concern can be resistant to treatments that inhibit the spike protein found on the surface of the SARS-CoV-2 virus, due to its high mutation rate. PAXLOVID, however, works intracellularly by binding to the protease of the SARS-CoV-2 virus to inhibit viral replication. Nirmatrelvir has shown consistent in vitro antiviral activity against current variants of concern (i.e., alpha, beta, delta, gamma, lambda, and mu). In addition, nirmatrelvir potently inhibited the Mpro associated with Omicron in an in vitro biochemical assay. This indicates nirmatrelvir's potential to maintain robust antiviral activity against Omicron. PAXLOVID is authorized to be administered at a dose of 300 mg (two 150 mg tablets) of nirmatrelvir with one 100 mg tablet of ritonavir, given twice-daily for five days. One carton contains five blister packs of PAXLOVID, as co-packaged nirmatrelvir tablets with ritonavir tablets, providing all required doses for a full five-day treatment course. Paxlovid thus appears to be an oral anti-viral drug which acts against all SARS-CoV-2 variants and will be a useful addition to the anti-viral armamentarium in India

once available.

Molnupiravir:

Molnupiravir is a small-molecule ribonucleoside prodrug of N-hydroxycytidine (NHC), which has activity against SARS-CoV-2 and other RNA viruses and a high barrier to development of resistance. After oral administration of molnupiravir, NHC is phosphorylated intracellularly to NHC triphosphate. NHC triphosphate is incorporated into viral RNA by viral RNA polymerase and subsequently misdirects the viral polymerase to incorporate either guanosine or adenosine during viral replication (RdRp inhibitor). This leads to an accumulation of deleterious errors throughout the viral genome that ultimately render the virus non-infectious and unable to replicate. The MOVE-OUT phase 3 trial in non-hospitalized, at-risk adults with Covid-19 indicate that molnupiravir, initiated within 5 days after the onset of symptoms, reduces the risk of hospitalization for any cause or death through day 29. The risk of hospitalization or death at day 29 was 6.8 percentage points lower with molnupiravir than with placebo at the interim analysis and 3.0 percentage points lower in the all-randomized analysis. This improvement is potentially meaningful for patients, health care systems, and public health. Outcomes did not appear to be better with molnupiravir than with placebo in several subgroups (some of relatively small sample size), including patients with evidence of previous SARS-CoV-2 infection, patients with low baseline viral load, and patients with diabetes mellitus. Molnupiravir is not indicated in pregnant women with mild COVID-19 due to adverse reports from animal teratogenicity studies. Women of child bearing age should use a reliable method of birth control (contraception) consistently and correctly during treatment with molnupiravir and for 4 days after the last dose of molnupiravir.

Early Remdesivir:

Remdesivir is a direct-acting nucleotide prodrug inhibitor of the SARS-CoV-2 RNA-dependent RNA polymerase. A phase 3 trial of remdesivir showed that both a 10-day course and a 5-day course of remdesivir shortened the recovery time in patients hospitalized with Covid-19. As a result, ICMR guidelines 2021 recommended use of Remdesivir for patients hospitalized with moderate or severe COVID-19 and requiring supplemental oxygen. This trial failed to show mortality benefit for Remdesivir use in hospitalized patients. Results of subgroup analyses according to diabetes status, obesity, male sex and hypertension were similar to those in the overall trial population. All instances of Covid-19–related hospitalization among patients with cancer, chronic lung disease and cardiovascular disease occurred in the placebo group. Despite its beneficial clinical effects, the upper airway viral load was not lower in patients who received remdesivir than in those who received placebo, as measured by nasopharyngeal RT-PCR testing. This trial excluded patients who had received SARS-CoV-2 vaccines. Thus, the major impact of early Remdesivir therapy was on decreasing hospitalizations alone. However, for patients in regions of the world that do not yet have access to vaccines or for patients who do not have a good response to vaccination (e.g., those who are immunocompromised), outpatient remdesivir may play an important role in the management of Covid-19.

Casirivim– Imdevimab monoclonal antibody cocktail (REGEN-COV):

The antibody cocktail consists of two SARS-CoV-2 neutralizing antibodies against distinct, nonoverlapping epitopes on the spike protein. The phase 3 trial of Casirivimab – Imdevimab monoclonal antibody cocktail was conducted among patients with mild COVID-19 above 18 years of age and presenting with 7 days of onset of symptoms. All of them had at least one risk factor for progression to severe COVID-19. The phase 3 clinical outcomes data showed that



in outpatients with risk factors for severe Covid-19 the monoclonal antibody cocktail can lower the risk of hospitalization or death from any cause by almost 70%. In patients who did get hospitalized, REGEN-COV led to a shorter duration of hospitalization and a lower incidence of ICU-level care. In addition, REGEN-COV resulted in more rapid resolution of Covid-19 symptoms by a median of 4 days than placebo. REGEN-COV is also associated with a rapid decline in nasopharyngeal viral load which can reduce the infectiousness of patient. However, a major drawback of this therapy includes that it doesn't appear to work against Omicron variant currently circulating in Pune, India. Hence it can only be administered if genome sequencing confirms Delta variant infection in patient.

Sotrovimab:

Sotrovimab is a pan-sarbecovirus monoclonal antibody that was designed to prevent progression of Covid-19 in high-risk patients early in the course of disease. Among high-risk patients with mild-to-moderate Covid-19 (non-hospitalized patients ≤ 5 days after the onset of symptoms and having at least one risk factor for disease progression), sotrovimab reduced the risk of disease progression and death by 85%. No safety signals were identified. This monoclonal antibody neutralizes all sarbecoviruses as it targets a highly conserved epitope that would be functionally retained as SARS-CoV-2 evolves. In contrast, many of the other monoclonal antibodies like REGEN-COV bind to the receptor-binding motif that engages the angiotensin-converting enzyme 2 (ACE2) receptor and is one of the most mutable and immunogenic regions of the virus. Hence, these antibodies do not retain activity against Omicron variant but Sotrovimab does. This monoclonal antibody will also be a useful addition to the anti-viral armamentarium in India once available.

Favipravir:

Favipiravir (T-705) is a broad-spectrum antiviral drug earlier used in treatment of Influenza and Ebola. It is an RNA dependent RNA polymerase (RdRp) inhibitor and prevents viral replication. A randomized, multicenter, open-label clinical trial evaluating the efficacy and safety of Favipiravir in Indian patients hospitalized with mild to moderate COVID-19 infection was performed. Conducted in hospitals across India. Favipravir was also a part of guidelines published by Government of India for management of mild COVID-19 but has since been withdrawn in the June 2021 update. Its use for management of mild COVID-19 during the Omicron wave continues till date despite lack of conclusive evidence about its efficacy in mild COVID-19.

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MMC Renewal

"Renewal of M.M.C. REGISTRATION"

It is an "ONLINE" process

You have to visit the MMC WEBSITE

<https://www.maharashtramedicalcouncil.in/frmProvisionalLogin.aspx>

The last date for renewal has been extended by MMC to 31st May 2022.

IMA Pune is ready to assist for MMC renewal process for our members.

For details please contact 020 – 24464771, 24430042 & 7350214512.

Please pass on this message to all your members/ contacts.

Webinar on Oncology Update



Dr. Tushar Patil

Webinar on Respiratory Update



Dr. Mahaveer Modi



Dr. Sundeep Salvi

Webinar on Learning Disabilities



Dr. Bhooshan Shukla

Webinar on Rheumatology Update



Dr. Pravin Patil



Dr. Gayatri Ekbote

Webinar on Hypertension



Dr. Sachin Lakade and Dr. Sachin Yadav



Flag Hoisting Ceremony 26th January 2022



Flag Hoisting Ceremony 26th January 2022



Amazing Antarctica by
Dr. Madhubala Chinchalkar



Republic Day Celebration



Felicitation of Dr. Madhubala Chinchalkar →

IMA Pune Yoga event at Taljai Hills



Webinar on Mental Health for Medicos



Dr. Dhananjay Chavan

Dr. Nitu Mandke Birth Anniversary - 31st January 2022



Dr. Alka Mandke's Visit to IMA



Dr. Nitu Mandke
Birth Anniversary



Dr. Nitu Mandke Birth Anniversary



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