Team IMA 2014-16

IMA One Voice
[1 Voice 4 Policy Change]

Dr K K Aggarwal
Recipient of Padma Shri, Vishwa Hindi Samman, National Science Communication Award and Dr B C Roy National Award Limca Book of Record Holder President Elect and Honorary Secretary General IMA

Dr Ketan Desai
Dr Ajay Kumar
Dr Vinay Aggarwal
Objectives

- Welfare of the community

- To make accessible (within reach) timely (including emergencies), available (24x7), acceptable (safety first, quality, culturally), affordable, accountable, patient-centric universal health care (promotive, preventive, curative, rehabilitative, palliative) to all (equality, equity, non-discriminatory) which is scientifically, morally, ethically and legally correct and transparent.

In order to achieve them:

1. To sensitize state and central government frame community-oriented policies
2. To update member’s knowledge and skills

- Welfare of the members

To timely guide and protect them professional hazards and legal implications.
IMA Anthem
https://www.youtube.com/watch?v=HEX_c0LKr0o
https://www.youtube.com/watch?v=jZWaGYRMVs
Government and IMA

1. State Government: IMA working groups
   Haryana,
   UP
   Punjab
   Delhi
   UP Surface Transport

2. Working group in the center
Government Needs IMA: H1N1 Flu Vaccine Crisis

http://mohfw.nic.in/showfile.php?id=3080: Seasonal Influenza A H1N1 Action Taken by Ministry of Health and Family Welfare

"MOHFW has recommended vaccination for health care workers. A joint statement issued by Indian Medical Association and subject experts have reiterated the stand taken by MOHFW that vaccination for public is not advocated as a public health strategy at this juncture to mitigate the impact of the current outbreak."

IMA MOH Joint Statement
Health Ministry Takes the Help of IMA for a Joint Press Release During Flu Epidemic to Take Away Panic from the Society Regarding the Need for Flu Vaccine Ministry of Health and Family Welfare, Directorate General of Health Services, (Emergency Medical Relief)

Advisory for General Public on Vaccination with Seasonal Influenza A (H1N1) Vaccine.

We are in the middle of an outbreak of seasonal influenza a H1N1. Government has recommended influenza vaccine for high-risk group of health care workers working in close proximity to influenza patients. This includes health care workers working in casualty/emergency department of identified hospitals treating influenza cases; those identified to work in screening centers set up for categorization of patients, etc. as they are liable to constant exposure to the virus.

The vaccine is not recommended for the general public, at this juncture, as a public health strategy and the government is keeping a close watch on the situation. Public is encouraged to take precautions for prevention such as frequent washing of hands, covering up your coughs and sneezes with tissue paper staying away from crowded places and from those showing symptoms of influenza, avoiding contact greetings are all appropriate measures. If one is having symptoms of influenza, he should immediately attend the nearest health facility for early diagnosis and treatment.

Patients on reaching hospital should be provided three layered surgical mask to prevent spread of infection to others. Three layered surgical mask or N-95 respirator masks are not required for the patient’s relatives.

Dr Neeraj Jain, Dr KK Aggarwal, Dr JC Suri
IMA in Government Advertisements
Loksabha Site Mentions about IMA Camp

Lok Sabha Speaker Smt. Sumitra Mahajan at the inauguration of Swasthya Jaanch Shivir and Health Exhibition for Members of Parliament in Parliament House Annexe on 30 November 2015. Also seen in the photograph is Shri J. P. Nadda, Union Minister of Health and Family Welfare; and Shri Arjun Ram Meghwal, Chairperson, House Committee, Lok Sabha.
The National Vector Borne Disease Control Programme also launched a partnership with the Indian Medical Association. Now, more than 250,000 Indian doctors are mandated to follow common guidelines for preventing, diagnosing and treating malaria. http://www.who.int/features/2015/india-programme-end-malaria/en/
Deepika Padukone Tweets About IMA

Deepika Padukone FC @DeepikaPFC 12h12 hours ago

[News] IMA to hold weekly webcasts on public health awareness. The first one to be in association w/ @TLLLFoundation
http://wap.business-standard.com/article/pti-stories/ima-hcfi-to-conduct-weekly-webcasts-on-varied-health-issues-116051701550_1.html ...
WMA Tweets about IMA

@medwma, 9h ago

@medwma, 9h ago

eMedinewsS, India’s first national daily electronic medical newspaper, reports that the WMA has deplored......

http://issue.emedinews.in/archive/2_5_16.html
http://www.emedinexus.com/user/postdetail/211085
Doctors Parliamentarians Regularly Interacts with IMA

- Dr. Sanjay Jaiswal
  https://www.youtube.com/watch?v=sqHQf0IS6Y8
- Dr SS Agarwal
  https://www.youtube.com/watch?v=Fqq1elGydAI
- Dr K K Aggarwal
  https://www.youtube.com/watch?v=nJcNyRdiJTg
- Dr. Narsaiah Boora Goud
  https://www.youtube.com/watch?v=guuRPzSiwUw
- Dr V Maitreyan
  https://www.youtube.com/watch?v=UGmHyJb0k2k
- Dr K Kamaraj
  https://www.youtube.com/watch?v=ZLKGzn9jaHc
- Dr Pritam Munde
  https://www.youtube.com/watch?v=NU78XLrb_kU
- Dr. Narsaiah Boora Goud
  https://www.youtube.com/watch?v=guuRPzSiwUw
IMA Leadership is our strength

IMA Likely to be in Limca Book of Records

Under medical science category for having trained all 7204 Operational PCR staff in Delhi in Single Rescuer Hands Only CPR 10. Training conducted from 7th July-10th August 2015 in Delhi (Sept. 24th 2015)
IMA Gets Dr B C Roy National Awards Back

2008
Eminent Medical Person: Dr Mammen Chandy
Eminent Medical Teacher: Dr Rajeshwar Dayal, Dr Rohit V Bhatt, Dr Jagdish Chand Sharma
Best talents in encouraging the development of specialties in different branches in Medicine: Dr Neelam Mohan, Dr Mohan Rameshwaran, Dr Harsha Jauhari
Outstanding services in the field of Socio-Medical Relief: Dr Ashok Thakur, Dr Gopal Badlani, Dr Yash Gulati

2009
Medical man-cum-Statesman: Dr KH Sancheti
Eminent Medical Person: Dr Nikhil C Munshi
Eminent Medical Teacher: Dr Atul Kumar, Dr Renu Saxena, Dr Kanan A Yelikar
Best talents in encouraging the development of specialties in different branches in Medicine: Dr AK Kriplani, Dr GV Rao, Dr HS Bhanushali
Outstanding services in the field of Socio-Medical Relief: Dr Motilal Singh, Dr CN Purandare
Oration: Dr CV Harinarayan

2010
Eminent Medical Teacher: Dr Tejinder Singh, Dr OP Kalra, Dr Amrenderjit Kanwar
Best talents in encouraging the development of specialties in different branches in Medicine: Dr Subhash Gupta, Dr Rajendra Prasad
Outstanding services in the field of Socio-Medical Relief: Dr Glory Alexander
IMA did not allow ESI Medical Colleges to Shut Down

IMA successfully raised the issue of sudden decision of the ESI to close all ESI Medical Colleges with Parliamentary Health Committee, PMO and Press.

The colleges are now being run by ESI.
IMA Fights to Raise Retirement age to 65

26th May: PM announced that the retirement age for central and state government doctors will be increased to 65 years.

31st May: GOI MOH issued order which is restricted to Medical Officers serving CHS & does not cover the Medical Officers serving in Other Central Government Departments/PSUs like ISRO, Department of Atomic Energy, NTPC, NPCIL, SAIL etc.

This is just similar to what happened with the Order for DACP Scheme of Promotion for Medical Officers of Central Government, 2008. DACP Scheme is not implemented till date for Medical Officers of Departments/PSUs like ISRO, Department of Atomic Energy, NTPC, NPCIL, SAIL etc.

3rd June: IMA wrote to PM. Railways, Coal Ministry implemented it
Uniform age of retirement 65: DACP Circular

Shri Narendra Modi, Hon’ble Prime Minister of India, South Block, Raisina Hill, New Delhi-110 001, pmoffice@gov.in

Respected Sir,

Greetings from Indian Medical Association!

Indian Medical Association welcomes the announcement of extending the age of superannuation of all the doctors in Central and State Govts. to 65 years. IMA also appreciates the prompt action taken by the Govt. in notifying this on 31st May for the benefit of the doctors retiring on 31st May.

The Ministry of Railways also responded with similar promptness by notifying it on 31st May 2016 to extend the benefits to the doctors working in Railways.

However, Employees State Insurance Corporation (ESIC) under Ministry of Labour, Govt. of India where the doctors are working on equivalent terms and conditions as that of CHS have not yet extended the benefit to the doctors working under them.

Since the Notification dated 31st May 2016 (copy attached) by MoHFW, Govt. of India mentions about Central Health Services only, it is not clear whether the doctors working under different Central Govt. Departments and PSUs like ISRO, NTPC, NPCIL, SAIL etc. are also covered under this notification.

In the past, it has happened when DACP Scheme of Promotion of Medical Officers of Central Govt. 2008 (copy attached) was announced and the same has not been implemented till date for medical officers of ISRO, NTPC, NPCIL, SAIL etc.

Indian Medical Association is of the opinion that medical profession has to be treated differently from other professions and therefore, the service conditions, pay and other benefits should be uniform across the country.

It is understandable that the health is a State subject, however, the privileges of doctors at a national level should be uniform and similar benefits to be extended to the medical officers working in different States.

It is therefore, requested that necessary instructions may kindly be issued so that:

1. The announcement of Hon’ble Prime Minister on extension of age of superannuation of doctors to 65 years is to be honoured by all Govt. Departments, Central/State.

2. Uniformity of Service Conditions and Pay Parity for doctors in all Central/State Govt. Deptt. which should cover the pay to interns, residents & service doctors.

With regards,

Yours sincerely,
Dr. K K Aggarwal, Padma Shri & Dr. B. C. Roy National Awardee, Honorary Secretary General
IMA is Fighting to get Indian Medical Services

The government is considering the desirability and feasibility of constituting Indian Medical Service, according to Union Health Minister J P Nadda. As per the advice of the department of personnel and in order to explore the desirability and feasibility of constituting Indian Medical Service, the matter was referred to the Cadre Review Committee and the report of the committee has been received, Nadda informed the Lok Sabha.
IMA is fighting for low cost quality drugs

IMA Jan Aushidhi Kendra: Centre, Rajasthan

Shri Hansraj Gangaram Ahir, Hon’ble Minister of State of Chemicals and Fertilizers on 5th June, 2015.
<table>
<thead>
<tr>
<th>S.No</th>
<th>Suspended Drugs</th>
<th>Indication</th>
<th>Adverse Reactions</th>
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<tr>
<td>1</td>
<td>Phenytoin</td>
<td>Generalized tonic-clonic seizures; partial</td>
<td>Angioidema</td>
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<td>seizures; status epileptic</td>
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<td>2</td>
<td>Phenytoin</td>
<td>Generalized tonic-clonic seizures; partial</td>
<td>Osteoporosis</td>
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<td></td>
<td>seizures; status epileptic</td>
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<tr>
<td>3</td>
<td>Nicardipine</td>
<td>Angina Pectoris, Vascular steal</td>
<td>Risk of ulcer complication</td>
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<td>4</td>
<td>Olansapine</td>
<td>Somatics, acute mania</td>
<td>Hypersensitivity</td>
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<td>5</td>
<td>Crotamiton</td>
<td>Locally advanced or metastatic non small</td>
<td>Risk of cardiac failure</td>
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<td></td>
<td></td>
<td>cell lung cancer</td>
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<td>6</td>
<td>Sunitin B Posen</td>
<td>Central Oedema</td>
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<td>7</td>
<td>Antrodex</td>
<td>Anaphylactic reactions, SIV TEL</td>
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<td>Causes including Erythema Multiforme</td>
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<td>8</td>
<td>Rabies Vaccine</td>
<td>Epidemiology Poliomyelitis</td>
<td>Jaundice syndrome</td>
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<td>9</td>
<td>Sulfinil Valipate</td>
<td>Sunburn, Speech</td>
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<td>10</td>
<td>Allopurinol</td>
<td>Uric aciduria</td>
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<td>11</td>
<td>Topotropil</td>
<td>Peritonitis</td>
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<td>12</td>
<td>Ralfinil</td>
<td>Reduce the risk of chronic obstructive</td>
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<td>Pulmonary Disease exacerbations</td>
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<td>13</td>
<td>Diclofenic</td>
<td>Management of Sarcoidosis pathosis</td>
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<td>14</td>
<td>Sulfamethoxine</td>
<td>Sulfamethoxine</td>
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<tr>
<td>15</td>
<td>Bupivacaine</td>
<td>Chronic active hepatitis I &amp; C</td>
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<td>16</td>
<td>Piracetam &amp; Trazodone</td>
<td>In the treatment of upper UTI/UTI/urinary</td>
<td>Vision abnormal</td>
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<td>abdomen infections, skin and skin structure</td>
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<td>17</td>
<td>Mommitane Fumate, Topical</td>
<td>Sterile, responsive dermatitis, eczema,</td>
<td>Hypertension/Hypotension,</td>
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<tr>
<td></td>
<td></td>
<td>or allergic dermatitis</td>
<td>skin depigmentation</td>
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IMA Pharmaco-vigilance Programme
IMA PvPi Nodal Centre at IMA
All IMA members can now report adverse reactions to drugs, vaccines, medical devices, blood products and herbal products @ IMA PvPi helpline 9717776514
imapvpi.nodalcentre@gmail.com
Monday to Friday 9:00 AM to 5.30 PM
The UNESCO Chair in Bioethics Haifa

Confirms that
Professor Dr. K.K. Aggarwal
Secretary General,
National Indian Medical Association, New Delhi
Has been appointed as
Head of the
Indian Medical Association Nodal Centre
of the UNESCO Chair in Bioethics
In proclamation of the establishment of
The Indian Medical Association Nodal Centre at
The IMA House, Indraprastha Marg, New Delhi 110002, India
on the 7th November 2015 to fulfill the objectives of stimulating,
Teaching, Training and Research in Bioethics in Medical and Health Science Education.

Arvind Grover
22 November 2015
Professor Dr. K.K. Aggarwal
President
National Indian Medical Association
New Delhi

Professor Russell D’Souza
Head
Asia Pacific Division
UNESCO Chair in Bioethics
Melbourne Australia

Esteemed Colleagues,

On establishing the prescribed requirements of the UNESCO Chair in Bioethics (HAIFA) have been met, I hereby issue this writ confirming and
approving the establishment of the Indian Medical Association Nodal Centre of the UNESCO Chair in Bioethics and of the International
Bioethics Network. The UNESCO Chair in Bioethics is to fulfill the objectives of stimulating, Teaching, Training and Research in Bioethics in Medical and Health Science Education at

IMA House
Indraprastha Marg
New Delhi 110002
India

Prof. Arvind Grover
Head & Chair UNESCO Chair in Bioethics
University of Haifa

Prof. K.K. Aggarwal
Professor
National Indian Medical Association
New Delhi
IMA Social Advertisements

SOCIAL ADVERTISEMENTS

- 1st July, 2015: Safe water and safe Eye (Kent RO and Center for Sight)
- 15th August, 2015 “Azadi from Arsnic” [Kent RO system]
- 18th August: Johnsons & Johnsons released 14 ads in Time of India on Breastfeeding.
- 1st July 2016: safe eye
Allow doctors to treat patients irrespective of patient’s income — If compensation is not capped, we can’t do this.

Writing prescription drugs by anyone other than with an MBBS degree is injurious to peoples’ health.

Please allow doctors to treat poor and rich equally.

More patients will die, if doctors are not provided protection during duty hours.

IMA
Satyagraha
IMA Reports Chikungunya

1. IMA was the first one to report Chikungunya cases in Delhi.
2. IMA also was the first one to report Chikungunya Encephalitis in Delhi.

- Beware of Chikungunya Encephalitis: IMA
- Severe encephalitis related to chikungunya infection has been reported in Delhi.
- Chikungunya virus (CHIKV) disease can cause CHIKV-associated encephalitis. One can detect CHIKV RNA or anti-CHIKV immunoglobulin M in cerebrospinal fluid.
- In a U-shaped distribution, children younger than 1 year and adults age 65 or older have the highest incidence of CHIKV-associated encephalitis.
- The overall case fatality rate for CHIKV-associated encephalitis is 16.6%, and the 3-year rate of neurologic sequelae range from 30% to 45%. The risk for death or neurologic sequelae is significantly higher in adults than in children (55% vs. 18%).
- CHIKV is an alphavirus transmitted by Aedes species mosquitoes. Symptomatic CHIKV infections typically result in a self-limited syndrome of fever and rash associated with pain and arthralgia. However, cases of severe disease, including necrotising encephalitis and death, have also been reported.
- CHIKV may present similarly to numerous other infectious causes of systemic febrile illness in the tropics, including malaria, dengue, and other arthropod-borne infections.
- Central India Institute of Medical Sciences, Nagpur in May 2006, during a large Chikungunya virus infection (CHIKV) described various neurological syndromes: Encephalitis, Myelopathy, peripheral neuropathy, myeloneuropathy, and myositis.
- Of the 300 patients with CHIKV infection seen during the study period, June-December 2006, 49 (16.3%) [M: F: 42:7] had neurological complications.
- The neurological complications included Encephalitis (27, 55%), myelopathy (7, 14%), peripheral neuropathy (7, 14%), myeloneuropathy (7, 14%), and myositis (1, 2%).
- Reverse Transcriptase polymerase chain reaction (RT-PCR) and real-time PCR was positive in the CSF in 16% and 18%, respectively.
- It suggest neurotropic nature of the virus. The outcome of the neurological complications is likely to be good.
- Literature reports a cumulative incidence rate of 8.6 per 100,000 people.
RTA Fund by road transport ministry

- Proposed amendments to the Motor Vehicles Act
- Provision for a fund that will ensure free treatment of grievously injured victims till they stabilise and for paying compensation to representatives of persons killed or seriously hurt in hit and run motor crashes.
- The amendment bill introduced in Lok Sabha on Tuesday August 4th
- Fund creation: Cess or tax, any grant or loan made by the central government or any other source of finance as may be prescribed by the government.
- The fund shall be constituted for the purpose of providing compulsory insurance cover to all road users
- Government to come out with the maximum liability amount that shall be paid in each case.
- People who have medical or life insurance cover, the payment made by government shall be deducted from the claim they receive from the insurance companies.
- The central government shall launch a scheme for cashless treatment of victims of the road crashes during the golden hour (first hour of crashes).
• Insurance Regulatory and Development Authority of India, in their change of guidelines, has mandated that all healthcare providers must meet the pre-accreditation entry-level standards laid down by the National Accreditation Board of Hospitals and Healthcare Providers, within the next two years.

Amendments to the Maternity Benefit Act, 1961

- The Union Cabinet has cleared amendments to the Maternity Benefit Act, 1961
- The maternity benefit Act 1961 protects the employment of women during the time of her maternity and entitles her of a 'maternity benefit' - i.e. full paid absence from work - to take care for her child. The act is applicable to all establishments employing 10 or more persons.
- The amendments will help 1.8 million (approx.) women workforce in organised sector.

**Amendments**

1. Increase Maternity Benefit from 12 weeks to 26 weeks for two surviving children and 12 weeks for more than two children.
2. 12 weeks Maternity Benefit to a 'Commissioning mother' and 'Adopting mother'.
3. Facilitate 'Work from home'.
4. Mandatory provision of Creche in respect of establishment having 50 or more employees.

**Justification:**

- Maternal care to the Child during early childhood - crucial for growth and development of the child.
- The 44th, 45th and 46th Indian Labour Conference recommended enhancement of Maternity Benefits to 24 weeks.
- Ministry of Women & Child Development proposed to enhance Maternity Benefit to 8 months.
New Initiatives

- IMA Costing Department: What is not unethical, What can be billed ethically
- Infection Control committee: National/ States, Antibiotic policy, When not to use antibiotics
- Independent Ethics Committee: IMA research clearances, Thesis writing, Statistical analysis
- Equipment Protection Cell
- Health Games
- Membership privileges: Shirdi Hotel: 25% discounts/ Car Purchase: 10,000 discount
Community

• IMA Elderly Care Initiative: Resolution: In a national office bearers and all state presidents and secretaries meeting chaired by Dr A Marthanda Pillai IMA National President it was decided that all IMA members in the country will be requested to give 10% discount to all citizens above the age of 65.

• IMA Welcome the Girl Child Initiative: Resolution: In a national office bearers and all state presidents and secretaries meeting chaired by Dr A Marthanda Pillai IMA National President it was decided that all IMA members in the country will be requested to give 10% discount to all girl child births in the country.
No Tobacco Pledge
IMA Kayakalp

- A medical establishment should be eco-friendly & ensure high level of cleanliness, sanitation and hygiene within and outside the premises.
- Premises free of mosquito breeding.
- Strictly follow the guidelines for biomedical waste management. [New Biomedical Waste Management Rules, 2016 in March]
- Segregate all waste at source.
- Implement and promote hand hygiene practices.
- Formulate infection prevention and control policy for your clinic. All staff should be trained to follow standard infection control precautions.
- Hospital-acquired infection rate should be minimum.
- Promote cough etiquette & respiratory hygiene. Masks should be used in areas such as reception, labs. Doctors should use N95 masks when they see patient with cough. People within 6-10 feet of a patient on droplet precautions should wear a mask.
- Have a properly designed and functioning airborne infection isolation rooms for patients with droplet nuclei infections which provide negative air pressure in the room and a minimum 6-12 air changes per hour and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter before returning to circulation. All persons entering the isolation room must wear a respiratory mask with a filtering capacity of 95% that allows a tight seal.
- Promote rational use of antibiotics to prevent/check antibiotic resistance.
- Make your clinic a silent zone. Permissible noise level in silent zone is 50 dB in daytime (6am to 9 pm) and 40 dB in night time (9pm to 6am).
- Control air pollution: Ensure proper ventilation to improve indoor air quality; use air filters and get your HVAC (heating, ventilation and air conditioning systems) checked regularly. Avoid using split ACs. Doors to all patient rooms should remain closed. Make your clinic ‘No Smoking zone’.
- Follow food and water hygiene: heat it, boil it, cook it, peel it or forget it

**IMA Hour:** Every Friday 4 PM - 5 PM, IMA started the concept of community service under IMA Swacch Bharat Swastha Bharat initiative. All members participate in cleanliness drive.
Yoga Day
IMA Helplines

- IMA Tobacco mCessation Initiative: Missed call 01122901701 or register through http://www.nhp.gov.in/quittobacco/ registration.
- IMA PvPI nodal center: Report adverse reactions to drugs, vaccines, medical devices, blood products and herbal products @ 9717776514
- 1098 Help line for violence against sexual offences in children
- Tobacco quit Line: 1800112356
Social Advertisements

- On 1st July, 2015, IMA social advertisement was released on safe water and cataract surgeries. The advertisements were released by Kent RO and Center for Sight.
- On 15th August, 2015 “Azadi from Arsnic”. The advertisement was released by Kent RO system.
- On 16th August in association with Johnsons & Johnsons. Fourteen releases were released in Time of India on Breastfeeding.
- Health Ministry and IMA joint press statement during flu epidemic to take away panic from the society regarding the need for flu vaccine.
IMA days

- De-worming Day: 10\textsuperscript{th} February
- World Kidney Day: 10\textsuperscript{th} March
- World TB Day: 23\textsuperscript{rd} March
- IMA Telemedicine Day: 23\textsuperscript{rd} March
- IMA Safe Sound Day: 3\textsuperscript{rd} March
- IMA Health Day: 7\textsuperscript{th} April
- Sexual violence against children day: 19\textsuperscript{th} November
- IMA Doctors Day: 1\textsuperscript{st} July (Free consult, Campaign 950), Blood donation camps
Doctors’ Day: 1st July

- Doctors’ Day is celebrated in India on 1st July every year to earmark the Birth & Death anniversary of Bharat Ratna Awardee, Dr. Bidhan Chandra Roy (Dr B C Roy).
- Dr. B C Roy was born in 1882 in Patna, Bihar and after doing his medical graduation in Kolkata and MRCP and FRCS at London, he started his career as Physician in Patna in 1911.
- He taught in Patna Medical College and in Carmichael Medical College.
- He was a true freedom fighter and joined Mahatma Gandhi in Civil Disobedience Movement. In the field of politics, he became a leader of the Indian National Congress and later Chief Minister of West Bengal.
- He left us on July 1st, 1962 but his soul is still there in the collective consciousness of the medical profession of our country.
- In 1976, he was conferred Bharat Ratna and Dr B C Roy National Sward were constituted in his name the same year.
- The demand for the Doctors’ Day originated in Kolkata by Kidderpore Branch in 1989 under the Presidentship of Dr. Santanu Banerjee and Dr. Pradip Kumar Chatterjee as the Secretary.
- Later state working committee of IMA Bengal and the IMA Bengal State Council in 1989 resolved to declare 1st July as Doctors’ day under the President ship of Dr. Ashok Chaudhuri.
- The forwarded resolution was considered by IMA Central Working Committee held on 24th & 25th April 1991 under the then National President, Dr. Ram Janma Singh and IMA declared 1st July as Doctors’ Day starting from 1st July 1991.
- IMA persuaded the Government of India to accept it as National Doctors’ day and 1st July 1992 became the historical Doctors’ day when it was accepted and recognised by the Govt. of India.
IMA celebrate environment day at IMA House, ITO, New Delhi on Sunday, 5th June 2016.
9th IMA Community Service Day

Modi Ji also appealed to the doctors to give one a month, 9th, and treat pregnant women from economically backward classes for free.

IMA issued a circular to its doctors to provide free consultation to pregnant ladies from economically weaker sections of the society, across the country on 9th of every month.
Health Picnic at National Zoological Park

IMA & HCFI
Health picnic at National Zoological Park
Sunday, 22nd May 2016.
Staff with their families.
Health messages on the placards
DENGwar

- Dengue is arboviral mosquito-borne acute viral febrile (fever is must) illness (1 week duration) requiring only oral ( IV if persistent vomiting) hydration ( urine output every four hours) and admissions only in 1% life threatening cases or platelet transfusion ( single donor raises 35K) only if active bleeding with platelet count < 10,000

- DENGwar (Low and small) : Is community participated war against eggs, larvae or tiny adult day biter female aedes mosquito present indoor ( lower areas) or outdoor which breeds in small quantity of water ( one drop, bottle caps)

- DENGwar; War against indoor (fresh water, even minute amount, bottle caps, potato chips discarded bags, cement tanks, plastic containers 50% in non-seasons, cisterns ( non-mud storage), AC, window or door screens, insecticide-treated mosquito net when napping) or outdoor (early morning fogging when pupa hatch for aedes, late night for malaria) eggs (100-200 per lay, Rub clean, in dry state live > 1 year), larvae (to adults in 7 days at 30-32 degree temp, normal 12 days) or adult aedes mosquito (span 30 days in season 15 in summer; dusk or dawn biter, three meals a day, fly 50 meters)

- Severe dengue is diagnosed when there is rise in pulse by more than 20; fall of upper blood pressure by more than 20; difference between lower and upper blood pressure less than 20, presence of more than 20 haemorrhagic spots on the arm after a tourniquet test, sudden fall of platelet count by more than 20 thousand and acute rise in haematocrit by 20%. The person needs immediate medical attention with atleast 20 ml fluid per kg stat.
Sports as Awareness Module
Campaign 950: Child sex (0-6 years) ratio

1. Child Sex Ratio is defined as the number of females (0-6 years) per thousand males in age group 0-6 years.
2. WHO: Biologically normal child sex ratio ranges from 943-980 females per every 1000 males.
3. In 1994 (later amended in 2003) PCPNDT act was introduced and determination of sex of foetus or its advertisement were made a punishable office. In the act pregnant woman is considered innocent unless proved otherwise. The liability is only on the treating medical doctors, husband or relatives of the women and anyone advertising sex selection in any form.
4. IMA supports PCPNDT Act in its letter and spirit but is against the booking of doctor with a criminal offence for clerical errors or mistakes.
   1991 (945), 2001 (927), 2011 (918)
5. MCI Ethics regulations 7.6 makes sex determination an offense and a professional misconduct. “7.6 Sex Determination Tests: On no account sex determination test shall be undertaken with the intent to terminate the life of a female foetus developing in her mother’s womb, unless there are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971. Any act of termination of pregnancy of normal female foetus amounting to female feticide shall be regarded as professional misconduct on the part of the physician leading to penal eraure besides rendering him liable to criminal proceedings as per the provisions of this Act.”
6. PCPNDT alone not the answer: Ever since PCPNTD Act has been implemented the sex ratio proportion has not changed and the need is for a wider debate on the issues including a debate on social angles.
7. Track every pregnancy between 12-20 weeks
REPORT ON ASSESSMENT OF ESSAY COMPETITION ON CHILD SEX RATIO 950

Scrutiny Committee: Dr. V. K. Monga, Dean, IMACGP, Dr. Ramesh Kumar Datta, Hony. Joint Secretary, IMA, Dr. Manjul Mehta, Hony. Asstt. Secretary, IMA and Dr. N. V. Kamat, Principal Advisor, IMA

28th June, 2016

Number of entries
1. From Sri Venkateswara Medical College, Tirupati - 193
2. Hard copies received by post from different Medical Colleges - 10
3. Entries received through email 33

Awards Dr Nidhi Pathak, PG Student, Community Medicine, Jawaharlal Medical College, Belagavi and Ms. S. Pratibha, Roll No. 161, Sri Venkateswara Medical College, Tirupati
IMA Polio Switch Dates: 25th April

- April 11th: bOPV would be available in private market but it is not to be opened or used before 25th April.
- April 25: IMA Polio Switch Day, when tOPV would be completely withdrawn and replaced by bOPV in both routine immunization and polio campaigns.
- 9th May: IMA National Validation Day when India would be declared free of tOPV.
Safe Sound Initiative

IMA NSS (National Initiative for safe sound)

- Noise Pollution, constant exposure to loud noise (> 85 dB) is common and can lead to higher frequency sensorineural hearing loss.
- Zero dB is the quietest audible sound and each 10dB increment will double the sound intensity.
- The higher the decibels, the shorter the amount of time one can be exposed to the sound before hearing loss occurs [8 hours at 85 dB, 4 hours at 88 dB, 2 hours at 91 dB, or just 15 minutes at 100 dB].
- A whisper is 30 dB, conversational speech is 60 dB, and someone shouting at you from an arm’s length away is 85 dB.
- Exposure to noise greater than 120-125 dB can cause hearing loss or pain in the ears.
- The permissible work limit for noise is 8 hours for 90 dB, 4 hours for 95 dB and 2 hours for 100 dB.
- Get concerned if you have difficulty talking or hearing during routine conversation done to back round sound or if sound hurts the ears or ears are ringing after hearing the sound.
- Permissible noise: Industrial area 75 dB in day time and 70 dB in night time; Commercial area 65 dB in day time and 55 dB in night time; Residential area 55 dB in day time and 45 dB in night time and silence zone 50 dB in day time and 40 dB in night time. [Day time shall mean from 6am to 10 pm and night time shall mean from 10 pm to 6am.]
- Silence zone areas up to 100 metres around hospitals, educational institutions and courts.
- One can complain to the authorities if the noise levels exceed more than 10dB than the allowable limit.
- Headphones, which do not screen out background noise encourage users to turn the volume up to levels that may put their hearing at risk of long term damage.
- Use ear protection if exposed to sounds of 85 dB or higher.
- Noise-induced hearing loss usually happens slowly, with no pain.

Rule of thumbs

- No more than 90 minutes at the 80% volume, No more than 5 minutes at the 100% volume, No more than 1 minute at 110 decibels. No limit at 50% of the volume.
- If you cannot understand someone talking to you in a normal speaking voice when they are an arm’s length away: it is too loud.
- MP3 players including iPods can be turned up to a maximum of around 103 dB using standard iPod earphones.
- Never expose a child to a sound above 120 decibels.
Safe Sound 10 Points

1. Noise has a lot of ill effects on our health and it is the leading cause for permanent deafness.
2. Noise is a silent killer and affects all systems specially central nervous, cardiovascular, endocrine and immune systems.
3. Decibel(dB) is the unit of sound intensity. Zero dB is the minimum hearing capacity of a healthy person in Noise free environment. Every 10 dB is 10 times more powerful.
4. Exposure to sounds above 80 dB for even shorter periods have serious effects on our health.
5. Traffic sounds are a major source of noise in Indian cities (90 to 120 dB).
6. Use of loudspeakers in public places after 10 pm and before 6 am is illegal.
7. DJs and cinemas have a noise level of 110 to 120 dB and limit your exposure to less than 2 hours in a week. Please note that even this much period is harmful to young children and pregnant ladies.
8. Staying away for intervals of 5 to 10 minutes from very noisy situations reduces the ill effects of noise to a great extent.
9. Use of ear plugs or muffler is highly recommended in very noisy situations. it will reduce the sound exposure by 15 to 20 dB.
10. Participate actively in the IMA Safe Sound Initiative for a better, healthy in India.

[Dr John Panicker :Coordinator , IMA NISS]
Prevention of diabetic blindness

IMA, AIOS PDB (Prevention of Diabetic Blindness) Project
Diabetes Detection and Diabetic Retinopathy Screening Clinics
Doctor’s Day (July 1st) and Week (1-7 Jul 2016)

Organized by: IMA/AIOS branch
Venue:

Time: 9 am to 1 pm (01.07.2016-07.07.2016)

Diabetic blindness is preventable. Get your eye examined for diabetic eye disease.

As clouds cover the Sun cause darkness on the Earth, similarly, Diabetes can bring blindness in your life.

What is Diabetes?
- A chronic metabolic disease in which the body produces too little or no insulin or cannot properly use the insulin it produces.

Who can have Diabetes?
- People with a family history of diabetes.
- People with a sedentary lifestyle.
- People with a history of obesity.

Tests for Diabetes
- HbA1c test
- Fasting blood sugar test
- Oral glucose tolerance test

Effects of Diabetes on Our Body
- Nervous system:
  - Peripheral neuropathy
  - Diabetic retinopathy
  - Diabetic nephropathy

Prevention of Blindness
- Regular eye check-up by an ophthalmologist.
- Maintain a healthy lifestyle.
- Control blood sugar levels.
- Avoid smoking.

Care in Diabetes
- Regular exercise
- Healthy diet
- Regular medication

For more information and help, visit Indias Medical Association website or contact your local diabetes association.

DIABETES
VARIELLY
AFFECTS
BOTH
EYES
TEST YOUR
EYES SOON
Blood Donation
Blood Donation
Abbott Vascular

BLOOD DONATION DRIVE @ ABBOTT VASCULAR, JULY 01, 2016
IMA Launches ‘Welcome the Girl Child’ Campaign

NEW DELHI: As part of its efforts to improve the skewed sex ratio in the country and curb female foeticide, the Indian Medical Association (IMA) has launched a flagship campaign ‘Welcome the Girl Child’ and has asked all its 23 lakh members to support it.

The IMA has recently issued a circular wherein it announced several initiatives and urged its members across the country to take part.

The initiatives include supporting girl child by announcing a scholarship of Rs 600 per month to all educational and skill development activities, opening a fixed deposit of Rs 1,500 and depositing the interest in the girl’s account till she becomes 18. The principal amount can be taken back after that.

Members have been urged to organise a skill development programme for girls. Another initiative is Support a Girl Child for free dental surgery, if the parents cannot afford. Wherever members can refer to Headquarter for help.

They were also urged to adopt girls’ schools and give health lectures and conduct health check-up camps, distribute food supplements to the girl child in schools and create awareness about the child dowry abuse. Support to a girl child.

The programme recommends ending all metal test as well as birth of a girl child and helping those who cannot afford to get treatment.

IMA urged its members to participate in the campaign to bring the child sex ratio to 105 girls per 100 boys and expose black money in the medical fraternity.
Natural Calamities

• Nepal: 45 Lac worth medicines to Nepal Medical Association
• Kollam Disaster 10\textsuperscript{th} April, > 100 died. Kerala IMA filed PIL against fire works in public places.
• Earth Quake on 10\textsuperscript{th} April, 4 PM: 6.8 scale. Guidelines issued
• February, Haryana, Reservation agitation, damage to doctors property. Compensation given by state government.
Aaon Gaon Chalen
Sexual violence against children

- Sexual violence against children, evident or suspect, is common, preventable, punishable acute medico legal emergency

- Educators are duty bound to address sexual violence against children, a common, preventable and punishable offence, with a timely appropriate intervention.

- Sexual violence against children should be reported ethically, sensitively, non-sensationally and within the legal framework without depicting children in distress
IMA Sunday: Sunshine Day
IMA Moonlight Late Night CMEs

Conduct CMEs in sunshine.
Arrange walks.
Over 80% doctors are Vitamin D Deficient.
Exposure to 40% of your body is needed for 40 minutes, 490 days in a year to get enough vitamin D.
CPR 10

- 25 lives saved by Delhi Police after they learnt CPR from IMA
- Weekly class
Sameer Malik Heart Care Foundation Fund

- 52 heart surgeries
Free drugs

• Free drug bank at head quarters
Population day
Aao School Chalen
Income Tax Awareness
CPR CAMP HELD AT IMA , COMMUNITY HALL ON 23/07/2016

- Around 12 people participated and learnt the technique of CPR 10. A CPR presentation was also shown to the participants.
Minutes of the Meeting of Special Committee regarding evaluation and standardization of PCR MPV’s First-Aid Kit.
Following members were present:-

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• Scoop Stretcher: is the right type of Stretcher

• Triangular Bandage: One

• Scissors: One, should be of medium size with flat surface on one side. It should be able to cut cloths. The scissors in the kit needs to be changed as it is pointed from both the sides.

• Soframycin Ointment and Dettol : may be change to Betadine Solution and Betadine Ointment

• Bandages; should be of 2 sizes of 4’ and 6’ and should be 2+2 of each size per van.

• Pain Relief Spray: one; present pain relief spray is OK

• Cotton Roll; It should be of bigger size and one full cotton roll should be available in a Van. Smaller pieces of cotton roll will not be the right thing

• Adhesive Tape: should be 4’ or 6’ micropore
- Gloves; should be free of size none sterile. They are available in numbers and not in pairs.

- Fatti for Arms and legs Fracture: Present Fatti are not suitable and it should be long enough to take care of fracture of arm and leg and it should be in the van not in the First Aid Box.

- Surgical Mask; Minimum 5 non sterilize Present mask is OK
- Apron:- One, should be front open.
- Band-Aid: minimum 5
- Safety Pins; Medium size 5
- Cervical Collar: 1
- Twizer; One
- Water Bottle: One (in Van)
- Foldable Umbrella: One (in Van)
- Torch: One (with one spare battery)
- Sanitizer: One (in Van)

Dr K K Aggarwal
Padma Shri, National Science Communication &
Dr B C Roy National Awardee
President, Heart Care Foundation of India
Honorary Secretary General, IMA