



DMA NEWS BULLETIN

VOLUME 51
ISSUE-14

FORTNIGHTLY

DELHI MEDICAL ASSOCIATION

OFFICIAL ORGAN OF DELHI STATE BRANCH INDIAN MEDICAL ASSOCIATION

President
Dr. Girish Tyagi
M: 9868116491

Hony. State Secretary
Dr. Arvind Chopra
M: 9910515062

Hony. Finance Secretary
Dr. Ashok Aggarwal
M: 9810048230

Hony. Associate Editor
Dr. Kamal Parwal
M: 9811112714

28
PAGES

25th October, 2019 | Email: delhimedicalassociation@gmail.com | Web: www.delhimedicalassociation.com | Price Rs. 5.00

DMA House, Medical Association Road, Daryaganj, New Delhi-110002 | Tel : 011-23271726, 23285727



DELHI ACADEMY OF MEDICAL SCIENCES (P) LTD.

"Excellence in Medical Education" award in South Asian E-Health Summit"

TEACHING DOCTORS FOR PG (MD/MS) ENTRANCE SINCE 1999

"Achievements by DAMSONIANS in 2018-19"



AIIMS / PGI 2019 Dr. Bhavesh M.	JIPMER 2019 Dr. Praveen Kumar	NEET PG 2019 Dr. Aishwarya S. Durgad	AIIMS 2018 Dr. Umang Arora	JIPMER 2018 Dr. Amiya Ranjan Nayak	DNB 2018 Dr. Nivedita KH
---	---	--	--------------------------------------	--	------------------------------------

"India's First Satellite Based PG Medical Classes"

250+ centres across India

- HEAD OFFICE
- CLASS ROOM CENTRES
- SAT CENTRES
- INTERNATIONAL CENTRES

The pictorial representation of the map of India does not purport to be the political map of India.



"GETTING INTO DAMS IS YOUR GATEWAY TO GETTING MD/MS SEAT OF YOUR CHOICE" "WE TEACH SUCCESS AND WE ENSURE SUCCESS"

REVOLUTIONIZING MEDICAL EDUCATION

eMedicoz

- Next Generation e-Learning Modules
- Class Medical Cases & Multiple Choice Questions
- Engaging Medical Learning Videos

Website: www.damsdelhi.com

App Store | Google play



/damsdelhi



/damsdelhiho



/damsdelhi

info@damsdelhi.com

www.damsdelhi.com

HELPLINE: 011-4009 4009



Problems being faced by Small Nursing Homes

1. Too many laws/regulations for practicing and running a Nursing Home.

The statutory requirements are increasing every passing day like :

- (I) Fire NOC
- (II) Pollution control board regulation
- (III) Requirement of NABH quality standards
- (IV) Following labour laws

2. Growth of Insurance Sector : Phenomenal growth in health related insurance in the past decade has reduced the number of cash paying patient. The insurance companies started playing big brother & regulating the remuneration for all services provided by hospitals. These rates have shown decrease in trends over the past few years. It has become difficult to empanel, bargain at its worst, corruption at all level is imminent . GIPSA has been bullying small NHs by giving abysmally low rates. The other insurance companies are following by not renewing or bargaining on all rates. The corporate hospitals, on the other side, are paid in multiples for the same common procedures also. There is no rationalisation.
3. Various health schemes floated by Central & State Govts : It has become a USP for Govt. to flaunt health schemes for public to gain political milage. The rates offered are very low, non viable but non negotiable also. The populist Govt. only looks for its political gain, crushing the health care industry beyond repair. The low payments are also not made in time. If you dare to resist, you are shown the carrot. Doctors have become a commodity to be used and destroyed.
4. Increasing laws/rules for registration & running of NHs/Hospitals. These regulations are growing every passing year. The hospitals are required to follow stringent and difficult laws. The various NOCs to be obtained eg : Fire department, Pollution control board, Local Municipal authority, Borewell regulation and others. Not complying to any of these registration results in cancellation/non-renewal of your registration.
5. Quality standards by NABH : There has been an undue promotion of NABH, various levels by all agencies dealing with health care, the medicine companies, the Govt. departments and now by the registration authorities also. This has lead to increase in financial burden on small hospitals.
6. Growing corporate hospitals : There has been an exponential growth of corporate hospitals with huge investments. These hospital has made healthcare into an industry where only profits are seen against investments. A new class of administrators for healthcare industry has born, who bring business by any means to increase the revenue. The human touch has disappeared. This has led to degradation of our profession also. We are now puppets who work for bosses, the professional touch lost.

Dr. Girish Tyagi
President

Dr. Ajay Bedi
Secretary, DMA NHF





Hony. State Secretary's Pen...

Dear all,

It gives me enormous pride to be a part of the biggest family of the medical professional not in the country but in the world, i.e. Indian Medical Association. Indian Medical Association in the country and Delhi Medical Association in Delhi is the thread of unity among the medical professional. From Jammu Kashmir to Kanyakumari. It is only there binding every doctor for a commitment for better service to the humanity with dignity and integrity.

You all will agree that whenever there is crises on the profession of a individual professional which he cannot fight alone, it is only Indian Medical Association as an organization stands behind like a rock to support him in the movement of crises.

It is fact that whenever and wherever, Indian Medical Association has weakened itself because of any reason the profession and professionals have been weakened indirectly.

The National President and Indian Medical Association head quarters alongwith Delhi Medical Association, President and Executive members has given a call to make every eligible doctor the member of Indian Medical Association. This particular move has been taken up only to strengthen of the individual members against the ongoing on slought on their integrity and dignity by the patient society and the government.

In this special membership drive is a special discount of 25% has been given to promote a new member in the association.

I am pleased to inform you a committed leadership has been nominated by Dr. Girish Tyagi the president DMA & Dr. Ashwini Dalmiya to execute the membership drive.

Last but not the least on behalf of Delhi Medical Association, I wish to convey my best wishes to all of you vary very HAPPY AND PROSPEROUS DIWALI and coming festive season. May this Diwali bring prosperity in your life, good health and the glitter, brightness and shine that anyone ever desires and deserves.

Dr. Arvind Chopra
Hony State Secretary



Happy Diwali





Hony. Associate Editor's Pen...

Dear all,

In the democratic nation like ours, the election mode is always on. Barely 4 months after the general elections now election have been held in our neighbour hood state of haryana and soon to followed by delhi assembly hustings. I need not mention that they will be followed by DMA annual elections.

We are now over seven decades old democracy with now more than 75 percent literacy rate. This much of experience in electoral democracy with all its pearls and pains is unparalleled and with this a level of voters maturity is not only expected but have been expressed by our citizens time and again.

We, the doctors are omnipresent in every nook and corner of the city and being in a social profession, come across a large number of people from all segments of society. We are in good position of being the leaders of society and an important opinion makers. Since our opinion matters for the people at large it becomes our responsibility to shed our traditional prejudice and objectively analyse the credentials of all the contesting parties and candidates.

It is high time that we once again unite well and present a strong front before all the politicians whether in power or those seeking election and ensure that the interests of fraternity takes priority over our personal biases towards any individual or party.

We must be able to understand that practically every month some or other new rule or legislation is imposed upon the profession by every one who can do it, be it health ministry framing rules for national medical commission or clinical establishment act or creating a big bunch of quacks in name of community health workers or forcing the over ambitious aayshmaan bharat scheme without providing even miniscule budget for it or any other innovative way to harass and demean the medical fraternity. The other wings of government like civil supplies ministry making the consumer protection act further draconian, the environment ministry creating most illogical rules for bio medical waste management.

The list may be still longer with central government but the state government and local municipal body are also ready to trouble us in name of house tax, fire safety, EWS patients, DAK scheme etc.etc.

So dear all, once again think before you commit yourself to any party or any individual and analyse whether they are infact having any positive inclinations to genuinely address our issues or they are only intrested in getting us as a whole for their election campaigns or getting felicitated by our associations time and again.

Dr. Kamal Parwal

Hony. Associate Editor

MATRIMONIAL

Looking for a Punjabi girl of preferably Medico parents, B Tech or MBA, CA, Architect working in NCR for a Boy, B Tech + MBA, 28 years, 167 cm, fair complexion, working in NCR at handsome package, Decent family staying in Delhi for decades, Both parents practicing Doctors, Only sister a Medico, married.

Girl the only consideration, Decent marriage.

Contact confidentially
Mobile: 8766247663

BRANCH NEWS

ACTIVITY REPORTS OF IMA EAST DELHI BRANCH

IMA EDB & SFM Themed Base CME

IMA East Delhi Branch in association with Society of Fetal Medicine organized a themed base CME on 5th October 2019 at IMAEDB Bhawan. Dr. Ashok Khurana spoke about Newer Concept of FGR with Obstetrical Doppler Decision Making & Screening for Preeclampsia and chairpersons were Dr. Sharda Jain, Dr. Neelam Lekhi, Dr. Parveen Sachdeva and Dr. Krishna Gopal talked about Doppler in RH Isommunisation and chairpersons were Dr. Deepa, Dr. Shubha Saxena. Most awaited event hall full to listen Dr. Kurana.



Diwali Mela & Grand Dandiya Night

IMA East Delhi Branch organized "Diwali Mela & Grand Dandiya Night" on 13th October 2019 at Hargobind Community Park, Delhi. Orchestra, Live DJ, Live Music, Dandiya & Dance performance were given by our own enthusiastic members. It was great cultural evening with Shopping, chat papdi & food enjoyed by our members & their families. It was a huge gathering.



CME ON HOW NOT TO MISS CANCER FROM PHYSICIAN POINT OF VIEW? & GLOBAL HANDWASHING DAY

IMAEDB in association Max Hospital, PPG organized a CME on How Not to Miss Cancer From Physician Point Of View? & Celebrated Global Handwashing Day on 15th October 2019 at IMAEDB Bhawan. Speaker was Dr. Meenu Wallia, Director & Head of Department, Medical Oncology & Haematology, Max Super Speciality Hospital, PPG and Dr. Narender Saini thought how to wash your hand on the occasion of Global Hand washing Day. A video was releasing on that day.



CME on Gynaecology & Pediatrics

IMAEDB in association with Indraprastha Apollo Hospital organized a CME on Gynaecology & Pediatrics on 19th October 2019 at IMAEDB Bhawan. Dr. Ranjana Sharma Sr. Consultant, Gynae & Obs spoke about Reversing the Adverse-Optimizing Outcomes in Preterm Labour and Dr. Saroja Balan, Sr. Pediatrician spoke about Delayed Cord Clamping and Common neonatal problems. It was attended by more than 50 doctors and appreciated by all.



DELHI MEDICAL ASSOCIATION

Delhi Medical Association, DMA House, Medical Association Road, Daryaganj, New Delhi-110002
Tel.: 23271726, 23285727 | Web: www.delhimedicalassociation.com
Email: delhimedicalassociation@gmail.com, dmabulletin@gmail.com

COLOUR PAGE

Front Page 1/3rd	(4 Colour)	Rs. 60,000.00
Front Gate Fold 2 Pages	(4 Colour)	Rs. 60,000.00
Back Gate Fold 2 Pages	(4 Colour)	Rs. 50,000.00
Back Page	(4 Colour)	Rs. 40,000.00
Front Inside Page	(4 Colour)	Rs. 30,000.00
Back Inside Page	(4 Colour)	Rs. 30,000.00
Full Page	(4 Colour)	Rs. 15,000.00
Half Page	(4 Colour)	Rs. 10,000.00
Centre Spread 2 pages	(4 Colour)	Rs. 50,000.00

For DMA Life Member's Only

Full Page (Member's Personal)	(4 Colour)	Rs. 7,000.00
Half Page (Member's Personal)	(4 Colour)	Rs. 5,000.00
Full Page (Personal Institution)	(4 Colour)	Rs. 10,000.00
Half Page (Personal Institution)	(4 Colour)	Rs. 7,000.00

COMBO OFFER (Print & Website) per issue

Rs. 75,000
Rs. 75,000
Rs. 62,500
Rs. 50,000
Rs. 37,500
Rs. 37,500
Rs. 18,750
Rs. 12,500
Rs. 62,500

**GST
@ 5%
EXTRA**

**DMA NEWS
BULLETIN TARIFF**

Size of Bulletin - 8.5"x11"

Print Area - 7.5"x9.5"

Back Cover Colour-7.5"x9"

Print Area

Centre Spread - 16"x10"

- Matter should be either in PDF format or Curve CDR Format.
- Matter should be sent by 1st date of the month for the issue of 10th & by 15th for the issue of 25th of the month.
- GST will be charged @5% extra or the rate will be decided by the Govt. time to time.

PAYMENT WILL HAVE TO BE MADE IN ADVANCE FOR ALL THE ISSUES.

Please pay by Cash/ Cheque/DD in favour of "DELHI MEDICAL ASSOCIATION" as advertisement Charges.

Dr. Grish Tyagi
President, DMA
M: 9868116491

**NO ADVERTISEMENT WOULD BE PRINTED
WITHOUT ADVANCE PAYMENT**

Dr. Arvind Chopra
Hony. State Secretary, DMA
M: 9910515062



DELHI MEDICAL ASSOCIATION

In association with

DMA CLUB

is

Organizing the indoor

SPORTS EVENTS

on 3rd November, 2019

at DMA House, Daryaganj, New Delhi

Carrom Tournament

3rd November, 2019

| Dr. Gaurav Sharma |

Chess Tournament

3rd November, 2019

| Dr. V.K. Goel |

T.T. Tournament

17th November, 2019

at AIIMS Gymkhana, New Delhi

at 11.00am

| Dr. V.K. Goyal |

Further details contact

Dr. Girish Tyagi
President
9868116491

Dr. T.S. Daral
Chairman, DMA Club
9868930711

Dr. N.K. Gupta
Secretary, DMA Club
8368450661

Dr. Arvind Chopra
Hony. State Secretary
9910515062

OBTUARY

DMA regrets to inform the sad demise of **Smt. PRAKASHWATI** Mother of Dr. G. L. Arora EDB. on 8th Oct 2019.

We pray to God to rest her soul in peace and give strength to the family to bear this irreparable loss.

Dr. Girish Tyagi
President

Dr. Arvind Chopra
President



Indian Medical Association
Central Delhi Branch
organises

CLINICON | 2019

at
DMA Auditorium, Daryaganj, New Delhi

on
Sunday, 1st December, 2019
9.00am - 5.00pm

THEME:
PEARLS OF CLINICAL PRACTICE

- Approach to diagnosis and management a patient with Chest Pain
- Approach to diagnosis and management of a patient with pain abdomen-
- Approach to diagnosis and treatment of Child with fever and rash
- Approach to diagnosis and treatment of Anaemia
- Approach to diagnosis and treatment of Headache
- Approach to diagnosis and treatment Back pain-
- Approach to diagnosis and treatment Deafness-
- Approach to diagnosis and treatment Breathlessness-
- Approach to diagnosis and treatment Diarrhoea-
- Approach to diagnosis and treatment Diabetes-
- Approach to diagnosis and treatment Menstrual /post menopausal disorders –
- Approach to diagnosis and treatment impotence

Guest Lectures

- Clinical Establishment Act & Clinics
- Guest Lecture on Nutrition
- Guest Lecture on Skin Common Approach
- Guest Lecture on CPR-BLS
- Guest Lecture on ECG Interpretation

For Pharmaceuticals, Hospitals & Manufacturers
Registration Rs. 500/-

All cheques should be made
in favour of **"IMA CENTRAL DELHI BRANCH"** &
send it to DMA Office, DMA House, Ansari Road
Daryaganj, New Delhi

E-mail: imacentraldelhibranch@gmail.com



Dr. Prem Aggarwal
Conference Chairman &
President, IMA CDB
Mob. 9810203358



Dr. Vinod K. Goel
Hony. Finance Secretary
Mob. 9868525757



Dr. Ashwini Dalmiya
Organising Secretary
Secretary, IMA CDB
Mob. 9811542055

Glimpses of A Seminar on Financial Investment & D.D.A. Land Pooling on 12th October at DMA House







DELHI MEDICAL ASSOCIATION

Wishes

ALL ITS MEMBERS

A Healthy, Happy & Prosperous

Diwali



President
Dr. Girish Tyagi
M: 9868116491

Hony. State Secretary
Dr. Arvind Chopra
M: 9910515062

Hony. Fin. Secretary
Dr. Ashok Aggarwal
M: 9810048230

OFFICE BEARERS

President Elect
Dr. B.B. Wadhwa
M: 9810885555

Imm. Past President
Dr. Ashwani Goyal
M: 9811113647

Past President
Dr. Vijay Kumar Malhotra
M: 9650685468

Vice President
Dr. Ashwini Dalmiya
M: 9811542055

Vice President
Dr. Puneet Dhawan
M: 9810293706

Hony. Jt. Secretary
Dr. Anil Sharma
M: 9810144035

Hony. Jt. Secretary
Dr. Arvind Narayan
M: 9873710770

Hony. Asst. Secretary
Dr. Atul Goel
M: 9811243274

Hony. Asst. Secretary
Dr. Neeraj Jain
M: 9313679026

Hony. Asst. Secretary
Dr. Prakash Lalchandani
M: 9810181674

Hony. Editor (DMA Journal)
Dr. Vinay Walia
M: 9811195940

Hony. Associate Editor,
(DMA Journal)
Dr. Poonam Gulati
M: 9810143928

Associate Editor, DMA N/B.
Dr. Kamal Parwal
M: 9811112714



FINAL ANNOUNCEMENT



Sir Ganga Ram Hospital

Generations of Healing & Trust...



ON
**Sunday
10th November 2019**



8:00 am to 5:00 pm

VENUE

India Habitat Centre, Lodi Road
New Delhi

COMPLIMENTARY REGISTRATION IS ON

Phone + 91 9650066694
E Mail: sgrhcme@yahoo.com

Message from the Chairman



Dr D S Rana
Chairman
Board of Management

The Sir Ganga Ram Hospital (SGRH) Annual CMEs are customized for primary care physicians. The interactive sessions on everyday clinical care issues and variety of sub-specialty topics offer a unique platform to the General Practitioner for updating him on multi-disciplinary challenges.

Besides the scientific deliberations, the lively sessions of 'Medical Premier League', 'Meet the Masters' and 'Medical Quiz' have been received with great enthusiasm. Hundreds of delegates have won gifts and prizes from these programs as well as from the 'Early Bird' and 'Not Out' sessions.

I extend my full support and best wishes for the 11th Annual CME being organised on Sunday, 10th of November, 2019. I am sure that all those who participate will enjoy and benefit.
Best wishes,

CME Secretariat



Dr Harbansh Lal | Department of CME
Chairman

SGRH Annual CME
Department of Ophthalmology
Room No.: 2225, Super Specialty & Research Block

Phone + 91 9650066694, Fax: + 91 11 25861002
E Mail: sgrhcme@yahoo.com,



Sir Ganga Ram Hospital, Sir Ganga Ram Hospital Marg,
Rajinder Nagar, New Delhi - 110060
Email : gangaram@sgrh.com, Website: www.sgrh.com

CME's Scientific Program Highlights

- Assault on Doctors – Why is it Happening?
- Assault on Doctors - If It Happens, What Can Be Done?
- Assault on Doctors - How It Can Be Prevented?
- Yoga for Back and Neck
- Surgical Treatment for Liver Cancer
- HIV - When to Suspect? Who is to be Tested?
- Impulse Oscillometry - A New Technique for PFT
- PUO and the Pediatric Rheumatologist
- Cervical Spondylosis Management Strategy
- Cervical Cancer Vaccine - An Update
- Headache in Children - A Clinical Overview
- Recent Advances in Therapeutic Endoscopy
- Role of Endoscopy In Bariatrics
- Updates in Neonatal Care in last two decades
- How to manage Constipation
- Thromboprophylaxis in Pregnancy
- Management of Asymptomatic Primary Hyperparathyroidism
- Guideline based Management of Dyslipidemia
- A Minimally Invasive Spinal Decompression Technique
- Role of Allergy Testing in Current Scenario
- Hernia, Hydrocele and Undescended Testis In Children
- Recent Advances in Therapeutic Endoscopy
- Colorectal Cancer - Detection and Current Management
- Role of NGS (Next Generation Sequencing) In Oncology
- Diabetic Foot Treatment Protocols
- Stroke Network: SGRH Initiative
- HBsAg Positive - What Next?
- Bariatric Surgery in Elderly Patients
- Oral Cancer - Diagnosis and Management
- Pediatric Cardiology - Tips for a Busy Practitioner
- Robotics in Surgery: The Future is Here
- Overview of Inflammatory Arthritis
- Ejaculatory Sparing TURP
- Red Eyes : Diagnosis and Management

Management of Chronic Heart Failure - What the Guidelines say?

Guidelines for the Management and Diagnosis of Chronic Coronary Syndrome

Fixed Dose Combination Treatment for Hypertension - What Guidelines Say?

Endovascular Interventions for Acute DVT and Pulmonary Embolism

Role of Devices in Management of Congenital Heart Disease (CHD)

Treatment of Bronchial Asthma: Beyond Inhalers: Focus On Thermoplasty

Can we halt the Progress of Ankylosing Spondylitis with Newer Drugs

It Isn't Just another Hernia- The Changing Face of Hernia Surgery

Intrahepatic Cholestasis of Pregnancy: Management Guidelines For Practitioners

Deceased Donor Liver Transplant (DDLT) Vs Living Donor Liver Transplant (LDLT)



DMA MEMBERSHIP DRIVE

“STRENGTHEN YOURSELF-STRENGTHEN THE PROFESSION”

Become a
MEMBER
of
DELHI MEDICAL ASSOCIATION

**Avail 25% Discount till
31st October, 2019**
HFC Rates (Share) for DMA & IMA



For Single - Rs. 6352/-
(Excluding Branch Share)



For Couple - Rs. 9518/-
(Excluding Branch Share)

For Membership detail contact : 011-23271726, 23285727
E-mail at delhimedicalassociation@gmail.com

Appeal by :

DR. A.K. ISRANI
DR. ABHISHEK KUMAR
DR. AJAY GAMBHIR
DR. ANIL SHARMA
DR. ARVIND NARAYAN
DR. ASHOK HANS
DR. AVTAR KRISHAN
DR. B.B. GUPTA

DR. B.B. WADHWA
DR. DINESH NEGI
DR. GAGAN MOHAN MALHOTRA
DR. GANESH MANI
DR. GLADBIN TYAGI
DR. GULSHAN KAPOOR
DR. HANS RAJ SATIJA
DR. I.P. DHALLA

DR. JEEWAN JOSHI
DR. K. N. TEWARI
DR. K.K. KOHLI
DR. KRISHAN GOLA
DR. MANISH MITTAL
DR. MANOJ GAMI
DR. MOONEESH AGGARWAL
DR. MUKESH MITTAL

DR. N. N. JHA
DR. N.P. SINGH
DR. N.R. LASKAR
DR. NARESH GOEL
DR. POONAM GOYAL
DR. PRACHI GARG
DR. PRAKASH LALCHANDANI
DR. PRAVEEN BHANOT

DR. PRITAM PANKAJ
DR. R. K. SINHA
DR. RAJESH ACHARYA
DR. RAKESH BINDAL
DR. S. D. KHOSLA
DR. SAMEER GUPTA
DR. SANDEEP SHARMA
DR. SANGEETA MUTREJA

DR. SATISH TYAGI
DR. SATPAL YADAV
DR. SAVITA PURI
DR. SHAMA BATRA
DR. SUDESH RATAN
DR. SUNIL SINGHAL
DR. T.R. JAGGI
DR. V.K. GOEL
DR. V.K. KOHLI
DR. VINOD JAIN

DR. ASHWANI GOYAL
DR. K.K. AGGARWAL

DR. ASHWINI DALMIYA
DR. JAGJIT SINGH

DR. G.S. GREWAL
DR. NARESH CHAWLA

DR. H.S. KUKREJA
DR. RAJINDER SHARMA

DR. HARISH GUPTA
DR. RAKESH GUPTA

DR. GIRISH TYAGI
President

DR. ARVIND CHOPRA
Hony. State Secretary

DR. ASHOK AGGARWAL
Hony. Fin. Secretary

DR. PREM AGGARWAL
Chairman Membership Drive

and all the members of State Executive.



REVOLUTIONIZING MEDICAL EDUCATION

eMedicoz

Next Generation e-Learning Modules



Discuss Medical Cases & Multiple Choice Questions.



Engaging Medical Learning Videos



CONNECT WITH THOUSANDS OF VERIFIED DOCTORS, HEALTHCARE PROFESSIONALS AND MEDICAL STUDENTS



www.emedicoz.com



USMLE STEP-1 COACHING 16 WEEKS COURSE



01 unique Face to Face Comprehensive Training

02 Invaluable to Ace the USMLE Step 1

03 Will Give You a Head Start in Your Preparation

04 Only One of its Kind in India

FACE TO FACE LECTURES BY EXPERIENCED FACULTY

Website: usmle.damsdelhi.com



WE ARE DELIVERING CONSISTENT RESULT SINCE LAST TWO DECADES

MD/MS ENTRANCE

MDS QUEST

USMLE EDGE

MCI SCREENING (FMGE)

NIMHANS

i-DAMS

NEET SS

BLS/ACLS

DRTP

SMASHING RECORDS BY DAMSONIANS IN 2018-19

NEET PG TOPPERS JAN 2019



AIIMS TOPPERS MAY 2019



PGI TOPPERS MAY 2019



JIPMER TOPPERS MAY 2019



DNB TOPPERS MID YEAR 2018



MORE THAN 90% SELECTION RATE IN LAST TWO DECADES

DAMS-Naw Launched Medical IAS MEDICAL SCIENCE ASSISTANCE PROGRAMME FOR CIVIL SERVICES



info@damsdelhi.com www.damsdelhi.com

HELPLINE: 011-4009 4009

FIRST DMA PHOTO DIRECTORY PROFORMA 2019



The LAST DATE TO SUBMIT THE PROFORMA FOR DMA PHOTO ID IS 31st OCTOBER, 2019

Members are requested to send their proforma along with one photograph at DMA Office latest by 31st October 2019. Also, send Cheque of Rs. 120/- in favour of Delhi Medical Association to DMA Office, Daryaganj, New Delhi.



(Surname)	(First Name)	(Middle Name)
Name .....	.....	.....
DMA Membership No.	DMC No. ....	.....
Date of Birth	Marriage Anniversary .....	.....
Blood Group .....	.....	.....
Educational Qualification .....	.....	.....
Name of College(MBBS) .....	.....	.....
University .....	.....	.....
Speciality .....	.....	.....
Year of Joining (MBBS) .....	.....	.....
Residential Address .....	.....	.....
.....
Clinic Address .....	.....	.....
.....
Mobile 1.	2. ....	.....
Landline Res.....	Clinic.....	.....
E Mail .....	.....	.....
Spouse (Dr./Mr./Ms)	Spouse DMA No. ....	.....

Dr. Girish Tyagi
President
M: 9868116491

Dr. Arvind Chopra
Hony. State Secretary
M: 9910515062

Dr. Ashwini Dalmiya
Chairman, Directory Committee
M: 9811542055

Chronic Kidney Disease

What a physician should know?

Introduction

The burden of chronic kidney disease (CKD) is on the rise. Owing to better life expectancy, increase in prevalence of diabetes mellitus, hypertension and urinary stone disease, more and more people are being diagnosed with this malady. Despite the rising prevalence, CKD finds no mention in the national programme dealing with non communicable diseases. The global burden of kidney disease, which has been rising consistently, poses a major challenge to the primary care physician—who is the first contact for most

patients with CKD. Chronic Kidney Disease (CKD) is a key determinant of adverse health outcomes and is regarded as an independent risk factor for CVD events. The global burden of CKD is considerable and has risen dramatically over the past 20 years. GBD 2016 report documented that CKD had rapidly moved up the ranks of causes of global deaths and is currently positioned at 11th on the list.² The estimated global crude prevalence of CKD was 147.6 million in 1990 which increased to 275.9 million cases in 2016. In the last two decades, crude mortality also doubled from 0.59 to 1.2 million. Pre dominant traditional risk factors such as

diabetes followed by hypertension were the leading drivers of CKD globally and contributed 50.6% and 23.3% respectively. Recently, a form of CKD among rural agricultural communities not attributable to traditional causes (such as diabetes, hypertension, primary glomerular disease, or obstructive nephropathy) has been reported from larger studies in Central America, Southern Asia, North and West Africa and Egypt. These have been collectively termed as CKD of unknown origin or “CKD of non traditional cause,” or “kidney disease of unknown etiology in agricultural area”. In a recent report of CKDu from rural population of Uddanam, Andhra Pradesh, India, Tatapudi R Retal¹⁸ reported 18.23% prevalence of CKD which is 4 to 18 times higher than other reported studies. Known traditional risk factors such as persistent hypertension, diabetes and significant proteinuria were absent in 73% of patients with CKD, identified as CKDu. The lack of community based screening programs has led to patients being detected with CKD at an advanced stage. We propose a simplified approach in dealing with CKD.

Chronic kidney disease : Definition

CKD is defined as abnormalities of kidney structure or function, present for > 3 months, with implications for health. Criteria for CKD (either of the following present for > 3 months) is as following:

Markers of kidney damage (one or more)

- Albuminuria (AER > 30mg/24 hours; ACR > 30mg/g [$>3\text{mg}/\text{mmol}$])

- Urine sediment abnormalities
- Electrolyte and other abnormalities due to tubular disorders
- Abnormalities detected by histology
- Structural abnormalities detected by imaging
- History of kidney transplantation
- Decreased GFR < 60ml/min/1.73m²

Risk factors for development of CKD

- Diabetes
- Hypertension

Genetics and family history of stage 5 CKD or hereditary kidney disease-ADPKD.

History of acute kidney injury and exposure to nephrotoxins (NSAIDs abuse, contrast).

Cardio vascular disease (ischaemic heart disease, chronic heart failure, peripheral vascular disease and cerebral vascular disease)

Multisystem diseases with potential kidney involvement—SLE, autoimmune disease.

Opportunistic detection of haematuria or proteinuria.

Table 1. Risk factors associated with Chronic kidney disease of unknown origin.

- Water source or intake - (Ground well, tube well, tap)- Arsenic, cadmium
- Dehydration
- Extreme physical exertion
- Heat stress
- Agrochemical exposure
- Nephrotoxic drugs and traditional remedies (Aristolochic acid)
- Smoking and Alcohol
- Infections
- Snake bite
- Family history of CKD - presence of 1 degree relative with CKD
- Neighbor with CKD - atleast 1 neighbor with CKD

Classification

CKD is classified based on **Cause, GFR category, and Albuminuria category (CGA):**

Assign cause of CKD based on presence or absence of systemic disease and the location within the kidney of observed or presumed pathologic-anatomic findings. Assign GFR and albuminuria categories as follows in figure.

GFR Categories (ml/min/1.73m ²) Description and range	G1	Normal or high	≥90
	G2	Mildly decreased	60-89
	G3a	Mildly to Moderately decreased	45-59
		G3b	Moderately to severely decreased	30-44
	G4	Severely decreased	15-29
	G5	Kidney Failure	<15

Persistent albuminuria categories Description and range		
A1	A2	A3
Normal to mildly Increased	Moderately Increased	Severely Increased
<30mg/g <3mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >30 mg/mmol

Green: low risk (if no other markers of kidney disease, no CKD); Yellow: moderately increased risk; Orange: high risk; Red: very high risk

Formula for calculation of eGFR

A number of formulae have been derived to estimate GFR or C_{cr} values on the basis of serum creatinine levels are as following:

CG/BSA formula

Creatinine clearance (ml/min/1.73m²) = [(140-age) * (weight) / (serum creatinine*72)] * (0.85iffemale)

Modification of Diet in Renal Disease (MDRD) equation

We also used abbreviated fourvariables Modification of Diet in Renal Disease(MDRD)equation to estimate GFR.

MDRD-GFR (ml/min/1.73m²)=186* (serum creatinine)^{-1.154}* (age)^{-0.203}* (0.742iffem



Figure1. Mobile based application for eGFR calculator

Clinical manifestations of CKD

- Deranged RAAS axis-hypertension
- Water and salt imbalance-oedema, dehydration, CHF, hypertension, hypo/hyponatremia
- Dyslipidemia
- Potassium homeostasis - Vhypo/hypercalemia
- Acid base disturbance - metabolic acidosis
- Bonecalcium, phosphorous metabolism - renal bone disease, vascular calcification
- Erythropoietin deficiency - Vanemia
- Insulin metabolism - hypo/hyperglycemia
- Other endocrinopathies - Thyroidhormones, growth hormones
- Malnutrition
- Amenorrhoea, sterility, growth failure.
- Psychological manifestation.

Investigation for CKD

- CBC, KFT
- Urinalysis, Urineprotein/creatinine ratio.
- Renal ultrasound, DMSA, DTPA.
- HbA1C, lipid profile, thyroid profile
- Auto immune work-up, serum and urine protein electrophoresis
- Renal biopsies
- Cardiac evaluation - VECG, 2DECHO
- Anemia work-up - Ironprofile
- Calcium, phosphorous, vitamin D, PTH levels
- Viral markers-Hepatitis B and C, human immunodeficiency virus (HIV).

Manifestations of uremia in end-stage renal disease (ESRD)

- Pericarditis (complicated by cardiac tamponade resulting in death)
- Encephalopathy: progress to coma and death
- Peripheral neuropathy
- Restless leg syndrome
- Gastrointestinal symptoms: Anorexia, nausea, vomiting, diarrhea
- Skin manifestations: Dryskin, pruritus, ecchymosis
- Fatigue, increased somnolence, failure to thrive
- Malnutrition
- Erectile dysfunction, decreased libido, amenorrhea
- Platelet dysfunction with tendency to bleed

Prevention of progression of CKD

There should be health promotion at individual and community levels for early screening of risk factors and timely management. It is important to strengthen the health service networks for a better quality of life and patient safety as well as adequate financing. The main goal is to delay the progression of the disease to ward end-stage kidney failure and dialysis. This can be attained by:

- Prevent risk factors of CKD
- Prevent cardiovascular events - Treat cardiovascular risk, especially with smokers and hypercholesterolemia
- Blood pressure/ Blood Glucose Control
- Encourage labs to report estimated eGFR and urine albumin/creatinineratios
- Dietary recommendation in the form of restriction of proteins, salt, fluid, potassium and phosphorous.
- Early patients education regarding natural disease progression, different dialytic modalities, renal transplantation should be imparted with timely placement of permanent vascular access-AV fistula, CAPD.

Strategies for Delaying progression to next stage of CK	Goal
ACE inhibitor or ARB or both	Proteinuria <0.5 g/day and GFR decline < 2 ml/min/year
Additional antihypertensive as needed	BP <130/80 if proteinuria<1g/day & BP<125/75 if proteinuria>1g/day
Dietary protein restriction	0.6 to 0.8g/kg/day (caution in vegetarians)
Glycaemic control	HbA 1c<7%
Cholesterol lowering therapy	LDL<100mg/d
Anaemia correction	Target Hb10 to 12g/d
Dietary salt restriction Smoking cessation, Weigh t control Avoid nephrotoxic drug Reduce elevated Ca, Po4	3 to 5g/da

Different modality of renal replacement therapy and its longterm complications?

By replacing some of the lost functions of the kidney, dialysis has permitted hundreds of thousands of patients to live and function. Of the two modalities of dialysis, hemodialysis (HD) and peritoneal dialysis (PD), the former is by far more popular.

Indications for renal replacement therapy include the following: Severe metabolic acidosis, Hyperkalemia, Pericarditis, Encephalopathy, volume overload, Failure to thrive and malnutrition, Intractable gastrointestinal symptoms.

Hemodialysis

Hemodialysis is a method that is used to achieve the extra corporeal removal of waste products such as creatinine and urea and free water from the blood when the kidneys are in a state of renal failure. Fistula, graft and catheter are the hemodialysis as sessite in which fistula should be considered the first choice. Long term risk of hemodialysis includes neuromuscular complications (muscle cramps, restless legs syndrome, seizures, headache), hematological complication (dialysis associated neutropenia, intradialytic hemolysis, hemorrhage, thrombocytopenia), cardiovascular complication (intradialytic hypo/hypertension, cardiac arrhythmias, pericarditis) and pulmonary complications (Hypoxemia).

Peritoneal dialysis

With peritoneal dialysis, a catheter is put into the abdomen. Dialysate consists of a sterile, lactate based solution inserted through a peritoneal catheter into the abdominal cavity. Diffusion occurs from the blood perfusing the peritoneum to the fluid in the abdominal cavity across the peritoneum.

Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD) are forms of peritoneal dialysis. The most common problem with peritoneal dialysis is peritonitis, a serious abdominal infection. Other complications include, encapsulating peritoneal sclerosis, catheter malfunction, fluid leak, pain, bleeding and malnutrition.

Contra indication to dialysis modalities

There are few situations in which Hemodialysis and peritoneal dialysis are contraindicated as following:

Peritoneal dialysis:

- Loss of peritoneal function
- Producing inadequate clearance
- Adhesions blocking dialysate flow
- Abdominal wall stoma
- Diaphragmatic fluid leak
- Inability to perform exchanges in absence of suitable assistant.

Hemodialysis

- No vascular access possible
- cardiac failure
- Coagulopathy

Kidney transplantation in India

Renal transplantation has become the treatment of choice for most patients with end stage renal disease (ESRD). Statistics suggest that about 150,000 people in India are waiting for renal transplantation. Only 1 out of 30 people who need a kidney receives one. There are two types of kidney transplants: living transplant those that come from living donors and cadaver transplant those that come from unrelated donors who have died (non-living donors). A living donor may be some one in your family. The overall deceased donation rate in India was 0.8 per million population in 2019. Currently only 13 of the 36 states and union territories have so far done deceased donation. Of these only about 5 to 6 do it regularly and have a proper system for organ donation and allocation.

When to refer Nephrologist?

- Referral to specialist kidney care services is recommended if:
 - GFR<30ml/min/1.73m²
 - ACR>300mg/g(.30mg/mmol)
- Other referral circumstances to consider:
 - AKI or abrupt sustained fall in GFR
 - Progression of CKD
 - Urinary red cell casts, RBC>20 per hpf
 - CKD and hypertension refractory to treatment with 4 or more anti hypertensive agents
 - Persistent abnormalities of serum potassium
 - Recurrent or extensive nephrolithiasis
 - Hereditary kidney disease

Recommended reading

KDIGO.2013. KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of the Chronic Kidney Disease. Kidney international supplements. Vol3; issue1. Singh NP, Kumar A. Kidney transplant in India: Challenges and future recommendation. MAMCJ Med Sci2016;2:12-7.

Dr. B. M. Makkar
MD, FIAMS, FRCP (Glasg), FACP (USA)
Diabetes & Obesity Specialist

Sr. Consultant - Sri Balaji Action Medical Institute



unite for diabetes



Facilities Available

- › Specialist Consultations for Diabetes and Obesity
- › Diet/Nutritional Planning and Counselling
- › Annual Health Check Packages
- › Customized Diabetes Management Packages
- › Customized Weight Management Packages
- › Complete Laboratory Services by Quest Diagnostics India Pvt. Ltd.
- › Spot HbA1C Testing, Spot Lipid Profile Testing
- › CGMS (Continuous Glucose Monitoring)
- › Testing for Peripheral Neuropathy
- › Testing for Cardiac Autonomics Neuropathy
- › Testing for Blood Circulation Status in Lower Limbs (Peripheral Arterial Disease)
- › Computerized Electrocardiography
- › Eye/Fundus Imaging
- › Body Composition Analysis
- › Sleep Study

Inspiring a
healthier life



Diabetes and Obesity Centre

A - 5B/122, Paschim Vihar, New Delhi-110063

Tel. +91-11-2526 7671, 2528 0150 Mob. +91-9811077419 Email mail@drbmmakkar.com

www.diabetesobesitycentre.com, www.drbmmakkar.com



Car Servicing on click of a button.

ExxonMobil, worlds largest and best oil company brings to you,
Mobil Service On Wheels by **Crossroads**.

Car Service at Your Doorstep

FESTIVE OFFER!

Special Offer for DMA Members

**“FREE Premium car care kit worth
Rs.1500/- on package purchase ”**

Visit: www.msowc.com

or

Download '**Crossroads RSA**' app from



&

Use Referral Code: **DMACR**

to avail the special offer



**TO BUY SERVICE PACKAGE FOR YOUR CAR
PLEASE CALL 807-685-5515 @ sharmavikas@msc.com**



ARE YOU READY FOR THE FUTURE OF HEALTHCARE ?

Join the American Academy of Anti Aging Medicine at the first ever Smart-A4M India Conference. Planned by renowned clinicians and researchers, the conference defines why Integrative Medicine is the future of healthcare with outcome focused treatments and satisfied patients .

18-19, JANUARY 2020
HYATT REGENCY, NEW DELHI



Optimise your treatment method with a new form of medicine that is
PREVENTIVE | PERSONALISED | PREDICTIVE | PARTICIPATORY



A. Sreekumar
MBBS,DLO, FACNEM



Andrew Heyman
MD, MHSA



Pamela Smith
MD, MPH, MS

LECTURE ON Biochemical Detox for Anti aging

Leaky gut & the gut brain axis

Improve memory and focus at any age

Early bird registrations valid till 30 November 2019

visit : www.smartmetabolicaging.com/event-registration/admin@smartmetabolicaging.com | +91-93159 02303



BY THE DOCTORS - FOR THE DOCTORS



DOCLAND

SERVICES LIMITED



WISHES YOU ALL A VERY

HAPPY DUSSEHRA & DIWALI

SALIENT FEATURES:

- Providing all Cases legal services including medical negligence.
- Professional Indemnity Insurance Coverage with 70% discount.
- Bouncer Services for crisis management.
- Office Umbrella insurance cover for medical establishments.



Corporate Office : A/154, Sector-19, Noida - 201301 (U.P.)

Tollfree : 1800-3000-1640 Tel : 011-46502524

Email : info@doclandservices.com Website : www.doclandservices.com

For centuries artists have tried to capture this eternal bond...

...we just make it magical



Offers:

25% off

on Lab & Radiology Services*

10% off

on Gynae OPD Consultations*

Prenatal Yoga | Diet Counseling | Birthing Suites | Baby Shower

Complimentary



Extending unparalleled care
for your newborn

*T&C Apply, Valid till 31st December, 2019

 **+91 88000 159 16**



THE FUTURE OF CANCER CARE IS HERE



BENEFITS OF MODERN PROTON THERAPY

- Ideal for a wide spectrum of cancers
- Proven role in least side-effects in treating cancer
- Standard of care for challenging and complex tumour locations
- Standard of care for all paediatric cancers
- Improves survivorship
- Superior quality of life during and after treatment



For Appointments: **+91 73389 92222**

APOLLO PROTON CANCER CENTRE, Taramani, Chennai 600 096

☎ 1860 500 2850 | For Enquiries: apcc@apollohospitals.com

🌐 www.apolloprotoncentre.com @ [Facebook](https://www.facebook.com/apolloprotoncentre) [Instagram](https://www.instagram.com/apolloprotoncentre) [Twitter](https://www.twitter.com/apolloprotoncentre) | www.apolloproton.com