INDIAN MEDICAL ASSOCIATION

Protect the Single and Couple Doctor Setups

IMA NEWS

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IMA HQ Press Conference

HOMAGE

DR. P. GANGADHAR RAO
PAST NATIONAL VICE PRESIDENT

1946-2020

From Rural to Virtual

Friends and colleagues,

Current COVID year has brought into focus the challenges for entire mankind and more so for our fraternity. While we started to face this unknown killer virus, we were apprehensive. Still we rose to the occasion and took this daunting challenge head on. I acknowledge with gratitude the immense contribution and sacrifice made by our doctors, nurses, healthcare staff, and lab technicians. While, I pen down this note with a heavy heart, I share with you that we have lost 670 of our colleagues whom we have termed as COVID Martyrs and they will remain in our memory and history of IMA.

As we are grappling with the management of COVID in the 3rd phase and numbers of casualty are raising, the deplorable and demoralizing news of Ayush Ministry including surgical procedure into Ayurveda, is condemnable and will not be tolerated by us at any cost.

Time has come for all of us to rise to the occasion and mobilize the medical fraternity for this long struggle. The current lack of infrastructure and facilities in the rural dispensaries, PHC's and CHC's are well known. Burden of years of monumental negligence, lack of investment in healthcare is quickly shifted on us. The Doctors do not go to rural areas-the usual blame game. The question arises, when there are no diagnostic or medical infrastructure available, what can doctors do in that setups? The ground reality is how many permanent jobs are being created for the doctors and does the Government follow the dictum of ease of doing service? It is a high time that the Government develop the futuristic vision and spend quality investment in healthcare rather than superficial announcements which lack any ground reality.

Mixopathy is a cruel joke being played on the students who work hard to clear NEET and need PGs and enter into various disciplines like- Surgery, ENT, Medicine, Anesthesia etc. by short term coaching on modern medicine and using our books and theses on 66 surgical procedures for which they take years to learn. It is Cruel joke on the healthcare facilities of the common man. The infrastructure which could not be created for us to work, how is the Ayush Ministry ensure is for such Mixopathy Doctors?

Let us take a pledge that IMA on behalf of entire medical fraternity who provide services, will fight this draconian legislation tooth and nail.

Dr. Rajan Sharma
National President, IMA

The Dinosaur Moment

The magnitude of the crisis is yet to sink in. Like the asteroid which destroyed the reign of the Dinosaursthe mixopathy policy is ripping open the identity and existence of modern medicine. It is entirely for us to prove if we are cold blooded or otherwise. The critical moment for the fractures in modern medicine to disappear. All vertical and horizontal stratification of the fraternity into hundreds of organisations need to actually prove to be a net against the poachers and the traitors. It is also an opportunity to stand up and counted. This moment is not for the light hearted. We will need the stamina of a marathon winner and the speed and precision of an eagle. Sacrifice and courage are the pass words. Let's get going.

Dr. R.V. Asokan
Hony Secretary General, IMA

CCIM NOTIFICATION ON PG REGULATION (AYURVED)

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भारतीय चिकित्सा केंद्रीय परिषद

अधिसूचना

नई दिल्ली, 19 नवम्बर, 2020

फा. सं. 4-90/2018- पीजी. विनियमन (आयुर्वेद).—भारतीय चिकित्सा केंद्रीय परिषद अधिनियम, 1970 (1970 का 48) की धारा 36 की उपधारा (1) के अनुच्छेद (झ), (ञ) और (ट) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए भारतीय चिकित्सा केंद्रीय परिषद, केंद्रीय सरकार की पूर्व स्वीकृति के साथ भारतीय चिकित्सा केंद्रीय परिषद (स्नातकोत्तर आयुर्वेद शिक्षा) विनियमन, 2016 में एतदद्वारा निम्नलिखित विनियमन बनाते हुए आगे और संशोधन करती है, अर्थात:—

1. **लघु शीर्ष और प्रारंभः**—(1) इन विनियमों को भारतीय चिकित्सा केंद्रीय परिषद (स्नातकोत्तर आयुर्वेद शिक्षा) संशोधन विनियम, 2020 कहा जाएगा।

(2) ये विनियम शासकीय राजपत्र में प्रकाशन की तिथि से लागू हो जाएंगे।

2. भारतीय चिकित्सा केंद्रीय परिषद (स्नातकोत्तर आयुर्वेद शिक्षा) विनियम, 2016 में विनियम 10 में, उप विनियम (8) के पश्चात निम्नलिखित उप-विनियम प्रतिस्थापित होंगे, नामतः-

"(9) अध्ययन अवधि के दौरान शल्य और शालाक्य के स्नातकोत्तर अध्येता को निम्नलिखित कार्यकलापों से परिचित होने के साथ-साथ उनका स्वतंत्र रूप से निष्पादन करने के लिए व्यावहारिक रूप से प्रशिक्षित किया जाएगा ताकि वह अपनी स्नातकोत्तर डिग्री पूरी करने के पश्चात निम्नलिखित प्रक्रियाओं को स्वतंत्र रूप से निष्पादित करने में सक्षम हो सकेः

एमएस (आयुर्वेद) शल्य तंत्र – (सामान्य शल्य)

प्रक्रियाएं

1. दुष्टनिजव्रणकालेखन/छेदन(डेब्राइडमेंट/फेसियोटोमी/केरेटेज)
2. विद्रधिका भेदन और गुदविद्रधि के फोड़े का भेदन और निष्कासन, स्तन विद्रधि (पेरियनलअबसेस, स्तन अबसेस, एक्सिलरी अबसेस, सेलुलाइटिस आदि)।
3. संधान कर्म सभी प्रकार की त्वचा ग्राफ्टिंग (एसएसजी, ईईजी, क्रॉस फ्लैप), कर्ण पालिसंधान (इयर लोब रिपेयर)आदि।
4. ग्रन्थि, अर्बुद का छेदन कर्म, सामान्य सिस्ट का उच्छेदन (सेबासियस सिस्ट, डर्मोइड सिस्ट, म्यूकोसल सिस्ट, रिटेंशन सिस्ट) आदि/नॉन वाइटल आर्गन्स के सुसाध्य ट्यूमर (लाइपोमा, फाइब्रोमा, स्कवानोमेएटेक) का उच्छेदन।
5. सिरा-स्नायुकोथ का छेदन कर्म। (गैंग्रीन का उच्छेदन/विच्छेदन)।
6. सद्यो-व्रण प्रबंधन (अभिघातजघाव काप्रबंधन):-
   (क) सीवन कर्म (सभी प्रकार के स्युचरिंग, हेमोस्टेटिक लिगेचर्स);
   (ख) सिरा-कंडरा-स्नायुकासंधानकर्म (लिगेशन एंड रिपेयर ऑफ टेंडन एंड मसल्स)।
7. प्राणष्टशल्यनिर्हरण (नॉन वाइटल आर्गन्स सेधात्विक और गैर-धात्विक बाहरी तत्वों कानिष्कासन)।
8. भग्न चिकित्सा: - आंछन- पीडन - संक्षेप- कुशबन्धन (क्लोजरिडक्शन, स्थिरीकरण, स्पिलिंट्स/कास्ट)।
9. संधिमोक्ष (संधिभ्रंश और अपूर्णसन्धिभ्रंश में कमी)।
10. उदर रोग निदानचिकित्सा/दकोदरविस्रावन (लैप्रोटॉमी/पेरेटसिंटेसिस)।
11. अर्श -क्षारकर्म, छेदन (हीमोरायडेक्टॉमी के विभिन्न तरीके), रबर बैंड लिगेशन, स्क्लेरोथेरेपी, आईआरसी, रेडियो फ्रीक्वेंसी/लेजर एब्लेशन, आदि।
12. परिकर्तिकासन्निरुद्ध गुदा (एनो में फिशर - गुदा डिलेटेशन, स्फिंक्टरोटॉमी ऐनोप्लास्टी)।
13. भगंदरछेदन, क्षारसूत्र (फिस्टुलेक्टॉमी, फिस्टुलोटॉमी)।
14. नाडीव्रणछेदन, क्षारसूत्र (पायलोनिडल साइनस का उच्छेदन)।
15. गुदा-भ्रंश- संधान कर्म (विभिन्न रिक्टोपेक्सीज़)।
16. अश्मरी- निर्हरण (सुप्राप्यूबिकसिस्टोस्टॉमी/सिस्टोलिथोटॉमी)।
17. मूत्रग्रह/मूत्रकृच्छ्र- मूत्रमार्ग विवर्धन (यूरेथ्रल डिलेटेशन,मीटोमी)।
18. निरुद्ध प्रकश (फिमोसिस), परिवर्तिका(पैराफिमोसिस) परिच्छेदन।
19. वृद्धिरोग चिकित्सा, संधान कर्म। (जन्मजात/वंक्षण/नाभिसम्बन्धी/अंधिगठर/फीमोरल/ इनसिस्जनलहर्निया: - हर्नियोटॉमी, हर्नियोग्राफी, हर्नीओप्लास्टी)।
20. मूत्रवृद्धि-वेधन (हाइड्रोसील एवरशन ऑफ सैक)।
21. वक्षीय आघात के लिए इंटरकोस्टल ड्रेन।
22. हेमैंगीओमा का लिगेशन, वैस्कुलर लिगेशन, वैरिकोसील कालिगेशन, वैरिकोज़ वेन्स/स्ट्रिपिंग सर्जरी।
23. स्तनग्रंथि/अर्बुदछेदन, सुसाध्य घावों, स्तन कीगांठ/ट्यूमर काउच्छेदन,लंप बायोप्सी।
24. आशुकारीउदरशूलशस्त्र कर्म-उदरपातन (एक्सप्लोरेटरीलैपरोटॉमी)।
25. उदरसे बाहरी तत्वों की निकासी। पाइलोरोमियोटॉमी।

26. स्रोतोदर्शनार्थ-क्रियासौकर्य के लिए उन्नत नाड़ियंत्र का उपयोग (वीडियो प्रोक्टोस्कोपी, सिग्मोइडोस्कोपी)

27. इलियोस्टोमी, कोलोस्टोमी, इमरजेंसी में रिसेक्शन एनास्टोमोसिस।

28. सिग्मायोडोस्कोपिक बायोप्सी, पॉलीपेक्टॉमी।

29. उंडुकपुच्छशोथ (एपेंडिसेक्टोमी)।

30. अभ्यंतरविद्रधि का वेधन-विस्रावन(एपेंडिकुलरफोड़ा आदि)।

31. पित्ताश्मरिनिर्हरण-छेदन (कोलेसीस्टेक्टोमी)।

32. लैरिंजल मास्क एयरवे, इंटुबेशन, बैग/मास्क वेंटिलेशन।

33. सुप्राप्यूबिक सिस्टोस्टॉमी।

34. सुप्राप्यूबिक सिस्टोलिथोटॉमी।

35. कैल्सिफाइड प्लाक पाइरोनीज डिसीज़ का छेदन।

36. ऑर्किडोपेक्सी।

37. ऑर्किडेक्टॉमी।

38. वैरिकोसीलहाई लिगेशन।

39. स्पर्मेटोसील, काइलोसील, पोयोसील, हेमाटोसील ड्रेनेज

एमएस(आयुर्वेद)शालाक्य तंत्र

(आंख, कान, नाक, कंठनाली, माथा, ओरो-डेंटिस्ट्री रोग)

प्रक्रियाएं

नेत्र - (आंख)

1. वर्त्मगतरोग (पलकों के रोग): -

(क) वातहतवर्तमशस्त्रकर्म (टोसिसके लिए सर्जरी यानी स्लिंग सर्जरी);

(ख) वर्त्मविकृति- शस्त्रकर्म (एक्ट्रोपियन और एन्ट्रोपियन - सुधार सर्जरी);

(ग) लगण - भेदन और लेखनशस्त्रकर्म (कलैजियन - छेदन और निष्कासन/क्युरेटेज);

(घ) अघातक वर्त्म अर्बुद- छेदन कर्म (सुसाध्यलिड ट्यूमर –उच्छेदन सर्जरी)।

2. शुक्लगत रोग: -

अर्म - छेदनशस्त्रकर्म (टेरिजियम –एक्सिजनएंड कंजंक्टिवल लिंबल ऑटोग्राफ/एमनियोटिक मेम्ब्रेनग्राफ्ट)।

3. कृष्णगत रोग: -

अजकाजात - छेदन कर्म (आइरिस प्रोलैप्स-एक्सिशन सर्जरी)।

4. सर्वगत रोग: -

अधिमंथ - भेदनशस्त्रकर्म (ग्लूकोमा-ट्रैबेकुलेटोमी)।

5. नयनाभिघात (आँख को आघात): - भ्रू, वर्त्म, शुक्लमंडल, कृष्णमण्डलाभिघात - संधानशस्त्रकर्म। (आई ब्रो, लिड, कंजक्टिवा, स्लेरा एंड कॉर्निया- ट्रामारिपेयरसर्जरी)।

6. त्रियकनेत्र: - प्राकृतनेत्रस्थापनशस्त्रकर्म(भेंगेपन की सर्जरी- एसोट्रोपिया, एक्सोट्रोपिया, हॉरिजोंटलमसल रिसेक्शन एंड रिसेशन)।

7. पुयालस: - भेदन/छेदनशस्त्रकर्म (डेक्रोसिसटाइटिस- डीसीटी/डेक्रोसिस्टोरिनोस्टॉमी [डीसीआर])।

8. लिंगनाश (कफज) शस्त्रकर्म- मोतियाबिंद सर्जरी- आईओएल प्रत्यारोपण सर्जरी सेमोतियाबिंद निष्कर्षण: -

(क) इंट्राकैप्सुलर मोतियाबिंद निष्कर्षण (आईसीसीई);

(ख) अतिरिक्त कैप्सुलर मोतियाबिंद निष्कर्षण (ईसीसीई);

(ग) ह्रस्वभेदन मोतियाबिंद सर्जरी (एसआईसीएस);

(घ) फकोएमूल्सिफिकटीओन

आईओएल के प्रकार: -

(I) पीसीआईओएल;

(II) एसीआईओएल;

(III) आइरिस फिक्सेटेड आईओएल।

9. आंख में स्थानिकसंज्ञाहरण (लोकल एनेस्थेसिया)। (नेत्र विज्ञान):-

(क) पेरीबलबार;

क) रेट्रोबलबार;

ख) पैराबलबार;

ग) इंट्रा कैमरल।

नासा (नोज)

1. नासाजवनिकवक्रता - शस्त्रकर्म (विसामान्य नाक कीसेप्टम सर्जरी- सेप्टोप्लास्टी/एसएमआर)।
2. नासार्श - छेदनशस्त्रकर्म (नेसल पॉलीप पॉलीओक्टोमी)।

एफईएसएस सर्जरी का ज्ञान - कार्यात्मक एंडोस्कोपिक साइनस सर्जरी।

3. अघातजनासाविकृति- नासासंधान(विकृत नासा - राइनोप्लास्टी)।

कर्ण (ईयर)

- कर्णपालिसंधानशस्त्रकर्म (विदीर्णकर्ण पिंडिका- लोब्यूलोप्लास्टी)।
- आशुकारीमध्यकर्णशोथ - भेदनशस्त्रकर्म (एक्यूट सुप्युरेटिव ओटिटिस मीडिया/ग्लू इयर/सेक्रेटरी या सीरस ओटिटिस मीडिया- मायरिंगोटॉमी)।
- जीर्णमध्यकर्णशोथशस्त्रकर्म का ज्ञान (क्रोनिक सुप्युरेटिव ओटिटिस मीडिया- सुरक्षित:- टाइमपैनोप्लास्टीअसुरक्षित: - मस्टोइडेक्टॉमी)।

मुखरोग

1. गलरोग (थ्रोट डिजीज़): -

गलकोष;

(क) अशुकारीगिलायुवृद्धि - भेदनशस्त्र कर्म (पेरिटोंसिलरफोड़ा - क्विंसी) - छेदन और निष्कासन;

(ख) जीर्णगिलायुशोथ- गिलायुनिर्हरणशस्त्रकर्म (क्रोनिक टॉन्सिलाइटिस - टॉन्सिलोटॉमी)।

2. ओष्ठगत- ओष्ठभेद- संधानकर्म (हेयरलिप रिपेयर)।

दंत रोग

1. चलदंत- दंतनिर्हरण (लूज टूथ एक्सट्रेक्शन)।

2. कृमिदंत - लेखन और पूर्णशस्त्रकर्म (कैरिजटूथ/टीथ–रूट कैनाल उपचार)।"

शमशाद बानो, रजिस्ट्रार-सह-सचिव

[विज्ञापन-III/4/असा./372/2020-21]

नोट : मूलविनियम अधिसूचना संख्या 4-90/2016-पी.जी.विनियमन, दिनांक 7, नवंबर 2016 के द्वारा भारत के राजपत्र, असाधारण, भाग-III, खंड 4 में प्रकाशित किए गए थे और अंतिम संशोधन अधिसूचना संख्या सं.4-90/2018-पी.जी विनियमन (आयुर्वेद), दिनांक 24, जुलाई, 2019 के द्वारा भारत के राजपत्र, असाधारण, भाग-III, खंड 4, दिनांक 29 जुलाई, 2019 में प्रकाशित किए गए थे।

टिप्पणीः अंग्रेजी एवं हिन्दी विनियम में कोई विसंगति पायी जाती है, तो अग्रेंजी विनियम नामतः भारतीय चिकित्सा केंद्रीय परिषद (स्नातकोत्तर आयुर्वेद शिक्षा) संशोधन विनियम, 2020 को अन्तिम माना जायेगा।

CENTRAL COUNCIL OF INDIAN MEDICINE

NOTIFICATION

New Delhi, the 19th November, 2020

F. No. 4-90/2018-P.G. Regulation (Ayurved).—In exercise of the powers conferred by clauses (i), (j) and (k) of sub-section (1) of section 36 of the Indian Medicine Central Council Act, 1970 (48 of 1970), the Central Council of Indian Medicine, with the previous sanction of the Central Government, hereby makes the following regulations further to amend the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016, namely:-

1. Short title and commencement.-(1) These regulations may be called the Indian Medicine Central Council (Post Graduate Ayurveda Education) Amendment Regulations, 2020.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. In the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016,in regulation 10, after sub-regulation(8), the following sub-regulation shall be inserted, namely:-

"(9) During the period of study, the PG scholar of Shalya and Shalakya shall be practically trained to acquaint with as well as to independently perform the following activities so that after completion of his PG degree, he is able to perform the following procedures independently:-

MS (AYURVED) SHALYA TANTRA – (GENERAL SURGERY)

Procedures

1. Lekhana / Chhedana of DushtaNijaVrana (Debridement/fasciotomy / Currettage)
2. Bhedana of Vidradhi Incision and Drainage of abscess Gudvidradhi, Stan vidradhi, (Perianal abscess, breast abscess, Axillary abscess, cellulitis, etc.).
3. Sandhan Karma all types of skin Grafting (SSG, EEG, Cross Flaps) KarnaPaliSandhan (ear lobe repair), etc.
4. Chhedan Karma of Granthi, Arbuda, Excision of simple cyst (Sebaceous cyst, Dermoid cyst, mucosal cyst, retension cyst) etc. / benign tumours (lipoma, fibroma, schwanomaetc) of Non vital Organs.
5. Chhedan Karma of Sira-SnayuKotha. (Excision / amputation of gangrene).

6. Sadyo-vrana management (traumatic wound management):-
   (a) Sivan karma (all types of suturing, Haemostatic ligatures);
   (b) Sandhan Karma of sira-kandara-snayu (Ligation and repair of tendon and muscles).
7. PranashtaShalyaNirharan (Removal of metallic and non-metalic foreign bodies from non vital organs).
8. BhagnaChikitsa:-Aanchhan- Pidan – Sankshep – KushaBandhan (close reduction, immobilization, splints/cast).
9. Sandhimoksha (reduction of dislocation and subluxation).
10. Udarrognidanchikitsa, / dakodarVisravan (Laprotomy/ paracentesis).
11. Arsha – Ksharkarma, Chhedan (various methods of haemorrhoidectomy), rubber band Ligation, Sclerotherapy, IRC, Radio frequency / Laser ablation, etc.
12. ParikartikaSanniruddhaGuda (Fissure in ano – Anal Dilatation, SphincterotomyAnoplasty).
13. BhagandarChhedan, Ksharsutra (Fistulectomy, Fistulotomy).
14. NadivranaChhedan, Ksharsutra (Excision of pilonidal sinus).
15. Guda-bhransha- Sandhan Karma (various Rectopexies).
16. Ashmari- Nirharan (suprapubiccystostomy/cystolithotomy).
17. Mutragraha/ Mutrakrichha- MutramargVivardhan (Urethral Dilatation, meatomy).
18. NiruddhaPrakash (Phimosis), Parivartika (Paraphimosis) Circumcision.
19. VriddhiRogaChikitsa, Sandhan Karma. (Congenital/ Inguinal/ Umbilical / Epigastric/ Femoral/ Incisional Hernia :-Herniotomy, Herniorraphy, Hernioplasty).
20. Mutravriddhi-Vedhan (Hydrocele Eversion of Sac).
21. Intercostal Drain for thorasic trauma.
22. Ligation of Haemangioma, Vascular ligation, Ligation of varicocele, varicose veins/ stripping surgery.
23. Stan Granthi / ArbudaChhedan. Excision of benign lesions, cyst/ tumour of breast, Lump biopsy.
24. AshukariUdarshoolshastra karma-Udarpatan (Exploratory laparotomy).
25. Foreign body removal from stomach. Pyloromyotomy.
26. Use of Advanced Nadiyantra for *strotodarshanarth-kriyasaukarya*. (Video proctoscopy, Sigmoidoscopy)
27. Ileostomy, colostomy, Resection anastomosis in emergency.
28. Sigmoidoscopic biopsies, polypectomy.
29. UnddukpuchhaShoth (Appendisectomy).
30. Vedhan-Visravan of AbhyantarVidradhi (appendicular abscess etc.).
31. PittashmariNirharan-chhedan (Cholecystectomy).
32. Laryngeal Mask Airway, Intubation, Bag/Mask Ventillation.
33. SuprapubicCystostomy.
34. SuprapubicCystolithotomy.
35. Excision of Calcified Plaque Peyronie's Disease.
36. Orchidopexy.
37. Orchidectomy.

38. Varicocele High Ligation.

39. Spermatocele, Chylocele, Pyocele, Hematocele Drainage.

MS (AYURVED) SHALAKYA TANTRA

(DISEASES OF EYE, EAR, NOSE, THROAT, HEAD, ORO-DENTISTRY)

Procedures

Netra – (Eye)

1. Vartmagataroga (Diseases of Eyelids):-
   (a) VatahatvartmaShastrkarma (surgery for ptosis i.e. sling surgery);
   (b) Vartmavikruti- Shastrkarma (Ectropion&Entropion – correction surgery);
   (c) Lagan – Bhedan&LekhanShastrkarma (Chalazion – Incision and drainage/ curettage);
   (d) AghatakVartmaArbud – Chhedan Karma (Benign Lid tumour – Excision Surgery).
2. ShuklagatRog:-

   Arma – ChhedanShastrakarma (pterygium- excision & conjunctivallimbal autograph/amniotic membrane graft).
3. KrushnagatRog:-

   Ajakajat – Chhedan Karma (Iris Prolapse-excision surgery).
4. SarvagatRog:-

   Adhimanth – BhedanShastrakarma (Glaucoma-trabeculectomy).
5. Nayanabhighat (Trauma to eye):- Bhroo, Vartma, Shuklamanadal, Krushnamandalabhighat – SandhanShastrakarma. (Injury to the eye brow, lid, conjunctiva, sclera and cornea- trauma repair surgery).
6. Tiryaknetra:- PrakrutnetrasthapanShastrkarma (Squint surgery- Esotropia, Exotropia, Horizontal muscle resection and recession).
7. Puyalas: – Bhedan/ Chhedanshastrkarma (Dacrocystitis- DCT/ DacrocystoRhinostomy [DCR]).
8. Linganash (Kaphaj) Shastrakarma- cataract surgery- cataract extraction with IOL implantation surgery:-
   (a) Intracapsular cataract extraction (ICCE);
   (b) Extra capsular cataract extraction (ECCE);
   (c) Small incision cataract surgery (SICS);
   (d) Phacoemulsification

   Types of IOL:-
   (I) PCIOL;
   (II) ACIOL;
   (III) Iris Fixated IOL.
9. Sthaniksangyharan (Local Anesthesia) in eye. (ophthalmology):-
   (a) Peribulbar;
   a) Retrobulbar;
   b) Parabulbar;
   c) Intra Cameral.

Nasa (Nose)

1. Nasajavanikavakrata – shastrakarma (deviated nasal septum surgery- septoplasty / SMR).
2. Nasarsh – ChhedanShastrakarma (Nasal polyp polyoectomy).

   Knowledge of FESS surgery – Functional endoscopic sinus surgery.
3. Aghatajnasavikruti – nasasandhan (deformed nose – rhinoplasty).

Karna (Ear)

- Karnapalisandhanshastrakarma (torn ear lobule- lobuloplasty).
- Ashukarimadhyakarnashoth – Bhedanshastrakarma (acute supurative otitis media/ glue ear/ secretory or serous otitis media- Myringotomy).
- Knowledge of JirnaMadhyakarnaShothshastrakarma (Chronic Supurative Otitis Media- safe:- tympanoplasty unsafe: - mastoidectomy).

Mukharoga

1. Galrog (throat diseases):-

   Pharynx:

   (a) Ashukarigilayuvruddhi – BhedanShastra karma (peritonsillar abscess – quincy) – incision and drainage;

   (b) Jirnagilayushoth – GilayuNirharanShastrakarma (Chronic Tonsillitis – Tonsillectomy).
2. Oshthagat – Oshthabhed – Sandhan Karma (hair lip repair).

DantaRog

1. Chaldanta – DantaNirharan (Loose Tooth Extraction).
2. Krumidanta – Lekhan&Puranshastrakarma (Carries Tooth/Teeth- Root Canal Treatment).".

SHAMSHAD BANO, Registrar-Cum-Secy.

[ADVT.-III/4/Exty./372/2020-21]

Note : The principal regulations were published in the Gazette of India, Extraordinary, Part-III, Section 4, *vide* notification No. 4-90/2016-P.G. Regulation, dated the 7th November 2016 and were last amended *vide* notification No. 4-90/2018-P.G. Regulation (Ayurved), dated 24th July, 2019, published in the Gazette of India, Extraordinary, Part-III, Section 4,dated the 29th July, 2019.

[If any discrepancy is found between Hindi and English version of "Indian Medicine Central Council (Post Graduate Ayurveda Education) Amendment Regulations, 2020", the English version will be treated as final.]

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PRESS RELEASE

21.11.2020
New Delhi

POACHING MODERN MEDICINE IS NOT THE ANSWER

IMA unequivocally condemns uncivil ways of the Central Council of Indian Medicine to arrogate itself to vivisect Modern Medicine and empower its practitioners with undeserving areas of practice. The said council has come out with a gazette notification of a list of surgical procedures which can be performed by its practitioners. IMA has no objections to the list of vernacular terms that they have coined. They have no right to the technical terms , techniques and procedures of modern medicine. IMA draws the Lakshman Rekha that they can cross at their peril. The Council has the dubious reputation of prescribing modern medicine text books to its students. IMA exhorts the Council to develop their own surgical disciplines from their own ancient texts and not claim the surgical disciplines of Modern Medicine as its own. Such a deviant practice is unbecoming of a statutory body. IMA will have no objections for the council to develop their own dedicated disciplines without mixing Modern Medicine Surgical Disciplines.

At the same time IMA demands that the Government should refrain from posting any modern medicine doctor in the colleges of Indian Medicine. IMA sees this development as a retrograde step of mixing the systems which will be resisted at all costs. All over India students and practitioners of modern medicine are agitated over this violation of mutual identity and respect. What is the sanctity of NEET if such lateral shortcuts are devised? IMA demands to withdraw the order and first delineate the Indian Medicine disciplines based on original Indian Medicine texts.

IMA also creates a firewall for its own members and the fraternity not to teach disciplines of Modern Medicine to the students of other systems. IMA will resist all efforts to mix systems. Let every system grow on its own strength and purity.

Surgical disciplines of Modern Medicine have developed over the last half a millennium. Today Modern Medicine is capable of sophisticated surgical procedures and has the wherewithal to train generations of doctors through institutions of excellence and an ever evolving scientific base. Corrupting Modern Medicine by mixing with other systems and poaching the disciplines of Modern Medicine through back door means is certainly foul play of first order. National Medical Commission should assert itself. NMC is equally responsible to protect the purity of Modern Medicine. People of India deserve better ways to Health.

Dr. Rajan Sharma
National President, IMA

Dr. R V Asokan
Honorary Secretary General, IMA

CONTRIBUTE GENEROUSLY FOR "IMA COVID MARTYRS FUND"

Bank	-	CANARA BANK
Branch	-	CR Building
A/C Name	-	IMA COVID MARTYRS FUND
A/C Number	-	90672010079247
IFSC Code	-	SYNB0009067
MICR Code	-	110025073
SWIFT Code	-	SYNBINBB126

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PAY WITH ANY APP

23.11.2020
New Delhi

TO ALL PROFESSIONAL ASSOCIATIONS

To,

All FOMA Members

Sub: Regarding Burning Issues of Medical Profession

Dear Doctor

A crisis situation has been precipitated by the Central Council of Indian Medicine (CCIM) announcing adoption of names of modern medicine degrees in specialties as their own. CCIM went on to announce a list of modern medicine surgeries for teaching their students and that can be practiced by practitioners of Indian medicine.

IMA rejects the clarification provided by AYUSH ministry in this regard as deception. This is no isolated phenomenon. The NATIONAL EDUCATION POLICY 2020 laid the foundation for mixopathy by legitimizing medical pluralism. NITI AAYOG followed with formation of four committees on medical education, medical practice, Public Health and administration as well as medical research which will officially initiate the process of mixing all systems of medicines into one. The concept of one nation one system is being highlighted as the policy. These misguided steps are the stepping stones for mixopathy. The notification of CCIM amendments has to be seen in this light.

As was done to us, the practitioners of modern medicine again under the garb of providing healthcare are being misled. Can the Central Council of Indian Medicine (CCIM) guarantee the existing infrastructure and the facilities available across the country? How this MD and MS doctors will be able to provide quality healthcare in rural areas without an existing healthcare facility. For them to perform surgery and anaesthesia, they would need infrastructure and ICU which is quite doubtful with parameters involved.

IMA has reacted strongly to these developments. It is perceived by the entire fraternity that the identity and the existence of modern medicine is under threat. Corridors of power speak of extinction of modern medicine as a system by 2030.The Khichadi system of medicine that is being bottled as the penacea of everything wrong with the Healthcare delivery system in India is taking shape. IMA appeals to all the sister professional associations to unite and fight this menace with strength and fortitude. We kindly request your cooperation in this regard for an action plan envisaged by IMA culminating in direct action. The action is due in less than a fortnight. We kindly request you to condemn the above developments by issuing a press note in support and solidarity of the stand of IMA. The focus of the press report needs to be on the

1. Medical pluralism promoted by National Education Policy 2020.
2. Mixopathy being implemented by NITI Aayog.
3. Crosspathy and poaching of surgical disciplines of modern medicine by CCIM in that order.

All these actions together promote Khichadi medical system and Hybrid doctors. The need to work together and fight back is immense.

Thanking and soliciting your solidarity and cooperation,

Dr. Rajan Sharma
National President, IMA

Dr. R V Asokan
Honorary Secretary General, IMA

Encls:

1) Press Release on 21.11.2020

PRESS RELEASE

24.11.2020
New Delhi

IMA FOR DIRECT ACTION

The entire modern medical profession of the nation feels betrayed by the level of violation and encroachment by the Central Council of Indian Medicine (CCIM). IMA demands withdrawal of the notification of the amendment regulations of Postgraduate Ayurveda Education. In the said notification the Post Graduate courses namely MS Shalya Tantra the words (General Surgery) have been incorporated. A long list of modern medicine surgical procedures have been enlisted under Shalya Tantra and Shalakya Tantra. These competancies squarely fall under the ambit, authority and jurisdiction of modern medicine having been prescribed by the then Medical Council of India as the competancies ascribable to the postgraduate course titled MS (General Surgery).

The AYUSH ministry has issued a clarification claiming the technical terms and the modern developments are a common heritage of mankind. IMA rejects the clarification as deceptive camouflage of mixing the systems of medicine. It is nothing but a blatant attempt at mixopathy and Khichadification of medical education and practice. The CCIM amendments cannot be seen in isolation. The National Education Policy 2020 speaks of medical pluralism and lateral entry laying the foundation legitimising Mixopathy. NITI AAYOG in its wisdom has formed four committees in medical education, practice, public health and research to officially mix all systems into one Integrative system of medicine. One Nation One System is being espoused as the official policy. All the six hundred odd medical colleges of India are expected to turn out Hybrid doctors of a Khichadi medical system by 2030. This is not the issue of the profession alone. This entails serious inroads into the Health Care Delivery System of the country. This involves calibration of patient care for years to come. People of India have a right to understand these manoeuvres. The patient's choice to choose the system of medicine is being taken away in the naked attempt to mix all systems of medicine. The empty words of the Ministry of AYUSH of deep commitment to maintain the authenticity of Indian systems of medicine and that it is against any mixing of systems sound hollow in their pregnant silence to the medical pluralism advocated by the National Education Policy 2020 and the infamous attempts of NITI AAYOG to mix all systems of medicine into a single Integrative System. They remain culpable and cannot be absolved of the crime.

There are issues arising out of such indiligent decisions all impacting patient care and safety. What about the pre anaesthetic medication? Will it be AYUSH drugs? What about Anaesthesia? Does AYUSH have their own anaesthesia drugs and procedures? Perhaps AYUSH doctors who are trained in administering them as AYUSH anaesthetists? What about postoperative care and infection control? How will a system not subscribing to microbial theory find a way to control sepsis? Will it be a throwback to the 19 th century septic wards? How will the Government find adequate resources to create new infrastructure from nowhere to fend for this modern medicine B team? It is very obvious that AYUSH is dependent on modern medicine doctors, anaesthesia, antibiotics and equipments to perform modern medicine surgical procedures. It fails the test of logic behind such irresponsible initiative placing thousands of gullible patients at risk.

The object and purpose of mixing the systems is perhaps borne out of a false claim on heritage. The medical colleges in Kolkata, Chennai and Mumbai were established in 19 th century and remain heritage of man. Some of the sensational discoveries like the malarial parasite and its treatment were formulated in India. Modern Medicine is as much Indian as anyone's. Rapid strides in modern medicine like vaccination and chemotherapy of Tuberculosis took their baby steps in India. India remains the frontier of modern medicine today with medical care of international standards and well reputed Indian doctors serving the globe. What is the point in losing such a legacy and leadership?

IMA is prepared for the ensuing long drawn struggle for existence and identity. All Associations of the fraternity including the specialities and students are determined to resist this ill advised adventure in our national life. Health of generations of Indians is at stake. The Central Working Committee of IMA has been called for an emergency session. The 28 state branches have been directed to hold their State Working Committees. The quantum and the timing of the first All India response to the situation is being determined. In any case it will not be later than Wednesday 02.12. 2020.

Dr. Rajan Sharma
National President, IMA

Dr. R V Asokan
Honorary Secretary General, IMA

To

25.11.2020

IMA TO NMC

Dr. Suresh Chandra Sharma

Chairman,

National Medical Commission.

Dear Dr. Sharma, Long ago, on the basis of their experience, the wise people in the society had come to the conclusion that जिसका काम उसी को साजे, और करे तो डंडा बाजे meaning thereby that the work suits only in the hands of the one skilled to do it. The wise people have also stated that the society not only suffers badly, gets prejudiced when this profound principle is violated, it also becomes a subject matter of जग हसाई i.e. it becomes a laughing stock.

Something exactly the same has been carried out by the Central Council of Indian Medicine (CCIM). It has recently, by a notification dated 19.11.2020, amended its regulations introducing / permitting certain courses of surgery [being an exclusive integral part of modern medicine under the Indian Medical Council Act, 1956] such as MS (Shalya Tantra) as General Surgery and MS (Shalakya Tantra) as (ENT, Ophthalmology) to persons holding Ayurveda qualifications and without having the most essential qualifications of modern medicine without which nowhere in the world, undertaking of surgeries are permitted by those who do not possess the requisite qualifications.

The amendment notification dated 19.11.2020 has not even spared and has included the field and discipline of Oro-Dentistry for permitting such surgeries as well to those who do not hold any requisite qualification for that purpose. They have also prescribed several procedures of Modern surgery as their own. It is extremely shocking for any registered medical practitioner holding recognized and valid modern medicine qualifications in observing that such catastrophic decisions are being taken right under the nose and the vigilant eyes of the National Medical Commission (NMC) - who is the watchdog for not permitting any such illegal and ill-advised adventure and is in a state of inertia.

It is pertinent to point out that CCIM existed during the days of the erstwhile Medical Council of India as well. They had never dared to do such a thing. Not only did they amend their Regulations to undertake this harakiri, they had the audacity to argue all modern developments have universal ownership. What is in a name? This is their poser after plagiarising a long list of modern surgery. AYUSH students will hereafter be entitled to learn modern surgery euphemistically called Salya Thanthra alias General Surgery. AYUSH graduates will be entitled to independently practise surgery. The remarkable silence of NMC, to say the least, is mind-boggling and is entirely inexplicable. NMC is demonstrating its self-inflicted helplessness as an upside-down sea turtle being dissected ventrally.

You, Sir - being a veteran eminent Professor of ENT [Retd. from AIIMS] who spent a significant part of his life practising the very same surgical discipline, would perhaps be the best person to understand and gauge the mood of your fraternity, colleagues / peers at the institutions where you worked in the ENT and other Departments of medicine. Had it not been done by a Government statutory body it would have been booked under IPC. Nothing less. What is astonishing is the absolute silence and inaction from your goodself as a person and as an institution. Sir, may we point out that the august office you occupy is out of the blood and sweat of Modern Medicine doctors. A lesser person would have been uncomfortable in this awkward moment.

Medicine had always been a calling. It has always been a passion. Now we understand part of it could be for sale or trade off. Now we understand it bequeaths blood money as well. The institution of MCI stood tall fighting for the profession never lowering the head before the mighty and the powerful. Thousands of Indian Doctors trained and baptised by MCI populate several National Health services bringing soft power to India. India remains a global destination for medical care thanks to the professionals and peers of medicine in the MCI and when majority of them were elected by the fraternity and had no subjugation of the Government in power. On the contrary, NMC in its virgin year of existence has betrayed the trust of generations of doctors. Medicine is an independent profession asserting its autonomy. It cannot be led by His Master's voice.

Redeeming the modern medical profession out of the dark clouds of today shall remain our priority. Even at this late hour if NMC could stand up for the long-standing values of the profession of medicine, the situation could still be saved. We retain our hope that a veteran professional of repute in the field of medicine, like you, would soon find your moorings to stand up to bullying by poachers and redeem your honour and esteem in the profession and that of the entire fraternity.

Thanking you,

Yours sincerely,

Dr. Rajan Sharma
National President, IMA

Dr. R V Asokan
Honorary Secretary General, IMA

Dr. Vedprakash Mishra

IMA ON NEP 2020

Dr. Shiv Kumar Utture

12.11.2020

To,

Shri Narendra Modi Ji
Honourable Prime Minister of India
Government of India, New Delhi

Dr Vinod K Paul
Member, Niti Aayog
Government of India

Dr. Harsh Vardhan
Hon'ble Union Minister for Health and Family Welfare
Government of India, New Delhi

Shri Rajesh Bhushan IAS
Secretary to Union Minister of Health,
Ministry of Health & Family Welfare,

Shri Amit Khare
Secretary, Department of Higher Education
Government of India, New Delhi

Shri Ramesh Pokhriyal "Nishank"
Hon'ble Education Minister
Ministry of Education
Shastri Bhawan, New Delhi-

Respected Sir,

Indian Medical Association had registered its concerns and suggestions to the draft National Education Policy on 29.06.2019 which has been appended as Annexure B. IMA hereby registers its objections to the report of the National Education Policy document 2020 confining to the medical education and related matters.

1. The plurality of Medicine as envisaged by NEP 2020 is conceptually wrong and a retrograde step. All systems of medicine have their individual inherent scientific doctrine or philosophy. They are unique in nature and incompatible. This deviant approach of NEP 2020 gives birth to mixing of systems of medicine which will have far reaching consequences on the Health of our people.

2. A basic common course of two years for Medical graduates, AYUSH, students of nursing, pharmacy etc is an injustice. It is also not clear as to what will be the fate of UG NEET and the merit it is supposed to evaluate.

3. Multiple entry and multiple exit in medical course is unheard of and is a recipe for disaster. It is also not clear what privileges will accrue to persons with one-year course in modern medicine in patient care.

4. Dedicated Health universities are an evolutionary gain in educational system. Infact the next step should be mono faculty modern medicine universities. Large multi-disciplinary universities belong to Jurassic era and are akin to reliving evolution of mankind .

IMA hereby submits the accompanying document for your king consideration and adoption.

Dr. Rajan Sharma
National President, IMA

Dr. R V Asokan
Honorary Secretary General, IMA

CRITICAL APPRAISAL OF NATIONAL EDUCATION POLICY 2020:

It is a matter of record that Indian Medical Association (Headquarters), New Delhi, has all the desired details forwarded its observations on the National Education Policy, 2019 document when it was placed into public domain by the Govt. of India for comments by all the relevant stakeholders.

In terms of the procedural modalities the Govt. of India vide a Cabinet decision have adopted the National Education Policy Document, 2020 and the same is in public domain. The Policy document so adopted although is in continuation with the parent document of 2019 on which Indian Medical Association has furnished its observation, however in spite of cosmetic changes, the concerns raised by the Indian Medical Association in their written observations on the said document do not seem to have been addressed in the desired manner as is evident from the adopted National Education Policy, 2020 as of now.

It is for this very reason and now that the National Education Policy, 2020 has gained a final shape, which would be the document that would be evolved for crystallizing the course of action from now onwards needs a thorough appraisal specially with reference to its impact on the medical education with reference to modern medicine and how exactly it would stand shaped in terms of the said policy including deciphering the face, fate, and future thereto inter alia its impact of the process of generation of the trained modern medicine health manpower in the country and ultimately the resultant impact that it would cause on the entire efficacy of the healthcare delivery system in the country in times to come.

It has to be borne in mind that **'Right to Health'** is a fundamental right which is guaranteed to every citizen as a constitutional guarantee in terms of Article 21 of the Constitution of India and is also taken as a benchmark towards the actualization of the core concept of '**Welfare State**' enshrined in the Constitution of India. The actualization of the said mandate therefore, needs to be viewed with reference to the modality of the medical education as a process / throughput vide which the '**input**' is required to be process for delivering the desired '**output**' in terms of the trained health manpower in the stream of modern medicine, which would be added incrementally to the manpower inventory of the country in the form of trained health manpower in the domain of modern medicine for shouldering the responsibility of optimal functioning of the healthcare delivery system in the country addressing the contemporary as well as the long term challenges confronting the same.

The National Education Policy, 2020 contemplates in its vision that 'the National Education Policy 2020 envisions an India centred education system that contributes directly to transforming national sustainability in to an equitable and vibrant knowledge society, by providing high quality education to all'.

In terms of the said vision the policy document has crystallized its targeted dispensations on '**school education**' in all its details under the following heads:

1. Strengthening early childhood care and education
2. Ensuring foundational literacy and numeracy
3. Ensuring universal access and retention
4. New curricular and pedagogical structure
5. Transformation of curriculum and pedagogy
6. Equitable and inclusive education for every child in the country
7. Language
8. Teachers – the torch bearers of change
9. Teacher education
10. School complexes in the context of effective administration and management of schools
11. Regulation of School Education

The policy document also contemplates additional key focus areas embodying there under –.

1. **Education technology**
2. **Integration of vocational education**
3. **Adult Education**
4. **Promotion of Indian languages**

The policy document under the rubric of Higher Education deals with :

1. **Institutional restructuring and consolidation**
2. **Towards high quality liberal education**
3. **Optimal learning environments and student support**
4. **Energised, engaged and capable faculty**
5. **Empowered governance and autonomy and higher education governance**
6. **Higher education regulation**
7. **Integrating professional education into Higher Education**

Under the very rubric the policy document envisages the operational frame in regard to research through –

1. National Research Foundation

It also contemplates a unitary authority designated as Rashtriya Shiksha Aayog and further contemplates concluding head titled '**Financing Education**'.

The concluding dictum incorporated in the said National Education Policy 2020 brings out as under:

"in every epoch of humankind, knowledge represents the sum of what is created by all previous generations, to which the present generation adds its own. The motif of the Mobius strip symbolizes the perpetual, developing and live nature of knowledge - that which has no beginning and that which has no end. This Policy envisages creation, transmission, use and dissemination of knowledge as a part of this continuum".

Having brought out in a running nutshell the entire gamut of inclusions in the National Education Policy 2020 it is pertinent to focus on the relevant areas that subscribed to professional education therein including medical education and that too with special reference to the modern medicine.

A critical appraisal reveals that the entire arena of '**professional education**' including legal education, agricultural education and technical education are brought out in an individual paragraph in the report for each one of them which evidently look to be '**sketchy**' and '**loft sided**'. The entire edifice availed in the said policy document is the integration of '**professional education**' into '**higher education**', which per se as a matter of approach turns out to be a core issue of huge concern in as much as it categorically states that "this policy aims to built a holistic approach to the preparation of professionals by ensuring broad ways competencies, an understanding of the social human context, a strong ethical compass, in addition to the highest quality professional capacities.".

Prima facie, if one goes by the adjectives availed and the integration desired it looks lofty and idealistic, but analytical purport turns out to be materially different in as much as what is quoted generically as a policy, which impresses the eye, but if one looks into the direction it contemplates, then it turns to the great eyesore.

As such, the direction with respect to said integration contemplates 'professional education as

an integral part of the higher education system. Stand alone technical universities, health science universities, legal and agricultural universities or institutions in these or other fields will be discontinued. It also envisages that all institutions offering either professional or general education must organically evolve into institutions offering both by 2030'.

Operational meaning of the aforesaid dictum which has been brought out loudly, clearly and candidly in the policy document makes one inevitably conclude that '***texture of the modern medicine in the domain of medical education built assiduously for such a long time in yester years would see its totally annihilation by 2030***'. As such, the life span of modern medicine medical education in its present form which is in conformity with the Global pattern as a whole would be a bygone history after 2030 in terms of the said policy document.

In terms of provision incorporated at **Section 10.3** in the policy document it is brought out that *"This vision of higher education will require, in particular, a new conceptual perception/understanding for what constitutes a higher education institution (HEI), i.e., a university or a college. A university will mean a multidisciplinary institution of higher learning that offers undergraduate and graduate programmes, with high quality teaching, research, and community engagement. The definition of university will thus allow a spectrum of institutions that range from those that place equal emphasis on teaching and research i.e., Research-intensive Universities, those that place greater emphasis on teaching but still conduct significant research i.e. Teaching-intensive Universities. Meanwhile, an Autonomous degree-granting College (AC) will refer to a large multidisciplinary institution of higher learning that grants undergraduate degrees and is primarily focused on undergraduate teaching though it would not be restricted to that and it need not be restricted to that and it would generally be smaller than a typical university"*.

In terms of the proposed segregation of the Universities as Research Universities, Teaching Universities, and Autonomous colleges conferring degrees, when made applicable to medical education would entail splitting of '***Education from Research***' which by all cannons and yardsticks are integrated with each other being interdependent on each other. Such a segregation would not only been harming and disastrous to both the spheres but also turn out to be counter-productive in character primarily because the envisaged concept is impracticable in nature and totally illusory in character which in reality is more of affection out of blind folded imagination.

In terms of incorporation at Seriatim **10.7** of the document it is brought out that *"By 2030, all higher education institutions (HEIs) shall aim to become multidisciplinary institutions and shall aim to have larger student enrolments preferably in the thousands, for optimal use of infrastructure and resources, and for the creation of vibrant multidisciplinary communities. Since this process will take time, all HEIs will firstly plan to become multidisciplinary by 2030, and then gradually increase student strength to the desired levels."*

In this context it is worthwhile to note that Interdisciplinary curricula is time consuming and takes collaborative team work to create, which can seem like hard and exhausting as disadvantages. In the end, the interdisciplinary approach inhibits many favoured skills that are sought by the future colleges and employers. Students and their teachers will lose focus in respect of critical thinking, out of box reasoning, effective communication, innovation and creativity, pedagogy, and other essential and vital academic attributes.

In terms of incorporation at **Seriatim 11.5** of the document it is brought out that *"Imaginative and flexible curricular structures will enable creative combinations of disciplines for study, and would offer multiple entry and exit points, thus, removing currently prevalent rigid boundaries and creating new possibilities for life-long learning. Graduate-level, master's and doctoral education in large multidisciplinary universities, while providing rigorous research-based specialization, would also provide opportunities for multidisciplinary work, including in academia, government,*

and industry".

In this context it is necessary to note that ***major concern raised in this policy regarding professional education is the utility and employability of the courses. Multiple entry and exit points will lead to the loss of focus on the core subject of study and precipitate further dilution of the curriculum, teaching, training and resultant learning thereto. This will operate as a vicious circle whereby the utility and employability will be adversely impacted in a continual and ongoing manner as a result of what is classically described as a positive feedback mechanism wherein the outcome inhibits the cause.***

In terms of incorporation at Seriatim **11.6** of the document it is brought out that ***"Large multidisciplinary universities and colleges will facilitate the move towards high-quality holistic and multidisciplinary education. Flexibility in curriculum and novel and engaging course options will be on offer to students, in addition to rigorous specialization in a subject or subjects. This will be encouraged by increased faculty and institutional autonomy in setting curricula. Pedagogy will have an increased emphasis on communication, discussion, debate, research, and opportunities for cross-disciplinary and interdisciplinary thinking"***. In this context it is necessary to focus that giving the responsibility of fixing the Curriculum, deciding on pedagogy etc to the universities and colleges will take away the uniformity in the field of professional education. This by itself is grossly contradictory to the core concept of exit examination embodied in this policy itself.

If the respective universities and colleges are vested with the powers to fix the curriculum and pedagogy, then the role of apex nation body National Medical Commission constituted in terms of National Medical Commission Act, 2019, which has been kept outside the purview of common regulatory modality envisaged for Higher Education contemplated in policy document is rendered to nullity. As a matter of fact the need of a uniform core curriculum is inevitably necessary in a huge country like ours. What is required is an autonomy to be vested with the examining Universities to be able to upgrade the said core curriculum in terms of felt needs as an augmentation of it and not a compromise with the same.

In terms of incorporation at Seriatim 11.9 of the document it is brought out that ***"the structure and lengths of degree programmes shall be adjusted accordingly. The undergraduate degree will be of either 3 or 4-year duration, with multiple exit options within this period, with appropriate certifications, e.g., a certificate after completing 1 year in a discipline or field including vocational and professional areas, or a diploma after 2 years of study, or a Bachelor 's degree after a 3-year programme. The 4-year multidisciplinary Bachelor's programme, however, shall be the preferred option since it allows the opportunity to experience the full range of holistic and multidisciplinary education in addition to a focus on the chosen major and minors as per the choices of the student. An Academic Bank of Credit (ABC) shall be established which would digitally store the academic credits earned from various recognized HEIs so that the degrees from an HEI can be awarded taking into account credits earned. The 4-year programme may also lead to a degree 'with Research' if the student completes a rigorous research project in their major area(s) of study as specified by the HEI"***.

In this context it is necessary to bear in mind that first 1 to 2 years common course for all science graduates, next 3 years to specialize as doctors, dentists or nurses is neither properly conceived nor properly defined and out layed. The fate of those students who undergo basic foundation course and if they fail in NEET is ambiguously unclear.

There is no clarification as to what a student who receives 1 year Certificate or 2 years Diploma would be entitled to legitimately practice to legally practise.

In terms of incorporation at Seriatim 18.2 of the document it is brought out that *"to address the above-mentioned issues, the regulatory system of higher education will ensure that the distinct functions of regulation, accreditation, funding, and academic standard setting will be performed by distinct, independent, and empowered bodies. This is considered essential to create checks-and-balances in the system, minimize conflicts of interest, and eliminate concentrations of power. To ensure that the four institutional structures carrying out these four essential functions work independently yet at the same time and work in synergy towards common goals. These four structures will be set up as four independent verticals within one umbrella institution, the Higher Education Commission of India (HECI)"*.

In this context it is necessary to bear in mind that all these aspects are adequately represented in National Medical Commission Act, 2019 itself. Hence there would be duplication of regulatory authority and jurisdiction, which is not desirable by any yardstick.

In terms of incorporation at Seriatim 18.4 of the document it is brought out that *"the primary mechanism to enable such regulation will be accreditation. The second vertical of HECI will, therefore, be a 'meta-accrediting body', called the National Accreditation Council (NAC). Accreditation of institutions will be based primarily on basic norms, public self-disclosure, good governance, and outcomes, and it will be carried out by an independent ecosystem of accrediting institutions supervised and overseen by NAC. The task to function as a recognized accreditor shall be awarded to an appropriate number of institutions by NAC. In the short term, a robust system of graded accreditation shall be established, which will specify phased benchmarks for all HEIs to achieve set levels of quality, self-governance, and autonomy. In turn, all HEIs will aim, through their Institutional Development Plans (IDPs), to attain the highest level of accreditation over the next 15 years, and thereby eventually aim to function as self-governing degree-granting institutions/clusters. In the long run, accreditation will become a binary process, as per the extant global practice"*.

In this context it is pertinent to harbour that all these aspects are adequately represented in National Medical Commission Act, 2019 which has speaking provision for accreditation of medical colleges and universities by a notified Autonomous Board incorporated therein. Hence there would be an undesirable duplication of regulatory jurisdiction.

In terms of incorporation at Seriatim 18.6 of the document it is brought out that *"the fourth vertical of HECI will be the General Education Council (GEC), which will frame expected learning outcomes for higher education programmes, also referred to as 'graduate attributes'. A National Higher Education Qualification Framework (NHEQF) will be formulated by the GEC and it shall be in sync with the National Skills Qualifications Framework (NSQF) to ease the integration of vocational education into higher education. Higher education qualifications leading to a degree/diploma/certificate shall be described by the NHEQF in terms of such learning outcomes. In addition, the GEC shall set up facilitative norms for issues, such as credit transfer, equivalence, etc., through the NHEQF. The GEC will be mandated to identify specific skills that students must acquire during their academic programmes, with the aim of preparing well-rounded learners with 21st century skills."*

In this context it is evident that all these aspects are adequately represented in NMC Act which has provision for accreditation of medical colleges and universities by a notified body incorporated in the said Act. Hence there would be duplication of regulatory authority.

In terms of incorporation at Seriatim 18.14 of the document it is brought out that *"private HEIs having a philanthropic and public-spirited intent will be encouraged through a progressive regime of fees determination. Transparent mechanisms for fixing of fees with an upper limit, for*

different types of institutions depending on their accreditation, will be developed so that individual institutions are not adversely affected. This will empower private HEIs to set fees for their programmes independently, though within the laid-out norms and the broad applicable regulatory mechanism. Private HEIs will be encouraged to offer freeships and scholarships in significant numbers to their students. All fees and charges set by private HEIs will be transparently and fully disclosed, and there shall be no arbitrary increases in these fees/charges during the period of enrolment of any student. This fee determining mechanism will ensure reasonable recovery of cost while ensuring that HEIs discharge their social obligations".

In this context it is inevitable to note that giving the power to fix the fee structure to the respective institutions will result in worst ever commercialisation of the professional education in terms of substantially increasing the cost of education, thereby depriving the poor, marginalised, and rural section of students from accessing professional education, which is contrary to the concept invoked in the very education policy in its 'Prologue' that the aim is to decrease the cost of education and to improve access to needy and rural students. As such, the proposal in the present form as mooted is a gross antithesis to the lofty objectives enshrined in the report itself. 'It is a classical case of content in total contempt of the intent'.

As such, the power to fix fee should be with the Unitary Fee Regulatory Authority statutorily created and education for the poor and marginalised and learners should be subsidized in private funded institutions on par with public funded institutions, so as to invoke 'equitability' in the real operational sense.

In terms of incorporation at Seriatim 19.2 of the document it is brought out that *"through a suitable system of graded accreditation and graded autonomy, and in a phased manner over a period of 15 years, all HEIs in India will aim to become independent self-governing institutions pursuing innovation and excellence. Measures will be taken at all HEIs to ensure leadership of the highest quality and promote an institutional culture of excellence. Upon receiving the appropriate graded accreditations that deem the institution ready for such a move, a Board of Governors (BoG) shall be established consisting of a group of highly qualified, competent, and dedicated individuals having proven capabilities and a strong sense of commitment to the institution. The Board of Governors of an institution will be empowered to govern the institution free of any external interference, make all appointments including that of head of the institution, and take all decisions regarding governance. There shall be overarching legislation that will supersede any contravening provisions of other earlier legislation and would provide for constitution, appointment, modalities of functioning, rules and regulations, and the roles and responsibilities of the Board of Governors. New members of the Board shall be identified by an expert committee appointed by the Board; and the selection of new members shall be carried out by the Board of Governors itself. Equity considerations will also be taken care of while selecting the members. It is envisaged that all HEIs will be incentivized, supported, and mentored during this process, and shall aim to become autonomous and have such an empowered Board of Governors by 2035".*

In this context it is worthwhile to note that giving the responsibility of fixing the Curriculum, deciding on pedagogy etc. to the universities and colleges will take away the much desired basic 'Structural uniformity' in the field of professional education. This by itself is grossly contradictory to the core concept of exit examination embodied in this policy itself.

If the respective universities and colleges are vested with the powers to fix the curriculum and pedagogy, then the role of apex nation body National Medical Commission is rendered to nullity. As a matter of fact the need of a uniform core curriculum is inevitably necessary in a huge country like ours. What is required is an autonomy to be vested with the examining Universities to be able

to upgrade the said core curriculum in terms of felt needs as an augmentation of it and not a compromise with the same.

In terms of incorporation at Seriatim 20.2 of the document it is brought out that *"Professional education thus becomes an integral part of the overall higher education system. Stand-alone agricultural universities, legal universities, health science universities, technical universities, and stand-alone institutions in other fields, shall aim to become multidisciplinary institutions offering holistic and multidisciplinary education. All institutions offering either professional or general education will aim to organically evolve into institutions/clusters offering both seamlessly, and in an integrated manner by 2030"*.

In this context it is inevitably required to decipher that Professional education having dedicated Technical and Health universities have streamlined the courses, improved the academics, encouraged research, brought in uniformity in students assessment in the respective sectors.

Backtracking on this focused attention in the Higher education field will bring in deterioration in quality of education and would be counterproductive on several counts both tangible as well as non-tangible at this juncture.

In terms of incorporation at Seriatim 20.5 of the document it is brought out that *"Healthcare education needs to be re-envisioned so that the duration, structure, and design of the educational programmes need to match the role requirements that graduates will play. Students will be assessed at regular intervals on well-defined parameters primarily required for working in primary care and in secondary hospitals. Given that people exercise pluralistic choices in healthcare, our healthcare education system must be integrative meaning thereby that all students of allopathic medical education must have a basic understanding of Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH), and vice versa. There shall also be a much greater emphasis on preventive healthcare and community medicine in all forms of healthcare education."*

In this context it is mandatory to note that **NSSO Health survey 2014 report provides the statistics of providing healthcare by various systems of treatment in India. It is categorically stated that 98 % of the Inpatient care & 94% outpatient care is provided by Modern Medicine. All other complimentary systems together provide rest of the treatment. Hence the statement that the Indians have always exercised pluralistic choices in healthcare, seeking help from different systems of medicine for different needs is contrary to the above survey findings and is palpably erroneous to that extent. The modification of the Medical education policy of the country should not be based on wrong concepts and ill-conceived perceptions and notions which are not backed by quantitative data of any type.**

The concept of improving the quality of Medical education, Healthcare Practitioner and the Quality of healthcare delivery is very much appropriate and the education and Health policy should be centered around this principle. Providing lateral entry to various medical courses, permitting crosspathy in the guise of plurality are grossly contradictory to the enshrined objectives in the policy.

In terms of incorporation at Seriatim 26.7 of the document it is brought out that *"the matter of commercialization of education has been dealt with by the Policy through multiple relevant fronts, including: the 'light but tight' regulatory approach that mandates full public self-disclosure of finances, procedures, course and programme offerings, and educational outcomes; the substantial investment in public education; and mechanisms for good governance of all institutions, public and private. Similarly, opportunities for higher cost recovery without affecting the needy or deserving sections will also be explored"*.

In this context it is pertinent to note that **the concepts of giving power to fix fee structure, providing multiple entry and exit points, providing lateral entry to various medical courses, ultimately aims and focuses to the only goal of permitting, validating and legalizing cross-pathy in the guise of plurality. The modality would end up in generation of validated quacks and legalized quackery.**

The aforesaid depictions and the concerns brought out thereto in regard to each one of them if looked into in a roundabout manner would make one inevitably conclude that the modern medicine medical education is heralding for heavy prejudice and ultimately a total annihilation by virtue of the incorporation of a 'hybridization' which is unrealistic, uncalled for and tantamount to marginalization of both the modern medicine as well as Indian system of medicine, as a whole.

This needs to be also viewed from the point of view of the provisions incorporated in the National Medical Commission Act, 2019 in its clauses at seriatim 51 and 52, which per se was indicative of the proposed hybridization of medical education, which stands crystallized in the National Education Policy Document, 2020. What was a lurking dimension therein which was stoutly resisted by the Indian Medical Association on the strength of cogent, credible, logical and rationalistic arguments turns out to be a reality vide a long term policy frame, so as to only bring to fore that now, '**the cat has come out of the bag**'.

It will be worthwhile to bring into focus the policy document invoked by the Govt. of India while structuring a separate Ministry in the Government designated as '**AYUSH**' meaning thereby that in the interest of promotion of Ayurvedic, Unani, Siddha including Naturopathy and Homeopathy as independent pathies of care and cure under the common rubric of Indian System of Medicine, so that their importance, purity, identity is exalted and brought into desired focus and making them to be a core component of the main stream of healthcare delivery system. If the inclusions of the said policy document are taken as benchmarks then the present policy National Education Policy Document, 2020 does away with the same in its entirety solely because it totally an entirely brings out the concept of hybridization leading to annihilation of both the operational modalities.

Needless to state that such the hybridization of medical education which would result in the operational form of '**mixopathy**' would end up in not only validating '**quackery**' but also through the envisioned policy intends to legitimize the same without any concern for the avalanche of consequences that it would be generating bringing a total catastrophe of such magnitude which is beyond even imaginative imagination. It is thus, a open door invitation for an impending disaster to the healthcare delivery system as a whole with reference to its operable effectivity and desired generation of efficient trained health manpower.

This contention needs to be viewed in the backdrop of the material reality which is brought out in terms of the official statistics put into public domain by the authorities of the Govt. of India at the end of 13th Five year plan more than 95% of the requirements of health care and cure were rendered by modern medicine through trained personnel in modern medicine (Allopathic System), which as of now stands further augmented in regard to its extent of usage.

In such a scenario ever growing in character the envisaged approach of mixopathy thus is an impending invitation for not just wreckage but a total ruinage. This is the core perspective which pertains to the face, fate and future of modern medicine as a system of education, allopathy as a system of modern medicine, and modern medicine registered medical practitioners as the trained health manpower in the domain of modern medicine in terms of the proposition incorporated in National Education Policy Document, 2020.

In addition, as a whole the policy document contemplates centralization of the authority in terms of

creation of National Education Commission, National Research Fund, which is not commensurate with the spirit of federalism incorporated and enshrined in the Constitution of India. The policy document perhaps envisages that education including higher education and professional education is a subject included in the Central list of subjects as against the material reality that it is included in the concurrent list of subject appended to the Constitution of India and therefore, the role, onus and the responsibility including statutory authority thereto vested with the States is not open for any prejudice *inter alia* marginalization of any type.

The policy also contemplates what can be classically put under a generic rubric of '**language trap**' and further, it does not speak of a defined percentage of allocation of the GDP for the education, which way back in the First Education Commission Report penned under the Chairmanship of legendary philosopher and educationist Late S. Radhakrishnan and subsequently thereto by the Second Education Commission Report authored by legendary educationist Dr. Kothari which vociferously brought out atleast 6% of the GDP should be assigned to education in the larger interest of future of the generations and also ushering in the concept of Welfare State in a realistic sense, on that count the stoic silence in the policy document also makes a tragic story.

As such, it is desired that the observations brought out in terms of the critical appraisal by the National Working Group in regard to specified inclusions in the National Education Policy document 2020 that have an infringing impact on face, fate and future of medical education have been catalogued in a tabular form **(ANNEXURE-A)** for a cumulative handy reading in the form of a gist of the same.

In addition it is strongly recommended that apart from making the observations generated vide critical appraisal of the National Education Policy Document 2020 by the National Working Group to the concerned authorities in the Govt. of India for the desired cognizance and explicit recommendations also needs to be made that an independent policy document should be invoked by the Govt. of India in regard to medical education ensuring therein that the same stands insulated and is given a diligent path to its legitimately entitled purity, progress and prosperity in the interest of the modern medicine, modern medical education, inventory of trained health manpower in modern medicine and resultantly diligent extension of efficacious, available, accessible and affordable healthcare to all citizens in the interest of nation with reference actualizing the core concept of Welfare State enshrined in the Constitution of India.

"COVID-19"

"COVID WARRIORS- DHARAVI PATTERN"

Dr. Anil Pachnekar
Past National Vice President

Friends, Everyone in Mumbai, Maharashtra, India and world wide also, all talk about and appreciate successfull Dharavi Pattern. We Doctors from Dharavi feel proud about it, because all the time Dharavi was subject for to neglect, to undermine, to tease. But now what people from Dharavi, Private Practitioners Doctors of dharavi, Police and BMC of Dharavi has work together unitedly and achieved success by conglomeration of Unity, the WHO and World has taken cognisance of this Dharavi Pattern. Let's see how it had happened.

Stage I :

In the beginning - Door to Door Screening conducted in Dharavi. This novel idea is of Member of Parliament [M P] Mr. Rahul Shewale sir, Involvement of BMC Asst. Municipal Commissioner Mr. Kiran Dighawkar, along with total contribution by Private Medical Practitioners Doctors of IMA / Mahim Dharavi Medical Practitioner Association (MDMP). (Key Person Dr. Anil Pachnekar, Dr. Shivkumar Utture sir & Dr. Surendra Shingnapurkar). Stage 1st started on 10th April & completed on 18th April 2020. Total 25 Doctors Team taken care of 5 Hotspot.

1. Vaibhav Nagar
2. Muslim Nagar
3. Madina Nagar
4. Social Nagar
5. Mukund Nagar

- Total 47,500 people screened in Dharavi.
- Around 4000 people send for Quarantine.
- Up to 443 people send for LAB. Test.
- 83 people report came POSITIVE, became COVID-19 victim.

This 20% Corona positive patient we catch hold on sheer of our clinical acumen by asking history of cough, cold, Fever,Throat pain, breathlessness, H/O Travells, H/O Contact with corona positive patient. Here we along with history, examine the temperature with temperature gun and Oxygen level with Pulse oxygen meter.

In stage 1st itself by clearing this silent 20% Positive Patient, We withhold the major spread in Dharavi.

This work has been taken to notice to our chief minister, by then manciple commissioner Mr. Pravin Pardeshi. our Chief Minister of State Mr. Uddhavji Thakre sir, appreciated and praised work done by private practitioners of dharavi, that too in our presence by taking name of DR ANIL & Dr SHIV in video conferencing. In fact our Chief Minister Mr. Thakreji said he has convey our Dharavi pattern of Door to Door screening to our Prime Minister Narendra Modiji & our PM has congratulated for work, & said this dharavi pattern of involving private practitioners in survey, should not get limited to mumbai, Maharashtra but it should be implemented all over India . Furthermore our chief minister Mr Uddhav Thakreji said, infact WHO has taken the cognisance of Dharavi Pattern & appreciated whole heartedly on world platform.

My idea of involving private practitioner Doctors in door to door screening in Dharavi, become instant hit, Because local people will never easily part their personal information to BMC or to state government workers. Which they will amicably share with their beloved private practitioner Doctors. Here I'm proud to say, they always have more Faith in Private practitioner, who is with them from last 30 to 35 years, So it is very easy for them to open up with own doctor to help survey.

Stage II ;

Due to hot humid conditions it was very difficult to move in by lanes of Dharavi by wearing PPE kit, in fact staff nurses from BMC got fainted.

So idea come forward that all doctors should open their clinics which were kept closed due to Corona fear, Here we appreciate, BMC has taken responsibility to sanitise each and every working clinic and by providing PPE kit and Temperature Gun to Doctor.

BMC has also withdrawn their previous veto that fever patient should be send to fever clinic establish only by only BMC. Here they withdrawn their previous circular that private clinic can not see fever patient in their clinic. Here we argued successfully with BMC & convinced them that 70%of healthcare is taken care by private medical practitioner & only 30% cater by BMC. If BMC doctor take load of 100%, they will collapsed & corona spread will become rampant. Here when patient with faith coming to his private doctor & if private doctors found , sign and symptom of Corona, then they can guide this same patient for BMC lab testing centre so by this way they will isolate the positive patient and they will help people around this infected patient to send for Quarantine. Here we can instruct patient that isolation, quarantine, medicine, food, all expenses will be born by BMC and State Government. If still patient is not cooperating and if we feel he is positive, then by taking his Name, Address, Phone number, we can inform BMC and Police officials for future necessary action. This way of seeing patient in private clinic and explaining them personally the status of their health and risk factor for themselves & for people around them, we made successful segregation of positive patient in Dharavi in stage II.

Here the BMC has made a proper arrangement to quarantine Dharavi people, in Rajiv Gandhi sports complex for about 1000 people, in Transit camp school about 52 rooms , in Manohar Joshi College ground & in dharavi Covid centre special arrangement were done for quarantine. For Isolation arrangements was done in Sion Hospital, Kasturba Hospital, Kurla Baba,KEM and Nair Hospital. Affordable patient guided to Raheja Hospital and Somaiya Hospital.

Insurance cover for private practitioners. In video conferencing meeting organised by then, BMC commissioner Mr Praveen Pardeshi, I spoke out in front of our chief Minister Mr Uddhavji Thakrey, that how the insurance cover has been given to BMC and State government doctors in Corona Pandemic, the same insurance cover should be given to private medical practitioner doctor, labelled as corona warriors, as they are also risking their life by working in Corona pandemic to serve people and doing major help to BMC and State government.

In the same meeting Mr Uddhavji Thakreji has appreciated the help given by IMA/ MDMPA doctors under leadership of Dr Anil Pachnekar and Dr Shivkumar Utture sir, assured all our private doctors, that he will come out positively on this demands of insurance to private practitioners.

Glad to say State government has assured same 50 lakhs Doctor insurance cover to all private practitioner working as Corona warrior, Our health Minister Mr Rajesh Tope sir has announced the same in front of Media. Here we all appreciate the effort of IMA Maharashtra State President Dr. Avinash Bhondawe, Secretary Dr. Pankaj Banderkar, MMC President Dr. Shivkumar Utture Sir, Dr. Jayesh Lele, Dr. Mangesh Pate and Dr. Suhas Pingale, in pushing our genuine demands and accomplishing needed Insurance for all private medical practitioner, Corona Warriors.

BMC's surprise shocking decision that only BMC Doctors authorise to send patient for lab. testing,

and later withdrawal of same decision after our protest.Thanks for withdrawal of rule that only BMC doctors allowed to send patient for Corona testing. Here on one hand you ordered every clinic should give service during Corona Pandemic. Every doctor can see fever patient in clinic. If doctor can examine patient in clinic and if he feel investigation required, then, BMC should respect practising doctors clinical acumen & should honour decision of private doctors.

Demand of central law against alleged attacks on medical Fraternity. We thank Centre for putting law for punishment against alleged attack on doctor. But it seems pandemic law. We medical Fraternity earnestly request Indian Government to have Central law , IPC [Indian Penal Code] ,against the attack on doctors as stated in pandemic act. So once it will be become IPC law, then only all police personnel will be aware of it. It will be main deterrent factor to stop attack on medical Fraternity

Stage III.

The major concern was that in Dharavi that although buildings, towers has came up, but still lots of people live in, 10 by 10 room, having ten to twelve people. No toilets in their Houses. They have to use Public toilets. Sad to say, one public toilet containing 10 to 12 rooms, used by round about 1200 to 1400 people. There're 45 such public toilets. Here we taken a major decision that with the help of BMC and state government, out side every toilet we made arrangement of water and soap, so people before using toilet, use to wash hands and legs and

same was applied to them before going to their house. BMC and Fire Bridged kept sanitiser tanker outside the public toilet. So they use to sanitise the toilet after each persons use. This has greatly helped in containing the spread of Corona in Dharavi.

Here we put more stress for Public awareness campaigning. As from every clinic, with the help of BMC, & Police department by using Public address system, we imbibe the importance of why to wear mask, why to keep social distancing, why to wash hands again and again, why to use sanitiser. Instructed people not to neglect cough, cold, fever, breathlessness, loss of smell and test. Report immediately to your doctor. Get tested yourself from BMC Lab, If found positive get isolated, or quarantine yourself. Avoid crowded and closed places gatherings, come out of or move around of your houses only if necessary. Eat home made fresh hot food, drink filtered hot water, do gargling of hot salt water at least 3 to 4 times a day, regularly brush your teeth before sleep and after getting up. Do daily exercise, yoga, pranayama, surya namaskar whatever feasible to you.Taking into consideration the unknowing fear of Corona, lots of people started showing sign and symptoms of stress and depressions. We advise them to indulge in the activities they enjoy just like singing, dancing ,reading, karaoke, talk with their near and dears, so they will feel relax & comfortable. Here we advised people , how we adjusted ourselves, & won war against T B, H!NI , same way we have to modify our lifestyle to win war against corona.

I think successful Dharavi Pattern to win over COVID-19 in Dharavi is nothing but the proper coordination of everyone. First proper and timely help by BMC and state government. Good cooperation from low socioeconomic people of Dharavi, Effective discipline management samaritan work, by dharavi police. But most important that risking their own lives, great, excellent, emotional, humanitarian help given by Private medical practitioner doctors to people of dharavi. Here we salute all Covid warriors who made DHARAVI PATTERN successful & adorable, for the world.

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INDIAN MEDICAL ASSOCIATION

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