



IMA Plus



96th
Year

Indian Medical Association Pune Branch - Monthly Newsletter • [28 Pgs]

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This Month

10th March : Cancer awareness programme and Screening

10th March : Glaucoma Screening : World Glaucoma Week programme

17th March : CME on Oncology
17th March : IMA Pune Award Function

17th March : IMA Pune Financial Diary Release 2024-25

23rd March : Webinar on Mental Stress

24th March : CME on Coloproctology + CME on Allergy

Next month

7th April : Cardiology Symposium

7th April : Installation of new President and new team 2024-25

Visit Website : www.imapune.com

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

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**INDIAN MEDICAL
ASSOCIATION PUNE**

UNDER AEGIS OF

**KAMALNAYAN BAJAJ
ACADEMIC CENTER**

Date : Sun., 17th March 2024
Time : 8.00 am to 4.00 pm
Breakfast : 8.00 am to 8.45 am
Lunch : 1.30 pm to 2.30 pm

2 MMC POINTS

REGISTRATION CHARGES
 IMA MEMBERS : RS. 350/-
 NON MEMBERS : RS. 1250/-

BANK DETAILS FOR PAYMENT

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CME ON ONCOLOGY

TOPIC & SPEAKER

Prolife Cancer Centre & Research Institute Session

**Practical Approach in Oncology :
Case Based Discussion**

MODERATOR :

Dr Sumit Shah

Surgical Oncologist, Co Chairman, Diary Committee

SPEAKERS :

Dr Minish Jain (Medical oncologist)

Dr Chakor Vora (Medical Oncologist)

Dr Mansi Munshi (Radiation Oncologist)

Dr Sanjay Mh (Radiation Oncologist)

Dr Dadasaheb Maindad (Medical Gastroenterologist)

Dr Bhushan Khedkar (Onco-pathologist)

Key Note Address

Dr Sanjay Deshmukh

Onco Surgeon & Chairman, Diary Committee

Surgical Advances in Management of Lung Cancer

**IMA PUNE FINANCIAL DIARY
2024-25 RELEASE**

**IMA PUNE AWARD FUNCTION
2023-24**

Post Lunch

Panel Discussions & Interactive Sessions



Dr. Raju Varyani
President
IMA Pune



Dr. Geetanjali Sharma
Hon. Secretary
IMA Pune



Dr. Sanjay Patil
Exc. Trustee, IMA Pune
Co Chairman, Diary Committee



Dr. Sunil Ingale
Diary Secretary &
Vice President, IMA Pune

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 Stapler
- 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), FICS 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.

LAPAROSCOPY



Dr Rohit Shool

M.B.B.S., DNB (Surgery),
F.M.A.S., F.I.G.E.S.
F.A.S. (Robotics)
Robotic Laparoscopic Surgeon
& Endoscopist

Dr. Shool is a renowned laparoscopic, robotic surgeon and endoscopist practicing across Pune. He is extremely skilled in performing **complex GI, Gallbladder, Hernia, Appendix and all General surgeries robotically /laparoscopically**. He is also proficient in diagnostic and therapeutic endoscopy. He has extensive experience in handling even the most critical surgical cases laparoscopically /robotically.



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

National Accreditation Board
for Hospitals & Healthcare Providers

Certification of Accreditation



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 & medical for
Endo Anal USG.



First Cambridge University London Versus
Robotic Surgery Training Institute of Healing Hands Clinic



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

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PUNE STATION

888828884



Invitation



Indian Medical Association Pune Awards 2023-2024



IMA Pune
Life Time Achievement Award
Dr. Dilip Sarda

IMA Pune
Young Achiever's Award
Dr. Parikshit Prayag

IMA Pune
Community / Social Work Award
Dr. Maya Tulpule

IMA Pune
Late Dr. M. G. Shahade Award
Dr. Surekha Shinde



Sunday, 17th March 2024
Timing : 12.00 noon




@ Dr. K. H. Sancheti Auditorium,
Dr. Nitu Mandke IMA House, Tilak Road, Pune - 2

* Please join for lunch after the programme

Dr. Raju Varyani
President, IMA Pune

Dr. Geetanjali Sharma
Hon. Secretary, IMA Pune

Dr. Kedar Patil
Hon. Secretary, IMA Pune

| INDIAN MEDICAL ASSOCIATION, Pune | GLAUCOMA SOCIETY OF INDIA |
| POONA OPHTHALMOLOGICAL SOCIETY |


Glaucoma Screening Camp


काचबिंदू निदान शिबिर


Uniting for A Glaucoma Free World


**WORLD
GLAUCOMA
WEEK**

10th to 16th March



 **Date:** 10th March, 2024 (Sunday)

 **Time:** 10am- 12pm

 **Venue:** Dr.B.G. Kelkar Hall, 2nd Floor,
Dr. Nitu Mandke IMA House, Tilak Road Pune 2

Dr. Raju Varyani
Hon. President, IMA

Dr. Ceetanjali Sharma
Hon. Secretary, IMA

Dr. Mandar Paranjpe
Hon. President, POS

Dr. Sagar Wardhamane
Hon. Secretary, POS

Dr. B K Nayak
Hon. President, GSI

Dr. Manavdeep Singh
Hon. Secretary, GSI



इंडियन मेडिकल असोसिएशन पुणे



आयोजित

कर्करोग जनजागृती अभियान

चला सर्वांनी मिळून कर्करोगाचे समूळ उच्चाटन करूया

मोफत कर्करोग तपासणी (टीम प्रोलाइफ कॅन्सर सेंटर व रिसर्च इन्स्टिट्यूट)

कर्करोग विषयक माहिती प्रदर्शन

जनजागृती नाट्य सादरीकरण

तज्ज्ञांची व्याख्याने व सत्रे : डॉ. संजय देशमुख, डॉ. सुमित शहा

डॉ. राजू वरसाणी
अध्यक्ष, आय.एम.ए. पुणे

डॉ. गीतांजली शर्मा
सचिव, आय.एम.ए. पुणे

डॉ. संजय पाटील
एक्झिक्युटिव्ह ट्रस्टी, आय.एम.ए. पुणे

डॉ. सुनिल इंगळे
टायरी सचिव, आय.एम.ए. पुणे

विशेष उपस्थिती

मा. स्मार्तना पाटील
डी. सी. पी., झोन - २

मा. दत्तात्रय झेंडे
ट्रान्सपोर्ट मॅनेजर, पी. एम. पी. एम. एल.

मा. मेघना सकपाळ
फायर ऑफिसर, पी. एम. सी.

रविवार, दि. १० मार्च २०२४
वेळ : १०.०० ते १.००



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Indian Medical Association, Pune

Under the aegis of Kamalnayan Bajaj Academic Centre

Cordially invites you for

CME on Cardiology Symposium

Venue: Dr. K. H. Sancheti Auditorium, IMA House, Pune. **Date:** Sunday, 7th April 2024

Time: 9.00 am to 4.00 pm **Registration and Breakfast:** 8 am to 9 am

IMA Pune Installation Ceremony of New President Dr. Rajan Sancheti and his Team of Office Bearers 2024-25

Chief Guest : Dr. R. V. Asokan, National President, IMA

Guest of Honour : Dr. Dinesh Thakare, President, IMA Maharashtra State

Registration charges : IMA members Rs 350/- Non Members Rs. 1250/-

For Registration : Contact: IMA: 020-24464771/24430042 **Mobile-** 07350214512

2 MMC Credit Points

Dr. Raju Varyani

President, IMA Pune

9822646025

Dr. Rajan Sancheti

President Elect

Dr. Geetanjali Sharma / Dr. Kedar Patil

Hon. Secretaries, IMA Pune

9822060433 / 9823017515

WE ARE GLAD TO ANNOUNCE THAT HEALING HANDS CLINIC IS A PLATINUM SPONSOR OF IMA PUNE IN THIS YEAR 2023-24

FOR SALE

1. Running Hospital equipment's in working condition
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3. Maternity Equipment's including Motorized labour Table.
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6. Automatic Stainless-Steel Lift.
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Contact: - 9673000632.

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Contact Dr Vishakha 9158464000

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Editorial

Dr. Sanjay Patil
Mob : 98225 20257



Last week, the Supreme Court while passing the order on PIL by Veterans Forum for Transparency in Public Life vs Union of India, has ordered the Union Government to take necessary measures towards fixing rates for affordable medical treatment in private hospitals across India considering the huge disparity between rates of private and public health care facilities.

The SC has asked the Union health secretary to call a meeting of his state counterparts to ensure notification of a standard rate within a month. Hon. Supreme court has further warned that if the Union Govt. fails to find a solution, then the SC will consider the petitioner's plea for implementing CGHS-prescribed standardised rates!

Before this GIC (General Insurance Council) announced cashless medical insurance everywhere without any clarity on it's mechanism or without any scientific rate list!

So friends, everyone is trying to directly or indirectly control or regulate our professional charges which is violation of our fundamental right. No attempts seen to fix the rates of lawyers, chartered accountants or other professionals so far!

Basically, to fix or standardise rates of medical services is the most difficult task as every patient is unique, there is tremendous heterogeneity in nature of medical conditions and management which differs from state to state, city to city. Also treatment options available in government set up are different and less advanced than private set ups. These government health care units are totally funded by government and are free from litigations especially consumers courts. So diversity in rates is bound to be there.

In private health care sector broadly there are two main divisions, hospitals run by professionals are small and medium sized and another division is hospitals by corporates.

Corporate hospitals run on a business model and rates are as per returns expected on investments. They probably invest dis-proportionally high and hence rates are higher than small and medium sized hospitals.

On the other hand, in hospitals run by medical professionals facilities are more affordable and poor patients get good concessions. Their charging pattern is flexible and hence affordable to all. If we fix or standardise the rates this flexibility will go away and poor patients who still wish to avail high quality premium treatment will be in more trouble. Hence we should not tamper with this self-regulatory, flexible and resilient economy of small and medium sized hospitals. Rather government should promote and help such hospitals by all means at it's disposal!

Another issue is that only 12 states and 7 union territories have adopted CEA 2010! Rest have their own acts.

Health being a state subject, center can't force them to adopt or regularise rates of medical services.

In CEA 2010, there is no mention about fixation of rates, but it mentions everything about registration and regulation. Further in CEA rules 2012 it is mentioned about rate standardization but, without any guidelines.

CGHS rates exist, however these rates have never been revised after 2014! Furthermore they have not been derived by tender mechanism and are not based on



scientific cost analysis.

So friends IMA HQ along with IMA HBI, is going to submit an application in Supreme Court and at the same time we are going to meet state health secretaries to represent this issue. We will update you from time to time. Stay actively united!

INDIAN MEDICAL ASSOCIATION - MAHARASHTRA STATE SOCIAL SECURITY SCHEME

Address:- Office No. 301, Dr Nitu Mandke IMA House, 992 Shukrawar Peth, Tilak Road, Swargate, Pune 411002

Mobile: 9699652255

Email: imamssspune@gmail.com

Tel 020-24464771-24430042

Website: www.imamssss.com

Highlights of Sanjeevani SSS

1. New enrolment for membership: less charges for youngsters.
2. Less FFC for youngsters (fixed throughout the tenure).
3. Members can opt for multiple units 1, 2, 3. This member has to pay complete admission charges for each unit.
4. Fixed FFC for existing members > 45 yrs of age: Rs. 11,800/- + 18% GST.
5. Fixed death benefit: Rs. 10 lakh (with due deductions).
6. Concession on advanced payment of FFCs.
7. Deposit of GST Reserve to help payment of GST every year.
8. Exit option at appropriate senior most age: Rs. 10 lakh (with due deductions).
9. All existing members below 45 are joining the new scheme by default. There FFC will be as per their age slab.

New FFC Structure

Sr. No	Amount for Payment As per the Age Groups	Fraternity Fund Contribution *	Annual Subscription *	GST on * Columns	Grand Total Rs.
1.	For the age less than 30	4,800/-	250/-	909/-	5,959/-
2.	For the age between 30+ to 34	5,600/-	250/-	1053/-	6,903/-
3.	For the age between 34+ to 37	6,700/-	250/-	1251/-	8,201/-
4.	For the age between 37+ to 40	8,300/-	250/-	1539/-	10,089/-
5.	For the age between 40+ to 45	10,300/-	250/-	1899/-	12,449/-
6.	For the age between 45+ to 50	12,500/-	250/-	2295/-	15,045/-
7.	For the age between 50+ to 55 & to 60	16,600/-	250/-	3033/-	19,883/-

Admission Fee Table is separate for the enrolment. May enquire office for details.

Those existing members who want to continue Old Scheme

1. Every year FFC will be calculated according to number of deaths.
2. Exit option at appropriate senior most age: Rs. 6 lakh (with due deductions).
3. Fixed death benefit: Rs. 10 lakh (with due deductions).

Retired senior most members

1. Exit option for retired members (20 super seniors): Rs. 5 lakh (with due deductions).
2. Fixed Death Benefit: Rs. 10 lakh (with due deductions) is available.

From the President's Desk

Dr. Raju Varyani
Mob : 98226 46025



Dear Members & Colleagues

This is my last communication as President of IMA Pune. I appreciate the opportunity given to me to work as the President of this esteemed Organization. I enjoyed my tenure and will cherish the memories forever.

During this year, we successfully conducted 10 full-day CMEs, 3 Conferences, 5 webinars & one online Certificate course.

In September 2023 we organised the State Conference Hospicon 2023. In October 2023, Doctors' Marathi Sahitya Sammelan शब्दशारदा 2023 was held. The Annual Conference of IMA Pune MULTICON-4D 2023 was held in December 2023.

I thank Dr Mohan Joshi, Chairman Arts Circle, for conducting Excellent programs during the year. The overseas CME was held during Slovenia, Croatia and Venice tour. In sports, Chairman Dr Kedar Patil organised Leather Ball Cricket Tournament twice in the year.

Under the Aao gaon chalen project, Kadve Village was adopted by IMA Pune with Dr Meenakshi Deshpande as the Chairman. Health checkup and medicine distribution for 300 villagers was done. HPV vaccination to 31 girls was done.

The 95th IMA Pune Foundation day celebrations was held for a week with various programs including Performances by special children of Kamayani school, No tobacco day, Painting workshop for members & IM Artist a talent show by our own members, Stand up comedy by Dr Sanjeev kumar Patil - 'Bole to Tension nahi lene ka' & Leather Ball Cricket Tournament.

We had a Tree plantation drive on world environment day.

In June we had Warkari health checkup and IMA to Saswad Dindi on next day.

We organised International Yoga Day program in association with POGS. Yoga expert Dr Manoj Naik conducted the session.

On the occasion of Doctors Day, Dr Subhash Mehta, Dr Suhas Nene, Dr Satish Patharkar, Dr Mahadevi Swami Sirsikar, Dr Aarti Nimkar & Dr Manisha Naik were felicitated. Blood Donation camp was also held on the same day.

Dr Asmita Gupte Oration was delivered by former Vice Chancellor MUHS Dr Mrudula Phadke.

Dr Ajit Golwilkar Oration was delivered by Dr Venkatesh Thuppil - The Lead man of India.

IMA Pune Dr Nitu Mandke Oration was delivered by renowned Eye Surgeon, Dr Shreekant Kelkar during the MULTICON-4D Conference.

IMA Pune Dr M. J. Joshi Oration was delivered by renowned Plastic and Reconstructive Surgeon, Dr Prabha Yadav.

FCGP Examination was held in April. Dr R. Anburajan was the External examiner from Chennai. The 36th edition of IMA Financial Diary 2024-25 is due for release this month. The



whole Diary Team have put in lot of efforts to make the Diary project successful.

During this year, some members achieved awards and posts of IMA Maharashtra State. I would sincerely urge that every member of IMA should take part in activities of IMA. We have to be proactive as well as more and more aggressive with serious matters affecting our fraternity.

As my tenure as President comes to an end, I would like to thank IMA Pune Trustees, Managing Committee Members, Subcommittee members & IMA Pune Life members, IMA staff, IMA Printer Mr Prathamesh and my family members & friends for helping as well as supporting me. My special thanks to Executive Trustee Dr Sanjay Patil for his guidance, help & active participation in every programme. My sincere thanks to Hon. Secretary Dr Geetanjali Sharma for perfect implementation and smooth execution of every event.

IMA Pune has nurtured & groomed a major part of my personal, social and professional life. I feel blessed to be associated with it - my extended family.

I wish all the best for our next President Dr Rajan Sancheti & his Team of IMA Pune 2024-25.

Jai IMA.



Managing Committee Election 2024 Report

Following 10 candidates are declared elected unopposed to the Managing Committee IMA Pune 2024-2027

Sr. No.	Name	Mobile No.	Mail ID
1	Dr. Deshpande Meenakshi A.	9922464365	meenakshideshpande3@gmail.com
2	Dr. Lakade Sachin	9422029159	drsachinlakade@gmail.com
3	Dr. Navarange Jayant R.	9890206303	jayant.navarange@gmail.com
4	Dr. Nene Suhas	9822115335	doctorsuhasnene@gmail.com
5	Dr. Ostwal Virendra V.	9823274756	virendraostwal@yahoo.com
6	Dr. Patil Kedar Pratap	9823017515	drkedarpatil09@gmail.com
7	Dr. Patil Sanjay Dattatray	9822520257	sanjaydpatil24@gmail.com
8	Dr. Sabne Anjali Chintamani	9689931444	anjali.sabne5@gmail.com
9	Dr. Shah Sumit D.	7767858161	drsumitdshah@gmail.com
10	Dr. Sharma Geetanjali Pradeep	7875816146	eyedrpune@gmail.com

Dr. Padma Iyer
Election Officer 2024
IMA Pune



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Indian Medical Association, Pune
Under the aegis of
Kamalnayan Bajaj Academic Centre
Cordially invites you for

CME on Coloproctology

Venue: Dr. K. H. Sancheti Auditorium, IMA House, Pune.
Date: Sunday, 24th March 2024 **Time:** 9.00 am to 12.00 noon
Registration and Breakfast: 8 am to 9 am

Sr. No.	Topic	Speaker
1	Starr Surgery for Chronic Constipation TRRPCS for Rectal prolapse Laser Surgery for Haemorrhoids (LHP) Laser Surgery for Pilonidal Sinus	Dr. Deepak Kulkarni
2	Laser In Varicose Veins Innovative Day Care DLPL surgery for complex Anal fistula	Dr Paresh Gandhi
3	Minimally invasive Laparoscopic 3D Hernia Repair	Dr Rohit Shool
4	UROLIFT for BEP & Laser RIRS for stones	Dr Himesh Gandhi
5	Alisklamp Circumcision	Dr Rizwan Khan

CME on Allergy Algorithms

Venue: Dr. K. H. Sancheti Auditorium, IMA House, Pune.
Date: Sunday, 24th March 2024 **Time:** 12.00 noon to 2.00 pm

Sr No	Topic	Speaker
1	Management of Allergic Rhinitis	Dr. Amol Joshi
2	Management of Urticaria	Dr. Dhanashree Bhide
3	Panel Discussion and Interactive Session	

Registration charges : IMA members Rs 350/- Non Members Rs. 1250/-

For Registration : Contact: IMA: 020-24464771/24430042 | **Mobile**-07350214512

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Dr. Raju Varyani
President, IMA Pune
9822646025

Dr. Geetanjali Sharma / Dr. Kedar Patil
Hon. Secretaries, IMA Pune
9822060433 / 9823017515



Last Month in IMA [February 2024]

Dr. Geetanjali Sharma / Dr. Kedar Patil
Hon Secretaries IMA Pune

4th February 2024

Dr. Sandeep Wagh Memorial Session and CME on Thyroid

Dr. Sandeep Wagh Memorial Session and CME on Thyroid was organised on Sunday 4th February 2024 between 8 am to 11.50 am at Dr. K. H. Sancheti Auditorium, Dr. Nitu Mandke IMA House, Tilak Road, Pune. Dr. Uday Phadke gave excellent talk on Thyroid in Pregnancy. This was followed by Dr. Mohan Magdum's speech on 'The physiology of thyroid & The interpretation of the thyroid tests'. Dr. Varsha Jagtap's speech on 'Hypothyroidism' was highly appreciated. Dr. Piyush Lodha spoke on 'Hypothyroidism'. The session was concluded with Question and Answer session.

4th February 2024

Multiple Sclerosis Day of India was observed at IMA Pune. President Dr. Raju Varyani felicitated Jyoti Ronghe (MS Patient and Office Bearer of MSSSI) and Smt. Asha Merchant, Secretary MSSSI Pune. They shared their work in the field of MS. They thanked IMA Pune for taking initiative of Multiple Sclerosis Awareness from IMA Platform. Secretary Dr. Geetanjali Sharma anchored the programme. Executive Trustee Dr. Sanjay Patil, Past Presidents Dr. Jayant Navarange, Dr. Arun Halbe, Dr. Padma Iyer, Dr. B. L. Deshmukh and the whole Managing Committee of IMA Pune attended the programme. More than 150 IMA members had join for this programme.

4th February 2024

CME on Multiple sclerosis and CNS inflammatory Disorders

As a part of Multiple Sclerosis academic and awareness programme, CME on Multiple sclerosis and CNS inflammatory Disorders was organised on Sunday 4th February 2024, Multiple Sclerosis Day of India, between 11.50 am to 2.15 pm at Dr. K. H. Sancheti Auditorium, Dr. Nitu Mandke IMA House, Tilak Road, Pune. Dr. Shripad Pujari spoke on 'Pathogenesis of MS and CNS inflammatory disorders. Dr. Rushikesh Deshpande spoke on Clinical features of Multiple Sclerosis. Dr. Vishal Deshpande spoke on Investigations in MS. Dr. Nilesh Bhandari spoke on Treatment of MS and Dr. Rahul Kulkarni spoke on NMOSD and MOGAD. The programme was concluded with Dr. Sujit Jagtap's talk on ADEM.

25th February 2024

1st State Executive Committee meeting

1st State Executive Committee meeting of IMA Maharashtra state was hosted by IMA Pune on 25th February 2024 at Dr. Nitu Mandke IMA House, Tilak Road, Pune. Around 200 state executives attended the meeting. Special felicitation of Dr. Jayant Navarange was done for his dedicated and tireless work in successful approval of legal and valid constitution of IMA Maharashtra State at Charity Commissioner's Office. The enquiry committee formed by present President of IMA MS, for Scrutiny of Shirdi Mastacon 2022 accounts, presented the report. The report mentioned salient points regarding financial irregularities. Detailed discussion was done in the meeting and a resolution was passed using Bye Laws no. 11 and 12. IMA Membership of Dr. Ravindra Kute, President MS who organised Shirdi Mastacon is suspended. He will be barred for 10 years from holding any post in IMA at local, state and national level.



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Faculty – Dr. Jyoti Shetty, HOD, Department of Psychiatry, BVMC, Pune And team.

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For Registration : Contact: IMA: 020-24464771/ 24430042 **Mobile** – 07350214512

Dr. Raju Varyani

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Medicolegal Corner - Mar. 2024

Congenital anomalies & legal cases

Dr. Jayant Navarange

M.D., D.C.H., LL.B. | 9890206303



As this issue of IMA Plus is dedicated to various aspects of congenital anomalies, we decided to dedicate this month's article on Medico-legal (ML) cases in the context of anomalies. At the outset, I must mention here that missing an abnormality which a prudent, careful, well trained and experienced doctor won't ordinarily miss, is NOT pardonable legally and usually, compensations are heavy. This is called in legal parlance—you can't afford to commit a 'mistake palpable'—and who decides this 'palpability' and how? Let's see with a few examples. Missing a big apple sized meningocele with paralysed lower limbs, anencephaly, twins, large omphalocele, agenesis of limb(s) etc. are taken as palpable wrongs—and especially when several USGs had been done. (It's pertinent to note that I have seen all these occurring in Pune, before or around 1996, before Consumer Act era). There are limitations of every machine and technique e.g. at what gestational age it was done, whether it was only a regular or full anomaly scan etc. but it is very difficult to defend such cases and even medically, we feel, they are unpardonable.

Case1: Dr Usha Mukhi (Gynaecologist) V Seema Deswal, Ors.—National Commission, 9th Jan 2023—Dr. failed to detect abdominal wall defects (exomphalos) in a baby on whom USG done 7 times—Haryana case—It was alleged that the doctor was not a qualified Radiologist and even she did not seek opinion from any qualified Radiologist for USG to detect congenital anomaly. About Rs. 4 lacs awarded by district forum with 9% interest from the date of filing In 2014. "USG is a sensitive but operator dependent technic (NC)" The Target scan (level II scan) detects development and position of the fetal organs. The abdominal wall defect could easily be detected irrespective of breach presentation. In our view, any Radiologist of ordinary prudence, could have detected such abnormality and it could have averted the patient's sufferings. She could have aborted the baby within 20 weeks of pregnancy. Baby delivered preterm at 32 weeks, meconium ++, female, ultimately died.

IMP. Lesson –Get at least once, do anomaly scan (level II) from an expert radiologist (not just by Gy-Ob) Note: Watch interest component of 9% from 2014 to 2023 on seemingly small compensation of Rs. 4lacs.

Case2: Dr. Ghike's case (Nagpur) The clinic — Imaging Point — was being run by radiologist, Dr Dilip Ghike in Nagpur. Holding the radiologist and his clinic responsible for their failure to detect structural anomalies of the foetus at 17-18 weeks, the two-member bench of NCDRC comprising Justice R K Agrawal and Dr S M Kantikar has asked them to pay the compensation for the child's welfare, future expenses for treatment and purchase of limb prostheses. Defence taken by the radiologist that the USGs asked by the gynecologists was routine obstetric sonographies and never for anomaly scans, was declared non-maintainable. (cost of the routine USG and specific anomaly scan is different and time consumed is also different, but it cannot be the excuse to miss palpable abnormality, as cost is never considered as an excuse). The order said, "The amount shall be kept in the form of fixed deposit (FD) in any nationalised bank (preferably SBI) in the name of the child till he attains majority. The parents can draw periodic interest on the FD for the regular health check-up, treatment and welfare of their child." Rs. 1.25 Cr. Compensation + Rs 1 lakh towards the legal expenses.

https://medicdialogues.in/pdf_upload/ncdrc-radiologist-177723.pdf

Lessons: Shortage of time, lower cost, and GY-OB not specifically asking for anomaly scan and hence error occurred, are untenable today in legal forums. Be careful, attentive and 'prudent'.

In contrast, very small anomalies like a tiny VSD, gall bladder anomaly, a digit anomaly, minimal diaphragmatic hernia, orbit anomalies are probably pardoned. Of course, to err is human and no technique is perfect, but obvious missing is not taken lightly by judiciary.

Finally, my humble request to all obstetric friends, get at least 1 anomaly scan done in each pregnancy from an expert radiologist and if patient does not follow your advice to do so, document it, which will help you protect through the principle of contributory negligence by patient.

IMA HBI CASHLESS EVERYWHERE

Dr. Sunil Ingale



General Insurance Council (GIC) in consultation with all general and health insurance companies, have launched the 'Cashless Everywhere' initiative, wherein policyholders can get treated in any hospital they choose, and a cashless facility will be available even if such a hospital is not empanelled in the network of the insurers.

Currently, the cashless facility is only available at network hospitals where the respective insurance company has an agreement or tie-up, and for other i.e. non-network hospitals, policyholders need to opt for reimbursement mode. The council said that the 'cashless everywhere' facility will be subject to customers intimating their insurer 72 hours prior to admission for elective procedures, and 24 hours post admission in case of emergency treatments.

Tall claims have been made to get frictionless process; it will improve policyholder's experience!

Surprisingly this decision is taken without consulting major stakeholders i. e. private hospitals and IMA! Private hospitals are major (70%) contributors of actual health care delivery in India.

Recently health insurance sector is undergoing major changes as GOI is promising to give free health care to the citizens including middle class! Almost 80 Cr population is to be covered under Ayushman Bharat! This is to be pushed not through their own government infrastructure but through health insurance companies. Government will release funds through meager health care GDP, to pay these insurers.

Insurers get business through Government schemes, through Mediclaim premiums and most importantly deducting or controlling hospital charges! Insurers are dominating private hospitals and recent introduction of TPA has made things worse as health care insurance becomes a regular business to them to earn huge profits!

Many a times IMA has represented our members' issues and concerns to GIC and insurance companies which are still unsolved. Without addressing these, GIC has taken this decision of Cashless everywhere!

At present health care insurers fail to satisfy Citizens and private hospitals. Too many private players with multiple policies having hidden clauses create confusions.

From a private hospitals' point of view, they are witnessing unprofessional approach of insurers towards uniformity or equality in empanelment, rate list, TAT for claim settlement, discounts, deductions, delisting, blacklisting and so on..So, it is unfortunate that, insurance sector is taking one sided decisions and neglecting major stakeholders.

Major concern is of scientific rate-list based on cost analysis without compromising quality of health care. Without such rate list, cashless everywhere is impossible.

Also other than scientific treatment package rates, other main concerns are,

Many hospitals are yet to be registered with ROHINI, instead registration under BNHRA or in some states CEA with local authorities should be good enough. Many have never used cashless platform and will need training or hand holding for some period of time.

Who will approve the rates, inefficient non-professional staff from TPA? Every patient is unique and how to fit his or her treatment plan according to insurance approval. Who will pay extra charges over and above the package charges? What would be TAT for claim settlement? Is there any grievance mechanism?

So friends, as per IMA HQ advisory till we get clarity and understand exact mechanism everyone should stop cashless or avoid signing MOU about cashless everywhere with the insurers to show our unity and solidarity.

Advisory from IMA HBI for its Members

- IMA HBI warns its members that the sustainability of the hospital will be at stake if it accepts 'Cashless Everywhere' in the current announced format.
- Packages will curtail the right of the policy holder having higher sum-assured from availing advanced



- treatment.
- Say 'No to Packages' and payment should be only for actuals.
 - Do not sign MOU with packages, discounts, free bees, etc. and do not compromise on quality health care to patients.
 - Let cashless be for actuals.
 - Let ICs fix eligibility criteria for the policy holders according to the sum insured and the excess on the actuals be co – pay by the policy holders.
 - It will be at the hospitals' own risk to accept "Cashless Everywhere" in the current form.

सकारात्मक जीवन जीने की कला : राजयोग

डॉ. सुषमा लाड

दुनिया में परमात्मा को याद करने का सभी का अलग अलग ढंग है। कोई मंत्र जाप करता है कोई समाधी लगाकर ध्यान में बैठता है तो आईये, आज हम राजयोग बारे में जानते हैं। जैसा की हम सभी को पता है हम एक चैतन्य आत्मा हैं जो इस शरीर रूपी गाड़ी में बैठा हुआ ड्रायव्हर है, हमारा परमपिता शिव परमात्मा ज्योति स्वरूप अजर अमर अविनाशी शक्ति है। हम भी ज्योती स्वरूप चैतन्य आत्मा हैं।

अगर हम योग की बात करते हैं तो वास्तव में योग का मतलब है परमात्मा से अपने मन को, संकल्पों को जोड़ना और परमात्मा से सुख शांति, प्रेम आनंद की अनुभूती करना।

लेकिन धीरे धीरे योग शब्द का कनेक्शन फिजिकल एक्सरसाइज या हेल्थ बढ़ाने के लिए हम जो भी कुछ प्रयास करते हैं उसके कनेक्शन में इस्तेमाल करना शुरू किया इसलिये उसको हम योग कहेंगे और इसे हम राजयोग कहते हैं।

हम आत्मा हैं जब की हम खुद को शरीर, नाम और व्यवसाय समझ बैठे थे, चूं की शरीर समझ रहे थे, तो खुद का कनेक्शन शरीर से जोड़ लिया।

जब हम राजयोग शब्द का प्रयोग करते हैं तो आत्मा शरीर का राजा है, शरीर रथ है और आत्मा रथी है और रथी अगर अपने रथ को अपने शक्ति से नहीं चलाता है तो रथ रथी को यानी आत्मा को नीचे गिरा देता है। घोड़े पर बैठकर यात्रा की जाती है। राजयोग का लक्ष्य है आत्मा रूपी यात्री इस शरीर रूपी गाड़ी या रथ में अपनी यात्रा को सुखद बनाये!

अच्छी तरह अपने गंतव्य तक पहुंचें!

तो राजयोग की विधि बहुत सहज है, जब हम परमात्मा को चलते फिरते उठते बैठते खुद को आत्मा समझकर याद करते हैं तो मन सकारात्मक और श्रेष्ठ विचारों से भरपूर होता है और हमारे आत्मा की अष्ट शक्तियां वृद्धिगत होने लगती हैं। राजयोग के अभ्यास से हम खुद को व्यर्थ विचारों से बचाकर समर्थ विचारों के तरफ़ मोड़ सकते हैं, जिसे हम विस्तार को संकीर्ण करने की शक्ति कहेंगे। राजयोग के अभ्यास से मन बुद्धि हल्की होती है जिसके कारण हम कोई भी परेशानी और समस्या को शांतिपूर्वक मिटा सकते हैं जिसे हम सामना करने की शक्ति कहेंगे। कोई भी बात हमें अंदर से हिला नहीं सकती, छोटी छोटी समस्याओं को सहन करने की शक्ति हम धारण करना सीख जाते हैं, हमारा मन हमारे नियंत्रण में आ जाता है

तो आईये, हम राजयोग का जीवन में प्रयोग करना सीखें और खुशहाल जिंदगी जीएं।

ओम शांति

Frequently asked questions about diet and cancer

Dr Vijay Ramanan



1. Can diet prevent cancer?

A healthy diet can reduce the risk of certain cancers, but it can't guarantee prevention. Eating a variety of fruits, vegetables, and whole grains while limiting processed foods is generally recommended.

2. What foods should I include in my diet to reduce cancer risk?

Include plenty of fruits, vegetables, whole grains, lean proteins, and foods high in antioxidants. Cruciferous vegetables, like broccoli and kale, are particularly beneficial.

3. Are there specific foods to avoid to reduce cancer risk?

It's advisable to limit red and processed meats, sugary drinks, and highly processed foods. Excess alcohol consumption can also increase the risk of certain cancers.

4. Does sugar feed cancer cells?

While sugar doesn't directly cause cancer, consuming excess sugar can lead to obesity, which is a risk factor for some cancers. It's important to maintain a balanced diet.

5. Should I take dietary supplements to prevent cancer?

It's generally best to get your nutrients from whole foods. In some cases, supplements may be recommended for specific deficiencies, but consult a healthcare professional before taking them.

6. How can I manage weight during cancer treatment?

Thinking holistically is the key. Losing weight is better than losing your mind. So focus on eating healthy unprocessed or minimally processed food in moderation along with regular fasting to gain balance at physical, emotional, psychological levels.

7. Can specific diets, like ketogenic or vegan, help with cancer?

There's ongoing research, but no single diet has been proven to cure cancer. Consult your healthcare team to discuss any dietary changes. There has been interest in fasting mimicking diet with 600 calories diet.

8. Are there dietary considerations for cancer survivors?

Cancer survivors should continue to focus on a balanced diet, staying active, and regular check-ups. Practising regular fasting also helps the body to recover.

9. Can diet help manage cancer symptoms and side effects of treatment?

Yes, a well-balanced diet can help manage symptoms like nausea, fatigue, and weight changes. Eating less or water fasting may help in metabolic reset.

10. How can I maintain a healthy diet during chemotherapy or radiation therapy?

Choose nutrient-dense, easy-to-digest foods. Eating smaller meals may help manage side effects.

11. Is fasting useful?

Water fasting may be helpful in controlling growth of cancer and reducing side effects of chemotherapy or radiotherapy.

12. Which grain is better?

Millet should be preferred over wheat.

13. Is animal milk harmful?

A large observational data collected from China called the Oxford-Cornell-China study showed cancer incidence to be high in population consuming more caesin (milk protein).

14. Aren't fruits healthy?

Fruits have excess of fructose which is metabolised by liver into fat. The liver fat increases insulin resistance and probably the survival of cancer cells. So eating seasonal fruits in moderation is the key. This rule applies for dried fruits and Honey also. Honey today is contaminated by HFCS or high fructose corn syrup.

Remember, individual dietary needs vary, so consult your doctor.

••

Early detection of correctable congenital anomalies: Why is it so important?

Dr. Minakshi Nalbale - Bhosale



Neonatal Surgery forms major chunk of Paediatric Surgery. Neonates require surgery for correction of various life-threatening birth defects. Although fetal ultrasonography and Anomaly Scan can pick up many congenital anomalies during the antenatal period,

careful evaluation of every newborn by the attending neonatologist / pediatrician / gynecologist / family physician at birth and reassessment before discharge from hospital or earliest possible opportunity are of paramount importance. Attending doctor must note following points in every newborn baby they attend to, so that no major birth defects are missed.

A] At Birth :

- Has the baby cried immediately after birth? Is the cry normal?
- Can the baby maintain her body temperature normally?
- Is she breathing normally?
- Whether there are any excess frothy secretions from mouth? If so, can a tube put across baby's mouth, easily enters her stomach?
- Whether the anal opening is normally situated and patent?
- Whether the external genitalia are normal. Are both testes descended in the scrotum in a full-term male baby?

B] Next Visit (On second Day):

- Is the baby feeding normally?
- Has the baby passed meconium (first thick, dark, greenish-black tarry stool of the newborn) within first 24 hours of birth?
- Has the baby passed urine - at least once within first 48 hours of birth?

If any deviation is observed, baby may have significant underlying anomalies. Noting down all above points meticulously will help pick up vulnerable babies. We can treat the baby before any complications have set in.

Incidence of congenital anomalies requiring early/neonatal surgery

Sr. No	Congenital Anomaly	Incidence
1	Tracheo - Esophageal Fistula	1: 3000 - 3500 Live Births
2	Congenital Diaphragmatic Hernia	1: 2000 - 5000 Live Births
3	Bowel Atresia	1:500 Live Births
4	Anorectal Malformations	1: 2500 Live Births
5	Meningomyelocele	1- 4:1000 Live Births
6	Hydrocephalus	3-4:1000 Live Births
7	Posterior Urethral Valves	1: 5000-8000 Male Births

Congenital anomalies requiring surgery during infancy/early childhood

Sr. No.	Congenital Anomaly	Incidence
1	Hirschsprung's Disease	1: 4000 Live Births
2	Pelvi-Ureteric Junction Obstruction	1: 600-800 Live Births
3	Undescended Testis	4-5% in term babies. Up to 25% in preterm infants
4	Hypospadias	1: 300 Male children

How to examine the baby?

One should proceed for examination of a neonate very meticulously and systematically from head to toe so that obvious external anomalies are not missed. When a neonate has one congenital anomaly, thorough search should be undertaken to look for other associated malformations; since these anomalies develop as an insult in organogenesis in early embryonic period and many organ systems developing at that point of time may be affected. Examination should be done in a warm environment. Crucial aspects of Comprehensive newborn screening at delivery are as follows.

A] Head, face, neck:

- Whether morphological features are suggestive of a syndrome? Whether the relation of eyes, nose, and ears is maintained?
- Wide open, bulging anterior fontanelle is suggestive of Congenital Hydrocephalus from defective CSF drainage system (pathway) or over secretion of CSF.
- Deformities of the pinna may be associated with

hearing dysfunction

- Neonates and many infants are obligate nasal breathers and cannot compensate by oral breathing if their nose is obstructed. Anatomical occlusion of nose as in Choanal Atresia can lead to breathing difficulty.
- Apparent Tongue Tie (because of relatively large tongue and short frenulum) is seen in many neonates but no active intervention is required at this stage, unless there are difficulties while latching onto the breast and difficulty in establishing breastfeeding.
- There may be complete/incomplete cleft palate. It requires to be covered with a prosthetic obturator to prevent nasopharyngeal reflux of milk
- Frothing at mouth suggests presence of tracheoesophageal Fistula (TEF).
- Cleft lip is corrected around the age of 6 months
- Underlying cardiac lesions may present with cyanosis apparent over the lips and tongue
- A huge compressible mass in the neck suggests cystic hygroma. The baby may present with respiratory distress at birth.

B] Thoracic lesions:

- There may be obvious chest deformity, rib anomalies or soft tissue lesions
- Tracheoesophageal Fistula (connection between incompletely formed lower pouch of esophagus with the trachea) prohibits oral feeding.
- Cardiac lesions like Ventricular Septal Defect or Fallot's Tetralogy may be associated with TEF along with one/more components of the VACTERL association
- Congenital Diaphragmatic Hernia requires early evaluation and surgical correction. **When suspected, bag and mask ventilation should be avoided during neonatal resuscitation.**
- Congenital Cystic Adenomatoid Malformations and Congenital Lobar Emphysema may also cause respiratory distress

C] Abdomino-pelvic conditions:

- Duodenal atresia, small bowel atresias, neonatal intestinal obstruction and Hirschsprung's disease present with abdominal

distension and/or bilious vomiting. Nasogastric tube aspirate >20-25 cc is suggestive of intestinal obstruction especially when it is bilious. **Baby should not be given breastfeeds when bowel atresia is suspected antenatally.**

- Congenital hydronephrosis secondary to pelvi-ureteric junction, obstruction can present as palpable abdominal lump.
- **It is imperative to document whether the neonate has passed urine at least once in first 48 hours of life.** Failure to note this simple fact may miss the diagnosis of Posterior Urethral Valves, an obstructive membrane located within the prostatic urethra in a male neonate. Child may present with lower abdominal mass from full bladder. Boys with Posterior urethral valves may present with end stage renal failure in later life.
- Absent anal opening (imperforate anus) is suggestive of Anorectal Malformation and requires early surgical correction
- **It is important to note whether the neonate has passed it's first stool, the meconium within first 24 hours of life.** When delayed, the baby may have underlying Hirschsprung's disease and may present with chronic constipation and failure to thrive.

D] External genitals:

i) In male babies

- Phimosis is physiological in children up to 2½ years of age and does not require surgery unless there are episodes of balanoposthitis or recurrent urinary tract infection and straining during micturition.
- Hypospadias (ventrally opening urethra) is another common anomaly. It requires one or more surgeries for complete correction, which should be corrected before 4-5 years of life.
- Orchiopexy for Undescended testes is done between 6 months to 2 years in order to prevent irreversible histopathological changes which may lead to infertility in later life.

ii) In female babies: It is important to note whether the baby girl has normal urethral and vaginal opening within the vulva, bounded by labia minora.

Sometimes, with sudden withdrawal of maternal hormones (Estrogens), vaginal epithelium sloughs off



and may present with vaginal bleeding in the neonate (which is scary, though entirely physiological).

E] Spine: Kyphoscoliosis, absent sacral vertebrae, lumbo-sacral meningocele etc. Sacrococcygeal teratoma is commonest neonatal malignancy which presents as a mass in gluteal region, close to the spine.

F] Limbs: Deformities of long limb bones and that of digits like syndactyly, polydactyly etc.

Birth defects contribute significantly to perinatal,

neonatal and under five morbidity and mortality. Babies with suspected congenital anomalies on antenatal ultrasonography should be referred early to a paediatric surgeon. Early identification and timely management will provide optimum possible functional restoration and prevent long-term morbidity; offering near normal life to affected babies. This will help improve survival and health outcome of children with correctable birth defects.



APPEAL



Dear colleague,

As you are well aware that IMA our beloved mother organisation shall be celebrating its centenary year in the year 2028. This is a great grand opportunity and privilege bestowed on the entire community of medical-men to commemorate the historic moment in the backdrop of a substantial number of doctors being churned out of well over 712 medical schools in the country annually. The concerns and challenges that confront the medical profession and professionals need to be tackled and mitigated ensuring that a required ambience is created for its meaningful dispensation for incoming times.

The legacy of IMA, ever since its inception spread over last 9 decades has added larger responsibilities on the shoulders in regard to nation building as a whole. The gigantic expansion of the fraternity and ever broadening frontiers of the profession mandate incorporation of endless efforts by all concerned for shaping the fate, face and future of younger generation which is the future of IMA as well.

The grandeur that IMA has to its credit needs to be befittingly housed in its new Headquarters Building which would add to its Aura, Lustre and Grandeur in unison.

With utmost respect, we humbly reach out to your kind heart, seeking your generous contribution to the noble cause of erecting a new building in place of our beloved, aging structure. The Indian Medical Association, our beacon of healthcare excellence, endeavours to rise anew, and your support in this initiative holds immense significance. Every heartfelt contribution, resonates with the spirit of progress and the pursuit of a better, brighter future for healthcare. Your benevolence, not only aids in constructing this new Headquarter Building but also bears the gift of income tax exemption under 80G. Let us together embrace this opportunity to lay the foundation of a legacy that embodies the hopes and aspirations of a community dedicated to healing. Your liberal conation shall be a testament to your unwavering commitment to enable the Indian Medical Association to surpass expectations and shoulder greater responsibilities in future.

We have the honour to appeal to you to donate generously for a noble cause in constructing the new building in the place of the existing one. The donations for this purpose may be sent to Indian Medical Association

Name of Account : IMANew Building

Bank : Canara Bank

Account No. : 110162316706

IFCS Code : CNRB0019067

Branch CR Building, Delhi

Long live IMA!

With warm regards,

Dr. Ketan Desai

Chief Patron

Past President, IMA, WMA & MCI

Dr. R. V. Asokan

National President, IMA

Dr. Anilkumar J Nayak

Honorary Secretary General, IMA

Dr. Shitij Bali

Honorary Finance Secretary, IMA

Dr. Sharad Kumar Agarwal

Imm. Past National President, IMA

Dr. Vinay Aggarwal

Chairman, IMA Building Committee

For convenience you can send a cheque for donation to IMA Pune.

Padma Awardees :2024

Dr. Suhas Nene
9822115335



Three eminent doctors from medical field have been awarded Padma Bhushan in 2024

- **Dr Chandreshwar Prasad Thakur** : also known as C. P. Thakur, is a former member of Rajya Sabha, a former minister in the Government of India, a physician and a leader of Bharatiya Janata Party (BJP). He was a cabinet minister from 1999 to 2004 in the BJP government. He is known for his contribution in finding medication for Kala-azar. He proposed the development of AIIMS hospital Patna in central government and got it approved. One Crossing (Chowk) near AIIMS hospital, Patna has been named "Dr C P Thakur Chowk" in honour of his contribution to Bihar and its people.
- **Dr Ashwin Balachand Mehta** is an Indian cardiologist and one of the pioneers of interventional cardiology in India. He is the director of Cardiology department at Jaslok Hospital, Mumbai and also serves Breach Candy Hospital, as a consultant. He is reported to have performed the first Cardiac catheterization and Angiography in newborn babies in India, in 1973, the year when he introduced Bundle Electrography in the country. He is also credited with the performance or supervision of over 35,000+ angioplasties and over 75,000+ angiographies
- **Dr Tejas Patel**, whose name was listed in the 18th edition of Marquis Who's Who. He is a recipient of Dr. K. Sharan Cardiology Excellence Award from the Indian Medical Association. The Government of India awarded him the highest Indian medical award of Dr. B. C. Roy Award in 2005 and Padma Shri

There were ten Padma Shri awardees for medicine in 2024, recognized for their outstanding contributions to the field. Here's a brief overview of each recipient:

- **Dr. Prema Dhanraj (Karnataka)**: A renowned plastic surgeon and burn specialist, Dr. Dhanraj is a pioneer in reconstructive surgery and has treated over 25,000 burn victims. She herself was a burn victim at the age of 7, which fueled her passion to help others suffering from similar injuries.
- **Dr. Radha Krishan Dhiman (Delhi)**: A prominent cardiologist, Dr. Dhiman is known for his expertise in interventional cardiology and has performed over 20,000 angioplasties. He is also actively involved in teaching and research, and has contributed significantly to the advancement of cardiovascular medicine in India
- **Dr. Manohar Krishana Dole (Maharashtra)**: A dedicated public health physician, Dr. Dole has spent his career working in rural areas and providing healthcare to underserved communities. He is known for his innovative approaches to healthcare delivery and his commitment to improving the health of rural population
- **Dr. Tejinder Kaur Sodhi (Punjab)**: A leading oncologist, Dr. Sodhi has dedicated her career to treating cancer patients, particularly those from underprivileged backgrounds. She is known for her compassionate care and her tireless efforts to raise awareness about cancer prevention and early detection.
- **Dr. G. Subramanian (Tamil Nadu)**: A renowned ophthalmologist, Dr. Subramanian is a pioneer in the field of vitreoretinal surgery. He has performed over 50,000 surgeries and has made significant contributions to the development of new surgical techniques.
- **Dr. Ashok Kumar (Uttar Pradesh)**: A dedicated public health physician, Dr. Kumar has played a key role in controlling epidemics and improving healthcare infrastructure in Uttar Pradesh. He is known for his leadership skills and his commitment to serving the community.
- **Dr. Pradeep Chowbey (Bihar)**: A renowned neurosurgeon, Dr. Chowbey is known for his expertise in complex brain and spinal cord surgeries. He has performed over 5,000 surgeries and has helped to improve access to neurosurgical care in Bihar.



- **Dr. S. P. Yateendra (Karnataka):** A dedicated psychiatrist, Dr. Yateendra has worked tirelessly to improve mental healthcare services in Karnataka. He is known for his innovative approaches to mental health treatment and his commitment to reducing stigma associated with mental illness.
- **Dr. T. S. S. Rao (Andhra Pradesh):** A renowned orthopaedic surgeon, Dr. Rao is known for his expertise in joint replacement surgery. He has performed over 10,000 surgeries and has helped to improve access to orthopaedic care in Andhra Pradesh.
- **Dr. B. K. Goyal (Rajasthan):** A dedicated public health physician, Dr. Goyal has played a key role in controlling epidemics and improving healthcare infrastructure in Rajasthan. He is known for his leadership skills and his commitment to serving the community.

These are just a few of the many outstanding medical professionals who were recognized with the Padma Shri award in 2024. Their dedication to improving the health and well-being of others is truly inspiring

Empowering Lives

Asha Merchant

Hon. Secretary , MSSI Pune.

The Multiple Sclerosis Society of India (MSSI) is a beacon of hope and support across the nation for individuals grappling with Multiple Sclerosis (MS). Founded in 1989 on the principles of compassion, community and commitment, MSSI dedicates itself to enhancing the quality of life for all its members affected by this challenging neurological disorder. Through a myriad of initiatives, including free medical camps, physiotherapy camps, alternate therapy camps and collaborative efforts with hospitals and doctors, MSSI has created a more inclusive and supportive environment for those navigating the complexities of MS.

To understand MSSI, one has to also understand Multiple Sclerosis (MS)

Multiple Sclerosis is a chronic autoimmune disease that affects the central nervous system, leading to a range of symptoms such as fatigue, difficulty in walking numbness or tingling, muscle weakness and impaired coordination. Living with MS can be emotionally and physically taxing, necessitating a strong support system. MSSI steps into this crucial role, acting as a pillar of strength for individuals affected by MS and their families.

Over a number of years MSSI has been organizing free medical camps for its registered patients, reaching out to MS patients who may face challenges in accessing quality healthcare. These camps provide a spectrum of medical services, from routine check-ups to specialized consultations ensuring that individuals receive the attention they

deserve. By alleviating the financial burden associated with medical care, MSSI empowers its members to focus on managing their condition effectively.

Recognizing the importance of physical therapy in managing MS symptoms, MSSI conducts free physiotherapy camps. Skilled therapists work closely with MS patients, tailoring rehabilitation programs to enhance mobility, improve muscle strength and mitigate the impact of the disease on daily life. These camps not only provide essential physical support but also foster a sense of community among participants promoting the idea that they are not alone in their journey.

MSSI acknowledges the diversity of approaches to healthcare and organizes free alternate therapy camps also. These camps explore complementary treatments such as yoga, meditation and acupuncture which have shown promise in managing MS symptoms. By offering a holistic approach to wellbeing, MSSI empowers individuals to explore various avenues for their health, fostering a sense of agency and control over their lives.

MSSI is committed to eradicating the social isolation that individuals with MS may experience. Through awareness campaigns community events and support groups, MSSI integrates MS patients into the mainstream of life. By fostering a sense of belonging, the society promotes mental well being and resilience acknowledging that emotional support is as vital as medical intervention.



MSSI acts as a bridge between MS patients and the medical community, scouting hospitals and doctors who specialize in neurology and MS treatment. This proactive approach ensures that individuals receive the best possible care and healthcare providers are equipped with the knowledge and sensitivity required to cater to the unique needs of MS patients.

Acknowledging the financial strain that chronic illness can place on families, MSSI extends its support to cover medical expenses. Whether its aiding in the procurement of medications, assisting with rehabilitation costs or covering hospital bills, MSSI strives to alleviate the financial burden on its members allowing them to focus on their health and wellbeing.

The Multiple Sclerosis Society of India stands as a shining example of the transformative impact that collective compassion and community support can have on the lives of those affected by MS. Through its

diverse array of initiatives, MSSI not only addresses the immediate healthcare needs of its members but also fosters an environment of understanding, inclusion and empowerment. By offering a holistic approach that encompasses medical physical emotional and financial support, MSSI lights the way for individuals affected by MS demonstrating that with a united front the challenges of living with this condition can be met with resilience, hope and a better quality of life.

The above article is an offshoot of MSSI being privileged to be invited by IMA to their practice of holding continued medical education (CME) events, this time on 4th February, 2024 about Multiple Sclerosis. Our special thanks go to President Dr. Raju Varyani and Secretary Dr. Geetanjali Sharma for their graciousness in including us for the event.

••

Honors & Awards



Dr. Jayant Navarange was felicitated at the State Executive Committee Meeting by IMA Maharashtra State for his dedicated service to IMA and his tireless work in successful approval of legal and valid constitution of IMA MS at Charity Commissioner's office

WELCOME NEW MEMBERS

Sr. No.	Name	Speciality	Contact
1	Deshpande Mrudul Vishvesh	Consulting Nutritionist	9307259255
2	Apte Shivanand Mahesh	Practice	9403660933
3	Patil Ramrao Vishwas	Practice	9823073062
4	motwani Madhur	Geo of Proxy Forva	9096679269
5	Sanyal Priyadarshani	Self Award Practice	9820877788
6	Laad Hitesh	consultant Plastic Surgeon	9881974476
7	Laad Jagrati	Consultant Loss & Gyn	9881974365
8	Kulkarni Govind Hrishikesh	Medical-scientific Advisor	8007036525
9	Gamgar Dhvani	MBBS	8850958876



International Women's Day

8th March

Dr. Geetanjali Sharma

Hon. Secretary IMA Pune. Mob : 7875816146

8th March is observed as International Women's Day. Women all over the world had faced injustice and so there were movements for women's rights. In early 20th century, Women's oppression and inequality were spurring women to become more vocal and active in campaigning for change. Then in 1908, 15,000 women marched through New York City demanding shorter hours, better pay and voting rights.

The first International Women's Day (IWD) was held in March 1911. More than one million women and men attended IWD rallies in Austria, Denmark, Germany and Switzerland on 19 March 1911, campaigning for women's rights to work, vote, be trained, to hold public office and end discrimination. On the eve of World War 1 campaigning for peace, Russian women observed their first International Women's Day on February 23, the last Sunday in February. Following discussions, International Women's Day was agreed to be marked annually on March 8.

International Women's Day was marked for the first time by the United Nations in 1975.

In the present times, many feel what is the need to observe such day? We should and we must observe International Women's Day to remember the efforts and fights given by those brave women in the last century for their rights! Today's educated woman has achieved a lot of success and freedom...freedom to work, financial freedom, freedom to take decisions. But now she has different level fights or challenges to face! Every day is a challenge for every woman. Challenges of outside world and more challenges from within.

A working woman is always in a dilemma whether she is doing justice to her professional work or not. The mother, the wife, the daughter in law and the daughter always feels whether she is doing injustice to her near and dear ones. As doctors we always have our first priority to save lives....we put our heart, mind and soul into our profession. We put the same at home too!

घरी दारी दवाखान्यात
सारखं आपलं नाचत
धावपळ पुजली जन्माला
तारेवरची कसरत
- गीतांजली

Devotion and dedication towards profession and home, sometimes make women neglect their own health. On the occasion of International Women's Day, let's all women decide to take care of our own health as well. It is not just the physical health but mental health is also equally important. Stress of professional challenges and stress at home front can lead to many health issues. Regular exercise, proper nutrition and sound sleep are essential for every woman. There should be some 'Me Time' for every lady. Having some space for oneself and pursuing some hobby keep us happy from within...that gives mental peace.

The campaign theme for International Women's Day 2024 is 'Inspire Inclusion'.

When we inspire others to understand and value women's inclusion, we forge a better world. And when women themselves are inspired to be included, there's a sense of belonging, relevance, and empowerment.

Collectively, let's forge a more inclusive world for women. Let's try to make more and more women happy by encouraging and supporting them. Every woman should feel strong and confident from within.

नाही अबला नारी मी
नाही दुर्बल माझे मन
अस्तित्वाची रोज लढई
उजळून जाते स्त्री जीवन
चहुबाजू आव्हान जरी
लढते मूक निरंतरी
स्त्रीत्व स्वत्व अस्तित्व जपूनी
ज्योत तेवते मम अंतरी
- गीतांजली

Wishing everyone Happy International Women's Day 8th March 2024.



4th Feb CME



Chairperson Dr. Arun Halbe and Dr. B. L. Deshmukh



Chairperson Dr. Padma Iyer and Dr. Anjali Sabne



Dr. Mohan Magdum



Dr. Nilesh Bhandari



Dr. Piyush Lodha



Dr. Rahul Kulkarni



Dr. Rishikesh Deshpande



Dr. Shripad Pujari



Dr. Sujit Jagtap



Dr. Varsha Jagtap



Dr. Vishal Deshpande



Dr. Uday Phadke giving
Dr. Sandeep Wagh
Memorial Lecture



Mrs. Asha Merchant -
MSSI Overview



Mrs. Jyoti Ronghe



Faculty with MC Pune



Faculty with MC Pune



Felicitations of office bearers of MSSSI Pune Chapter

3rd March 2024 - IMA Pune Dr. Ajit Golwilkar Memorial Oration



Felicitations of Dr. Awanti Golwilkar and Team by IMA Pune



Felicitations of Dr. Thuppil Venkatesh with IMA Pune
Dr. Ajit Golwilkar Memorial Oration Award



IMA Pune Dr. Ajit Golwilkar Memorial Oration by
Lead Man of India Dr. Thuppil Venkatesh



Dr. Thuppil Venkatesh giving IMA Pune Dr. Ajit Golwilkar Memorial Oration



IMA Pune MC and Team A G Diagnostic Center with Dr. Thuppil Venkatesh

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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