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Fortis Escorts Heart Institute, Okhla Road, New Delhi, 2012

Abnormalities Of Outflow Tracts
Delhi Ultrasound Update, 2011

Incidence of Congenital Heart Disease in Down’s Syndrome
Asian Federation of Societies of Ultrasound in Medicine and Biology, 2010

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Greetings from Delhi Medical Association!!!

Friends, as we move on in the centenary year of DMA. The Need of the hour is unity of the fraternity, howsoever diverse we may be. Some of our friends are skeptical about the DMA’s functioning; its efficacy in dealing with the problems of Medical Profession, Societal health and whether we would be able to restore the pristine glory of our association is a serious concern to some of our colleagues.

I call upon 15000 members of DMA and its branches to come forward, join hands, work as a unit to deliver. The dedication, commitment and hard work of our predecessors has sown the seeds and all of us can have the fruits only if we continue with determination to achieve our objective of “Restoration of old glory of DMA”

Our suggestions for clinical establishment act are being sent to Central Govt as follows :-

1) Clinics without IPD beds should not come under the purview of CEA
2) Emergency stabilization should be based on the availability of the facilities of the center
3) State & National Council should have more allopathic doctors representation with DHS and DGHS to be made chairman of respective councils
4) Heavy penalties for default are to be reduced
5) Separate set of norms for diagnostic centers

We are seeking remedy from high court regarding conversion parking charging issues presently and hopeful of permanent solution after new central govt is in office.

Our emphasis for empanelment is that all DHS registered nursing homes should be empanelled for cashless facilities, our representation in policy making/ rate revision / grievance redressal committees of TPA, insurance company, IRDA.

DMA's Membership Awareness program for these would be done in May/June.

“Save the girl child”, renovation of building, E-bulletin, centenary membership card, preventive health checkup programs for the doctors- are being taken up in the priority, weekly CME/ public health programs are on the card. Campaigning against quackery is being pursued aggressively with Delhi Police and Delhi Medical Council & you will see results in near future.

“I AM SURE TOGETHER, WE CAN & WE WILL”

Dr. Anil Goyal
President
Dear Friends,

Warm Greetings.

We have recently witnessed very keenly contested Lok Sabha elections in Delhi and NCR. Now we all are eagerly waiting for the results. We the members of DMA and whole of medical fraternity in Delhi were particularly more charged up as our own Dr HARSH WARDHAN was one of the contestants. But even in general people have shown high level of interest and enthusiasm in the elections. This led to significant increase in voting percentage in almost all the seats. The Election Commission, various political parties, Candidates and their supporters all played active role in ensuring high turnout and deserve kudos for that.

We can take few lessons from these elections to make our DMA elections more participative. I am making few suggestions from my side to trigger this discussion.

1- Election Commission should be more powerful, more stringent and more vigilant.

2- There should be a ceiling on election expenditure by the candidates, and that expenditure should be minutely monitored by Election Commission.

3- Making/ Becoming a temporary annual member ( membership of 3-4 months only) for sake of voting rights should be discouraged.

4- Instead of electing President elect and two VPs for two different tenures, we should elect a team which works together. (ELECTING President and VPs for the same Tenure)

These are just few suggestions to initiate a debate on electoral reforms in DMA. These and many more suggestions require amendments in our constitution. Merely sitting at our home/ clinic and criticizing the system will not help. Be active, Participate in the system, send amendments, come to meetings, attend GBMs.

RAISE your hand, RAISE your head, RAISE your voice,

To RAISE the bar in DMA.

Dr. Girish Cally
Hony. Associate Editor
Dear Colleagues,

DMA has again become the hub of activities on issues concerning our fraternity.

Leadership Summit was organized by Apollo Hospital on 13 April at Hotel Claridges, New Delhi where they honoured newly elected members of Delhi Medical Association and Presidents/Secretaries of IMA Local branches in Delhi.

On the occasion of WHO Day, we have taken a pledge that we will make Delhi Mosquito Free and launched Delhi Against Mosquito - Fight the Bite Campaign to prevent against outbreak of Malaria, Dengue and Chikungunya every year in Delhi. Many NGOs are approaching us in this endeavour. Let us make our clinic and medical establishment mosquito free.

In continuation to create awareness among the doctors, school children, general public, RWA’s etc. Delhi Medical Association along with NDMC, MCD and URJA, an NGO is going to organize a Technical Session on Malaria: Where we stand today? on Saturday, 26th April 2014 at NDMC Convention Center, New Delhi from 1.00 pm onwards.

IMA CGP(DSF) along with IMA South Delhi Branch is going to organize a day long CME for general practitioners on Sunday 18 May 2014 at India International Center, New Delhi. DMA is also planning to organize programme on Mothers Day on 18th May 2014. Detail will be published in next news bulletin. All are cordially invited to participate in the programme and make it a grand success.

We have received many complaints that doctors have received notice from MCD regarding the mixed use charges and conversion and parking charges. This case is now in High Court. The next date of hearing is 8th May 2014. It is time that we unite and fight against several issues which are affecting and hurting our day to day working.

Long Live DMA

Dr. S.K. Poddar
Hony. State Secretary
Message

Child abuse is a global phenomenon, it crosses all racial, economic and cultural lines. Child abuse consists of any act of commission or omission that endangers or impairs the child's physical or emotional health and development. It is more than bruises and broken bones, the emotional abuse and neglect leaves a deep lasting scar.

The World Health Organization defined 'Child Abuse' as a violation of basic human rights of a child, constituting all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, commercial or other exploitation, resulting in actual harm or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. The physical and mental damage from child abuse can impact the child in multiple ways throughout their life, which raises the importance of multi-agency and multi-disciplinary prevention. Medical professionals stand on the very frontlines of early detection and treatment of child abuse and have exerted great efforts over the past decades to its prevention. While meaningful progress has been made in raising the awareness on this issue among medical professionals and the general public, unfortunately, child abuse has not been reduced.

Recently on September 14, 2013 CMAAO held a conference on child abuse, the theme of the conference was “Be Human-Stop Child Abuse”. During this conference a resolution on Child Abuse was prepared passed and circulated stating that although protecting children from abuse is everybody’s responsibility, and a cohesive and joint efforts of multiple stakeholders is quite essential on the Prevention of Child Abuse with recommendation identifying the role of Government, Professional Organizations, individual physicians and health providers, and civil society and it was also decided to hold a symposium on Child Abuse in the month of June, 2014.

Indian Medical Association & CMAAO is organizing a Symposium on “Child Protection and Child Sexual Abuse” in collaboration with UNICEF on 7th June, 2014 at India Habitat Centre, Lodi Estate, New Delhi. The aim of the Symposium is

- To encourage further engagement of the medical sector and other professionals & organization involved in child care in different field.
- To raise awareness of child abuse which has become a menace in today’s world.
- To provide detailed understanding of sexual abuse and the legal provisions and ensuring protection of child victims of abuse; and
- To define a roadmap for the medical sector and partners to achieve the desired goal of protecting the victims.

On behalf of CMAAO and IMA I request the members of Delhi Medical Association to take up this project in various districts and under developed areas in their jurisdiction, so that the movement against child abuse can be spread in the entire country. Therefore, your active participation is necessary, to be trained for future programs in your state.

Let us ensure a lasting change for underprivileged kids.

Long Live IMA

Dr. Vinay Aggarwal
President
CMAAO (Confederation of Medical Associations of Asia and Oceania)
DMA request interested members to write to DMA office if they wish to be a part of committee or organising team of days mentioned below. This shall improve the working of your association.

**Sub Commities**

1. Office Administration Committee
2. Scientific Committee
3. Medical Education Committee
4. Purchase Committee
5. WHO Day Committee
6. World No Tobacco Day Sub-Committee
7. Doctors Day Sub Committee
8. Foundation Day Committee
9. Material Condemnation Committee
10. World AIDS Day Sub Committee
11. Membership Drive Committee
12. Service doctors Cell
13. Medial Co-ordination committee
14. CME Committee
15. Consultant Forum
16. FORDA DMA Cell
17. Family Physician Cell
18. Legal Committee
19. E-Bulletin & mobile app committee
20. Women Cell Committee
21. Study Tour Committee
22. PNDT Act Committee

**Dr. Anil Goyal**  
President

**Dr. Ashwani Goyal**  
Hony. Finance Secretary

**Dr. S. K. Poddar**  
Hony. State Secretary

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**IMPORTANT DAYS YOU SHOULD OBSERVE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td><strong>7</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>APRIL</strong></td>
<td>WHO DAY</td>
<td><strong>21</strong>&lt;sup&gt;st&lt;/sup&gt; <strong>SEPTEMBER</strong></td>
<td>WORLD ALZHEIMER'S DAY</td>
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<tr>
<td><strong>17</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>APRIL</strong></td>
<td>INTERNATIONAL HEMOPHILIA DAY</td>
<td><strong>26</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>SEPTEMBER</strong></td>
<td>WORLD HEART DAY</td>
</tr>
<tr>
<td><strong>25</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>APRIL</strong></td>
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<td><strong>1</strong>&lt;sup&gt;st&lt;/sup&gt; <strong>OCTOBER</strong></td>
<td>NATIONAL BLOOD DONATION DAY</td>
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<td><strong>5</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>MAY</strong></td>
<td>MOTHERS DAY</td>
<td><strong>1</strong>&lt;sup&gt;st&lt;/sup&gt; <strong>OCTOBER</strong></td>
<td>ELDER DAY</td>
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<td><strong>07</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>MAY</strong></td>
<td>WORLD ASTHMA DAY</td>
<td><strong>2</strong>&lt;sup&gt;nd&lt;/sup&gt; <strong>OCTOBER</strong></td>
<td>NATIONAL ANTI QUACKERY DAY</td>
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<td>WORLD THELASSEMIA DAY</td>
<td><strong>10</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>OCTOBER</strong></td>
<td>WORLD MENTAL HEALTH DAY</td>
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<td><strong>12</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>MAY</strong></td>
<td>INTERNATIONAL NURSES DAY</td>
<td><strong>14</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>NOVEMBER</strong></td>
<td>WORLD DIABETES DAY</td>
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<td>WORLD NO TOBACCO DAY</td>
<td><strong>16</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>NOVEMBER</strong></td>
<td>WORLD CHRONIC OBSTRUCTIVE PULMONARY DISEASE DAY</td>
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<td>WORLD ENVIRONMENT DAY</td>
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<td>WORLD AIDS DAY</td>
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<td><strong>14</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>JUNE</strong></td>
<td>WORLD BLOOD DONOR DAY</td>
<td><strong>4</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>DECEMBER</strong></td>
<td>WORLD HAPETITIS DAY</td>
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<td><strong>27</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>JUNE</strong></td>
<td>WORLD DIABETES DAY</td>
<td><strong>4</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>FEB</strong></td>
<td>WORLD CANCER DAY</td>
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<td><strong>1</strong>&lt;sup&gt;st&lt;/sup&gt; <strong>JULY</strong></td>
<td>DOCTORS DAY</td>
<td><strong>8</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>MARCH</strong></td>
<td>WORLD WOMAN DAY</td>
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<td><strong>11</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>JULY</strong></td>
<td>WORLD POPULATION DAY</td>
<td><strong>22</strong>&lt;sup&gt;nd&lt;/sup&gt; <strong>MARCH</strong></td>
<td>WORLD WATER DAY</td>
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<tr>
<td><strong>1-7</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>AUGUST</strong></td>
<td>WORLD BREASTFEEDING WEEK</td>
<td><strong>24</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>MARCH</strong></td>
<td>WORLD TB DAY</td>
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<td><strong>14</strong>&lt;sup&gt;th&lt;/sup&gt; <strong>AUGUST</strong></td>
<td>DMA FOUNDATION DAY</td>
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**Dr. Anil Goyal**  
President

**Dr. Ashwani Goyal**  
Hony. Finance Secretary

**Dr. S. K. Poddar**  
Hony. State Secretary
CHAPTER 5
CLINICAL MANAGEMENT

5.1 Grading the severity of Dengue infection To decide where to treat the patient, it is important to classify the severity of dengue infection as given in the Table 1. The presence of thrombocytopenia with concurrent haemoconcentration differentiates Grade I and Grade II DHF from DF.

<table>
<thead>
<tr>
<th>DF/DHF</th>
<th>Grade</th>
<th>Symptoms/signs</th>
<th>Laboratory findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>DF</td>
<td></td>
<td>Fever with two or more of following</td>
<td>Leucopenia, Thrombocytopenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Headache</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Retro-orbital pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Myalgia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Arthralgia</td>
<td></td>
</tr>
<tr>
<td>DHF</td>
<td>I</td>
<td>Above criteria for DF plus positive tourniquet test, evidence of plasma</td>
<td>Thrombocytopenia : Platelet count less than</td>
</tr>
<tr>
<td></td>
<td></td>
<td>leakage</td>
<td>100,000/cu.mm. Haematocrit rise 20% or more</td>
</tr>
<tr>
<td>DHF</td>
<td>II</td>
<td>Above signs and symptoms plus some evidence of spontaneous bleeding in skin</td>
<td>Thrombocytopenia platelet count less than</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or other organs (black tarry stools, epistaxis, bleeding from gums, etc) and</td>
<td>100,000/cu.mm Haematocrit rise more than 20%</td>
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<tr>
<td></td>
<td></td>
<td>abdominal pain</td>
<td></td>
</tr>
<tr>
<td>DHF</td>
<td>III</td>
<td>Above signs and symptoms plus circulating failure (weak rapid pulse, pulse</td>
<td>Thrombocytopenia : Platelet count has less than</td>
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<tr>
<td></td>
<td></td>
<td>pressure ≤20 mm Hg or high diastolic pressure, hypotension with the presence</td>
<td>100,000/cum Haematocrit rise more than 20%</td>
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<tr>
<td></td>
<td></td>
<td>of cold clammy skin and restlessness)</td>
<td></td>
</tr>
<tr>
<td>DHF</td>
<td>IV</td>
<td>Profound shock with undetectable blood pressure or pulse</td>
<td>Thrombocytopenia : Platelet count less than</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Haematocrit rise more than 20%</td>
<td>100,000/cum Haematocrit rise more than 20%</td>
</tr>
</tbody>
</table>

Note:
- DF may sometimes present with bleeding manifestation but without evidence of haemoconcentration/plasma leakage. It should not be confused with DHF.
- In addition pain and/or tenderness in upper abdomen have been commonly observed as prominent clinical feature.

CHART 1
Volume Replacement Flow Chart for Patients with DHF Grade I & II

Haemorrhagic (bleeding) tendencies, Thrombocytopenia

Initiate IV Therapy 6 ml/kg/hr Crystalloid solution for 1-2 hrs.

Improvement

IV therapy by Crystalloid successively reducing from 6 to 3 ml/kg/hr

Further Improvement

Discontinue IV after 24 hrs

No Improvement

Increase IV 10 ml/kg/h crystalloid duration 2 hrs

Improvement

Reduce IV to 6 ml/kg/hr Crystalloid with further reduction to 3 ml/kg/hr discontinue after 24-28 hrs.

Further Improvement

Discontinue IV after 24 hrs

No Improvement

Haematocrit rise

IV Colloid Dextran (40) 10 ml/kg/hr duration 1 hr

Haematocrit falls*

Blood transfusion 10 ml/kg/hr duration 1 hr

Improvement

IV therapy by Crystalloid successively reducing the flow from 10 to 6 and 6 to 3 ml/kg/hr discontinue after 24-48 hrs.

*Suspected internal haemorrhage

Improvement : Haematocrit falls, pulse rate and blood pressure stable, urine output rises

No Improvement : Haematocrit or pulse rate rises, pulse pressure falls below 60 mmHg, Urine output falls

Unstable Vital Signs : Urine output falls, signs of shock
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M: 9899811103
Department of Clinical Microbiology & Immunology

Overview and Strength: Bringing Bench to the Bedside

The main focus is to provide high quality service and improve continuously and innovate Clinical Microbiology services. Totally pro-active, the department traces all positive reports back to the bedside by sharing the findings with the treating unit for better understanding and actionable results. The department under the guidance of Dr. Chand Wattal (Chairman & HOD) has balanced matrix of well experienced and young team of 6 consultants (5 MD, 1 PhD), 1 Senior Resident and 3 DNB residents. Departmental activities are supported by 25 qualified and trained technologists.

The efficiency of the laboratory in meticulously following internationally recommended techniques, adhering to various elaborate inbuilt control protocols and guidelines reflects in the accurate test results. All samples, particularly CSF and body fluids, are investigated in detail. This has helped us to detect rare diseases such as cryptococcal meningitis, tubercular brain abscess, disseminated nocardiosis, melioidosis, cardiac hydatidosis and systemic histoplasmosis to name a few.

Spectrum of Services and Activities

Diagnostics

Molecular Microbiology for Infectious Diseases

Transplant Associated Infections:
- CMV Quantitative Real time PCR
- EBV Quantitative Real Time PCR
- BK and JC Qualitative Real time PCR

Viruses causing Encephalitis / Aseptic meningitis / vesicular lesions / infections in immunocompromised
- Herpes virus Qualitative Real time NASBA – Easy Q Platform
- Enterovirus Real Time NASBA – Easy Q platform
- HIV RNA count- Real time quantitative NASBA- Easy Q platform
- HIV qualitative molecular test- TMA – Chiron
- JCV qualitative PCR: Real time PCR

Hepatitis
- HCV Quantitative Real time PCR: Roche Cobas Taqman / QIA symphony
- HBV Quantitative Real Time PCR: Roche Cobas Taqman / QIA symphony
- HBV, HCV and HIV qualitative TMA : Chiron
- HEV Quantitative Real time PCR

Respiratory infections:
- Adenovirus Real time qualitative Real time PCR / QIA symphony
- Influenza A & B: Real time PCR / QIA symphony
- RSV- NASBA
- H1N1: Real time PCR / QIA symphony

Blood bank Individual Donor Screening with nucleic acid amplification: (NAT-IDT)
- HIV, HBV, HCV - CHIRON’s

Mycobacterial infections:
- HAIN’s GenoType MTBDRplus assay for molecular identification of Mycobacterium tuberculosis complex and its resistance to rifampicin and/or INH from culture isolates or direct from pulmonary clinical specimens
- GenProbe for molecular diagnosis of TB (transcription mediated RNA amplification assay) for detection of Mycobacterium tuberculosis from pulmonary and extra pulmonary samples
- Accuprobe assay and Genotype Mycobacteria CM assay for rapid species identification of 16 common mycobacteria spp. from culture
- Automated rapid culture and 1st and 2nd line (10 drugs) antibiotic sensitivity tests for Mycobacteria performed by Bact / Alert-3D method

Clinical Microbiology & Immunology Team

Front Row L to R: Dr. Varuna Gupta, Dr. S. Datta, Dr. K. J Prasad, Dr. Neeraj Goel, Dr. Chand Wattal, Dr. J. K. Oberoi, Dr. Reena Raveendran, Dr. Shilpi Khanna, Dr. Kanchan Kiran, Ms. Pooja Singh

Middle Row L to R: Mr. Ram Bahadur, Ms. Aradhana Thakran, Ms. Glory Jinson, Ms. Deepali Dhawan, Ms. Rita Sharma, Ms. Lucy Joseph, Ms. Elizabeth Philip, Ms. Aarti Seth, Ms. Jaya Kalra, Ms. Mni Mathew, Ms. Madhu Chawla

Rear Row L to R: Dr. Parvez, Ms. Leena Sarin, Mr. Alok Kumar, Mr. Devender Jain, Mr. Rajinder Rajsut, Ms. Kirti Vashisth, Mr. Raghubir Singh, Mr. Rahul Raina, Mr. Vipin, Ms. Pratibha Rawat, Ms. Shweta Sharma, Ms. Shivalka
Identification and Susceptibility Testing of Organisms

- MALDI-TOF for rapid identification of bacteria / fungi / Mycobacteria within 5 minutes
- Automation in blood culture (BacT / Alert-3D), the first in north India
- VITEK-2 for automation in bacterial and yeast identification and antimicrobial sensitivity (with MIC values)
- Anaerobic automated system: Anaxomat

Serology

- Automated ELISA work station for diagnosis of viral hepatitis (A, B, C and E), HIV, cryptococcal meningitis, leptospriosis, cysticercosis, typhoid fever, dengue fever, mycobacterial infections, amoebiasis etc.
- ELFA (VIDAS) for C. difficile toxin assay
- Quantiferon TB Gold in tube assay
- Wel felix test for typhus, IgM ELISA for scrub typhus
- Legionella Urinary antigen

Microscopy

- Digital Photomicrograph system for documentation of the microscopic findings. Such prints can be attached with the reports of the patients for objective evaluation
- Direct Immuno fluorescence assay for Pneumocystis carinii
- Direct fluorescence assay for M. tuberculosis, fungi

Quality Control

- External Quality Assurance Scheme (EQAS) Centre: The department has started a new IAMM-EQAS centre from 2014 under the aegis of Indian Association of Medical Microbiologists, National body. The centre will cater to North and North-East Zone of India. Currently there are approximately 280 laboratories enrolled with the centre.
- NABL Accreditation: The laboratory has been NABL (ISO 15189:2003) accredited since 2004.
- Participation in EQAS Programs: Enrolled with various external organizations for EQAS, e.g., L&T Microbiology lab, Chennai for bacteriology and serology, PGIMER, Chandigarh for mycology and UK NEQAS, London for molecular biology

Hospital Infection Control Activities: The department is active member of hospital infection control committee (HICC) of which Dr. C. Wattal is the member secretary. Under HICC, the department carries out surveillance of hospital acquired infection (HAI). Laboratory records are analyzed to determine the rate of infection in various areas of the hospital. SGRH received HMA Award for the HICC Committee in 2002

Teaching: Accredited for DNB course in Clinical Microbiology since 2003. The students are involved in seminars, tutorials and case reports as presented in the meeting.
- Academically active faculty attending national and international conferences and presenting papers.
- Microbiology Newsletter: The department has been taking out 6 monthly newsletter for Microbiology (bacteriology and mycology, serology, molecular biology & mycobacteriology) since 1995, first of its kind in India.
- The data from the newsletter has also been instrumental in formulating the antibiotic policy of our hospital which is updated from time to time.

Research: The department undertakes important research projects in collaboration with national and international organizations (WHO, PHFI, etc). Acknowledging the seminal contribution of our department in the field of research on antibiotic resistance. Dr. C. Wattal has been appointed as core group member of various task forces of Director General Health Services, National Communicable Diseases Centre, Government of India and Indian Council of Medical Research. Due to the strong research culture of the department, there are yearly numerous scientific publications in national and international journals and contribution in authoring and editing chapters in books.

Message from the Chairman

Dr D S Rana
Chairman
Board of Management

I can look back with great satisfaction at our Department of Clinical Microbiology & Immunology for being proactively patient oriented and making a significantly positive impact in the clinical management of our patients. It has always been in the forefront in embracing the complex challenges posed by evolving microbes by way of fast and accurate reports, especially of rarely encountered infections.

The department has created a niche for itself in the whole country and abroad for actively contributing in hospital infection control program, collaborating with international and governmental agencies for research activities, formulation of health policies for the country, conducting academic activities and acquiring cutting edge technologies, some of them first in the country.

The department has been a role model in believing in quality of the highest standards and has now become the 2nd EQAS centre in the country.

Contact Us : Tel. : +91-11-42251119
Sir Ganga Ram Hospital Marg. Rajinder Nagar, New Delhi - 110060,
24 Hour Helpline : 25750000, 42254000, Fax : +91-11-25861002,
E-mail: gangaram@sgrh.com Visit us at www.sgrh.com
IMA WESTOWN BRANCH NEWS

IMA WESTOWN is going to have The WESTCON ANNUAL CONFERENCE on 27th April 2014 at Hotel Radisson Blu, Paschim Vihar.

The programme will start at 4.00pm with registration of delegates and CME sessions starting at 4.30pm followed by felicitation programme and dinner.

Regards
Dr. Moonish Agarwal
Secretary, IMA-WTB

IMA SDB BRANCH NEWS

This is to inform you that new team of IMA SOUTH DELHI BRANCH has taken over the official charge of the branch on 20th April 2014 Under the leadership of Dr A N Shrivastava (President IMASDB) along with Dr Anil Sharma as Finance Secretary.

PLEASE note down the New Address of the Branch and Phone numbers.

DR A N SHRIVASTAVA PRESIDENT 9810189373
DR RAJIV K SINHA HONY SECRETARY 9868364638
DR ANIL SHARMA FINANCE SECRETARY 981044035

THE OFFICIAL EMAIL
secyimasdb2014@gmail.com
ADDRESS FOR CORRESPONDENCE

DR RAJIV K SINHA
HONY SECRETARY
E-127 SARITA VIHAR
NEW DELHI-110076

IMA CDB NEWS

IMA Central Delhi Branch is Organizing CARDIO CON-2014

At India Habitat Centre
On 29th June, 2014

Delegate Fee : Rs. 500/-
Couple : Rs. 800/-
Spot Registration : Rs. 700/-
Detail Programme will be Published in next Bulletin

Contact:
Dr. Arvind Chopra
President
M: 9910515062
Dr. Rajendra Sharma
Organising Secretary
Mob: 9560976664
Dr. Ashwini Dalmiya
Hony. Secretary
9811542055

IMA East Delhi Branch
Annual Function 2014

IMA East Delhi Branch celebrated its Annual Day Function on Sunday, 20th April 2014 at Hotel Country Inn & Suites, Sahibabad, Ghaziabad. The function started with AGM where the reports of Hony. Secretary & Hony. Secretary Finance for the year 2013-2014 was also presented and passed. The new team for the year 2014-2015 was installed & the president’s Medallion was handed over to Dr. Ajay Bedi from Dr. V.K. Goyal.

Our Chief Guest Shri Sanjay Baniwal, IPS, Joint Commissioner of Police & Distinguished Guest Shri A.K. Sharma, Director, Delhi Fire Services were impressed with the show of strength of our membership. Our guests of honour, Dr. Vinay Aggarwal appreciated the work done unstintingly by our branch over the year. The prize distribution was participated by our senior leaders Dr. V.K. Monga, Dr. Harish Gupta, Dr. Anil Goyal, Dr. R.K. Sehgal. Member doctors from all walks of profession were honoured in this programme. More than 350 doctors & their families attended this event.
HOLOGIC BONE DENSITOMETER & MAMMOGRAPHY MACHINES FOR SALE
(WE HAVE MORE THAN 200 INSTALLATIONS IN INDIA)

CONTACT:
ADS MEDICAL SYSTEMS
(A Unit of ADS Diagnostic Ltd.)
114, SANT NAGAR, NEW DELHI - 110 055.
Contact : 011-41620434, 9313064361, 9811249768, 9717169973
E-Mail:- adsmedical@rediffmail.com, Website:- www.adsdiagnosticltd.com
Delhi Medical Association

Under the auspices of DMA Club organizes
Spiritual Congregation

On
Sunday 4th May from 1.30pm to 4.30pm
Preceded by Lunch

Programme
Sunder Kand-Divya Katha
by Vyas Pt. Ravi Prakashji

Join with families and friends

Dr. Anil Goyal
President
Mob. 9811101454

Dr. Ajay Lekhi
President, Elect
Mob. 9810057136

Dr. Ashwani Goyal
Hony. Finance Secretary
Mob. 9811112688

Dr. Arvind Narayan
Chairman, DMA Club
Mob. 9873710770

Dr. S. K. Poddar
Hony. State Secretary
Mob. 9811081342

Dr. N.K. Gupta
Secretary, DMA Club
Mob. 9868930711

Congratulations!

to
Dr. Sonia Malik
Programme Director Southend Fertility & IVF and a very senior member of SDB
on taking over as President Indian Fertility Society and
Chairman Infertility Committee of FOGSI.

The restructuring of the family planning programme and now recognizing it as the family welfare programme, has made Infertility management and Assisted Reproduction an integral part of the programme. Consequently the interest of clinicians is growing. The Indian Fertility Society is a national society comprising of clinicians engaged in the field of Infertility and reproductive medicine. It was formed in Delhi in 2004 in order to create awareness about the subject and has since grown nationally to over a thousand members across its ten chapters. Dr Sonia Malik, DGO, MD, FICOG, FIAMS, Programme Director, Southend Fertility & IVF Centre, Delhi NCR, took over as the society’s 5th President from 1st April. The aim of the society is to promote good ethical evidence based medicine amongst the clinicians practicing infertility management across the country. The society is in the process of making clinical practice guidelines pertinent to India and will be rolling them out by the end of this year.

Dr. Anil Goyal
President, DMA

Dr. Ashwani Goyal
Hony. Finance Secretary, DMA

Dr. S. K. Poddar
Hony. State Secretary, DMA
DMA & IMA College of General Practitioners
& IMA-South Delhi Branch
Organize
Scientific Session On 18th May, 2014 (Sunday)
At India International Centre, Maxmuullar Marg, Lodhi Road, New Delhi
Registration : 9.00-9.30am
Scientific Session : 9.30am-1.00pm
Inauguration : 01.00-1.30pm
Lunch : 1.30-2.30pm

(Proposed Sessions)
Skin Problem during Summer & Rainy Season
Life Style Diseases in Children
Management of Leucorhoea & Female Contraception
Investigation & Diagnosis of PUO
Medical & Surgical Management of Constipation
Recent Advances in the Treatment of Diabetes
Medical Management of BHP
Question, Answer and Panel Discussion
Lucky Draw after each session & Mega Lucky Draw at 1.30pm.
For Registration Contact DMA Office 23271726, 23285727
Complimentary Registration for all Delegate Registered between 9.00am to 9.30am.
Free Registered delegates will be entitled for Lucky Draw & Mega Draw

Dr. Anil Goyal
President
Mob. 9811101454

Dr. S. K. Poddar
Hony. State Secretary
Mob. 9811081342

Dr. Ashwani Goyal
Hony. Finance Secretary
Mob. 9811112688

Dr. Harbansh Lal
Chairman, CME
Mob. 9810239206

Dr. Ajay Lekhi
President Elect
Mob. 9810057136

Dr. R. K. Sinha
Hony. Secretary, SDB
Mob. 9868364638

Dr. Harivansh K. Arora
Director IMA-CGP (DSF)
Mob. 9868333344

Dr. Satpal
Secretary, IMA-CGP (DSF)
Mob. 9899811035

Dr. A.N. Shrivastava
President, SDB
Mob. 9810189373

Delhi Medical Association
MOTHER’S DAY CELEBRATION
18th May, 2014 (Sunday) 2.30pm to 5.00pm
Preceded by Lunch (1.30pm to 2.30pm)
At India International Centre, Maxmuullar Marg, Lodhi Road, New Delhi

Programme :
Inauguration
Musical Programme
Ladies Fashion Ramp Show by DMA Family Members
Prize Distribution

Dr. Anil Goyal
President
M: 9811101454

Dr. S. K. Poddar
Hony. State Secretary
M: 9811081342

Dr. Ajay Lekhi
President, Elect
M: 9810057136

Dr. Ashwani Goyal
Hony. Finance Secretary
M: 9811112688

Dr. Dinesh Sahai
Chairman
M: 9810146852
The Changing Face of ENT PRACTICE

Do you know how our Early Doctors used to look into Nose, Throat or for that matter Ear? Before I tell you this, you must realize that all these body openings lead to dark inside. So, in order to make any sense of inside, there has to be some light thrown in. Although Allessandra Voltas had demonstrated a glowing electric wire in 1800, it was commercially made available by Thomas Edison only in 1880. Therefore the earliest doctors for centuries had used Sunlight to look in, remarkable, isn’t it.

An Early European ENT Doctor

For Nearly a 100 years, ENT surgeons were seeing Patients by the use of head-mirror and Bull’s lamp.

Bull’s Eye Lamp

But around the turn of last century, the things have changed so much that if you walk into a modern ENT out patient facility, you will be surprised to see Doctor using a very Bright Head-Light to illuminate all these hitherto dark corridors of human body to, not only examine thoroughly and reach a conclusive diagnosis, but also to use a combination of Light- Endoscope- Camera- Television Screen to demonstrate to patient and relatives the intricate details of inside of Nose, Throat or Ears. This brings transparency in these troubled timed of universal disbelief and mistrust! This all helps to rope in patient and the relatives in the decision making process and they need not ‘believe’ the doctor blindly anymore. After all who will not want to get a perforation of Ear -Drum repaired after actually seeing it clearly.

Modern ENT OPD

And The Operation Room (OR) scenario has transformed even more. Our Modern ENT doctors use Modern Diagnostic tools like CT and MR scans and are ready in OR for Minimal Invasive Surgery with the help of very thin (4 mm) endoscopes to reach deepest portions of Nose, Sinuses and even Skull base and Brain. Similar advances in Microscopes allow for microscopic surgery of Ear and Vocal Cords and use of latest equipment like Coblators, Radiofrequency, Microdebriders and Laser makes the surgery more and more precise and safe with better outcomes.

Thus, we in ENT practice, are doing all the routine ENT surgery like Tonsil, Adenoids, Nasal Septum and Sinuses, Ear Drum perforations and Mastoid, Vocal Cord and Voice surgery and can also take up very sophisticated ones like Cochlear Implants for the Deaf, Balloon Sinuplasty and advanced Palate and Uvula surgery for Obstructive Sleep Apnoea (Snoring).

So next time you or your near ones need an ENT consultation, please do accompany them yourself.

- Dr. Lalit Mohan Parashar
Senior Consultant,
Ear, Nose & Throat Diseases, and Head & Neck Surgeon,
Nova Specialty Hospital, Kailash Colony, New Delhi
ATTENTION

Doctors registered with Delhi Medical Council (DMC) are hereby directed not to practice or prescribe Ayurvedic drugs, it is a punishable offence under Delhi Bhartiya Chikitsa Parishad Act, 1998.

Section 30: False assumption of Medical Practitioner under this Act to be an offence. Any person who falsely assumes that he is a practitioner as defined in clause (k) of section 2 and practices Bhartiya Chikitsa (Indian System of Medicine), shall be punishable with rigorous imprisonment which may extend up to three years and with fine which may extend up to Rupees fifty thousand.

No cross pathy practice is allowed by any medical practitioner unless such person is also registered in that system in which he is practicing.

Dr. Girish Tyagi
Registrar, DMC

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Closure Order Passed Against Quacks

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name</th>
<th>Address</th>
<th>Name of C.D.M.O. District</th>
<th>ATR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Shri Areef Khan</td>
<td>Charitable Clinic, Main 33 Foota Road, Prem Vihar Shiv Vihar, Delhi-110094</td>
<td>North East</td>
<td>Order for stop practicing allopathic</td>
</tr>
<tr>
<td>2</td>
<td>Shri Abdur Rehman</td>
<td>Verma X Ray Clinic, B-90, near Dr. Bhandari New Usman Pur, Delhi-110053</td>
<td>North East</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>3</td>
<td>Shri Sazid Khan</td>
<td>Lucky Clinic, Gali No. 1, 20 Foota Road Shri Ram Colony, Rajvive Nagar, Khazori Khas Delhi-110094</td>
<td>North East</td>
<td>Order for stop practicing allopathic</td>
</tr>
<tr>
<td>4</td>
<td>Shri V.P. Singh</td>
<td>Vishal Clinic, C-Block, Gali No. 6 Near Satyam Medical Store, Sonia Vihar Delhi-110094</td>
<td>North East</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>5</td>
<td>Shri Rizwan Ali</td>
<td>A-950, Main 20 Foota Road, Khazori Khas, Delhi</td>
<td>North East</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>6</td>
<td>Shri Pardeep Rastogi</td>
<td>Shivani Clinic, Gali No. 14, Prem Vihar, Shiv Vihar near Som Bazar, Delhi-110094</td>
<td>North East</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>7</td>
<td>Shri Suresh Kumar</td>
<td>Kumar Clinic, 33 Foota Road, Lok Vihar, Shiv Vihar Near Shiv Shakti Public School, Delhi-94</td>
<td>North East</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>8</td>
<td>Shri Suresh Kumar</td>
<td>Bengali Clinic, B-1, New Seemapuri, Delhi-110095</td>
<td>North East</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>9</td>
<td>Shri K.C. Adhikari</td>
<td>P-1/508, Sulatnani, Delhi-110086</td>
<td>North West</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>10</td>
<td>Shri Jagjeewan Ram</td>
<td>Bawaser Clinic, E-100, Bindapur, Pocket-4, 40 Foot Road, Near C-1, Janakpuri, Delhi-110059</td>
<td>South West</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>11</td>
<td>Smt. Sharmila</td>
<td>MD, Monika Maternity Home, D-22, Ishwar Colony Arjun Park, Behind Satyawati Public School, Najafgarh, New Delhi-110043</td>
<td>South West</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>12</td>
<td>Shri R.N. Biswas</td>
<td>K.C. Clinic, H.No. 5, Block-I, Dharampura, Near Dabas</td>
<td>South West</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>13</td>
<td>Shri Sanjay Kr. Biswas</td>
<td>Biswas Clinic, C-360, Gokulpuri, Delhi-110094</td>
<td>North East</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>14</td>
<td>Shri Ravi Grover</td>
<td>Lal Hospital, D-10, Gokulpuri, Delhi-110094</td>
<td>North East</td>
<td>Order for close down the clinic and FIR</td>
</tr>
<tr>
<td>15</td>
<td>Shri J.K. Sharma</td>
<td>C-180, Gokulpuri, Delhi-110094</td>
<td>North East</td>
<td>Close down his clinic and register a FIR</td>
</tr>
<tr>
<td>16</td>
<td>Shri Zafar Ahmed</td>
<td>A-19, Gokulpuri, Delhi-110094</td>
<td>North East</td>
<td>Order for stop practicing allopathic</td>
</tr>
</tbody>
</table>

In any of Delhi Medical Association members found the above mentioned clinic as still operational please intimate any of the following.

Dr. Girish Tyagi
Secretary, DMC
9868116494

Dr. Anil Bansal
Chairman AQC, DMC
9312511883

Dr. Anil Goyal
President, DMA
Member, AQC, DMC
9811101454

Dr. S.K. Poddar
Secretary, DMA
9811081342
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At Fortis Hospital, Shalimar Bagh, we have put together an expert team of specialists with state-of-the-art technology and the latest facilities to make every transplant a success. All so you can return to your normal routine and live life to the fullest.

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- Minimum stay at the hospital

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- Dr. Rajinder Yadav, Director – Department of Urology
- Dr. Rajeev Sood, Director – Kidney Transplant Programme
- Dr. Dinesh Mittal, Sr. Consultant – Department of Nephrology
- Dr. Manoj Arora, Consultant – Department of Nephrology

For more information, call 9811883773

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Pushpanjali Medicine Update
2nd Annual Conference
Sunday, 11 May 2014
Hotel Radisson Blu, Kaushambi, Ghaziabad

Programme Highlights
- Sepsis Management
- Recurrent UTI
- Acute Liver Infection
- CNS Infections
- Community Acquired Pneumonia
- Clinicopathological Conference (CPC)
- Opportunistic Infections in HIV
- Vivax Malaria “Is it still benign”
- Role of Immunization in Infectious Diseases
- Device Related Infection
- Fever with Rash - New Wine in Old Bottle
- Rational use of Antibiotics

Registration Fee
- Delegates - Rs. 1000/-
- Students - Rs. 500/-
- On Spot - Rs. 1500/-

For queries contact:
Dr Pankaj Choudhary (09353290527)
E-mail: pankajinchoudhry@gmail.com
Mr Amit Ranjan (09953095561)
E-mail: amit.r.80@gmail.com

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anushree@pushpanjalihealthcare.co.in
Contact: Savita Anushree - General Manager - HR (0120 - 417-3837)
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Remember cancer doesn’t play favourites, your best fight is an early and accurate detection.

Comprehensive Cancer Screening | PET Suite (PET CT and PET MRI) | Medical Therapy
| Radiation Therapy | Surgical Therapy | Bone Marrow Transplant | Robotic Surgery
| Rehabilitation | Home Healthcare

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