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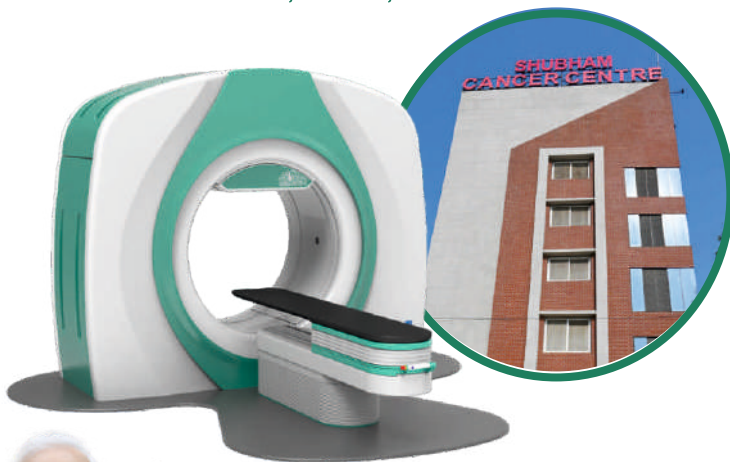
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Message From President & Hon. Secretary



Dear members,

The vacation is over & hope the summer too; & till now few showers must have soaked the earth. The monsoon, a wonderful season which hardly any life on the earth would not seeking for. It brings prosperity & relief from hot days. But, unfortunately, at the same time it is also associated with increase in prevalence of infectious diseases. However, few minimum standard precautions will definitely keep this beautiful season enjoyable only. As a doctor it would definitely our duty to treat the patients; at the same time, we also as, responsible person of the society, shall alert the authorities to any notifiable disease or alarming increase in cases of infectious diseases which you would notice in your practice; so that any emerging outbreaks can be controlled at the earliest stage.

यथा ह्यल्पेन यत्नेन च्छिद्यते तरुणस्तरुः।

स एवाऽतिप्रवृद्धस्तु च्छिद्यतेऽतिप्रयत्नेनः॥

एवमेव विकारोऽपितरुणः साध्यते सुखम्।

विवृद्धः साध्यते कृच्छ्रादसाध्यो वाऽपि जायते॥

That means, just as a tender plant is easy to cut down, the same requires much more effort when fully grown. Likewise, any disease is manageable in the early stage; it becomes difficult to cure when it grows. It is true weather we are talking about individual's disease or of an outbreak.



However friends, whichever infectious conditions we would come across; please keep in mind, we are running very dangerous situations as far as antimicrobial resistance is concerned;so, kindly make judicious use of antibiotics to keep them effective in future. It is now otherwise never, the time we need to follow antimicrobial stewardship in our routine practice; otherwise the days are not far when we will again come in just like pre-antibiotic era, where we would not have effective antibiotics to treat infections.

Friends, after a comprehensive academic feast; it was time to refresh & celebrate. We are very happy to see a huge crowd enjoyed an awesome melodious & rocking evening at RajpathClub;& that was a remarkable ending of entire journey of AMACON 2024 - which was started almost 3-4 months back. Over all, AMACON 2024 created a benchmark. After huge success of state level tournament of volleyball, it was a demand to have cricket tournament. That was arranged in last month where; total 12 teams of doctors from Ahmedabad participated. Its live telecast on you-tube was wonderful; everyone could enjoy the tournament on their own mobile device as well; but, undoubtedly, watching live cricket at ground was a more fun.

We are assuring few more exciting events at AMA. Please keep your same support & be with us..

Happy Monsoon !!!

Jai AMA



Jai IMA

Dr. Tushar Patel
President

Dr. Urvesh Shah
Hon. Secretary

Ahmedabad Medical Association



FAMILY MEDICINE CONCLAVE WORLD FAMILY PHYSICIAN DAY - 2024





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CRICKET MATCH - KAVISHA AMA CUP 2024



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BLOOD DONOR DAY 14 JUNE 2024

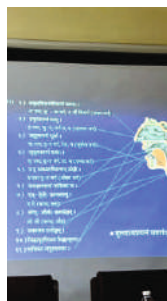




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AMACON 2024 MUSICAL NIGHT WITH KAVYA LIMAYE & ASHISH KULKARNI





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Letter No: HFWD/0734/06/2024 Dt: 18-06-2024



ગુજરાત સરકાર,
આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ,
સચિવાલય, ગાંધીનગર.
પરિપત્ર ક્રમાંક: ગકઅ/૧૦૨૦૨૧/૧૩૧૪/અ

વંચાણે લીધા :

- (૧) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગના તા.૨૬/૦૮/૨૦૨૨ના જાહેરનામા ક્રમાંક:GHY-32-2022-GCA-102021-1314-A
- (૨) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગના તા.૧૩/૦૩/૨૦૨૪ના જાહેરનામા ક્રમાંક:GHY-04-2024-GCA-102021-1314-A
- (૩) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગનો તા.૦૬/૦૩/૨૦૨૩નો પરિપત્ર ક્રમાંક:ગકઅ/ ૧૦૨૦૨૧/૧૩૧૪/અ
- (૪) આરોગ્ય અને પરિવાર કલ્યાણ વિભાગનો તા.૦૭/૦૬/૨૦૨૩નો પરિપત્ર ક્રમાંક:ગકઅ/ ૧૦૨૦૨૧/૧૩૧૪/અ

પરિપત્ર :-

રાજ્ય સરકાર દ્વારા ધી ગુજરાત કિલનિકલ એસ્ટાબ્લીશમેન્ટ્સ (રજીસ્ટ્રેશન એન્ડ રેગ્યુલેશન) એક્ટ, ૨૦૨૧ની જોગવાઈઓ હેઠળ રાજ્યમાં વિવિધ પ્રકારની તબીબી સંસ્થાઓનું રજીસ્ટ્રેશન કરવા માટે ઉપર વંચાણે લીધેલ ક્રમાંક(૧)થી ધી ગુજરાત કિલનિકલ એસ્ટાબ્લીશમેન્ટ્સ (રજીસ્ટ્રેશન એન્ડ રેગ્યુલેશન) રૂલ્સ, ૨૦૨૨ તથા વંચાણે લીધેલ ક્રમાંક (૨) ધી ગુજરાત કિલનિકલ એસ્ટાબ્લીશમેન્ટ્સ (રજીસ્ટ્રેશન એન્ડ રેગ્યુલેશન) અર્મેડમેન્ટ રૂલ્સ, ૨૦૨૪ દ્વારા નિયમો બહાર પાડવામાં આવેલ છે.વધુમાં, ઉપર વંચાણે લીધેલ ક્રમાંક(૩) અને (૪) ના પરિપત્રો દ્વારા રાજ્યમાં પંચી વધારે પથારી ધરાવતી તબીબી સંસ્થાઓનું રજીસ્ટ્રેશન કરવા માટેની માર્ગદર્શક સૂચનાઓ આપવામાં આવેલ છે.

રાજ્યમાં તબીબી સંસ્થાઓનું ઓનલાઈન રજીસ્ટ્રેશન થઈ શકે તે માટે પોર્ટલ કાર્યાન્વિત કરવાની કામગીરી હાલ આખરી તબક્કામાં છે. દરમિયાનમાં ધી ગુજરાત કિલનિકલ એસ્ટાબ્લીશમેન્ટ્સ (રજીસ્ટ્રેશન એન્ડ રેગ્યુલેશન) એક્ટ, ૨૦૨૧ની કલમ-૨(ગ)ની ચિકિત્સા સંસ્થાની વ્યાખ્યામાં આવતી પંચી ઓછી પથારી ધરાવતી ચિકિત્સા સંસ્થાઓ સહિતની તમામ સંસ્થાઓનું રજીસ્ટ્રેશન ઓનલાઈન પોર્ટલ કાર્યાન્વિત થાય ત્યાં સુધી આ કામગીરી ઓફલાઈન માધ્યમથી કરવા આથી જણાવવામાં આવે છે.

આ વિભાગના તા.૦૬/૦૩/૨૦૨૩ તથા તા.૦૭/૦૬/૨૦૨૩ના પરિપત્ર ક્રમાંક:ગકઅ/૧૦૨૦૨૧/૧૩૧૪/અથી પ્રસિદ્ધ કરાયેલ અન્ય સૂચનાઓ યથાવત રહેશે.

ગુજરાત રાજ્યના રાજ્યપાલશ્રીના હુકમથી અને તેમના નામે,

(આર.એ.પ્રજાપતિ)

ઉપસચિવ,

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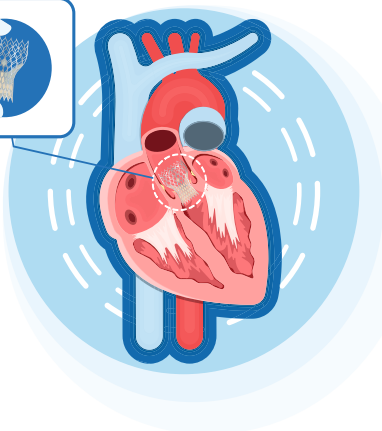
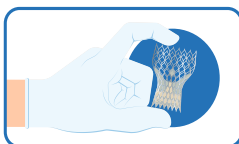
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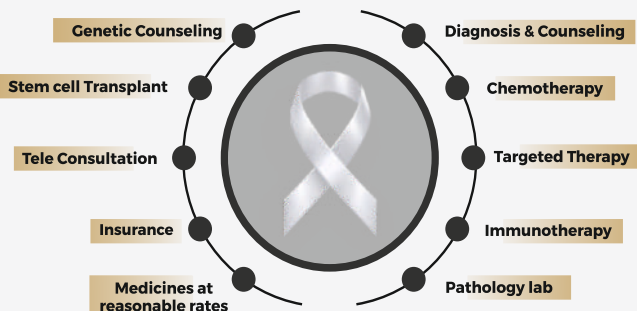
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For Upcoming CME's





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BULLETIN COMMITTEE**Dr. TUSHAR PATEL****Dr. URVESH SHAH****Dr. RAJESH DESAI****Dr. RUTVIJ PARIKH****Dr. BIPIN PATEL****Dr. ARPIT PRAJAPATI****Dr. YOGESH GUPTA****Dr. ASHISH BHOJAK****Dr. NIDHI BHATNAGAR****Dr. AMIT PRAJAPATI****Dr. ANISH JOSHI****Dr. ABHAY DIXIT****Dr. K. R. SANGHAVI****DR. ATUL GANDHI**



SAL Hospital and Ahmedabad Medical Association invites you to,
Join the International Yoga Day Celebration!

With Rita Pandya M.A. (Master in Arts with Yoga) International Yoga Trainer

Event Details:

- Date: 21st June 2024
- Time: 7:30 AM to 8:30 AM

Dress Code:

- White T-shirt and Track Pants
- Loose, Comfortable Sportswear



What to Bring:

- A Yoga Mat
- An Open Mind and a Positive Attitude

We look forward to seeing you there!

For more information,
Contact us at: Mr. Tejash - 8980015744 | Mr. Dilip - 8866625112



Note: Kindly arrive 10 minutes early to settle in and ensure a smooth start to the session.

Venue: SAL Education Campus, 19, 20, Opp. Science City, Sola, Ahmedabad, Gujarat 380060



ELECTION NOTIFICATION 2024-2025

The Annual election of the President, two Vice Presidents, two Hon. Joint Secretaries, Hon. Library Secretary, and 12 members from Post Graduate category, 12 members from other than Post Graduate category and one Resident Doctor of the Ahmedabad Medical Association for the year **2024-2025** will be held on **Sunday 4th August, 2024**, between 9.00 a.m. and 1.00 p.m. at our premises.

1. Nomination form will be available from **5-7-2024, Friday** on payment of Rs. 100/- (Time : 2.30 p.m. to 6.00 p.m.)
2. The prescribed nomination forms duly filled, proposed and seconded should reach the office on **or before 3.00 p.m. on 12-7-2024, Friday** along with Rs. 1000/- for the post of President, Rs. 500/- for other office bearers and Rs. 100/- for Managing Committee Members, (non refundable)
3. Last date for **withdrawal of nomination is 15-7-2024, Monday before 3.00 p.m.**
4. It is compulsory to cast as many votes as the number of posts are, otherwise the Ballot paper shall be considered invalid for that particular post as per the constitution.

**N.B.**

- (1) The tenure of President, Vice-Presidents, Hon. Joint Secretaries and Hon. Library Secretary will be one year.
- (2) All the office-bearers except the President shall be eligible for re-nomination for one more tenure consecutively for the post.
- (3) This year, the post of President will be filled from other than Post Graduate Category, In absence of the eligible candidate for Presidentship, the eligible candidate of other category shall be considered.
- (4) The tenure of Hon. Secretary and Hon. Finance Secretary will be of two years.
(No election for the above 2 Posts)
- (5) Term of members of the managing committee (25 members) shall be one year but can seek re-election for one more year. They can not contest for more than two consecutive terms.
- (6) To facilitate the arrangements, please come with membership number and identity card at the time of voting (Ahmedabad Medical Association identity card or any other identity document should be produced when asked for)

Dr. Tushar B. Patel

Chairman Election Commission



13th JULY 2024

MUSICAL EVENT 'KARAOKE NIGHT'



July 13-2024
Saturday



07:30pm
onwards



AMA House,
Ashram Road

We are thrilled to announce an exciting event that promises to bring music, fun, and community spirit together - our upcoming Karaoke Night!

Get ready to unleash your inner rockstar or diva at our Karaoke Night! Whether you're a seasoned performer or a first-timer, this event is your chance to shine. Join us for a night filled with laughter, music, and unforgettable performances.

Participation is open to all the members of AMA. To secure your spot and select your song in advance, please register at AMA office on 079-26588775 during 2.00 pm to 6.00 pm. on or before 10th July, 2024.

Delicious snacks and beverages will be available to keep your energy up throughout the event.

Coordinators: Dr Raj Bhagat | Dr Rajesh Desai



Congratulations

Gujarat State TB Association Office Bearers

Chairman	: Dr. B. M. Soni
Vice Chirman	: Dr. R. M. Patel
	Dr. Atul Pathakji (Surat)
Hon. Secretary	: Dr. P. M. Parmar
Hon. Tech. Advisor	: Dr. Tushar B. Patel
Hon. Treasurer	: Dr. Rajesh Hajirawala



Dr. Atul Patel

For promotion as collaborative Professor,
Research, in the Department of Internal
Medicine at **MORSANI COLLEGE OF MEDICINE**
University of South Florida, USA

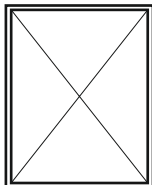
WE WELCOME FOLLOWING NEW LIFE MEMBERS

M.No.	Type	Name
13013	L	DR. PATEL SANDIPKUMAR HASMUKHBHAI
13014	L	DR. SHAH NAUKA SANJAY
13015	L	DR. KHANI ANJALI SURENDRAKUMAR
13016	LC	DR. BHANKHARIA GARGI ASHVINKUMAR
13017	LC	DR. MODI ASHWIN KARAMSIBHAI
13018	L Transfer Morbi to Ahmedabad	DR. MODI MENKA KALUBHAI
13019	L	DR. DAVE RUCHIR BAKULESHBHAI
13020	L	DR. BHATT PARTH BHARATKUMAR
13021	LC	DR. PATEL AKSHAY JAGDISHBHAI
13022	LC	DR. PATEL SUVIKA SURESHBHAI
13023	L	DR. DAVE VINAYAK NALINKUMAR
13024	L Transfer Rajkot to Ahmedabad	DR. PATEL KRISHNA G.
13025	L Transfer Kutch to Ahmedabad	DR. SALVI SHRIYAS PRATAPACHAND
13026	Life Couple	DR. TRIVEDI KEVAL RAJENDRA



OBITUARY

May their soul rest in eternal peace.



DR. ANIL VASANTLAL SHAH

L-852 M.B.B.S., FRCP

Date of Birth : --

Date of Death : 11-04-2024



DR. GUNVANTA BHUPENDRA VAKIL

L-1267 G.P., M.B.B.S.

Date of Birth : 1941

Date of Death : 18-04-2024



DR. SURYAKANT ISHWARLAL PATEL

L-758 M.B.B.S.

Date of Birth : 20-06-1942

Date of Death : 28-05-2024



DR. DINESHCHANDRA POPATLAL SHAH

(Sabarmati)

L-891 M.D. (Medicine)

Date of Birth : 29-12-1938

Date of Death : 31-05-2024

We send our sympathy & condolence to the bereaved family.

**Be a Member of
F.B.S.,
S.S.S.,
P.P.S.,
Health Scheme
and N.S.S.S.**





લેડીઝ-ક્લબ

યત્ર નાર્યસ્તુ પૂજયન્તે, સ્મન્તે તત્ર દેવતા:

પ્રોગ્રામ નં. - ૧૧

તારીખ ૧૫-૬-૨૦૨૪ ને શનિવાર ના રોજ એ.એમ.એ. લેડીઝ ક્લબ દ્વારા નીચે મુજબ ના કાર્યક્રમોનું આયોજન કરવામાં આવ્યું હતું. જેની વિગતો નીચે મુજબ છે.

૧. તમારા રંગસૂત્રમાં છૂપાયેલા રહસ્યો

સ્પીકર : Mrs. Reena Trivedi

૨. આધુનિક સમયમાં સંસ્કૃત - દેવ ભાષાનું મહત્વ

સ્પીકર : Dr. Mihir Upadhyay

૩. HOUSIE

પ્રોગ્રામના અંતે ચા-નાસ્તા માટેની વ્યવસ્થા રાખવામાં આવી હતી.

પ્રોગ્રામ નં. - ૧૨

Date : 06-07-2024, Saturday

Time : 3.00 pm to 5.00 pm

Topic : Oral Care & Modern Treatment in Dentistry

Speaker : Dr. Manisha Mehta

Topic : Punchkarma in promotive health

Speaker : Dr. Pragna Mehta

ડો. કામાબેન શાહ

(પ્રમુખ)

મો. ૯૩૨૭૦ ૬૬૬૪૦

ડો. મનીષાબેન મહેતા

(સેક્રેટરી)

મો. ૯૮૯૮૦ ૧૬૯૭૪

ડો. તુષાર પટેલ

(પ્રમુખ, એ.એમ.એ.)

ડો. ઉર્વેશ શાહ

(સેક્રેટરી, એ.એમ.એ.)

DISCLAIMER

Opinions in the various articles are those of the authors and do not reflect the views of Ahmedabad Medical Association. The appearance of Advertisement is not a guarantee or endorsement of the product or the claims made for the product by the manufacturer.



Report of 'Family Medicine Conclave' Date 19-05-2024

The Family Medicine Conclave was organized by IMA College of General Practitioners Gujarat State Branch in association with The Gujarat Insurance Medical Officers (CI-II) Association, Federation of Family Physicians Association of India & Ahmedabad Medical Association on 19th May, 2024 at AMA hall to celebrate World Family Physician Day 2024. Eminent speakers from various disciplines were invited to deliver a talk and sharing their knowledge & expertise. Dr Satyajit Borah Dean IMA CGP HQ & Dr Anilkumar Nayak HSG IMA HQ were invited as the esteemed guests for the conclave. The entire conclave was perfectly co-ordinated by Dr Mehul Shelat & Dr Pragnesh Shah. More than 400 delegates from various parts of Gujarat had participated in this academic feast. Ahmedabad Medical Association congratulates Dr Jaswantsinh Darbar Director CGP GSB-IMA and his entire team for huge success in organizing such a unique and first of its kind conclave. The conclave was supported by Zydus Hospital, KD Hospital & HCG Hospital.

Report of 'Candle March' Date 23-05-2024

Dr Divyesh Garg, 27 years old resident doctor from Dehradun ended his life in his hostel room due to alleged harassment by the seniors of his department. To show solidarity and express support to the family of Dr Divyesh Garg a 'Candle March' was arranged by Ahmedabad Medical Association on 23rd May, 2024 at AMA House. During the candle march, Dr Tushar Patel President AMA addressed the gathering, delivering heartfelt speeches about this issue, emphasizing the need for action. His words resonated deeply with the attendees, reinforcing their commitment to the cause. AMA condemns any incident that leads to such a tragedy and demands Fixed working hours for the resident doctors, Weekly off, No compulsion to stay in the hostel and eat in mess & Justice to Dr Divyesh Garg.



Report of 'Musical Night' as a part of AMACON 2024 Date 02-06-2024

The musical night held on 2nd June, 2024 at Mega lawn of Rajpath Club, Ahmedabad was an enchanting event that captivated the audience with its diverse performances and vibrant atmosphere. The evening began with an opening act by Indian Idol Fame Kavya Limaye, setting the stage for an exhilarating musical experience. Her performance featured a variety of genres including classical, pop, jazz, rock, etc ensuring there was something for every musical taste. Another standout performer was Indian Idol Fame Ashish Kulkarni, who impressed the audience with his virtuosity, emotional depth and energetic stage presence. Both the artists brought a unique flavor to the stage, keeping the audience engaged and enthusiastic throughout the night. The audience response was overwhelmingly positive, with attendees cheering, applauding, and occasionally dancing along to the music. The diverse crowd reflected the universal appeal of music in bringing people together and creating memorable experiences. Coincidentally it was a birthday of our beloved President Dr Tushar Patel too. The cake cutting ceremony was organized in the esteem presence of Shri Harshadkumar Patel, IAS - Commissionaire of Health, Govt. of Gujarat and other notable dignitaries. Our special thanks to the Management of Rajpath Club whose dedication and efforts contributed to the success of the musical night. Their commitment ensured that the event was memorable and enjoyable for all attendees.

Report of blood donation camp on blood donors day

The blood donation camp was arranged at 14 different places of Ahmedabad on 14th June 2024. Total 620 units of Blood Collected. On this occasion Ahmedabad Medical Association Thanked All the blood donors to respect humanitarian gesture of blood donors. AMA President Dr.Tushar Patel congratulated Red Cross for organising 14 blood donation camps on this day.



Report of 'Cricket Tournament' organized by AMA in association with Kavisha Group

The Cricket Tournament organized by AMA in association with Kavisha Group held at M.K. Farm, Bhadaj, Ahmedabad was a thrilling showcase of sportsmanship, skill, and camaraderie among twelve teams competing for the coveted title. It was a 15 over night match league format in which eligibility was restricted to Allopathic doctors, Interns and MBBS students from Ahmedabad and Gandhinagar cities. Maximum 4 students or interns were allowed in each team. The tournament kicked off with an exciting opening ceremony. Matches were played across multiple days, with each team demonstrating their prowess in both batting and bowling skills. Several matches stood out for their intensity and memorable performances. Players showcased their talent with impressive batting display, decisive bowling spells, and crucial fielding efforts, keeping spectators on the edge of their seats. The culmination of the tournament was the highly anticipated final match between BJ Blasters & Invincible Eleven played on 16th June, 2024. It was a fiercely contested battle that lived up to expectations. It was Invincible Eleven who became the Champion and BJ Blasters stood runners up. Rs. 25,000 and Trophy awarded to the winner team ; Rs 15,000 and trophy for the runners up. Individual awards for different categories were awarded too.

- **Man of the match in finals** : Dr. Sanket Oza (Invincible)
- **Man of the match in semifinal 1** : Dr. Hemal Patel (BJ Blasters)
2 : Dr. Deep Desai (Invincible)
- **Man of the series** : Dr. Meet Patel (Olympian Sports Mavericks)
- **Best bowler of the tournament** : Dr. Kiran Solanki (Invincible)
- **Best batsman of the tournament** : Dr. Deep Desai (Invincible)

Special thanks are extended to Dr Divyang Dalvadi & Dr Rutvij Parikh whose dedication and hard work contributed to the smooth conduct of the tournament. Their efforts ensured that players and spectators alike had a memorable and enjoyable experience. Our sincere gratitude to Kavisha Group for sponsoring the tournament.



Can you make a diagnosis of TB with Tuberculin Test or QuantiFERON-TB Gold ?

Atul K Patel MD, FIDSA

Infectious Diseases Consultant, Vedanta,
Near Samved Hospital. Navarangpura. Ahmedabad.

Tuberculosis (TB) is a contagious bacterial infection caused by *Mycobacterium tuberculosis*. TB primarily affects the lungs but can also impact other parts of the body. The availability of cartridge-based nucleic acid amplification testing (CBNAAT) has made TB detection much quicker and easier than sputum microscopy and TB culture. Diagnosing latent TB infection (LTBI), is crucial for preventing active TB disease and the spread of the disease by initiating timely treatment. Two primary diagnostic tests for TB infection (TBI) are the Tuberculin Skin Test (TST) and the QuantiFERON-TB Gold (QFT-G) test. QFT-G and TST testing provide evidence for infection with *Mycobacterium tuberculosis* (MTB), however test cannot distinguish Active (TB Disease) from Latent TB (or TBI). This note provides a detailed examination of these tests, their mechanisms, advantages, limitations, and their roles in TB diagnosis.

TB infection: TB Infection (TBI) is a newer term used for Latent TB infection. In TBI, MTB is either cleared or contained by immune defence mechanisms. Individuals with TBI are asymptomatic and non-infectious. TBI patients harbour potentially viable organisms, with a 10% chance of reactivation to active disease during their lifespan. Patients with weaker immune systems are more vulnerable to TB reactivation.

TB disease: TB disease is a newer term used for active TB. Patients with TB disease are symptomatic. The distinction between TB infection and TB disease is important in clinical practice.

Laboratory tests to diagnose TBI:

1. **Tuberculin Skin Test (TST):** The Tuberculin Skin Test, also known as the Mantoux test, has been a longstanding method for diagnosing TB infection. It involves the intradermal injection of purified protein derivative (PPD), which is a component of the TB bacterium. False Positives: Can occur due to prior Bacillus Calmette-Guérin (BCG) vaccination or exposure to non-tuberculous mycobacteria. False Negatives: May result from immunosuppression, recent TB infection (within 8-10 weeks), or very young or very old age.
2. **QuantiFERON-TB Gold (QFT-G):** The QuantiFERON-TB Gold test is an interferon-gamma release assay (IGRA) used to diagnose TB infection by measuring the immune response to TB antigens in blood samples. QFT-G: Higher specificity compared to TST, especially in BCG-vaccinated individuals. Another advantage is no Booster Effect, repeated TSTs can boost the immune response, leading to false positives; this is not an issue with QFT-G. Important Limitations of QFT-G is more expensive and requires laboratory infrastructure not available in all settings and indeterminate results can occur, particularly in immunocompromised individuals or due to technical errors.

Who should be tested for TBI?

1. Individuals with increased risk of reactivation should be tested for TBI.

(a) High Risk groups:

- HIV infection
- Transplant, chemotherapy, or other major immunocompromising condition
- Lymphoma, leukemia, head and neck cancer
- Abnormal chest radiograph with apical fibronodular changes typical of healed TB (not including granuloma)
- Silicosis
- Renal failure (requiring dialysis)
- Treatment with TNF-alpha inhibitors

(b) Other patient groups with a higher risk compared to immunocompetent individuals:

- Diabetes mellitus
- Systemic glucocorticoids (≥ 15 mg/day for ≥ 1 month)
- Underweight ($< 85\%$ of ideal body weight)
- Smoking cigarettes (≥ 1 pack/day)
- Chest radiograph with solitary granuloma
- Individuals born in or former residents of countries with high incidence of TB disease

2. Individuals with increased risk of New TB infection

- a. Close contacts of patients with untreated respiratory TB disease



- b. Casual contacts of patients with untreated respiratory TB disease
- c. People who use illicit drugs
- d. Residents or employees of a homeless shelter or correctional facility
- e. Health care workers in some circumstances

Approach to a patient with QFT-G/TST is positive:

In this case, the clinician's job is to rule out active tuberculosis. Use clinical and radiographic parameters (X-ray chest, CT scan thorax, abdomen, neck, axillae, USG abdomen, neck, axillae) to look for tuberculosis-related abnormalities such as lymph node enlargement, pulmonary parenchymal infiltration, nodules, cavities, and so on. The next step is to document microbiological evidence of tuberculosis by analysing respiratory specimens (sputum, bronchoalveolar lavage) or lymph node biopsy for CBNAAT, TB culture, and histopathological examination. If the patient received a confirmed diagnosis of active tuberculosis, therapy should begin.

If individuals with a positive QFT-G/TST test are asymptomatic and have no radiological signs suggestive of tuberculosis, the diagnosis is TBI.

Treatment of TBI:

Should we treat TBI in India (a country with high TB prevalence) ?

MTB can overcome immune defenses and cause symptomatic disease especially in patients with weakened immune system. Successful treatment of TBI kills the contained organisms and

(To Be Continued From Page No. 47)



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- Pediatrics
- IVF
- Pathology & Laboratory Medicine
- Oncology



Opp. Shaheed Major Rushikesh Ramani Garden, Nikol, Ahmedabad, Gujarat 382350



hence reduces the risk of TB reactivation by 90%. Durability of protection following TBI treatment is variable, and it depends upon regional prevalence of TB. India with a high TB burden country with > 100 cases per 100,000 population, risk for re-exposure after TBI treatment is high. So TBI treatment is not suggested to all, but we should treat close contacts of TB cases, especially children under 5 years of age, and immunocompromised patients, or patients undergoing long term immunosuppression.

Preferred regimen:

Isoniazid and Rifapentine (3HP): Once a week for three months (i.e. total 12 dosage). Adults: INH 15mg/kg max 900mg/ dose, Rifapentine: 900mg/dose

Rifampin (4R): 4 months daily (total 120 dosage), 10mg/kg maximum 600mg

Isoniazid and Rifampicin (3HR): 3 months daily, INH 5mg/kg maximum 300mg and Rifampin 10mg/kg maximum 600mg.

Alternative regimen: Isoniazid daily for 6 or 9 months.

Conclusion

The Tuberculin Skin Test (TST) and QuantiFERON-TB Gold (QFT-G) are used for the diagnosis of TB infection. QFT-G is more sensitive with higher specificity in making diagnosis of TBI, particularly where BCG vaccination is common. QFT-G/TST should not be ordered to make a diagnosis of TB Disease. In a country like India with a high TB burden, TBI should be treated in high-risk patients and close contacts of TB cases. Once weekly (Rifapentine + INH) for three months is a preferred choice for the treatment.



Doctor Preneurs: Start now, StartUp

Dr Yogesh Gupta
AMA

What is Startup India?

Startup India is a government initiative launched by Prime Minister Narendra Modi on January 16, 2016. The program aims to foster innovation and support new businesses by simplifying processes and providing financial assistance. It was created to boost economic growth and create job opportunities.

What is a Startup?

A startup is a new company, usually less than five years old, founded by one to three entrepreneurs. It must have an annual turnover of less than Rs 25 crores to qualify for the Startup India initiative. Startups typically focus on developing products with high market demand.

Action Plan for Startups in India

Startup India has a three-part action plan to create a supportive ecosystem for startups:

1. Simplifying Processes: Streamlining procedures to make it easier for startups to operate.
2. Financial Assistance and Incentives: Providing funding and benefits to support new businesses.
3. Research and Industry Collaboration: Encouraging partnerships between research institutions and industry.



Who Can Apply for Startup India Registration?

- Partnership firms
- Limited Liability Partnerships (LLP)
- Private Limited Companies

How to Apply for the Startup India Scheme Online

1. Visit www.startupindia.gov.in.
2. Enter your business name, location, and incorporation date.
3. Provide your PAN number, address, zip code, and state.
4. Include information about authorized representatives, directors, and partners.
5. Upload required documents and self-certification.
6. Submit your company's certificate of incorporation and registration for approval.

Benefits of Startup India

Financial Benefits:

- An 80% discount on patent costs and quicker patent processing.
- Government covers facilitator fees for obtaining patents.

Tax Benefits:

- Income tax exemption for three years after incorporation.
- Exemption from capital gains tax if investing in certain funds.

Registration Benefits:

- Simplified registration process through a single window at the Startup India hub.

**Government Tenders:**

- Priority consideration for government contracts without needing prior experience.

Networking Opportunities:

- Opportunities to meet with various startup investors.
- Intellectual property programs conducted by Startup India.

Startup India aims to make it easier for new businesses to start, grow, and succeed by providing a range of support and incentives.

8 Reasons to Start a Startup as a Student

1. WHY NOT?
2. People LOVE to help students
3. You can LEARN how to start a startup while you still have a “safety net” of sorts
4. There are LOADS of RESOURCES available to you as a student.
5. Entrepreneurship brings a NEW PERSPECTIVE to your academics
6. It EXPANDS your personal and professional network
7. It is a huge CAREER BUILDER
8. It gives you a chance to EXPLORE your passions

If you have any query do contact, don't let your innovation or idea be wasted. It may very well be the game changer for healthcare.



Robotic-Assisted Spine Surgery: Transforming the Future of Spine Care

Dr Mirant Dave, Stavva Spine Hospital
India

Robotic-assisted spine surgery represents a groundbreaking advancement in the field of spinal healthcare, offering unparalleled precision, efficiency, and outcomes. As the surgeon working for the leading spine care hospital in India, equipped with the state-of-the-art robotics technology, our institution is at the forefront of this medical revolution.

Enhanced Precision and Accuracy

One of the primary advantages of robotic-assisted spine surgery is its unmatched precision. The robot, for instance, allows surgeons to plan and execute procedures with sub-millimeter accuracy. This level of precision reduces the risk of human error, ensuring that implants and instruments are placed exactly as planned. For patients, this translates to fewer complications, reduced need for revision surgeries, and overall better surgical outcomes.

Minimally Invasive Techniques

Robotic systems facilitate minimally invasive spine surgeries (MISS), which are a cornerstone of our hospital's approach. By utilizing smaller incisions, these procedures minimize tissue damage, reduce blood loss, and shorten recovery times. Patients benefit from less postoperative pain and a quicker return to their



daily activities. Our hospital's emphasis on minimally invasive techniques aligns perfectly with the capabilities of robotic systems, enhancing our commitment to providing superior patient care.

Improved Surgical Planning and Execution

Robotic-assisted systems offer advanced preoperative planning capabilities. Surgeons can create a detailed, 3D map of the patient's spine, allowing for meticulous planning of the surgical approach. During the procedure, the robot provides real-time feedback and guidance, ensuring adherence to the preoperative plan. This level of control and visualization is particularly beneficial in complex cases, enhancing the surgeon's ability to navigate intricate anatomical structures.

Future Prospects and Innovation

The future of robotic-assisted spine surgery is bright, with ongoing advancements promising even greater capabilities. Innovations such as artificial intelligence and machine learning are poised to further enhance surgical planning, execution, and outcomes. Our hospital remains committed to staying at the cutting edge of these developments, continually integrating new technologies to provide the best possible care for our patients.



Re-defining Success in IVF – What Matters Most?

Dr. Jwal Banker (MS, DNB)

Consultant – Banker IVF & Women's Hospital

Executive Committee – Indian Fertility Society (Guj)

Fellowship/ Training in Reproductive Genetics –Spain

Introduction

Couples' desires and perceptions about IVF often do not align with the reality of the process, including the unforeseen events and safety issues such as cycle cancellations, no embryo transfer (ET), no implantation, abortion, and perinatal complications. Most people feel that getting a positive pregnancy test is a successful IVF, but there are certain things which matters more than just a positive report, hence a need to redefine success in IVF. It has been documented well enough that the safest outcome for the mother and the child – is a single healthy pregnancy.

Defining Success in IVF

Success can be measured by pregnancy rates per embryo transfer (PR/ET), pregnancy rates per ovum pickup (PR/OPU), clinical pregnancy rates per embryo transfer (CPR/ET), live birth rates per embryo transfer (LBR/ET), and live birth rates per patient(LBR/Patient). All are factually correct, but how should you define success? Success in IVF can be misleading if not reported consistently.

Globally, success is reported as cumulative live birth rates per cycle started, emphasizing on singleton pregnancies.

Risks involved till a healthy live birth

- **OHSS (Ovarian Hyperstimulation Syndrome)**

OHSS is an iatrogenic complication which can be life threatening. It used to be high earlier, but after the introduction of antagonist protocol and segmentation of IVF, the risk is quite low. Incidence of severe OHSS in



high-risk women without luteal phase support is almost 0%. With HCG added to standard luteal phase support, the incidence is about 1%.

- **Multiple Pregnancy**

Natural conception has a multiple birth incidence of 1.25%, whereas IVF increases this to more than 24%.

Singleton pregnancies are the safest outcomes, for the mother and the child. Hence, professional bodies recommend policies like elective single embryo transfer (eSET) and blastocyst transfer better outcomes.

- **Maternal and Neonatal Risks with multiple pregnancies**

Maternal Risks:

Increased operative delivery

Post-delivery complications

Parenting stress

Miscarriage, PIH, GDM, Anemia

Preterm delivery

Neonatal Risks:

Morbidity: Prematurity, low birth weight, respiratory distress syndrome, ventilator requirement, NEC

Mortality: High risk for perinatal death, significant brain and eye damage in survivors

Long-term: Attention deficit hyperactive disorders and behavioral problems

How do you achieve this success?

- **Stimulation**

While stimulation, use of better-quality medication and aiming to get as many more eggs as possible. More oocytes generally mean higher



probabilities of having at least one euploid embryo, especially as ovaries age faster in Indian women compared to Western women.

Downregulation protocols should balance between being patient-friendly and minimizing risks like OHSS. In today's time of better vitrification and segmentation of cycle, a conventional stimulation instead of mild stimulation can give better results without affecting quality. Newer stimulations like PPOS cycles are more patient friendly.

- **Use of Appropriate Technology**

Techniques such as Preimplantation Genetic Testing for Aneuploidy (PGT-A) and even testing for Single Gene Disorders (PGT-M) are very important.

As we know that as age increases, chances of chromosomal issues in the egg and embryo are high. This can cause miscarriages or birth defects. PGT-A improves live birth rates and reduces miscarriage rates in women over 35 by testing embryos before transfer.

- **IVF Laboratory Quality is of paramount importance**

An IVF lab is a complex place which involved multiple processes like -

Media setup, OPU, Denudation, ICSI, Fert check, Embryo check, Cryopreservation, Embryo transfer, Thawing, Biopsy, Tubing and Andrology procedures like Semen collection, analysis, preparation, IUI, sperm freezing, thawing

Hence a robust QC and QA system is necessary for quality and safety. This system checks for parameters like equipment temperature, CO2 levels, media pH, room conditions, VOCs, microscopy settings, cleaning, stock control, LN2 tanks refilling SOP design & update, data analysis, bench marking, audit, compliance, external validation, training plans – all are equally important.

Monitoring and Bench marking also play an important role. Continuous improvement through data management and bench marking (monthly, quarterly, annually) ensures that everything is on track. Only if you measure it, you can improve it.



- **Safety, Transparency and Traceability**

Not to forget safety and transparency in terms of preventing gamete mix-up. We use latest Radio Frequency based electronic witnessing system (RI Witness). Digital monitoring of each critical step involving gametes helps to minimize risk and ensure traceability.

Advances at Banker IVF

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Along with that, using advanced technology like – PGT-A + PGT-M + HLA matching, we have performed more than 20 Saviour Sibling cycles – to help a child affected with a single gene disease like Thalassaemia who require bone marrow transfusion, but can't find a matched donor in the family. This truly is an advancement in medical science and we are pioneers in this.

We achieved a live birth rate of almost 50% in 2022, with more single live births than twins – and no triplets or higher order births! Which is what we aim for, which is the safest outcome for the mother and the child, which is what matters most.

Conclusion

A single pregnancy is the safest outcome for both mother and child. Ongoing commitment to quality over quantity, with continual improvements in technology and procedures is essential for consistent good results.



In Investments - Asset Allocation & Related Myths

-Anishi Nitin Patel & Anjali Nitin Patel.

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When it comes to asset allocation there are many myths which can affect a person's potential to achieve financial freedom. Let us start with the fundamentals of asset allocation. There are majorly four types of asset classes, they are equities, bonds, commodities, and real estate.

Myth #1: Dividing your assets equally in these four assets classes is all that is required.

Truth: Every person is different and has different goals in their lives. In medical terms: there is not just one universal medicine that works for every patient for one disease. Hence with different individuals and their different goals, they need a tailor-made prescription on how and where to allocate their assets.

Now let us discuss each asset class in detail:

1. Bonds: Bonds are debt financial instruments which are usually issued by the government or big corporations, they have a guaranteed and fixed interest rate.

Myth #2: Because it is guaranteed, or it is backed by the government, it is the safest option to invest.

Truth: Even though bonds give guaranteed and fixed returns it barely beats inflation. Which is the biggest drawback in investing as believed by the veterans of the industry. Hence, in the shorter



run it might feel a great deal but in the longer run your portfolio does not reach its potential as it should have.

Furthermore, if the institution (government or private corporation) whose bond is issued goes bankrupt, the person who was investing in it is entitled to get only the insured amount back, which can be much less than the actual worth of the investment.

2. Commodities: Commodities are corporeal assets such as gold or silver which can be exchanged for cash or products of similar value. One of the advantages of this asset class is that it is a global currency.

Myth #3: People often believe investing in commodities in their dematerialized form is as fruitful as buying the commodity.

Truth: Suppose if a war or a natural calamity strikes a country and people are forced to flee and take refuge in another country, at such times, this asset class is useful in tangible form only. As it is a global currency, investment in this class should be done for 'state of emergency' purpose only.

A 'state of emergency' fund should only be enough fund in hand which is required for you and your family to survive one year in your own or another country if need be. Having more of your assets invested in this class is unnecessary as commodities have negligible returns compared to other asset classes.

3. Real Estate: This refers to property consisting of land and building/house. This class gives an individual a sense of ownership/belonging.

Myth #4: Investing in real estate and then renting it for a passive income is a promising investment plan.



Truth: Real estate is an asset class which should only be used for consumption and not investment. Because it is the least liquid asset class, involves huge transaction cost and it is tough to liquidate/sell.

This is the reason most of the large companies/banks opt to lease the property as they believe that paying rent is an asset and capital money which is saved by paying rent can be used for expansion of their businesses.

Additionally, Real estate can bind you in several ways, for example, suppose you are buying a house on an E.M.I. and an unexpected expense arises (i.e. medical emergency or a loss of income) you will still have to pay those E.M.I.s, if you miss to do so the bank will seize the house.

Another example is, suppose you only own properties and there is an unexpected expense, in this situation you will have to sell the property in haste, and that can majorly affect the value of the asset.

4. Equity: This refers to partnering with multiple companies by investing in company shares.

Myth #5: Commodities and real estate are tangible assets and equity is not hence, equity is riskier.

Truth: People do see the physical form of commodities and real estate, but what they miss seeing is the companies' work and progress in their industry.

Think of it like this, when you invest in equity, you are partnering with the company, the thought process of the entrepreneur, the

new innovative ideas they will have, the advancements they will make in their industry, and the profit they will generate.

Equity may be volatile in nature in the short term but has delivers encouraging returns over the long term.

Myth #6: Saving money by not paying as much tax as you should pay and investing that money in properties or gold is a good investment strategy.

Truth: Sometimes people get so blinded by the idea of avoiding tax that they forget what the benefits are of paying them.

1. Income left after paying tax can be invested in better assets which can generate better returns than investing in properties or gold.
2. When you pay more tax, your eligibility to receive loan increases, which can be hedged to buy more assets.

To summarize, just like two patients with same disease might not have the same prescriptions, because the doctor takes several other things such as height, weight, age, patient's and their family's medical history into account, In making an investment portfolio too a plan which worked for your friends or family might not work for you, imitating others' prescription can only create financial blunders.



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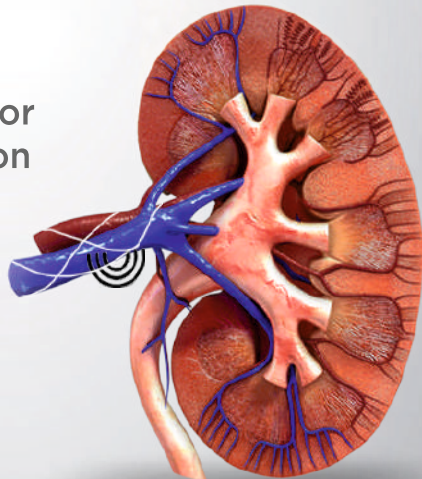

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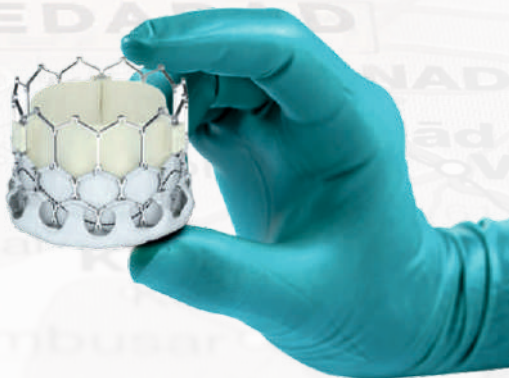
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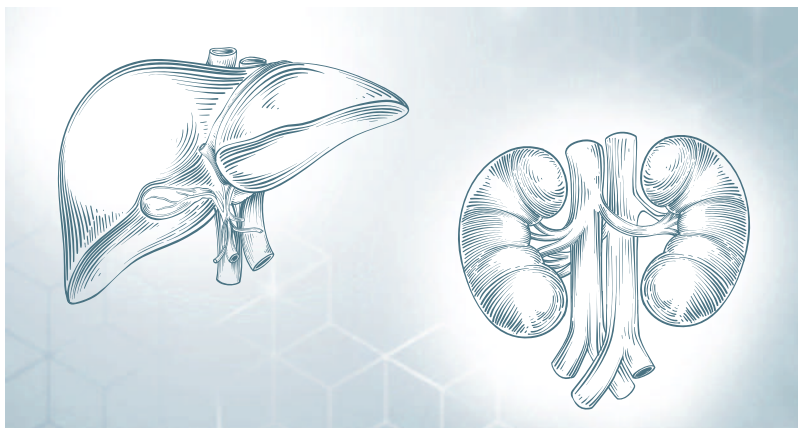


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From Despair to Vitality:

Mr Jayeshkumar Jani's Transformation through Bariatric Surgery



Before



After

"This Surgery Gave Me a Second Chance. It's More Than Just Losing Weight It's About Gaining Life."

Case Summary

61 years old, Mr Jayeshkumar Bhanushankar Jani faced serious health challenges. With a weight of 124 kg and a BMI of 41.6 kg/m², his life was burdened by the crippling effects of obesity. He battled chronic obstructive pulmonary disease (COPD), ischemic heart disease (IHD), and left ventricular dysfunction with an ejection fraction (EF) of just 40%. Chronic kidney disease (CKD) and obstructive sleep apnea (OSA) added to his woes, necessitating the use of a BiPAP machine and frequent nebulisation.

Diabetes further complicated his condition, requiring about 100 units of insulin daily in addition to four oral hypoglycemic agents (OHAs). Even a simple task like walking two steps left him breathless, with his oxygen saturation (SpO2) plummeting to 88%.

Despite his best efforts, including strict diet plans and exercise regimens, Mr Jani found himself unable to shed the weight that was slowly killing him.

In December 2023, Mr Jani underwent the life-changing surgical procedure of Laparoscopic Sleeve Gastrectomy performed by Dr Manish Khaitan, Director and Consultant Bariatric Surgeon. In the months that followed, Mr Jani's weight dipped from 124 kg to an impressive 95 kg.

Rediscovering Life

The effects of the surgery extended far beyond weight loss. Mr Jani's diabetes improved, letting him stop insulin and rely only on oral medication. His medicine intake has reduced from 26 to 7 tablets. Once unable to walk two steps, he now walks 3 km daily, manages COPD and IHD better, and no longer needs his BiPAP machine. His story is about more than weight loss; it's about reclaiming life, rediscovering joy, and inspiring others who face similar struggles.



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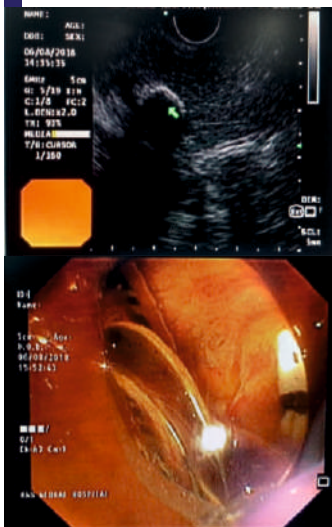
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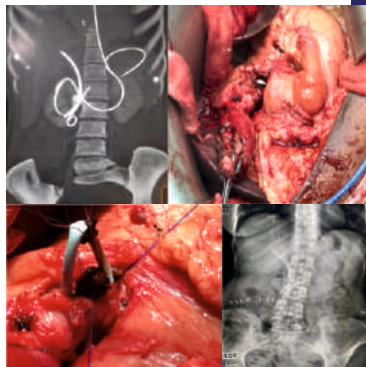
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- A longitudinal choledochotomy was done. The presence of an impacted basket plus large stone in the CBD was noted.

- Basket was cut and removed, then wire was delivered orally.
- CBD wash was given.
- CBD clearance was confirmed fluoroscopically, and 7 Fr stent was placed and choledochotomy was closed with a 3-0 Vicryl continuous suture.
- Cholecystectomy was done.
- POD 4 patient was discharged, on follow up visit after 2 weeks, LFT was normal.
- Stents were removed after 4 weeks.



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Bowel Endometriosis management by colo-rectal resection: Laparoscopic surgical technique & outcome

Background and Objectives: Bowel Deep Infiltrating Endometriosis (DIE) management by colo-rectal resection is a complex procedure. The purpose of the present study is to delineate a meticulous approach to the assessment of the patient, step-wise surgical technique, pre, and post-operative care, and its short-term and long-term outcomes.

Methods: This is a single centre retrospective study done on patients of bowel DIE managed by colo-rectal resection between January 2019 to June 2021.

Results: There was a significant improvement in the symptomatology of patients post-surgery. Our surgical technique is feasible with acceptable short-term and long-term outcomes.

Conclusion: Bowel DIE management can be proficiently executed with proper diagnostic approach, appropriate surgical expertise with exhaustive pelvic anatomy knowledge especially concerning autonomic nerve plexus.

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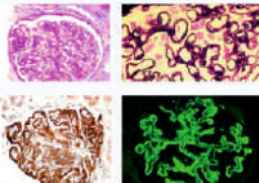


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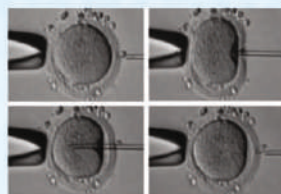
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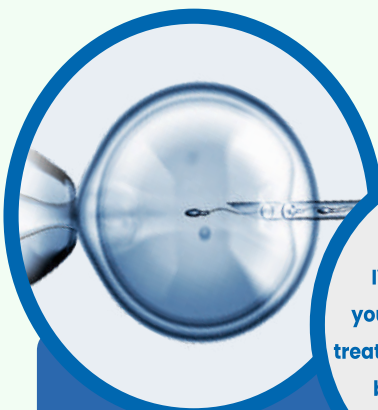
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