



IMA PLUS

Indian Medical Association Pune Branch - Monthly Newsletter



95th Year

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Dr. Padma Iyer
Dr. Sanjay Patil



**Protect
your
Healers**

This Month

23rd Oct (Sunday): 6.30 am - Khamang Diwali Pahat
Venue : Sancheti Auditorium, IMA House, Pune

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Citation for Padmavibhushan Dr. Raghunath Mashelkar



PROCTOLOGY



Dr Ashwin Porwal
Colorectal Surgeon,
MUHS Certified Professor in Proctology
Founder Healing Hands Clinic.

- Inventor of DLPL surgery For Complex Fistula.
- Inventor of Laser Haemorrhoidopexy for piles.
- Received Dadasaheb Phalke Award.
- Invented Laser Pilonidotomy for Pilonidal Sinus.
- Patented BEST device for Fistula and SMILE mesh for Hernia.
- Introduced MUHS Certified Proctology Fellowship for 1st time in India.
- Inventor TRRPCS: TransAnal Rectal Resection of Rectal Prolapse by Circular
- Got Best Paper award for DLPL surgery for complex fistula at ACRSICON.
- World Record of maximum Stapler Hemorrhoidopexies for Piles & STARR Surgery for constipation.
- Inventor of worlds first Anospray for piles and Patented Constac Laxative.
- Received Limca Book of World Record for treating the longest fistula of 110cm.



LASER VARICOSE VEINS



Dr Paresh Gandhi

M.B.B.S., D.N.B. Surgery, FCPS Surgery
Diploma in Proctology
Consultant Varicose Veins and
Hernia Surgeon

A culmination of hard work and sincerity, Dr Gandhi has gained mastery in **Laser Varicose Veins ablation**. The Leonardo Laser was first introduced in India at Healing Hands Clinic. Dr Gandhi has also undergone certified training in Wound Management from the Madeleine Flanagan University of Hertfordshire, UK.

3D MESH HERNIA



Dr Deepak Kulkarni

M.B.B.S., D.N.B. (Surgery)
Hernia specialist and GI Endoscopist

Dr Kulkarni specializes in **3D Mesh Repair for Hernia** and has successfully treated complicated cases of Obstructed and Recurrent hernias. Healing Hands Clinic has been certified 'Center of Excellence in 3D Mesh Hernia Repair' by Dr John Murphy, Ex-president of American Hernia Society. With his Fellowship in Endoscopy, Dr Kulkarni also looks after the Gastroscopy and Colonoscopy procedures at all the HHC centers in Pune.

LASER UROLOGY



Dr Himesh Gandhi

M.S., M.Ch.Urology
F.M.I.S. (Singapore)
Director Urology,
Consultant - Urologist
Robotic & Kidney Transplant

Healing Hands Clinic introduced **India's First German Made Storz Rubina System for Urology**. It's 3D camera with 4K vision gives precision in performing complex Kidney Stone and Prostate Surgery. We introduced Laser For Prostate Surgery at Healing Hands Clinic. Dr Himesh Gandhi has to his credit first ever case of successful Robotic Radical Prostatectomy in Pune.



Only center in
India to have
Certified 1yr Fellowship
in Proctology



India's only
NABH accredited
Proctology Clinic, 2022

Urology and Laparoscopy



India's 1st German Storz Rubina
3D with 4K Vision System



India's 1st BK medical for
Endo Anal USG.



HHC has been awarded as
Limca book of world record for
treating 110cm Long Fistula, 2022



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IMA PUNE

इंडियन मेडिकल असोसिएशन

पुणे शाखेतर्फे

सर्व सभासदांना आणि त्यांच्या परिवाराला

दीपावलीच्या

हार्दिक शुभेच्छा

WE ARE GLAD TO ANNOUNCE THAT HEALING HANDS CLINIC IS A PLATINUM SPONSOR OF IMA PUNE IN THIS YEAR 2022-23



Indian Medical Association, Pune Branch

32nd ANNUAL CONFERENCE

MULTICON 22-23

Physical conference

ON 7th and 8th January 2023

PLEASE BLOCK YOUR DATES .

Two Pre-conference Workshops

on 25th December 2022

6 MMC Points Awaited

All detailed information in the next issue

Dr. Meenakshi Deshpande
President, IMA Pune

Dr. Alka Kshirsagar / Dr. Geetanjali Sharma
Hon. Secretaries, IMA Pune

Tel: 020-24464771 / 24430042 Email: imaofpune@gmail.com



The IMA Pune Overseas CME with tour to Phuket Krabi scheduled on 21st November is full .Thanks to all participants for enthusiastic response

Running 25 bedded hospital with OT LR well equipped to be given on lease at Manjri on main road near Railway station.

Contact
9689931858/7972238013

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BURNOUT DOCTORS- A GRIM REALITY



Burnout is a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lack of sense of personal accomplishment. The healthcare environment - with its packed work days, demanding pace, time pressures, and emotional intensity, puts Doctors and other clinicians at high risk for burnout.

In recent years, the rising prevalence of burnout among clinicians (over 50 per cent in some studies) has led to questions on how it affects access to care, patient safety, and care quality. Burnout doctors are more likely to leave practice, which reduces patients' access to and continuity of care. Burnout can also threaten patient safety and care quality when depersonalization leads to poor interactions with patients and when burnout Doctors suffer from impaired attention, memory, and executive function. Some cases of Suicides are also reported by burnout doctors.

In a study comprising more than 1,500 hours of one-to-one interviews with burnout Doctors, the five causes of burnout are seen most often.

1. The practice of clinical medicine- Being a Doctor is and always will be a stressful job. This is a fundamental feature of our profession for a simple reason. We are dealing with hurt, sick, scared, and dying people and their families. Our work takes energy even on the best of days. Our practice is the classic high-stress combination of great responsibility and little control. This stress is inescapable as long as you are treating patients, no matter what your speciality.

2. Your specific job- On top of the basic stress of caring for patients, your specific job has a set of unique stresses. They include the hassles of your call rotation, your compensation formula, the local healthcare politics associated with the hospitals and provider groups, the personality clashes in your department or clinic, your superiors, your work team, and many more.

You could change jobs or the hospital you are attached to, to escape your current stress matrix, but your next position would have all the same stressors at different levels of intensity. It is tempting to believe a different practice model would be less stressful. However, moving from an insurance-based practice model to concierge or direct pay, or from an independent setting to an employed setting, simply switches one set of stressors for another.

3. Personal life- In an ideal world, your personal life is the place where you recharge from the energy drain at work. Two major factors can prevent this vital activity:

We are not taught life balance skills in our medical education. Our residency training teaches us just the opposite. We learn and practice ignoring our physical, emotional, and spiritual needs to unhealthy levels and then carrying these negative habits into our careers. You work until you can't go any longer, and then you keep going. To do otherwise could be seen as a sign of weakness.

Multiple situations could arise at home that eliminates the opportunity to recharge your energy account. Your life outside your practice then switches from a place of recharge and recuperation to an additional source of stress. The causes may range widely from simple conflicts with your spouse to illness in a child, spouse, or parent to financial pressures and many more. You might have seen this in a colleague who suffered the downward spiral of



burnout at work in the absence of any new work stress. If you reach out to a colleague who appears to be burned out, you must ask, "How are things at home?" to reveal this burnout cause.

4. The conditioning of our medical education- Several important character traits essential to graduating from medical college and residency emerge during the premedical years. Over the seven and half years of our medical education, they become hard-wired into our day-to-day Doctor persona, creating a double-edged sword. The same traits responsible for our success as Doctors simultaneously set us up for burnout down the road. Here are the top four character traits I see in my practice and how to identify this programming when you are in its grip

Workaholic – Your only response to challenges or problems is to work harder,

Superhero – You feel like every challenge or problem sits on your shoulders and you must be the one with all the answers,

Perfectionist – You can't stand the thought of making a mistake – ever and hold everyone around you to the same standard,

Lone ranger – You must do everything yourself and end up micromanaging everyone around you.

In addition, we Doctors absorb two prime directives.

One is conscious and quite visible: **'The patient comes first.'** This is a natural, healthy, and necessary truth when we are with patients. However, we are never shown the off switch. If you do not build the habit of putting yourself first when you are not with patients, burnout is inevitable.

The second prime directive is never stated, deeply unconscious, and much more powerful: **'Never show weakness.'** To understand this programming, try this thought experiment. Imagine you are back in your residency. A faculty member walks up to you and says, "You look really tired. Is everything OK?" How would you respond? And how quickly would that response come out of your mouth? Most of us would immediately answer that "I am fine." This knee-jerk defence makes it difficult to help Doctor Colleagues even when their burnout is clear to everyone on the team.

Put the five personality traits together with the two prime directives, and you have the complete conditioning of a well-trained Doctor. Combine this with a training process that is very much like a gladiator-style survival contest, and doctors become hard-wired for self-denial and burnout.

5. The leadership skills of your immediate superiors - Outside of health care, there is management saying, "People don't quit companies; they quit their boss." There is wide acceptance that your work satisfaction and stress levels are powerfully affected by the leadership skills of your immediate supervisor.

We know this is true for Doctors too. A recent study shows a direct relationship between the quality of your boss and your burnout and job satisfaction levels. In this era in which Doctor groups are forming much more quickly than they can find trained doctors for their leadership positions, having either an unskilled or, worse, an absent boss to report to is common. This fifth cause of burnout has only recently joined the classic four above. It is a significant source of stress for many employed Doctors.

To counter this burnout phenomenon, we will have to come out with some solutions in near future.





From the President's Desk

Dr. Meenakshi Deshpande

Mob : 9922464365

Dear Friends

Hoping this newsletter reaches you in pink of your health ! Many wishes for your Diwali celebrations! May this Diwali mark the start of a happy and prosperous year for you. May the gleam of diyas enlighten your spirit and vanquish darkness from your life.

An occasion to celebrate victory over defeat, light over darkness, awareness over ignorance, an occasion to celebrate life.



धर्माचा अधर्मावर..!

सत्याचा असत्यावर..!

प्रकाशाचा अंधकारावर..!

विजय हा निश्चित ठरलेला असतो.

तुमच्या आयुष्यातही प्रत्येक पावलांवर तुम्ही असे विजय मिळवत रहा ह्याच सदिच्छा..!

The FIRST IMA Pune Dr. Asmita Gupte Oration was held during the Gupte Hospital CME on "Approach to High Risk Pregnancy", organized by IMA Pune branch and Gupte Hospital on Sunday 25th Sept. at Dr.Nitu Mandke IMA House, Pune. Padmavibhushan Dr Raghunath Mashelkar delivered an excellent Oration 'Reinventing Healthcare'. It was an inspiring oration indeed . He emphasized that innovation and Indovation (Made and suited for India) are the needs of the day. That India has the required talent and intelligence was seen during the COVID19 pandemic and all our start-ups were extremely fruitful . Many young achievers made useful innovations for health needs . He applauded the younger generation of India, who take great efforts to Improvise, Innovate and Inspire the excellent new innovations to elevate health parameters all across the globe.

He also stressed that those health care advances, which are not only practicable and excellent , but also come with affordable costs will only be useful to society. His approach to Make in India envisages pole-vaulting instead of leapfrogging. Myself and Dr Jayant Navarange Sir as Coordinators are indeed thankful to Dr Sanjay Gupte Sir for awarding this Oration to IMA Pune.

Our IMA Pune Annual Conference MULTICON 22-23 is scheduled on 7th and 8th January 2023 , and the Preconference workshop fixed on 25 th December 22 . Kindly block these dates for an eventful and happening physical two day Conference, purposely planned on these days to welcome 2023 .

IMA Pune overseas CME and tour to Phuket & Krabi, scheduled on 21 November 22 is almost full, thanks to Prasanna holidays for a lovely itinerary .

We welcome you to join IMA MASTACON at Shirdi this year on 18, 19 and 20 November, and IMA Maha sports at Jalgoan on 4, 5 & 6 th November 22.

Presently Hospitals are facing many problems and how to solve them is what is the current challenge. Shortage of Healthcare Professionals, nursing staff, patient satisfaction , registration and renewal procedures are the burning issues.

We welcome the non-members to join IMA to strengthen our hands for betterment of our fraternity .

Kudos to two surgeons from Pune City who conducted back-to-back uterine transplants on two women - both in their 20s, from both their mothers, who donated their uteri - in record nine hours in Gujarat.

Also it's a great achievement that we got a landmark judgement from a three-judge bench of the Supreme Court, which expanded the interpretation of a section of the amended Medical Termination of Pregnancy Act (MTP) that gave only certain categories of women the right to terminate pregnancies between 20 weeks and 24 weeks, enlarging the right of women to have abortions. The court held that the law cannot discriminate between married and unmarried women.

Let's achieve new horizons .

Jai IMA !

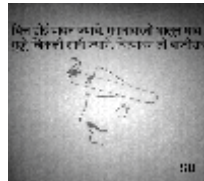
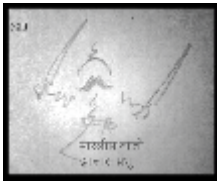
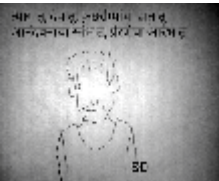


स्वमंग दिवाळी पहाट



१) नमन तुला (वेळ ७ - ८.३०)

थोर व्यक्तींच्या जीवनावर आधारित, "गीत चरित्र माला" सुरेल सुमधुर गाण्यांची नाविन्यपूर्ण मैफील गायिका: डॉ. भक्ती दातार. गीत, संगीत संयोजन व निवेदक : डॉ. समीर दातार



२) आय एम ए सभासदांचे नानाविध खुसखुशीत कार्यक्रम आणि सदाबहार गाणी.

(इच्छुक सभासदांनी डॉ. अलका क्षीरसागर यांना नावे कळवावी)

दिनांक: २३ ऑक्टोबर, रविवार रोजी सकाळी ६:३० वाजता

स्थळ: संचेती सभागृह, आय एम ए हाऊस, टिळक रोड, पुणे



डॉ. मीनाक्षी देशपांडे

आय एम ए पुणे, अध्यक्षा

डॉ. अलका क्षीरसागर

९८२२५२५१२१

आय एम ए पुणे, सचिव

डॉ. गीतांजली शर्मा

आय एम ए पुणे, सचिव



Last Month in IMA [September 2022]

Dr. Alka Kshirsagar / Dr. Geetanjali Sharma
Hon Secretaries IMA Pune

22nd September 2022

Annual General Body Meeting was held on 22nd September 22 at Sancheti Auditorium at 4pm which was attended by managing committee members.

25th September 2022

Approach to High Risk Pregnancy,

Hybrid CME along with First IMA Pune Dr. Asmita Gupte Oration was conducted by IMA Pune in Association with Gupte Hospital on 25th September 22 at Sancheti Auditorium, IMA house, Pune .

Dr. Gorakh Mandrupkar spoke on safe drug usage in pregnancy. Dr. Aarti Nimkar discussed common ailments in pregnancy which can be treated in general practice. Dr. Koustubh Ranade talked on Molecular medicines as precision medicines. Dr. Sanjay Gupte threw light on Relevance of microbiome in everyday practice. Dr. Gayatri Venkantraman talked on counseling for a couple desiring to conceive. Dr. Sarjan Shah spoke on practical genetic testing in clinical practice. Dr. Amit Deshmukh discussed importance of newborn screening. Dr. Sachin Jadhav talked on Advances in infertility treatment. Dr. Shekhar Kulkarni on screening for breast, uterus and ovaries cancers. Dr. Meenakshi Deshpande narrated amendments about MTP, PCPNDT, ART and surrogacy acts.

Total attendees 350

28th September 2022

Webinar on Cardio- Renal risk management in Diabetes was conducted by IMA Pune in Association with AstraZeneca on 28th September 22.

Dr. J.S. Hiremath spoke on managing ACS patient with Statin and Beta blockers. Dr. Rajiv Sethi elaborated on early intensification with Dapagliflozin. Dr. Suhas Erande discussed redefining management of T2DM by SGLT2 inhibitors. Dr. Vaishali Deshmukh discussed about the renal protective role of SGLT2i Dapagliflozin. Dr. Jaydeep Revale talked on card management of Diabetes. This was followed by Panel discussion with Questions and answers session.

Total Attendees - 85

IMA National Sports are being organized by IMA Jalgaon on 4, 5 and 6th November.

Sports events include Cricket, Badminton, Table Tennis, Tennis, Carrom, Running and Athletics

More information is available on <https://imajalgaon.com/mahasports-registration>

Please contact

Dr Sunil Ingale and Dr Kedar Patil for registration or more information



First IMA Pune Dr. Asmita Gupte Oration

Padmavibhushan Dr Raghunath Mashelkar delivered an excellent Oration 'Reinventing Healthcare' in 1st IMA Pune Dr. Asmita Gupte Oration during the Gupte Hospital CME on "Approach to High Risk Pregnancy", organized by Indian Medical Association Pune branch and Gupte Hospital on Sunday 25th September 22 at Dr. Nitu Mandke IMA House, Pune.

Dr Sanjay Gupte introduced Dr Raghunath Mashelkar and praised this extraordinary, brilliant, one of it's kind personality who has given so many pearls of wisdom.

Dr. Raghunath Mashelkar emphasized that innovation and Indovation (Made and suited for India) are the needs of the day. India has the required talent and intelligence which was seen during COVID19 pandemic and all our start-ups were extremely fruitful. Many young achievers made useful innovations for health needs. He also stressed that those health care advances, which are not only practicable and excellent, but also come with affordable costs will only be useful to society. His approach to Make in India envisages pole-vaulting instead of leap-frogging. He applauded the younger generation of India, who always take great efforts to Improvise, Innovate and Inspire the excellent new innovations to elevate health parameters all across the globe.

He received standing Ovation from about 200 Delegates and he was felicitated with a Citation, Memento, Puneripagdi and shawl.

Dr. Meenakshi Deshpande, President IMA Pune said that Dr. Mashelkar has given IMA Pune a Future vision for 'I' of IMA as Innovation.

Dr. Avinash Bhutkar, Chairman Trust Board appreciated Dr. Mashelkar and thanked Dr Gupte for organizing such an innovative Oration. Dr. Sanjay Patil, Executive Trustee read out the citation written by Dr. Mandar Paranjape, Pathologist. Many senior office bearers of IMA Pune like Dr. Padma Iyer, Dr. Prakash Marathe, Dr. Arun Halbe, Dr. Aarti Nimkar, Dr. Suhas Nene graced the occasion.

This Dr. Asmita Gupte Oration was coordinated by Dr. Meenakshi Deshpande and Dr. Jayant Navarange. Hon. Secretaries Dr Alka Kshirsagar, Dr. Virendra Ostwal & Dr. Kedar Patil coordinated and compered the whole programme.

EVECON 2022

बोटक्लबच्या अंगणी झाली स्टेट EVECON साजरी ।

Women's Holistic Well-Being गाभा विराजमान परिषदे अंतरी ॥

चारी दिशांनी झाले आगमन मान्यवरांचे प्रभात प्रहरी ।

स्वागता शोभे गणेश रंगावली सुशोभित प्रवेश द्वारी ॥

सरस्वती पूजनाने झाला आरंभ सभामंडपाबाहेरी ।

विविध रंगी फुगे घेती उंच गगन भरारी ॥

भेटती सख्या अपुल्या, नटून आल्या साऱ्या नारी ।

मैत्रिणीं सवेटिपण्यास छवी, पोझ देण्या घाई सारी ॥

शास्त्रीय ज्ञानाचीमिळे दृकश्वाव्यमे जवानी भारी ।

सांस्कृतिक मनोरंजन खजिना होई रिता स्टेजवरी ॥

सुरस भोजनाचा घेऊनी आस्वाद, मने तृप्त जाती माघारी ।

फिरुनी रम्य आठवणींचे हिंदोळे झुलती आमुच्या उरी ॥

डॉ. अलका क्षीरसागर



Supreme Court's big decision : Right of Abortion to all married and unmarried women

Dr. Meenakshi Deshpande

Chairperson, IMA Pune Medico Legal Committee

The Supreme Court today gave the right to abortion to all the women of the country, whether they are married or unmarried. In this landmark judgment, the apex court said that under the Medical Termination of Pregnancy (MTP) Act, everyone has the right to abortion at 24 weeks. In this right it does not matter whether the woman is married or unmarried.

The Supreme Court held that the marital status of a woman cannot be made a ground to deprive her of the right to terminate an unwanted pregnancy. Single and unmarried women also have the right to abortion under the said law at 24 weeks of pregnancy. **Marital rape is also included in the rape, so in such cases,**

The Supreme Court has said in an important decision regarding abortion that the wife will be aborted within the prescribed limit of 24 weeks even in the case of 'marital rape' by the husband. Can do This should be covered under the Medical Termination of Pregnancy Act. This right will be a relief to those women who are compelled to continue with the unwanted pregnancy.

The Supreme Court interpreted the MTP Act.

A three-judge bench headed by Justice DY Chandrachud also said that marital rape 'marital rape' should also be considered to be included in the said law. The apex court in its judgment gave this arrangement while interpreting the MTP Act. The bench said that the distinction between married and unmarried women is artificial and cannot be constitutionally maintained in view of the purposes of the said law. It is perpetuating the stereotype that only married women indulge in sexual relations.

In the 2021 amendment, the word 'partner' was used instead of husband.

The court also noted that the amendment to the Medical Termination of Pregnancy Act in 2021 used the word partner instead of husband to include an unmarried woman as well. The court has held that the parliamentary intent was not to limit the benefits of conditions arising out of marital relations. In fact it is permissible for a widow or divorced woman to terminate a pregnancy of 20-24 weeks.

Depriving single and unmarried women violates the right to equality

This historic decision was delivered by a bench headed by Justice DY Chandrachud. The Court said that it is unfair to include single women within the purview of Rule 3B of the said Act. This is a violation of the fundamental right to equality of all under Article 14 of the Constitution. Prohibiting unmarried and single women from abortion and allowing only married women violates the fundamental rights of citizens enshrined in the Constitution.

Decision pronounced on the petition of a 25-year-old girl

The Supreme Court gave this big decision in the direction of women's rights on the petition of a 25-year-old unmarried girl. She had sought permission from the court to abort the 24-week pregnancy. The Delhi High Court did not allow it. This girl got pregnant due to consensual sex. She had urged the apex court to allow abortion, saying she was the eldest of five siblings. His



parents are farmers. She does not have the means to sustain her livelihood, so she will be unable to take care of the unborn child. The Delhi High Court, in its July 16 order, had refused to allow the woman to terminate the 24-week-old fetus because it was the result of a consensual relationship.

30 September 22 :

On Wednesday, a Supreme Court bench led by justice D.Y. Chandrachud issued a judgment stating that registered medical doctors are exempted from disclosing the identity of minors who have come in for an abortion to the police. A registered medical practitioner (RMP) is obliged under Section 19(1) of the POCSO Act to report to the police when a minor approaches him/her for an abortion.

In his opinion, Justice Chandrachud noted that in many cases, minors and their guardians opt to go to an unqualified doctor for abortion rather than risk being involved in criminal proceedings following a report under Section 19(1) of the POCSO Act. Hence, it is necessary to harmonize the provisions of the MTP and POCSO laws, thereby enabling minors to approach an RMP for abortion without the fear of exposure.

He went on to say that it can also help protect the RMP's statutory obligation under the POCSO Act to report the offence, as well as the minor's rights to privacy and reproductive autonomy under Article 21 of the Constitution.

In his ruling, he stated that RMP does not need to disclose the identity and other personal details of the minor in the information provided under Section 19(1) of the POCSO Act. The court's order also stated that the RMP who has provided information under Section 19(1) will be exempted from disclosing the minor's identity in any criminal proceedings which may follow from the RMP's report.



Condolences

■ **Dr. Mangala Subhash Tawade** Retired Medical Officer from ESIS Hospital, Aundh, Pune passed away at the age of 76 years.

■ **Dr. Arun Godse** 84 years passed away on 15th September 2022 due to cardiac arrest. Retired as District Inspector ESIS Pune worked since 1976 to 1996. Excellent chef who won many prizes at culinary competitions both local and regional. He was also a good author and wrote many short stories, travel accounts and recipes. He also wrote articles featured in Diwali special magazines as well as IMA newsletter. His main hobby was photography.

■ **Dr. Hanmant Ganpat Varudkar** - Eminent Chest Physician passed away on 25th September 22



Honors & Awards



Dr. Arati Ambrish Shahade, Renowned Physician received fellowship in Infectious Diseases Training and Research Centre (IDTRC) Department of Infectious Diseases, Christian Medical College, Vellore.



Dr. Shrikant Kelkar, Senior Ophthalmologist, Founder Chairman of National Institute of Ophthalmology has been awarded Lifetime Achievement Award by Pravara institute of medical Sciences, Loni for his exemplary work in medical field.



Dr. Sachin Lakade MD, DNB, FSCAI has received Fellowship in the Society for Cardiovascular Angiography and Interventions in August 2022



Dr. Pradeep Sharma is President Elect Association of Colon and Rectal Surgeons of India 2021 to 2023. President 2023 to 2025. He is Nominated as EC member to the International Society of University Colon and Rectal Surgeons ISUCRS..



Dr. Geetanjali Sharma was invited for an Eye Donation awareness and Eye ailment awareness talk by SRWC group of institute. Her video on eye donation awareness through poetry' was invited and has been honoured to be shared on www.pledgemyeyes.org



Dr. Kedar Patil invited as Operating Faculty for demonstration of Venetian Blind technique for Divarication of Recti at Hernia workshop Organized by AWR Surgeons Community at Bhubaneswar, Orissa. Also Invited by SRWC Group of Institutions for a talk on 'Obesity Prevention and Holistic treatment' as an Awareness initiative for Students .

Book Release:



A book written by **Dr. Avinash Bhondwe** entitles 'पुनरावलोकन कोरोना काळाचे' was released at the hands of Padmashree Dr. Raman Gangakhedkar on 16th September 2022 at Patrakar Bhavan. This is his 16th book release. The book is published by Dilipraj Prakashan.



A book "Diary of a Doctor patient" written by Senior most Radiologist **Dr. Arun Kinare** was released with the hands of Dr. S.B. Muzumdar, Chancellor Symbiosis international University on 2nd October 22. Book gives us important message that don't get defeated even if you suffer from terminal disease. During such tough period, positive attitude and strong will power becomes more effective.

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will be held at **SHIRDI** on 18, 19 and 20 November 2022.

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Indian Medical Association Pune Branch

“Financial Diary 2023-24”

www.imapune.com

Theme : Healthy Lifestyle for Perfect Health

- **Highlights :** □ Important phone numbers □ Privileges for IMA members □ Members birthdays □

Appeal

Dear Sir/ Madam,

Greetings from the Team IMA Pune Diary Committee.

We are pleased to invite you to participate in the IMA Pune Financial Diary Project 2023-24. With a glorious and reputable standing of 95 years and the strength of 5000 plus members, IMA Pune is one of the largest and the most active branch of Indian Medical Association in the country. For the last 35 years we have been conducting the prestigious project of Financial Diary for the benefit of our members.

The Financial diary is for the period of 12 months, from April to March with a theme enriched with the latest knowledge, and useful tips which serves as a ready reckoner on the desk of the doctors.

The advertisements in this diary will definitely be helpful to reach a large group of well qualified and knowledgeable Doctors & Specialists in various branches of medicine.

The diary is also circulated to the Presidents, Secretaries of all the 11 branches in the Pune District as well as the 240 branches of IMA in the State of Maharashtra.

The diary is entirely supported by the advertisements and the funds collected are utilized to fulfill the aims and objects of IMA.

This year the Theme of the Diary is **Healthy Lifestyle for Perfect Health**

The diary is also a source of saving important phone numbers, details of the Govt. authorities of the Health Dept. A special space for the birthdays of privileged IMA members helps to cultivate the sense of fellowship amongst the Medical Fraternity.

We sincerely appeal yo to give a wholehearted support in making this project a huge success.

Yours sincerely,

Dr. Dilip Mane

Chairman, Diary Committee

Dr. Avinash Bhondwe

Co-Chairman, Diary Committee

Dr. Meenakshi Deshpande

President IMA Pune

Dr. Rajan Sancheti

Secretary - Diary Committee

Vice President, IMA

9823147882

Dr. Alka Kshirsagar

Dr. Geetanjali Sharma

Hon. Secretaries IMA Pune



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एक महिला स्वतःबरोबर भरपूर सामान घेऊन एका गर्दीने ओसंडून जाणाऱ्या बसमध्ये चढली. गर्दीतून वाट काढताना थोडीशी जागा दिसल्यावर 'जरा सरका बरं' म्हणत अगदी अधिकारवाणीने एका माणसाच्या शेजारी जवळजवळ त्याला ढकलूनच धपकन बसली. ती बसताना तिच्या हातातल्या सामानामुळे त्या माणसाला जोरात लागले. तो कळवळला तरी बिचारा गप्पच राहिला. बाईला वाटले होते हा जोरात चिडणार, काहीतरी बोलणार आरडाओरडा करणार. पण तो शांत होता.त्याचे शांत राहणे या महिलेला सहन झाले नाही. तिला अगदीच राहावलं नाही. ती म्हणाली "माझ्या पिशवीतल्या वस्तुमुळे तुम्हाला लागले तरी तुम्ही काहीच कुरकुर कशी केली नाहीत ?

तो माणूस गोडसा हसला. म्हणाला, "इतक्या क्षुल्लक कारणामुळे अस्वस्थ होण्यासारखं काही कारण असते का ? अजिबातच नाही.आपला एकत्र प्रवास इतका छोटासा आहे की मी पुढच्याच थांब्याला उतरून जाणार आहे. कशाला निष्कारण भांडण तंटा ?"

त्याच्या या शांत उत्तराने ती इतकी अस्वस्थ झाली की तिने त्या माणसाची माफी मागितली आणि मनात ठरवलं की त्याचे शब्द म्हणजे जणू ब्रह्मवाक्यच !

छोट्या छोट्या गोष्टींनी मनःस्वास्थ्य बिघडवून टाकण्याचे कारणच नाही कारण आपला प्रवास इतका छोटा आहे की त्यापुढे बाकी सारे गौण आहे !

या छोट्याशा मुशाफिरी मध्ये निरर्थक वादावादी, असूया, दुसऱ्यांना क्षमा न करणे, असमाधान, वाईट सवयी या साऱ्यांमुळे उगाचच वेळ आणि शक्ती दोन्हींचा न्हास होतो.

ज्याच्यावर तुम्ही मनापासून प्रेम केले त्याने अचानक तुमच्याकडे पाठ फिरवली का ? शांत रहा. आपला प्रवास छोटा आहे !

तुम्हाला कोणी फसवले, विश्वासघात केला, घाबरवले किंवा पाणउतारा केला का ? या साऱ्यांचा ताण घेऊ नका. आपला प्रवास खूप छोटा आहे !

कारण नसताना कोणी तुमची निर्भत्सना केली का ? शांत रहा.त्याच्याकडे दुर्लक्ष करा. विसरून जा. आपला प्रवास छोटासाच आहे. !

तुम्हाला न आवडेल असे कोणी बोलले का ? शांत रहा.क्षमा करा. लक्ष देऊ नका. तुम्ही त्यांच्यासाठी देवाकडे नक्की प्रार्थना करा. कोणताही किंतु मनात न आणता त्यांच्यावर प्रेम करा.

आपला प्रवास अगदीच छोटा आहे हे का विसरता ?

कुणी आपल्यासमोर एखादा गहन गुंतागुंतीचा प्रश्न आणला असेल तर, जर त्याच्याकडे प्रश्न म्हणून पाहिले तरच ती समस्या असेल ना ? विसरु नका, आपला प्रवास खरोखर खूप छोटा आहे.

कोणालाच आपल्या प्रवासाला नक्की किती वेळ लागणार आहे याची कल्पना नाही. उद्या कोणी पाहिला आहे ? कोणालाच माहिती नाही तरी तो त्याच्या थांब्याच्या ठिकाणी येणारच ना !

आपला एकत्र प्रवास खरंच खूप छोटा आहे.

आपला मित्र परिवार, आपल्या कुटुंबाचे सदैव कृतज्ञ राहू.त्यांच्याबरोबर चार गोष्टी बोलू. त्यांचाही मान ठेवू. आपण स्वतः दयाळू, प्रेमळ, क्षमाशील आणि आदरयुक्तपणे राहू. त्यांच्याकडे अशाच दृष्टीने बघू.

आपण आभारी राहून, गुण्यागोविंदाने राहिलो तरच आपल्याला मनापासून जीवनाचा आनंद लुटता येईल. खरं सांगतो, आपला प्रवास खूप छोटा आहे!!

(स्वैर भाषांतर- मूळ लेखक अज्ञात)



Carrier screening and Genetic Tests

Dr. Sanjay Gupte

Dr. Preeti Arora , Dr. Sarjan Shah,

Greenarray Genomics and Research solutions

Pune . 9925244867

Carrier screening is a genetic test that determines whether a healthy person is a carrier of a single-gene disease and whether they are at risk of passing it on to their children. We are doing genetic carrier screening. It's a comprehensive test that screens for genetic disorders and has the power to detect disease causing mutations in over 420 genes covering more than 400 disorders using next generation technology (NGS). Genetic disorders are caused by genomic variants (SNPs, CNVs and INDEL) which are conventionally addressed by different technologies. Genetic Screening is covering 36,000 pathogenic variants (SNPs, CNVs and INDEL) responsible for causing 418 inherited disorders in a single next generation sequencing run.

Newborn Genetic Test aims at the earliest possible recognition of disorders to prevent most serious consequences by timely intervention. With a newborn genetic test, a doctor can identify genetic disorders in a newborn, and rectify or control the condition by taking proper steps before the symptoms develop. Greenarray uses next generation sequencing (NGS) technology for Newborn Genetic Test, which is designed to screen 47 genes. These genes are responsible for causing several metabolic disorders, haemoglobinopathies, congenital hearing loss and endocrine disorders. This newborn genetic screening panel is covering common genes associated with ~35 conditions. This screening can help in early detection and management which can prevent intellectual, physical defects as well as life-threatening illnesses.

Practical genetic testing in clinical practice gives an outlook of what we do.. Started by Dr. Sanjay Gupte, it is equipped with state of the art infrastructure required for all molecular diagnostics & Research like Sanger sequencing, PCR, Microarray, Next Generation Sequencing(NGS). Molecular diagnostics can be used for Screening, Disease predisposition, Detection, Drug selection and Recurrence monitoring. We do test for reproductive medicine like NIPS, New Born Screening & Oncology tests like BRCA and HotSpot cancer panel & infection markers like HPV, Dengue, Swine flu and lot of other genetic tests. We do lot of research on microbiome and Genomics as well.

After decades of research, we have established a new role of microbiota in health and disease. It is now confirmed that microbiota can affect almost all aspects of the host, while its dysbiosis is related to a wide spectrum of diseases. Thanks to advanced research technologies like NGS , we are able to closely examine how microbiota maintain human health and contribute to pathogenesis.

Trillions of microbes have evolved with and continue to live on and within human beings. A variety of environmental factors can affect intestinal microbial imbalance, which has a close



relationship with human health and disease. Here, we focus on the interactions between the human microbiota and the host in order to provide an overview of the microbial role in basic biological processes and in the development and progression of major human diseases such as infectious diseases, liver diseases, gastrointestinal cancers, metabolic diseases, respiratory diseases, mental or psychological diseases, and autoimmune diseases.

In addition to family genes, environment, and medication use, diet plays a large role in determining what kinds of microbiota live in the Gut. All of these factors create a unique microbiome from person to person.

Infant, during delivery in the birth canal and through the mother's breast milk. Exactly which microorganisms the infant is exposed to depends solely on the species found in the mother. Later on, environmental exposures and diet can change one's microbiome to be either beneficial to health or place one at greater risk for disease.

The human microbiome can be considered as an important origin of resources for genetic diversity, a modifier of disease, an essential component of immunity, and a functional entity that influences metabolism and modulates drug interactions. On one hand, there are many potential probiotics or beneficial bacteria that may prevent or treat certain diseases.

●●

WELCOME NEW MEMBERS

Sr. No.	Name	Speciality	Contact
1	Pramod Kamble	Nephrologist	9619636448
2	Bina P Kamble	MD Medicine	9167004084
3	Neha Kidiley	MD pathology	7020696872
4	Aniruddha Kshirsagar	MS Ortho	9049933355
5	Devashree Kshirsagar	MD Micro	7720082817
6	Abhijeet Baldota	MD Med Diabetologist	9823060116
7	Shivraj Muley	DPH	8421176085
8	Ridha Riyaz Syed	MBBS	9860542562
9	Raut Bhargav Rajiv	MBBS, DCP	9561137096
10	Raut Aditya Rajiv	MBBS, DOMS	9637438856
11	Jeswani Kumud Dayal	MBBS, MS DNB, FIGO	9967014997
12	Nawani Sumeet Nandlal	MBBS, DTCD, DNB	9871219838
13	Gupta Rachna Rajendra	MBBS, DNB	8130412108
14	Kaware Bhupeshkumar Niranjana	MBBS, MD	7709507798
15	Hivarkar Nikhil Ramchandra	MBBS, DORTHO, CPS	9657294354
16	Patil Rahul Ramdas	MBBS	9067254616
17	Jadhav Anant Sudhir	MBBS, MS	9821343837
18	Jadhav Shruti Sudhir	MBBS, MD	9834226577



भूलभुलैट्या

डॉ प्रज्ञा रोटीथोर

९४२२३७५७७०

१६ ऑक्टोबर १८४६ ची सकाळ, अमेरिकेतील मासेचुसेट्स जनरल हॉस्पिटलमध्ये सर्जन वॉरेन हे गिल्बर्ट अब्बट च्या जबड्यावरील ट्युमरचे ऑपरेशन करण्यास सज्ज झाले होते पण त्यांना प्रतीक्षा होती डॉ मॉर्टन आणि त्यांचे उपकरण यांची. थोड्याच वेळात त्यांचे आगमन झाले. त्या उपकरणाने मॉर्टनने पेशंटला इथर हुंगायला लावला आणि लगेचच त्याला ती भूल चढली सुद्धा ! ऑपरेशन चालू आहे असे अंधुकसे पेशंटला समजत होते पण वेदना यतकिंचीत चितही होत नव्हत्या.

तर ही होती भूल देऊन केली गेलेली पहिलीच शस्त्रक्रिया.

आणि म्हणूनच १६ ऑक्टोबर हा दिवस अनेस्थेशिया दिवस म्हणून साजरा करण्यात येतो.

खरं तर १८४४ पासूनच denstistry मध्ये नायट्रस ऑक्साईडचा वापर सुरू झाला होता. डॉ होरास वेल्सला वेदनारहित दंत उपचाराची प्रेरणा अगदी शब्दशः अपघाताने मिळाली होती. जोसेफ प्रिस्टलेन laughing gas (हास्यवायू) चा शोध १७७२ मध्येच लावला होता. या नायट्रस ऑक्साईडचा मनोरंजनासाठी मुबलक वापर केला जाई.

अशाच एका जाहीर कार्यक्रमात डॉ वेल्स उपस्थित होता तेव्हा एका व्यक्तीला तेथील स्टुलाचा जोरदार मार बसला पण आश्चर्य म्हणजे वेदना झाल्याचे कोणतेही भाव त्याच्या चेहऱ्यावर उमटले नाहीत. त्यावरून ही करामत नायट्रस ऑक्साईडचीच हे डॉ वेल्सच्या ध्यानात आले. त्या माणसाला तेव्हा वेदना न झाल्याचे दुसऱ्या दिवशी त्याच्याशी बोलून वेल्सने पक्के केले.

लगोलग स्वतःच्या दवाखान्यात स्वतःवरच हा प्रयोग करायचे वेल्सने ठरवले. रिग्ज नावाच्या डेंटिस्टला त्याने आपली दाढ नायट्रस ऑक्साईड वापरून काढायला लावली!!!!

वेल्सला सुद्धा काहीच दुखले नव्हते!!! मग हा प्रयोग ते आपल्या रुग्णांवर यशस्वीरित्या करू लागले. वेदनारहित शस्त्रक्रिया अशा मर्यादित रुपात आता सुरू झाली होती. आपल्या प्रयोगाचे डॉ वेल्सने मोठ्या हॉस्पिटलमध्ये जाहीर सादरीकरण करायचे ठरवले. परंतु हा त्याचा प्रयत्न सपशेल फसला कारण नायट्रस ऑक्साईड हुंगल्यानंतर प्रत्यक्ष दात उपटताना रुग्ण जोरात ओरडला. मी घाबरून ओरडलो होतो, खरं तर मला अजिबात दुखले नव्हते असे त्या रुग्णाने नंतर कबूलही केले!! पण आता त्याचा काय उपयोग ? वेल्सचे नुकसान थोडेच भरून येणार होते.

या जाहीर अवमानामुळे वेल्स मानिसक दृष्ट्या खूप खचली. त्याने नायट्रस ऑक्साईडवर सादर केलेल्या शोधनिबंधाना सुद्धा अपेक्षित प्रतिसाद मिळाला नाही. हळूहळू त्याचे लक्ष प्रॅक्टिस मधून उडत गेले.

१८४८ मध्ये दाढीच्या ब्लेडने आपल्या मांडीची नस कापून वेल्सने आत्महत्या केली. वेदना होऊ नयेत इतपत क्लोरोफॉर्म मात्र त्याने आधी हुंगला होता!!!

त्यावेळी तो अवघा ३३ वर्षांचा होता.

वेल्स खरंच दुदैवी म्हणावा लागेल कारण त्याने पॅरिस येथे सादर केलेला शोध निबंध स्वीकारला गेला होता आणि त्याच्या वेदनारहित उपचार पद्धतीला मान्यता मिळाली होती. आणि हे सारे त्याच्या मृत्यूच्या १२ दिवस अगोदरच झाले होते. पण ही बातमी वेल्सपर्यंत वेळेवर पोचू शकली नाही.

मरणोत्तर मात्र वेल्सला बरीच कीर्ती मिळाली.

१६ ऑक्टोबर १८४६ ला इथरचा यशस्वी प्रयोग करणारा डॉ मॉर्टन सुद्धा डेंटिस्टच होता शिवाय तो वेल्सचा एकेकाळचा सहकारी सुद्धा होता. वेल्सच्या फसलेल्या जाहीर प्रयोगाला तो ही उपस्थित होता. डॉ मॉर्टनने काही

महिन्यानंतर तोच जाहीर प्रयोग परत एकदा केला आणि तो यशस्वीरित्या पारही पडला होता. मात्र या वेळी त्याने दात काढताना नायट्रस ऑक्साईड ऐवजी इथर वापरला होता.

यानंतर १५ दिवसातच ती १६ ऑक्टोबरची के स झाली. दात सोडून शरीराच्या इतर भागासाठी प्रथमच. लगेचच दुसऱ्याच दिवशी म्हणजे १७ ऑक्टोबर रोजी एका स्त्रीच्या हातावर शस्त्रक्रिया करताना इथरचा असाच यशस्वी वापर केला गेला. नोव्हेंबर महिन्यात तुलनेने जास्त मोठ्या अशा दोन शस्त्रक्रिया केल्या गेल्या. याही दोन्ही वेळी भूलतज्ज्ञ म्हणून डॉ मॉर्टनच होता.

आता इथरची उपयुक्तता सिद्ध झाली होती. लोकोपयोगी शोधाचा व्यावसायिक फायदा घ्यायचा त्याचा प्रयत्न मुळीच पसंत केला गेला नाही. शेवटी या पेटंट वरील हक्क मॉर्टनने सोडून दिला. एकंदरीतच डॉ वेल्स आणि डॉ मॉर्टन यांचे वैयक्तिक आयुष्य सुखासमाधानाने व्यतीत झाले नाही. केलेल्या कामाचे निभेर्ळ श्रेय मिळवण्यात त्यांचा बराच काळ गेला आणि पदरी काही फार मोठे पडले असेही नाही. मॉर्टनचा ही अंत दुःखदच झाला. १८६८ मध्ये त्याला स्ट्रोकचा झटका आला.

उपचारा दरम्यानच डॉ मॉर्टनचा मृत्यू झाला. मरणोत्तर सन्मान वेल्स प्रमाणे मॉर्टनलाही मिळाले.

आणि १९४४ मध्ये (The Great Moment) या नावाने पॅरामाऊन्ट (Paramount) सिनेकंपनीने एक सिनेमा सुद्धा काढला. मॉर्टनच्या थड्यावर कोरली गेलेली वाक्ये त्याच्या आयुष्याचे फलित सांगून जातात..

**Before whom in all time surgery was agony,
Since whom science has control over pain.**

In November 1846 Oliver Holms gave the name anaesthesia to the new branch of medicine
Original Greek word anaesthetos means 'without sensation'.

Pearls of wisdom

1. "We are here to add what we can to life, not to get what we can from life."
2. "Medicine is a science of uncertainty and an art of probability."
3. "He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all."
4. "Listen to your patient – he is telling you the diagnosis."
5. "The good physician treats the disease; the great physician treats the patient who has the disease."
6. "The person who takes medicine must recover twice, once from the disease and once from the medicine."
7. "One of the first duties of the physician is to educate the masses not to take medicine."
8. "The value of experience is not in seeing much, but in seeing wisely."
9. "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has".
10. "The young physician starts life with 20 drugs for each disease, and the old physician ends life with one drug for 20 diseases".
11. "There are, in truth, no specialties in medicine, since to know fully many of the most important diseases a man must be familiar with their manifestations in many organs".



October: International Breast Cancer Awareness Month

Breast Cancer-Early detection is the key to successful treatment

World over Breast cancer is diagnosed in approx. 2.3 million women every year and it causes 6,85,000 deaths each year. With over 70% of all new cases and 81% of all deaths observed in women aged 50 and above, the global burden from breast cancer remains concentrated in this age group. By 2040, the number of newly diagnosed breast cancers is projected to grow by over 40%, to about 3 million cases every year. Similarly, deaths from breast cancer are set out to increase more than 50%, from 685,000 in 2020 to 1 million in 2040

As per GLOBOCAN survey 2020-1,78,361 new cases and 90,408 deaths were reported for breast cancer in India. While the earlier projections for 2020 by Indian Cancer registry were 2,05,424 new cases in year 2020. Many countries in the world have an higher incidence of Breast Cancer, then India but, their mortality rate is much lower, as the patient is diagnosed & treated in an early stage.

RISK FACTORS:-The risk factors of Breast cancer can be divided into Non Modifiable risk factors: Being a female, increasing age, early menarche, late menopause, having first degree relatives with Breast Cancer are non modifiable risks.

Modifiable Risk Factors: Avoidance of smoking, alcohol, Obesity (especially after menopause), long term use of hormone replacement therapy or contraceptive pills, advanced age at first pregnancy and doing regular physical exercises, breastfeeding for at least a few months etc can help in prevention of Breast cancer.

SYMPTOMS: Irrespective of the age, Breast Lump & Breast Pain are the two most common complaints for which a female seeks Doctors advice. Other common symptoms are change of breast shape, recent nipple retraction, nipple discharge etc.

BREAST LUMP: Although nearly 80-85 % of breast lumps are not malignant (Cancer), all lumps must be investigated before a final diagnosis is made.

GENETICS: The genetic origin of the disease is also found in a small percentage of patients. Hence the need, for extra precautions in female relatives of Breast Cancer patients. The individual risk of developing Breast Cancer is affected by the numbers of the family members affected with the disease. The age of the affected relative at time of diagnosis also influences risk.

Early diagnosis is the key to timely proper treatment of the breast cancer but unfortunately, in our country we still see patients in advanced stages of the cancer. Regular monthly self examination of the breast, yearly clinical examination of the breast by a Doctor, screening



mammography every 2/3 years after the age of 40 definitely helps in diagnosis of the cancer at an early stage. Breast cancer stage increases once it spreads by lymphatic to draining lymph nodes in armpit and other places, by blood to distant organs- liver, lungs etc., and also by local increase in size with adherence to underlying muscles and overlying skin.

The 5 year survival for Breast cancer is nearly 95% if pt. is diagnosed & treated in Stage 1, while this drops down to around 25% if pt treatment starts in advanced stage.

The Self Examination of Breast is to be done every month around same dates, preferably following the periods. For this, one should stand in front of a mirror, with both the hands raised near ear and later by hands on waist pressing slightly, to compare the shape & size of both breasts, check the level of nipples, note if there is any nipple discharge, look for any bulge anywhere in the breast area, compare the skin texture. Then by putting the arm in 90 degrees one should examine the armpit for any swelling. Then lying down on the bed, with a pillow underneath the shoulder, one should, with the help of finger tip pulp and palm examine whole of both the breast from outside to nipple area, in a circular fashion starting from collar bone above, lower ribs below, midline medially and anterior armpit fold laterally. Any difference between the two breasts or palpation of a lump warrants examination by an experienced doctor/ surgeon.

Mammography is a special X ray of the breast which also helps in early detection of a breast lump especially when it is small lump, more so in a bulky breast. Mammography has become a standard screening tool also. At times it cannot differentiate if the lump has a solid or cystic (fluid filled) component, hence, now a days we prefer to do a sonography along with the mammography.

Core Biopsy: Once a lump has been located either on self/clinical examination or by a sonomammography, it is important to confirm its nature, whether it is benign or malignant. The mammography picture of a lump gives some idea of the nature of the lump but an examination of the cells by a pathologist only can confirm this. For this, the lump (excision biopsy) or its piece (core biopsy) has to be done and sent for histopathological examination..

Males are also known to have breast cancer and 1 out of every 100 patients of breast cancer is a male-the treatment options are the same.

Contact us for : Breast Cancer prevention & early detection awareness lectures for schools/college/ladiesclubs/media/public/social groups/police, give talk show on Radio/TV, distribute pamphlets, arrange Cancer detection camps, webinars etc etc.

CALL US FOR DETAILS OR MAIL US (imaofpune@gmail.com)

Dr Meenakshi Deshpande (9922464365)

Dr Alka Kshirsagar (9822525121)

Dr Padma Iyer(9373305154)

Dr Arati Nimkar (9822304882)

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**25th Sept 2022 : First Dr. Asmita Gupte Oration by
Padmavibhushan Dr. Raghunath Mashelkar**



25th Sept 2022 : CME on Approach to High Risk Pregnancy



22nd Sept 22 : Felicitation of CA Mr Bhagwat at AGM



Dussera Puja at IMA Pune on 5th Oct 2022



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KAVITA & GOPAL NIHALANI

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16 August 2022

हे मासिक मालक, इंडियन मेडिकल असोसिएशन, पुणे करिता मुद्रक व प्रकाशक डॉ. शाम दामले यांनी पॉझिटिव्ह एन्टरप्रायझेस, नारायण पेठ, पुणे ३० येथे छापून डॉ. नीतू मांडके आय. एम. ए. हाऊस इंडियन मेडिकल असोसिएशन, पुणे शाखा, ९९२ शुक्रवार पेठ, पुणे ४११ ००२ येथे प्रसिद्ध केले. संपादक : डॉ. सुहास नेने