



INDIAN MEDICAL ASSOCIATION



IMA NEWS

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“ONE FOR ALL - ALL FOR ONE” A COHESIVE, COLLECTIVE, ENHANCE, COMMUNICATIVE APPROACH TO BREAK ALL SECTORIAL WALLS AND BRING ALL CLINICIANS AT ONE PLATFORM TO HELP IN BUILDING A HEALTHY NATION

HEALTH CONCLAVE WITH MEMBERS OF PARLIAMENT ON 22 MARCH, 2023 AT LE MERIDIEN NEW DELHI





From the pen of National President, IMA



Dear Colleagues and Leaders of IMA,

Warm greetings and Best Wishes to the family of IMA. IMA NEWS is the key source for contacting its beloved members by which the activities of IMA spread across the country.

It gives me immense pleasure to inform you all that 229th meeting of the Central Working Committee of IMA is scheduled to be held on 15th&16th April, 2023 at Statue of Unity, Gujarat.

“World Kidney Day” was organised on 9th March 2023 in all the local branches of IMA to spread awareness among masses. The Slogan of this year's World Kidney Day was 'KIDNEY HEALTH FOR ALL -. Preparing for the unexpected and supporting the vulnerable!

As we all know that the kidneys, once damaged, filter the waste slowly which may lead to the accumulation of toxins in the body, alter the electrolyte and fluid balance, and may lead to serious health problems.

I am pleased to announce that the IMA Standing Committee for "Anti Microbial Resistance" is organizing a slogan-making competition on "Antibiotic Resistance". As healthcare professionals, we all are well aware of the growing threat of antimicrobial resistance and the urgent need to address it. This competition is a small step towards creating awareness and encouraging action to combat this global issue. Certificates will be given to all the participants. This competition will not only help raise awareness about antibiotic resistance but also encourage us all to take action towards responsible use of antibiotics.

IMA has organised Get-Together, Dinner & Informal Discussion on “Health for All – Challenges Ahead” with Members of Parliament on 22nd March, 2023 from 7.30 pm onwards at Hotel Le Meridien, New Delhi. The Hon'ble Speaker, Lok Sabha was invited as Chief Guest of the event. The Hon'ble Speaker and Hon'ble MPs present there were apprised of the various activities being done by the IMA so far and were also apprised of the problems faced by the Doctors all over the country particularly violence. The Hon'ble Speaker assured that the matters be brought to the notice of representatives of public who would raise the issues in the Parliament and will enact some laws for the protection and safeguard of Doctors and Health workers and will also provide different related projects to the IMA.

IMA has decided to observe IMA World Health Day on 7th April, 2023 as a “Samarpan Divas/Dedication Day” in a grand way all over the Country. It was decided to do the activities as Seminar, Press Conference, Award Ceremony in All State and Local Branches.

IMA propose “Let Health Shine” campaign on World Health Day. The undersigned will launch the campaign along with Union Health Minister by lighting Diya at New Delhi.

All States and Local Branches, members and citizens should light a lamp or candle at 7pm on 7th April at their Residence/Hospitals and Clinics to show their support for “Good Health for All”. This will also win support to our campaign- 'Best of Each System for All Citizens'.

A letter with the heading “WHO Day Celebration” has already been sent to all the State and Branch Presidents/Secretaries with all members.

Aao Gaon Chalen is a Dream Project of IMA. I request all the leaders to ensure that each branch under the jurisdiction of their State should adopt atleast one village and start regular health activities for the welfare of the society.

I am looking forward to get your continuous support and hand holding in all our endeavours.

LONG LIVE IMA !!

Dr. Sharad Kumar Agarwal
National President, IMA



My Dear Friends,

It gives me immense pleasure to inform you that 229th meeting of the Central Working Committee of Indian Medical Association is scheduled to be held at Statue of Unity, Kevadia Colony, Narmada, Gujarat on 15th & 16th, (Saturday and Sunday) April, 2023.

During the meeting of IMA Standing Committee for Action held on 17th February, 2023 on Zoom Platform, it was decided that this year "World Health Day" which fall on 7th April will be organized in a befitting manner and IMA hereby declares the "World Health Day" as समर्पण दिवस / Dedication Day by the medical profession. In this regard an email was sent to State / Local Branches of IMA to commemorate this day throughout India at National level.

As healthcare professionals, we are well aware of the growing threat of antimicrobial resistance and the urgent need to address it. In this regard, IMA Standing Committee for Anti-Microbial Resistance had organized a slogan-making competition on "Antibiotic Resistance" which is a small step towards creating awareness and encouraging action to combat this global issue. In this regard we are under the process of receiving the Slogans. We hope that this competition will not only help to raise the awareness about antibiotic resistance but also encourage us all to take action towards responsible use of antibiotics.

"World Kidney Day" was observed on 9-3-23 with the Slogan 'Kidney Health For All - Preparing for the unexpected and supporting the vulnerable!."Through the social media handle IMA tried to aware the general public that Kidney failure is a silent disease and it does not manifest until 60% to 70% function is lost and Diabetes is the number one reason for kidney failure in India. For the safety of the society from this chronic disease, 7 Most Important tips of healthy kidneys, Common early and late symptoms of kidney disease were informed. IMA also made aware that kidney functions checked periodically in case of diabetes, hypertension, Obese and family history of Kidney disease.

Our IMA Rajasthan State Branch is fighting against Rajasthan Government on the issue "Right to Health Bill". It is a draconian law for Private Practitioners our Headquarters is supporting all members and I request all of you to be united to fight against such anti doctors laws.

I request all of you to carry forward the Dream Project "IMA Aao Gaon Chalen". You can adopt various villages under the intimation to IMA HQs. Under this Dream Project of IMA, please sensitize the public about the various health aspects.

To express IMA's views and understand the wisdomful thoughts of the Hon'ble Parliamentarians, Indian Medical Association had organized a meeting with Members of Parliament and IMA leaders in New Delhi on March 22, 2023 on "Health for All – Challenges Ahead" and to discuss important healthcare issues and find ways to improve our country's healthcare system.

We as a member of IMA have a huge responsibility to take our beloved Association to newer heights. I request all of your to increase the activities of IMA for the betterment of the health sector as well as for the medical professionals.

Hope to see you in the ensuring CWC Meeting.

LONG LIVE IMA !!

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA



EMAIL FROM IMA REGARDING ASSAULT ON MEDICAL PROFESSIONALS AT JHARKHAND STATE

To,
Shri Hemant Soren Ji
Chief Minister
Government of Jharkhand

Respected Sir,

Greetings from Indian Medical Association HQs.!

IMA is the largest professional association of modern medicine doctors with 3.5 lakhs members spread over 1700 local branches in all the 640 districts of India. Baptised in the struggle for Independence it serves as the platform for the medical fraternity as an academic forum, trade union as well as the family outlet of doctors apart from being the voice of the fraternity and the people in the issues of Health.

We are working with the Govt. in all health delivery process like Polio eradication, Covid and TB eradication etc. and want to contribution further with the Government.

We have received an email from IMA Jharkhand State Branch regarding assault on Doctors including Civil Surgeons, other government doctors and private practitioners. The worst part is that in a few cases, some government officials are involved in abusing and insulting Civil Surgeons. A copy of the letter written to your good-self by IMA Jharkhand State Branch is attached herewith.

Sir, you are well aware that the assault on doctors is highly condemnable and shameful act by the hooligans and miscreants of the society who under the garb of emotion and sentiments torture doctors and ransack the property of the medical establishments. I feel this is an unjust act and deserves full condemnation.

Such acts in the hospital premises also affect the medical services as well as other patients admitted in the hospital. These types of acts demoralise the doctors and healthcare staff working in the hospital.

You are requested to kindly take immediate action not only to restore the dignity of medical profession but also to set an example in the mind of miscreant which will help to prevent such type of incidents in future. Looking forward to an early favourable action from your side.

Thanking you

Dr. Anilkumar J. Nayak
Hony. Secretary General, IMA

Copy to: National President, IMA
State President and Hony. Secretary of IMA Jharkhand State Branch



**MERGER OF NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES WITH NATIONAL
MEDICAL COMMISSION – REG**

To,
Shri Narendra Modi Ji,
Hon'ble Prime Minister
Government of India

Respected Sir,

Greetings from Indian Medical Association HQs.!

Indian Medical Association (IMA) is a representative voluntary organization of doctors of modern scientific system of medicine. IMA looks after the interest of the doctors as well as the well-being of community at large.

Under the dynamic leadership of our Hon'ble Prime Minister, there has been a paradigm change in the landscape of medical education in the country. The Ministry of Health & Family Welfare, Government of India and NITI Aayog have played their role to improve the quality of medical care in the country, increase the number of medical colleges and specialist manpower. It has been because of the collaborative effort that India was able to fight with Covid-19 Pandemic.

The improvement in the quality of medical education in the country over the last 08 years can be attributed to the National Board of Examinations in Medical Sciences (NBEMS) which is an Autonomous Body of the Ministry of Health & Family Welfare, Government of India.

NBEMS as an Autonomous organization has undertaken several reforms for improving the quality of medical education in the country, some of which are indicated as under:

1. Increasing PG seats:

NBEMS increased the number of PG seats from 4500 in 2016 to more than 12500 in 2022 and this has been done by NBEMS utilizing the existing infrastructure of various hospitals in the country and without compromising the quality. PG seats are a national resource and NBEMS needs to be complimented for this achievement.

NBEMS in its present form and structure has the capacity to enhance the number of PG seats as per the requirement of the country.

2. Launch of Diploma courses:

NBEMS started Diploma courses in 2020 and within 02 years NBEMS has granted more than 2500 seats across various hospitals majority of which are in Government sector at district and sub-district level. This has provided the much needed specialist manpower on pan India basis.

Note: The specialist manpower created through the Diploma courses is providing health care to the poor people of the country and playing a pivotal role in the success of Ayushman Bharat. Merger of NBEMS with NMC will be detrimental to the Diploma programme.

3. Starting of new courses:



NBEMS has launched more than 20 new courses in the last 05 years thereby giving an opportunity to Indian doctors to be trained within the country. Some of these courses such as Cardiac Electrophysiology are boon to the field of medicine in the country.

4. Webinar classes:

Converting Covid-19 into an opportunity, NBEMS started webinar classes for the benefit of medical students. NBEMS had conducted more than 3500 webinar classes which are available at NBEMS website and can be accessed by medical trainees. Webinar classes has provided an opportunity for learning in remote areas of the country as well.

5. Good Clinical Practice Guidelines:

NBEMS has prepared a document on Good Clinical Practices Guidelines which is an attempt to provide guiding points to all NBEMS trainees to follow the principles of ethical and professional conduct expected from a medical professional aimed at safety of doctors and patients alike. The Good Clinical Practice Guidelines are being provided to all NBEMS trainees.

6. Fellowship Programme for International Students:

Governing Body of NBEMS had envisaged to enhance the academic activities of NBEMS on an International platform and allow International Students to enhance their skills in various Post-Doctoral Fellowship courses running in state of the art hospitals accredited by NBEMS.

This is the first of its program on a national level allowing foreign post graduates to pursue Fellowship courses in India. NBEMS plans to expand the FPIS with more focus to the SAARC nations.

7. Examinations:

NBEMS has been conducting various national level examinations such as NEET PG, NEET SS and NEET MDS year after year fair with full accuracy. This assumes even more importance when we read news of question papers of examinations conducted by other authorities being leaked in last few years.

Qualifications awarded by NBEMS, Diplomat of National Board (DNB) and Doctorate of National Board (DrNB), are recognized worldwide and have better job prospects as compared to qualifications awarded by erstwhile MCI and NMC.

It is matter of pride for all of us that more than 01 lakh doctors have been awarded with DNB and DrNB qualifications and are playing an instrumental role in health care delivery system in India and abroad.

IMA has come across the proposal for merger of National Board of Examinations in Medical Sciences (NBEMS) with National Medical Commission (NMC). NBEMS as an Autonomous Body under your leadership has performed to the needs of the society in the last few years and it would be detrimental if NBEMS is merged with NMC as the pace of reforms undertaken by NBEMS is likely to be slowed down.

We on behalf of IMA humbly request you to re-consider the proposal of merger of NBEMS and NMC and allow NBEMS to continue in its present form as an Autonomous Body of Ministry of Health & Family Welfare, Government of India.

Thanking you and with regards,

Yours sincerely

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

**REGARDING OBSERVANCE OF WORLD HEALTH DAY ON 7TH APRIL 2023**

Dear Doctor,

Greetings from Indian Medical Association (HQs.) !

I hope IMA activities thus far have been brisk in your branches. This communication is regarding the World Health Day on 07.04.2023. This year our World Health Organization will be observing its 75th anniversary as well. In 1948, countries of the world came together and founded WHO to promote Health. WHO's 75th anniversary year is an opportunity to look back at public health successes that have improved the quality of life during the last seven decades. It is also an opportunity to motivate action to tackle the health challenges of today.

This year's World health day highlights the special theme of the role of nurses and midwives. IMA wishes to commemorate the world Health Day in a befitting manner. IMA hereby declares the World Health Day as **समर्पण दिवस / Dedication Day** by the medical profession. IMA calls upon all the members of the fraternity to rededicate themselves for the Health of our people. This dedication also acknowledges the sacrifice of about 2000 of our colleagues in the covid war as well.

IMA wishes to showcase the medical profession's special bonding and relationship with the members of the nursing profession. Nurses and midwives have stood with the medical fraternity through peace and war to serve the humanity. Reconnecting with the nurses and midwives and acknowledging their role in healthcare will be one way by which IMA wishes to express its appreciations and gratitude.

समर्पण दिवस / Dedication Day will be commemorated throughout India by IMA HQs, State Branches and Local Branches as well as individual members of IMA. The members of IMA shall take an oath of dedication to the Health of the nation. While we reiterate our rights, we shall also rededicate ourselves to the duty of the nation.

The following programmes are suggestive yet not exhaustive.

For State Branches

1. Conduct press conference atleast one week before the World Health Day. Model Press release will be sent to you by IMA HQs.
2. Organize Health marches in a befitting manner both at the State capital and The District capitals. A past State President or a senior leader may be deputed in each district.
3. The march should consist of IMA members, nurses from Government and Private sector paramedical and motivated citizens. The march may begin from the District Hospitals / Medical Colleges and end in the district collector's office.
4. Public meetings/open forums of small group of our members in interaction with members of the public can be conducted.
5. Articles and news material may be circulated to the newspapers. Suitable messages may be released in the social media.

For Local Branches

1. All local branches shall cooperate with District level activity.
2. All local Branches are directed to conduct a general body meeting to commemorate the World Health Day.



3. The day must be observed as समर्पण दिवस/ Dedication Day.
4. IMA HQs will send an oath to be taken by all its members across the country.
5. Members of the public, local leaders and social opinion makers may be invited to the meeting.
6. The local leaders of the nursing profession and midwives may be recognized on and behalf of the nurses and midwives of the area especially for their contribution during the pandemic.

An electronic report of the commemoration may be sent to HSG on real time basis. We desire that the World Health Day observation by IMA should awaken all the members of IMA to the action ahead.

Thanking you,

Yours sincerely,

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA

21.03.2023

**INDIAN MEDICAL ASSOCIATION CONDEMNS THE BRUTAL ATTACK ON DOCTORS
BY THE POLICE IN RAJASTHAN**

To,
Shri Ashok Gehlot Ji
Hon'ble Chief Minister
Government of Rajasthan

Respected Sir,

Indian Medical Association condemns the brutal attack on doctors by the police in Rajasthan. It is quite disheartening to note that this attack was launched on the peaceful protest.

The agitation is being held to safe guard public health. Providing quality health free of cost, to the citizens is the responsibility of the state and attempts at diluting this would be detrimental to public health. Creating additional burden on the already ailing private health sector will further jeopardise the system and will accelerate closure of such institutions.

We urge the Rajasthan Government to consider all views and have wide discussions with all stakeholders especially the medical fraternity before implementing such an act with much public health impact. We request the Government to immediately hold discussions with state unit of IMA and find a peaceful settlement for the ongoing agitation in Rajasthan.

The whole of medical fraternity in the country is deeply wounded and concerned about the way in which the medical fraternity is being treated in Rajasthan and urge for urgent attention and action in this regard.

Thanking you and with kind regards,

Yours sincerely,

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA



Yes! We Can END TB

World TB Day, 24th March 2023

India reported 21,36,418 TB patients as per India TB Report 2022. 79,144 deaths were directly related to TB in 2019. TB remains the biggest killer amongst infectious diseases after Covid. The resilience with which the National TB Elimination has worked can be seen from the brisk recovery that the programme has made inspite of the disruption during Covid 19 pandemic. The National TB Elimination programme has reinvented itself with every change in the global strategy. Diagnosis and treatment of Tuberculosis has underwent revolutionary changes in the past 2 decades. To its credit the NTEP has kept pace with all scientific advancement. Molecular Diagnostics and Drug sensitivity Testing (DST) have been implemented in all the districts of the country. Short-course, fixed dose drugs are available free of cost in both Government and private sectors. Community has been engaged in a way to fill up the gaps in service delivery to the patient. National TB elimination programme is one of the best run public health programmes in the whole world. However, the challenges remain.

DR TB or the drug resistant TB is perhaps manmade though a small percentage may be natural. The discovery of Bedaquiline and Delamanid molecules was well in time. Fortunately, the Indian epidemic is by and large drug sensitive and the situation therefore warrants close attention.

One important challenge that arose in the last decade of last millennium is co infection with HIV. Significant progress has been made in TB HIV services. Fortunately, the TB epidemic in India is driven by TB itself unlike most African countries where it is driven by HIV. Next to DR TB, TB HIV has emerged as a challenge impacting our efforts to contain TB.

The third major factor that emerged was the Covid 19 pandemic. There was a large global drop in TB notification. The clock was turned back by atleast ten years. In 2019 7.1 million new TB patients were notified. It fell to 5.8 million in 2020. In 2021 it recovered partially to 6.4 million. India was affected substantially. However, the fast recovery continues indicating a robust Public Health System and a vigilant Programme.

However, the unacknowledged blind spot of the Programme and the iceberg of TB elimination is the constituency of Private doctors. The Programme scarcely acknowledged the quantum of patients in the private sector until evidence piled up to show that atleast half of the patients were outside the Programme.

Million cases went missing at some point of time. Private doctors are a conscientious group who are conscious of their duty to the nation. Peer pressure and recognition are the key to their involvement. Even non-financial incentives will have a role. Large number of patients go to private doctors to protect their confidentiality. In spite of several outreach initiatives the spell of private sector is an enigma for the Programme. Stigma and confidentiality are the factors we need to navigate. Private doctors hold the key. Lot of unlearning is required by the Programme. India remains the first among the High Burden countries. One in four TB patients in the world is an Indian. We need to work together lest we will end up converting a drug sensitive epidemic into a drug resistant epidemic.

In 2020, deaths from tuberculosis (TB) increased globally for the first time in over a decade. More



than a third of people with TB went undiagnosed and untreated. Years of incremental progress against this deadly infectious and airborne disease were lost. But, the COVID-19 pandemic was only partly to blame. Years of dismally low levels of funding have led to an unbearable situation in which TB kills more than 4,100 people a day.

With drug-resistant variants of TB and each untreated TB infection leading to up to 15 more infections per year, we cannot let this airborne, preventable and treatable disease continue to threaten the world. Yet, despite commitments made regularly by governments and key stakeholders to increase the resources available to fight this disease efforts to reduce the burden of TB around the world are impeded by dramatic funding shortfalls. The scale of the TB pandemic—with nearly 10 million people estimated to have the disease per year at last count—is just as hard to comprehend as that of the COVID-19 pandemic, or perhaps it is even harder. TB has primarily been a disease of poverty, almost erased from the wealthier parts of the world, yet ignored where the least wealthy live.

The Global Plan to End TB 2023–2030 has been developed by STOP TB Partnership. With the additional funding required by this Global Plan, TB programmes worldwide will be able to treat 50 million people with TB, including 2.2 million people with drug-resistant TB. It would eliminate catastrophic underfunding of TB programmes and accelerate the development of new TB vaccines, diagnostics and medicines. Ending TB is feasible if countries step up their funding allocations.

Delaying or failing to implement the Global Plan would result in immense human and economic loss. If the status quo were to continue from 2023 through 2030, an additional 43 million people would develop TB, leading to 6.6 million additional TB deaths and a global economic loss of US\$ 1 trillion. US\$ 40.18 billion is needed to accelerate the development of new TB medicines and treatment regimens, diagnostics, and vaccines, which includes US\$ 800 million annually to support basic science research.

The leadership shown by India in TB care and control is exemplary. Prime Minister of India, Shri Narendra Modi ji reviews NTEP personally and has called to achieve the TB elimination targets of 2030 in 2025 in India.

Shri Mansukh Mandaviya Ji, Hon'ble Health Minister of India is the current chair of STOP TB Partnership. It is his leadership which has brought the STOP TB partnership to Varanasi on 24th, 25th and 26th March 2023. He will chair all the sessions of the three days programme to evolve global strategies to mobilize funds to implement the global plan to end TB 2023-2030. Government of India has brought TB epidemic to the main agenda of Health in the world through G 20. TB care and control needs more attention and investment globally. Indian Medical Association stands with the Government in the fight against Tuberculosis.

Dr. Sharad Kumar Agarwal
National President, IMA

Dr. Anilkumar J. Nayak
Honorary Secretary General, IMA



HEALTHCARE VIOLENCE

Healthcare Violence are the violent incidents directed against Doctors, Healthcare staff and Healthcare establishments with or without reason. The incidences of healthcare violence have increased over the years & have become widespread & the dreaded entity poses to be threat to the medical practice. Unfortunately, the approach against the same has been soft to make the violence appear as a built-in part of the system...!! Amongst the major causes of healthcare violence include trust deficit in the medical fraternity, costly medical expenses, difficulties in accessibility, affordability, unfavorable treatment outcomes, high expectations from the fraternity & professionals, Unprofessional & unethical issues, Inadequate Communication practices, Wrong media inputs, Political Populism & business module healthcare policies. Healthcare as a science has evolved over past century & the evolution has added up many modalities & treating modules for various diseases. The entry of corporate business module in healthcare has augmented the healthcare costs parallel to the investments. Healthcare policies have been parallel to the rising corporate business module. Insurance sector with the biased policymaking has given setback to the service-oriented sector. Higher healthcare costing & inadequate insurance back up has obviously led to high, unaffordable out of pocket expenditure. While the policymaking has overlooked the healthcare over decades, rising needs have put a direct burden on people. The largest healthcare delivery in the country has been through the private sector. Lack of realization of 'Right to Health' has pushed the people against the healthcare sector. The onus of outrage has been indirectly slapped on the healthcare professionals. The overall result is the current scenario of healthcare violence. Violence in hospitals, against doctors, staff causing mental, professional, financial harm along with disrepute has reached peak levels in our country and the Indian Medical Association declares this as the National Emergency that taking toll on the basic structure of the healthcare system and in return has massive negative impact on public health. Stigmatization and discrimination of professionals is taking toll to the extent that IMA lost its devoted professional Dr. Archana Sharma. The incidence has marked a dark blot of apathy towards the healthcare professionals and overall healthcare system in the country. Government inaction and irresponsiveness in this worst episode speaks volumes. The attacks against professionals treating patients with COVID-19 during pandemic, that too in presence of the central government ordinance in the Epidemic Act 1897, has proved it beyond doubt that the situation of healthcare violence has become refractory to the measures.

It also has proved that meagre solutions like ordinance to safeguard the professionals are ineffective.

INDIAN MEDICAL ASSOCIATION STAND

Indian Medical Association has raised this issue and demanded for protection of doctors. After hurricane efforts, few states got their own State Medicare Acts. The existing legal provisions vide; State Medicare Service Persons Acts, are not enough to deal with rising incidents of violence against doctors and medical staff. It is witnessed that majority of the law keeper, enforcers are unaware of the provisions in the act & many with the act itself. Inaction in most of the cases of healthcare violence & failure to book any of the culprits under these State Acts over past many years speak volumes about the ineffectiveness of the state acts. In every case of healthcare violence, in addition to the State Medicare Acts, supportive provisions of the Indian Penal Code need to be enforced. Without enforcing other IPC provisions, State Medicare Acts, as standalone, remain toothless & ineffective. Registered cases of Healthcare Violence are mere tip of the iceberg & do not represent the actual seriousness of the issue. Approximately 90% violence episodes do not reach the law-keepers & are well suppressed before that. Out of those few reaching the police, handful are lucky to get registered in legal frame. And out of handful registered, hardly any of the assault reach near the justice. This is an actual practical story & exposes the unhealthy safe-hood of the professionals. Government initiated a meeting with IMA and brought ordinance, amendment in the Epidemic act 1897. Being an act as an ordinance to epidemic act, it may not be used as a common central act against healthcare violence. Till date 23 states have enacted state-wide acts in their respective states. In the absence of a central comprehensive act, the state-wide acts remain ineffective in prosecution and conviction.



IMA Demands

- The Central Comprehensive Act.
- Legal sound provisions for non-bailable & cognizable nature. Imprisonment provisions should match non-bailable & cognizable nature. Fine should be as per the damages & losses.
- Damage to the credibility & good faith should be considered in the provisions. Hospitals should be declared safe zones.
- Political support system as a root cause for the violence needs special attention. CRPC code for separate comprehensive act.
- Act should be strong to withstand as a singular effective act & other supportive legal provisions in IPC should not be required to enforce the actions.

Violence against doctors is seriously threatening. It is an effect of unwell, pathetically backed healthcare system. The hospitals cannot be allowed to become war zones as sick people need a peaceful environment and the Doctors also need a stable and peaceful ambience for delivering 100% safe, quality care. Because of violence doctors have started practicing defensive medicine. Finally, the stressful hospital environment is making doctors as well as patients suffer the brunt. Healthcare violence is an act of aggression, erratic, quarrelling behavior, abusive threats to vandalize the hospitals, physical assault or any sort of threatening behavior that occurs in hospitals. The exposed cases of healthcare violence reach at various levels in the doors of law-keepers. The system with the pressures & presence of illiterate but politically powerful people around suppress the tame, intellectual medicos. The sufferers from healthcare fraternity get lost in the doors of law-keepers. Recent incidences of healthcare violence are extremely serious. It has become utmost important to bring in an effective and protective central law for doctors.



MAJOR INCIDENCES OF HEALTHCARE VIOLENCE ACROSS INDIA

- Maharashtra: Doctor attacked in hospital in Paigdar
- Maharashtra: Patient assaults, stab doctors at Yashwantrao Chavan GMC
- Doctor was also threatened for opening clinic late in Maharashtra
- Female doctor attacked in Tugay Hospital
- Relatives Beat Up Doctors At Kerala Hospital, Kochi
- Property Dealer Kicks Doctor, Teacher Couple In Indore
- Andhra Pradesh Doctor Threatened, Scripped
- Mob Killing Of 73-Year-Old Doctor At Tea Estate In Assam
- 50-year-old doctor was assaulted earlier this week in Karnataka's Chikmagalur district
- A doctor in Assam's Hojai, mercilessly punched, kicked, pounded with metal trash cans and bricks
- Hospital ward boy attacks 30-year-old female doctor with scissors in Nashik
- Maharashtra doctor was beaten by a group of men in Baranveli
- Doctor assaulted in Assam
- Bihar Lawmaker's Son Allegedly Threatens Doctor In Hospital
- Doctor Stranded In Aurangabad, Maharashtra
- Lady doctor beaten in Haridwar, UP
- A doctor at Alibabad brutally assaulted
- A doctor sustained critical injuries in Alibabad
- Mumbai – JJ Hospital Doctors beaten up
- Kanpur – Lady doctor beaten up
- Maharashtra, Nashik, डॉक्टरों के बर्बर शिकंजे से अस्पताल में घबराहट का माहौल फैला
- GMC Patiala: Doctor, nursing staff attacked by patient's attendants
- Assistant professor Hazaribag, insulted and roughed up by deputy development commissioner (DDC)
- Kota's MBS Hospital doctors attacked by patient's kin-Ranchi, Jharkhand - Crime News Ranchi: डॉक्टरों के बर्बर शिकंजे से अस्पताल में घबराहट का माहौल फैला
- Kerala - Woman doctor injured as patient assaults her in a fit of rage.
- Maharashtra: Patient's family assaults doctor in Dhule
- Lady doctor attacked by a ward boy, with equipment used in surgery at hospital in Nashik
- Casualty Doctor gets assaulted by students in Kozhikode
- Cherttingari - assaulting doctor at home, Doctor's father injured too.
- Ranchi surgeon assaulted at home
- Karnataka, Mysuru - Attacked With Acid, Doctor Fights for Justice for 11 Years
- Karnataka: Doctor assaulted
- Delhi - Patient attacks doctor in Delhi hospital with scissors.
- Violence Break Out In Hospital After Death Of Woman In Musaffirnagar
- Maharashtra, Aurangabad - Hooligans Beating Doctors Inside Hospital
- Kolkata: Patient Assaulted In Operation Theatre Of Private Hospital
- JNIS Medical College junior doctors assaulted
- Dibrugarh doctor thrashed by 2 men for Facebook comment
- Jalgaon, Maharashtra - Doctor attacked in cab
- West Bengal: Doctors beaten up after patient death
- Nagpur: Man declared dead; his assault doctor, damage hospital
- Relative of Covid-19 patient attacks doctor with knife inside stranded govt hospital
- workers assault doctor and his mother at clinic in Tandi Nails
- Chennai - PG doctor attacked RIGOSH
- "Can't we at least be treated as human beings?" - Chennai Doctor Breaks Down Naming The Attack
- Bengaluru: Doctor, nurse assaulted in KJL; patient's son arrested
- Relatives of a COVID Patient Stab doctor in Letur
- Maharashtra - cogn assault doctor at Solapur hospital
- Chennai - Auto-rickshaw driver assaults doctor
- Patiala: Resident doctor attacked at Government Rajindra hospital, suffers multiple facial fractures
- Doctor on coronavirus duty assaulted in Delhi
- Kerala Doctor Attacked After Pulling Up COVID Norm Violators
- Doctor at the Madhya Pradesh's government hospital, suffered serious injuries in his eye after assault.
- Nizamuddin Markaz attendees misbehave with staffers, spit at doctors at Delhi quarantine units.
- Family of man who died due to COVID-19 attack doctors at Hyderabad hospital
- Tatigahi Jamaat members for attack on health workers
- Patient's relatives attack doctor, vandalize hospital property in Nashik
- Patient's relatives assault doctors at AIMS hospital in Delhi
- Angry Neighbour Murks Abuse At Doctor
- Delhi Covid crisis: Anger spills into violence at Apollo hospital
- Trilanga: Doctors, Surgeons On Strike After Covid Patient's Family Attacks Medical Professional
- Locals attack doctors in Delhi over COVID-19 spread.
- female doctors attacked in Delhi on pretext of coronavirus
- Doctors Attacked After Covid Patient Dies At Delhi Hospital
- Doctor with the Sports Authority of India was allegedly beaten up for filing RTI.

IMA HEADQUARTERS, NEW DELHI

www.ima-india.org

March 2023

13



IMA viewpoints on
“INTEGRATED MEDICINE”



Document by Action Committee, IMA Headquarters, New Delhi
 Released by National President Dr. Sharad Kumar Agarwal on March 22, 2023 at New Delhi

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The Ministry of Health, Government of India has reiterated its resolve to implement Integrated Medicine. The National Educational Policy speaks of medical pluralism and provides for lateral entry and lateral exit. The Niti Aayog has been working with four committees to officially mix all the systems of medicine in medical education, clinical practice, medical research, public health and administration. National Medical Commission (NMC) has made it mandatory for medical colleges to have a specific department of Integrated medicine and plans to include mandatory alternative systems of medicine in the MBBS curriculum. It is declared that by 2030, all the 660 medical colleges will graduate 1,01,038 hybrid doctors of mixed curriculum. This disruptive policy is being inflicted on the nation silently. “Kichadification” of Medical education on such unscientific, baseless integration is a disastrous move and bring out incompetent doctors. Adulteration of the basic framework of medical education is unfortunate and unwarranted. Mixing of completely unrelated systems of medical systems and education would be a Medical blasphemy. Hybridization of MBBS doctors will have grave consequences on the Health of citizen of India.

INTEGRATED MEDICINE IS A POORLY THOUGHT POLICY. CONCEPT IS GOOD, BUT EXECUTION AND PLANNING NEEDS FURTHER BRAIN STORMING TO UNDERSTAND THE CONCEPT.

Implementing at under graduation level will harm the citizen of country at large as this detrimental adulteration will be deprived of expertise in any Medical system. Mixing of irreconcilable systems of medicine is irrational and unscientific.

IMA respects each and every system of Medicine in its purest form and advocate for purity of all Medical systems.

Modern Medicine has made huge strides in India and has to be accepted as a legacy than a colonial vestige.

- The life Expectancy of Indian has increased from 27 in 1947 to 70 in 2023.
- Infant Mortality rate and Maternal Mortality rate have decreased
- Eradication of Small Pox
- Eradication of Polio,



- Eradication of Neonatal Tetanus
- Control of Tuberculosis and other infectious diseases have contributed to this phenomenal Health achievement.
- We could stop Covid on its tracks because of the modern medicine vaccine. Modern medicine doctors manned our Pandemic services. It is estimated around 2000 modern medicine doctors laid down their lives in our war against Covid.
- Indian medical colleges are amongst the oldest in the world and are rightfully our legacy. Indian doctors are our best ambassadors and add a legion to our soft power.
- Today India is the proud capital of modern medicine effectively blending clinical medicine with evidence-based medicine.
- Indian modern medicine doctors are adequately skilled to perform any latest sophisticated surgery or procedure
- India is a much sought-after destination for medical tourism from South Asia, Gulf, Africa and even the West. Substantial foreign exchange is earned due to medical tourism linked with modern medicine surgeries and procedures
- Indian modern medicine doctors are the backbone of several Health systems across the world including UK, Gulf, US and Australia.

Adverse effect of Integrated medicine if implemented in present form-

- The negative effects of this mixing of systems will go far and shall suppress intellectual supremacy of India in international corridors.
- It Compromises patient care and patient safety. Ultimately mixing of the systems will only end up compromising the quality of care and standards of safety endangering life on a massive scale.
- Allopathy/Ayurveda/other system of AYUSH as an alternative choice will cease to exist to patients.
- Scientific identity of modern medicine stands at stake.
- Adulteration of primary undergraduate medical education with unrelated alternative systems will have ill-effects on further postgraduate education.
- NRI doctors are ambassadors of Indian diaspora exerting influence on the relationship with nations shaping global politics. It is a difficult constituency to develop yet easy to lose.
- While country aspires for healthcare quality standards through accreditation, so called integration of modern medicine is against the quality standards in healthcare system.
- Many Indian medical students pursue specializations on international grounds, diluted basic medical education will hamper the future aspirations of all medical students.
- Living up to the international standards of medical education is must for global mobility of medical students and doctors in and out of the country.
- Mixing of modern medicine with alternative systems in medical education is unsafe as students will learn completely different systems together. Output of knowledge, skills will be critically unsafe. Safety



and reliability in clinical acumen and knowledge depends solely on effective education system.

IMA VIEW POINT –

Holistic wellness is complete integration of body, mind, and soul for effective state of well-being; but it is far different from planned mixing of alternative systems with modern medicine. For alternative systems to flourish, it should be practiced in its purest form.

The gross difference between holistic approach and integration or mixing is being masked in policymaking. Holistic approach towards patients is a far different story than mixing of different systems.

Holistic approach is a teamwork that connects various departments. To deliver comprehensive healthcare delivery, we need holistic approach.

Medical education is a continuous process starting from primary undergraduate education to postgraduate and super-specialization. For world-class standard of medical education, maintaining its scientific autonomy in pure form is must.

The safety of the people shall be the highest concern. Nothing is more important than safe healthcare system for people.

Safety in healthcare begins with safety in medical education.

Conclusion:-

- Integrated medicine approach should be at service delivery level. We should let all the systems of medicine develop its expert by studying respective system of medicine in its pure form and once they become expert then we can adopt an Integrated approach by establishing hospitals providing Integrated health facilities.
- Like in few AIIMS and in some corporate hospitals the emergency, critical care, surgical, super specialty treatment are being done by Allopathic and for the life style management and for some chronic diseases along with allopathic treatment, alternate medicine system like AYUSH is being used.

Implementation in present form will seriously impair the Health of our Nation. In the process medical education and Public Health will be damaged. The cost of implementing at education level will be paid in terms of morbidity and mortality. Health indices like Life span, Infant Mortality Rate and Maternal Mortality Ratio will take a hit.

IMA demands withdrawal of Integrated Medicine approach in present form at education level.

Retain Modern Medicine and Ayurveda in their pure form without mixing.

Dr. Sharad Kumar Agarwal

National President, IMA

Dr. Anilkumar J. Nayak

Honorary Secretary General, IMA



IMA Standing Committee for Anti-Microbial Resistance

Fever cases on rise - Avoid Antibiotics

There is a sudden increase in the number of patients having symptoms of cough, nausea, vomiting, sore throat, fever, body ache, and diarrhoea in some cases. The infection usually lasts for about five to seven days. The fever goes away at the end of three days, but the cough can persist for up to three weeks. As per information from NCDC, most of the cases are H3N2 influenza virus.

It is common to have seasonal cold or cough during October to February period, because of influenza and other viruses.

Mostly it occurs in people above the age of 50 and below 15 years. People develop upper respiratory infections along with fever. Air pollution is one of the precipitating factors.

Give only symptomatic treatment, no need to give antibiotics. But right now, people start taking antibiotics like Azithromycin and Amoxiclav etc, that too without caring for dose & frequency and stop it once start feeling better. This need to be stopped as it leads to antibiotic resistance. Whenever there will a real use of antibiotics, they will not work due to the resistance.

Several other antibiotics are being misused for certain conditions and are developing resistance among patients. For instance, 70% of diarrhoea cases are viral diarrhoea, for which antibiotics are not needed but are being prescribed by doctors.

The most misused antibiotics are amoxicillin, norfloxacin, ciprofloxacin, ofloxacin, levofloxacin. These are being used for diarrhoea and for UTI.

We have already seen widespread use of azithromycin and ivermectin during Covid and this too has led to resistance.

It is necessary to diagnose whether the infection is bacterial or not before prescribing antibiotics.

Self-control and regulation need to be practised by all stakeholders.

For prevention of infection avoid crowded places, practice good hand and respiratory hygiene and take vaccination

Dr Sharad Kumar Agarwal
National President

Dr. Anil J Nayak
Hony Sect. General

Dr. Narendra Saini
Chairman
(IMA AMR Standing Committee)

Dr. Muraleedharan
Convenor
(IMA AMR Standing Committee)



Branch Activities

STATE	BRANCH	TYPE OF EVENT	EVENT	DATE
Tamilnadu	Trivandrum	CME	Updates Colorectal Cancer Prevention" in zoom platform. Dr Rajeev Jayadevan was the faculty	22.03.2023
Tamilnadu	Udumalpet	Camp	Branch. 65 units of blood collected from donors of Suzlon windmill company	22.03.2023
Tamilnadu	Udumalpet	Talk	Dr.K.Chandravadhana at GVG college for women at udumalpet.	22.03.2023
Kerala	Kannur	CME	an overview by Dr. Manu Prasad, Medical Oncologist.	23.03.2023
Kerala	Kasaragod	Meeting	"Orchid Home Stay". Mr Shyjith a motivational speaker addressed the gathering and conducted a few handson tasks to be solved.	23.03.2023
Tamilnadu	Udumalpet	CME	The old and the new.	23.03.2023
Tamilnadu	Udumalpet	CME	at Pollachi IMA	23.03.2023
Kerala	Nemom	Training	Project organized a Training session in association with Health cub and Junior Red Cross wing of Government Girls Higher Secondary School (GGHSS), Cotton Hill, Thiruvananthapuram on ELS and First Aid.	23.03.2023
Tamilnadu	Udumalpet	Program	National neonatology forum conducted a basic Neonatal resuscitation program for the paramedical staffs. 45 paramedical staffs participated in the program.	23.03.2023
Kerala	Nemom	CME	hexad: are the Gen. 2 basal insulins hexad compliant?"	23.03.2023
Tamilnadu	Courtallam	CME	Thyroid Disorders" by Dr. R. M. Manikandan and "Advanced Cardiac Life Support Updates" by Dr. Jude Vinoth.	23.03.2023
Kerala	Kannur	Seminar	was Shri Prakashan Master.	23.03.2023
Maharashtra	Mumbai	Conference	2023 was held at ITC Grand Central, Parel. More than 300 delegates from Mumbai participated.	23.03.2023
Tamilnadu	Courtallam	CME	Disorders and advance cardiac life care support update.	23.03.2023



Branch Activities

Mumbai	Mumbai	Camp	Railway Station between 9.30 am to 4.30 pm in association with KEM Hospital Blood Bank. Total 82 units of blood was collected.	
Chhattisgarh	Durg	Camp	Durg CG were held at Gram Pauwara ,Durg. Medicine were distributed, Medical Consultation was done & some tests were performed Gram Panchayat of Pauwara was involved in this camp.	
Gujarat	Anand	CVE	"cases" by Dr. Jitendra Mistry and 2. "Cardioneuro" by Marengo CIVS hospital, Ahmedabad	
Kerala	Kannur	CVE	management of Heart Failure" by Dr. Vinod Krishnan and "Current role of endoscopic ultrasound and its emerging applications by Jaseen Ansari	
Maharashtra	Mumbai	Competition	the CVE	
Maharashtra	Mumbai	Community Project	Dinesh Prabhu, Dr. Jyotika Kaku, Dr. Neela Haldavanekar, Dr. Hemant Haldavanekar and Dr. Sharad Devrukhkar visited village Sonale, Wada. They examined a total of 96 patients.	
Karnataka	Belgavi	Meeting	sampgar spoke on avascular necrosis of femoral head post covid, dr sampath Deshpande spoke on surgical mangement of hypertension bleed. Attended by more than 100 delegates.	
Gujarat	Anand	Workshop	management workshop' for students and professionals with more than 5000 attendees.	
Tamilnadu	Kanchipuram	Day	International Women's Day Celebrations conducted by the IMA TNSB WDW and organised by IMA Tambaram WDW.	
Tamilnadu	Courtallam	Seminar	DAY Seminar on WOMENS EMPOWERMENT Was Conducted by WOMEN DOCTOR WING OF IMA COURTALLAM.	
Andhra Pradesh	Jammalamadugu	CVE	Reddy, Branch President	
Telangana	Hyderabad City	Community Project	camp at Sai Baba Temple, Chedarghat as a part of AAO GAON CHALEN project.	
Tamilnadu	Kanchipuram	Rally	Glaucoma Week	



Branch Activities





Branch Activities



**File No. P.17019/01/2018-PvPI Dated: February 20, 2023****Monthly Drug Safety Alerts**

The preliminary analysis of Adverse Drug Reactions (ADRs) from the PvPI database revealed that the following suspected drugs are associated with the ADRs as given below.

Table

SL No.	Suspected Drugs	Indications	Adverse Drug Reactions
1.	Cephalosporins	Cephalosporins are beta-lactam antimicrobials used to manage a wide range of infections from Gram-positive and Gram-negative bacteria.	Purpura
2.	Amikacin	Indicated in the treatment of serious infections due to amikacin sensitive organisms.	Vision blurred

Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drugs. If, such reactions are encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form/Medicines Side Effect Reporting Form for Consumer (<http://www.ipc.gov.in>), through Android Mobile App “ADR PvPI” and PvPI Helpline No. **1800-180-3024**.





INDIAN MEDICAL ASSOCIATION, HQs (NEW DELHI)

229th Central Working Committee Meeting -2023

Unity stands Tall !!!

15th - 16th April
2023



The Fern Sandar Sarevar Resort
Nr. Eda Dvick, Statue Of Unity
Narmada, Gujarat - 389 151

Dear Member,

It is an honour to invite you to another edition of the 229th CWC meet of IMA.

It is a great privilege for IMA GSB to have been allocated the responsibility of organizing the 2023 edition of the CWC meeting of Indian Medical Association.

The organizing committee has taken the onus of holding this conference at the pride of Gujarat - Statue of Unity. The Statue of Unity has been the brain child of our beloved Prime Minister and represents his vision of a united, culturally rich and developed India.

It is the world's tallest statue and is a symbol of pride for India as well as Indians worldwide. It showcases traditional Indian art, culture, heritage and architecture and is now a premier tourist attraction.

IMA GSB has specially arranged the visit of Museum, Laser Light and Sound Show as well as a cruise trip around the venue for all the member participants exclusively. Members of the organizing committee are enthusiastic and buoyant to provide the best ever programs and services to all the members at the event.

The Statue of Unity will provide the perfect backdrop for a bouquet of activities outlined for the event. These include brain storming sessions, the mandatory official initiatives to formulate new Medical Guidelines/Policies for the benefit of Medical Fraternity and General Public at large & entertainment Jamborees as well.

All in all, there will be a plethora of programs to keep everyone busy for the two days of the event.

The hospitality of Gujarat is a key part of its culture and the people of Gujarat are known for their generosity, kindness, and willingness to help others. Gujaratis are famous for their variety of cuisines which they are always ready to share and they do have a sweet tooth to add to the flavour. Festivals and handicrafts and the varied facilities for accommodation are many ways through which the Gujarati welcomes his/her guest with open arms.

We are very sure to welcome all our guests with the famed hospitality of this heartland and add a special spice to the proceedings at Statue of Unity.

Thanking you all



Indian Medical Association
Gujarat State Branch





Accommodation & Registration



INDIAN MEDICAL ASSOCIATION, HQs (NEW DELHI)

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15-16 April 2023



The Fern Sankar Sankar Resort
Nr. Ellis Bridge, Statue Of Unity,
Ramnada, Gujarat - 381 151



Kindly note the following:

- Charges for an accompanying person for stay including breakfast, lunch & dinner will be Rs. 10000/- (Rupees Ten Thousand only).
Children above 5 years will be treated as adults for booking purposes as per policy of the hotel.
- Charges for additional stay (with breakfast) before or after the CWC meeting will be Rs. 8500/- (Rupees eight thousand five hundred only).
Children above 5 year will be treated as adults for booking purposes as per the policy of the hotel.

The charges for the lunch and dinner are as follows:

Lunch: Rs. 1500-00 per person Banquet: Rs. 2000-00 per person

Advance, for accompanying person or additional stay before and after CWC meeting, has to be transferred to the Indian Medical Association, Gujarat State Branch till 25th March, 2023 for confirmation of booking. No request after that will be accepted due to limited room availability.

You are requested to bear with us to serve you better and to avoid last minute hassles.

Following are the bank details of the Gujarat State Branch, IMA

- Acct. Name.....: GUJARAT STATE BRANCH I.M.A. • Acct. No.....: C/A 20042010000006
- Bank Name...: Bank of India, Ellisbridge Branch, Ahmedabad. • IFSC CODE....: BKID0002004 • MICR CODE...: 380013008

Tentative Program	
15th April, 2023	
12:00 noon to 1:00 pm.....	Lunch
1:00 pm to 6:00 pm.....	Central Working Committee Meeting
8:00 pm onwards.....	Banquet Dinner
16th April, 2023	
7:00 am to 9:00 am.....	Breakfast
9:00 am to 1:00 pm.....	Central Working Committee Meeting
1:00 pm to 3:00 pm.....	Lunch

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Dr. Tushar Patel

Hon. Treasurer - IMA GSB



Indian Medical Association

Gujarat State Branch





INDIAN MEDICAL ASSOCIATION, HQs (NEW DELHI) 229th Central Working Committee Meeting -2023

Unity stands Tall !!!



Dr Ketan Desai

Chief Patron

Past President - IMA, WMA & MCI



Dr Sharad Kr. Agrawal
National President



Dr R. V. Ashokan
National President - Elect



Dr Anilkumar J. Nayak
Hon. Secretary General



Dr. Sahajanand Pd. Singh
Imm. Past National President



Dr Shitij Bali
Hon. Finance Secretary



Dr Mahavirsinh Jadeja
President - IMA GSB



Dr Mehul Shah
Hon. Secretary - IMA GSB



Dr Tushar Patel
Hon. Treasurer - IMA GSB



Indian Medical Association Gujarat State Branch





HEALTH CONCLAVE WITH MEMBERS OF PARLIAMENT ON 22 MARCH, 2023 AT LE MERIDIEN, NEW DELHI



ACTIVITIES OF NATIONAL PRESIDENT & HONORARY SECRETARY GENERAL





INDIAN MEDICAL ASSOCIATION, HQs (NEW DELHI)

229th Central Working Committee Meeting -2023

Unity stands Tall !!!

अलक्ष्यलक्ष्य लक्ष पाप लक्ष सार सायुधं,
ततस्तु जीव जन्तु-तन्तु भुक्ति मुक्तिद्वयकम्।
विरंचि विष्णु शंकर स्वकीयधाम वर्मदे,
त्वदिय पादपंकजं

नमामि देवि नर्मदे...



Dr. Ketan Desai

Chief Patron

Past President - IMA, WMA & MCI



15th - 16th April 2023



The Fern Sardar Sarovar Resort

Nr. Ekta Dwar, Statue Of Unity,
Kevadia Colony,
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