



DMA NEWS BULLETIN

VOLUME 51
ISSUE-18

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

24
PAGES

25th December, 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 2019
Dr. Akansha

PGI 2019
Dr. Ayush Agarwal

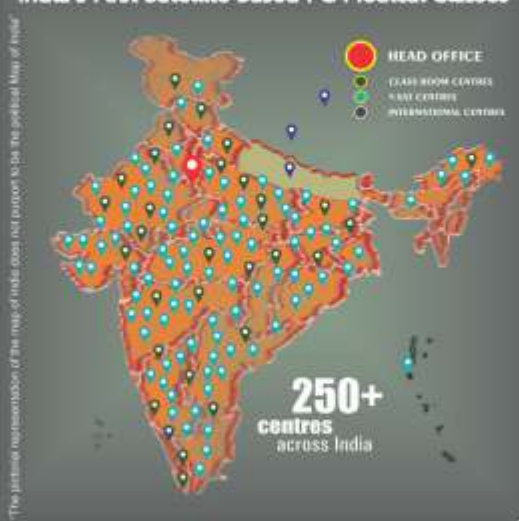
JIPMER 2019
Dr. Praveen Kumar

NEET PG 2019
Dr. Aishwarya S. Durgad

JIPMER 2018
Dr. Amiya Ranjan Nayak

DNB 2018
Dr. Nivedita KH

"India's First Satellite Based PG Medical Classes"



MD/MS ENTRANCE

USMLE EDGE

MDS ENTRANCE

NEET SS

MCI SCREENING (FMGE)

"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 | Stress Medical Cases & Multiple Choice Questions | Engaging Medical Learning Videos
CONFER WITH FELLOWS OF AMERICAN SOCIETY OF MEDICAL PHYSICIAN (ASMP) | BOARD LEVEL MEDICAL TRAINING
Available on the App Store | Website: www.emedicoz.com | Get it on Google Play



/damsdelhi



/damsdelhiho



/damsdelhi

info@damsdelhi.com

www.damsdelhi.com

HELPLINE: 011-4009 4009

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



unite for diabetes



Inspiring a healthier life

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 in house.
- › Spot HbA1C Testing
- › CGMS (Continuous Glucose Monitoring)
- › Testing for Peripheral Neuropathy
- › Testing for Cardiac Autonomic Neuropathy
- › Testing for Blood Circulation Status in Lower Limbs (Peripheral Arterial Disease)
- › Computerized Electrocardiography
- › Eye/Fundus Imaging
- › Body Composition Analysis
- › Sleep Study

Diabetes and Obesity Centre

A - 5B/122, Paschim Vihar,
New Delhi - 110063 , INDIA
Tel : +91-11-2526 7671 , 2528 0150
Mob : +91 9811077419
e - mail : info@drbmmakkar.com
Web : www.diabetesobesitycentre.com
www.drbmmakkar.com





Honourable Member of Delhi Medical Association

The Issue of Unity in Profession

"Then join hand in hand, brave Americans all, by uniting we stand, by dividing we fall, in so righteous a cause let us hope to succeed, for heaven approves of each generous deed"

John Dickson,
The Liberty Song, 1768

This famous saying became the 'motto' of the freedom struggle in America, how is relevant to us **because the key challenge to the profession and hence to the association presently is the lack of unity, real or perceived.**

Gone are the days when doctors were looked upon as Gods and patients would absolutely trust them, consult their family physicians first in case of crisis, when doctors could work without political interference and over regulations.

In the current set-up, if anything ever goes wrong and the patient dies, doctors are beaten up, dragged to the police and the court and hospitals are ransacked. Politicians also interfere in the hospital affairs.

Ever since corporate hospital culture has crept in, the outlook of patients towards doctors have undergone a paradigm shift. Their faith in doctors has been replaced by a litigant attitude. Whole society including all sectors are hostile towards medical practitioners. Due to this, doctors too are practicing evidence based defensive medicine. The way doctors are treated these days, their reputation suffers, which directly affects their performance.

Even if the services of doctors are most essential in saving the patient's life, most administrative and policy decisions are taken up by non medical persons. Too much of rigid regulations, conflicting laws, confrontational approach by agencies rather than a cooperative approach are rather counterproductive.

The association has a multi-specialty and multi sector representation, all of which will have different perspectives but, surely, we all work towards the same ending: providing high quality medical care with transparency. The lack of unity wastes time, energy, focus and provides an opportunity, which is often used against the profession to divide and rule.

We must put behind us the often misinformed hierarchical baggage and sectorial egos of the past and move the profession forward to occupy the space that we, the public, and the health systems require. **Change begins at the individual level**, the DMA also has a role in this through strong leadership by example and by listening to and supporting the needs of its membership, with DMA local branches playing an important part in this efforts.

It is not that that we as Doctors and the profession has lost its soul, if anything we believe that the values that are reflected in the oath that we all take, the values that brought us to this profession in the first place, are as strong as they have ever been.

Sure, physicians have struggles, sometimes governments appear hostile to the profession, especially in times of financial trouble, and sometimes it's difficult for doctors, in the current health care system, to give patients the care they deserve. And adapting to rapid changes in technology, communications and patient expectations isn't easy.

We need to tackle the long debated issue of what the 'medical profession' is meant for and what and how is it the DMA

represents and is capable of lending support. Of course there is a clarity of purpose of our profession-providing succor to the sick irrespective of cast creed and religion maintaining confidentiality at all times, then comes the role of the association-yes it for welfare of its members, it also is meant for nurturing the younger members at times even mentoring to become the best, it can also utilise the services of elder members who could share knowledge and experience to great effect.

As so much there is no issue, so then where and how do we identify the problem--'INTEGRATION' is a word used often and appearing frequently in Govt health publications;what is integration-integration is the inverse of differentiation, yet we continue to differentiate. Integration also means to combine two or more things to be more effective. Until we stop differentiating within our profession (s), it is going to difficult to integrate us into the health systems successfully.

It is time to grasp the nettle, time to unite the medical professions, time to be proud of whom we are and what we do, time to integrate us within the wider healthcare systems and associated professions and time to stop talking and do and be the vehicle of unity than the cause of disunity.

"We will stand together as a profession, based on our common values, always putting patients first. We will support and respect each other as individuals, as colleagues who we care about. We will build trust by being trustworthy."

*We wish you and your family a Merry Christmas
And a Very Happy New-Year*

Dr. Girish Tyagi
President, DMA

Dr. G. S. Grewal

|| MATRIMONY ||

Looking for suitable match for Medico girl post graduate in Obst. & Gyne. 28 years. South Delhi based, both parents doctors working.

Medico Post graduate or DM, boy with medico parents settled in Delhi & NCR preferred.

No liabilities, Caste No Bar.



Contact confidentially :

Mobile 9891758765 | Email: yuksar@rediffmail.com



HONY. STATE SECRETARY PEN...

Dear Friends,

First of all my heartiest and warm wishes to all the office bearers, executives and members of our esteemed organisation on the occasion of New Year . May this new year 2020 brings all the happiness & prosperity to you and your family.

Medical profession are facing and going through various problems and issues pertaining to their medical establishments. Issues like Assault on Doctors, DPCC registration, Bio Medical Waste NMC Bills, TPS, CGHS & GIPSA Rate, Fire Noc , Bridge course, Requirement of NABH quality standards, Following labours law, Nurses Salaries etc.. and too many laws and rules/regulations or practicing and running a nursing home imposed on medical fraternity.

We are work hard and protest against these problems throughout the year in so many ways.

- We have organised DPCC registrations camps for our members and also interaction sessions on Bio Medical Waste Management for our members. We have also met Hon'ble Minister of Environment , Delhi and apprised him about difficulties faced due to website of DPCC.
- Organised press conference against Bridge course , Assault on Doctors, NMC bill etc.. Also Medical Band and Dharna in the month of June to protest against Assault on Doctors
- We have met various officials of DPCC, DHS and Service Providers to solve the issue. After lot of deliberations, it was decided to take up the issue of online registration, stand along clinics, STP on priority basis.
- Regarding the issue of Fire NOC we have met various official of Fire Department, Chief Minister & Health Minister to find out solution without harassing the doctors.
- We have also celebrated Mothers Day, Doctors, Day Foundation Day, Kavya Goshti, CMEs and many other programmes for the members.

The working of last 9 months of Delhi Medical Association have been remarkable. We all the office bearers are strived to look into the problems related to medical fraternity round the clock and we are very hope full that in next 3 months, with cohesive working we shall be able to address all the pending issues.

You all will agree that whenever there is crises on the profession of a individual professional which cannot fight alone, it is only the association as an organisation stands behind like a rock to support him in the moment of crises. Be united and support the association to resolve the issues related to the medical fraternity. Please feel free to contact any of us at the any time of need.

On the eve of New Year Delhi Medical Association is going to organised Hasya Kavi Sammelan on Sunday, 29th December 2019 at DMA House from 7.30pm onwards followed by Dinner. I request all the members to join this gala function and enjoy the evening with the friends and family.

Dr. Arvind Chopra
Hony. State Secretary

The incessant and indecent incidences of assault and battery on the health care personnel across the country, exhibits the society's absolute intolerance and impatience in taking the law in hands, whenever it faces, an adverse situation, either as the natural consequences of disease process or usual complications of healthcare interventions. The splurge of such cases in last decade also reflects the worst kind of credibility crisis the medical profession is suffering from.



The utmost need of putting an absolute end to such unfortunate happenings cannot be overemphasized and we have strongly represented our resentments on this account to all the wings of sovereign governance at all the levels with variable grades of success.

Needless to say, the state alone can't curb such menace to absolute zero point, unless we all perform our role both at preventive and curative stage, with due prudence, diligence, patience and courage, befitting to our intelligence, experience and wisdom.

Our role in preventing such nuisance requires utmost professional sincerity, transparency, enhanced communication skills, humane virtue of compassion and above all a perfect documentation.

On security side we should be equipped with ample numbers of CCTV cameras, with adequate recording storages. The audio-visual cameras at crucial locations like front office and casualty, and in a special counselling room are now essential security features. Regular counselling sessions of serious and potential trouble makers should be held in such rooms only and the

recordings be preserved. Professional security guards and bouncers are also required but with budgetary constraints.

When all above preventive measures fails, we, and all our staff should be tuned up, both mentally and logistically to involve our personal, our fraternity and police help at the earliest point.

Always remember that all above helps promptly comes to you when and only when, you also have been sincerely helpful to them in the hour of need, and it is said that the GOD only helps those, who apart from helping themselves, also

help others.

The importance of your fraternity friends of immediate surroundings is in all the crucial aspects of required clinical, documentary, physical, legal and moral support. It is also a well realized fact that many people in the trouble making crowd, might be either acquaintance or an ardent supporter of one of fraternity friends. Since such persons certainly helps in calming down the passions and ease out the situation, availability of your maximum fraternity friends is of enormous value.

So, always maintain and nurture mutual friendly relationship with the fraternity in your neighborhood.

I would share my perspective of the role of state, and how best we can make use of it in next communication.

Wishing you all a very happy and healthy new year 2020

Dr. Kamal Parwal
Hony. Associate Editor

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

			COMBO OFFER (Print & Website) per issue
Front Page 1/3rd	(4 Colour)	Rs. 60,000.00	Rs. 75,000
Front Gate Fold 2 Pages	(4 Colour)	Rs. 60,000.00	Rs. 75,000
Back Gate Fold 2 Pages	(4 Colour)	Rs. 50,000.00	Rs. 62,500
Back Page	(4 Colour)	Rs. 40,000.00	Rs. 50,000
Front Inside Page	(4 Colour)	Rs. 30,000.00	Rs. 37,500
Back Inside Page	(4 Colour)	Rs. 30,000.00	Rs. 37,500
Full Page	(4 Colour)	Rs. 15,000.00	Rs. 18,750
Half Page	(4 Colour)	Rs. 10,000.00	Rs. 12,500
Centre Spread 2 pages	(4 Colour)	Rs. 50,000.00	Rs. 62,500

For DMA Life Member's Only

Full Page (Member's Personal)	(4 Colour)	Rs. 7,000.00	Rs. 8,750
Half Page (Member's Personal)	(4 Colour)	Rs. 5,000.00	Rs. 6,250
Full Page (Personal Institution)	(4 Colour)	Rs. 10,000.00	Rs. 12,500
Half Page (Personal Institution)	(4 Colour)	Rs. 7,000.00	Rs. 8,750

**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

IRON DEFICIENCY ANEMIA IN CHILDREN

Frequently Asked Questions



Dr. Deepak Bansal

MD, DNB, FIAP, MAMS
Professor, Hematology-Oncology unit
Dept. of Pediatrics, Advanced Pediatrics Center
Postgraduate Institute of Medical Education and Research
Chandigarh, India.
deepakbansaldr@gmail.com

Q1. Is iron deficiency common in children?

Ans. Yes, it very much is. According to the National Family Health Survey - 4 (2015-16), the average prevalence of anemia (<11.0 g/dl) in children of age 6-59 months in India is 58.4%. The prevalence in Delhi (National Capital Territory) is 59.7%.

Q2. Has the prevalence of anemia in children reduced over the years in India, and in Delhi?

Ans. As indicated in Table 1, the average prevalence of anemia in children in India has reduced marginally from 69.4% to 58.4% in the last decade. On the other hand, the prevalence has to some extent increased in Delhi.

Table 1. Prevalence of anemia in children (Age: 6-59 months) in India and Delhi as per the National Family Health Survey (NFHS)

	NFHS-4 (2015-16)	NFHS-3 (2005-06)
India	58.4%	69.4%
Delhi (National Capital Territory)	59.7%	57.0%

Q3. What is the prevalence of anemia in children in developed countries?

Ans. The worldwide average prevalence of anemia in children (<5 yrs) in selected countries is indicated in Table 2.

Table 2. The worldwide average prevalence of anemia in children (<5 yrs)

	The worldwide average prevalence of anemia in children (<5 yrs)
USA	6 %
UK	13 %
Australia	15 %
Japan	13.2 %
Germany	12.4 %
China	21.4 %
Bangladesh	40.3 %
Sri Lanka	25.6 %
Nepal	42.7 %
India	59 %

Q4. Why is the prevalence of anemia so high in children in India as compared to other countries?

Ans. The predominant reasons are:

- Excessive intake of cow's milk.** Milk (cow's milk) is a favorite 'food' for children in India. Parents tend to consider milk as 'whole food' for children. Indeed, exclusive breast milk is recommended until 6 months of age by the Indian Academy of Pediatrics. However, weaning with adequate solid foods must start at 6 months of age, which is very often delayed or inadequate in children in India. There is low concentration and poor bioavailability of iron in cow's milk.
- Predominantly wheat or rice-based diet.** The diet in India typically lacks protein and has wheat or rice as an essential component. Wheat is an iron-rich grain; however, it contains inhibitors of iron absorption. Although a vegetarian diet is likely to contain iron in amounts equivalent to that in non-vegetarian diets, animal-based hemoglobin iron is better absorbed (15–40%) compared with plant-based iron (1–15%).
- Lack of fortification of food with iron.** The Govt. of India has tried sporadically to encourage fortification of wheat or other foods. However, availability is limited. In addition, there are cultural issues in acceptance. E.g., the rotis made from iron-fortified wheat flour (atta) are darker in color.
- Maternal iron deficiency during pregnancy**
- Premature birth**

Q5. Is iron deficiency anemia a significant medical concern? Does mild or moderate anemia lead to any problems in children?

Ans. Yes, iron deficiency anemia has major medical concerns, which often get ignored. Symptoms of anemia, including pallor, fatigue, irritability are easily overlooked. What is more significant is that in young children, iron deficiency anemia leads to

impaired neurocognitive development, including slower auditory and visual processing. The neurocognitive outcomes are worse for children with more severe and chronic iron deficiency anemia. Trials of administration of iron in young children have demonstrated benefits in psychomotor development. However, there is some evidence that psychomotor development does not always recover after iron replacement.

Q6. Which foods are rich in iron? What dietary advice should I give to the parents of a child with anemia?

Ans. The overwhelming cause of anemia in children below 5 years of age is excessive intake of cow's milk. It is not easy to change dietary habits (e.g., the introduction of egg in diet). Vegetarian foods that are rich in iron, e.g., green leafy vegetables, lentils, beans, jaggery, etc. are unlikely to be taken in large quantity by children. As such iron deficiency anemia in children is best prevented and treated by supplementation of iron.

Q7. How best should the high prevalence of iron deficiency anemia in children in India be managed?

Ans. The Ministry of Health and Family Welfare, Government of India, in 2013, launched the National Iron Plus Initiative as a comprehensive strategy to combat the public health challenge of iron deficiency anemia. There are age-specific interventions with supplementation with iron-folic acid and deworming for all age groups, i.e., children ages 6-59 months, children ages 5-10 years, adolescent girls and boys ages 11-19 years, pregnant and lactating women, and women in the reproductive age group (20-49 years). The National Iron Plus Initiative attempts to holistically address preventive as well as curative aspects of the challenge across all age-groups. The schedule of iron-folic acid supplementation has been reviewed to render administration as well as compliance simpler.

Q8. Has the anemia prophylaxis program been successful?

Ans. Iron supplementation has been the backbone of the national nutritional anemia prophylaxis

programme. However, it has had limited success in dealing with iron deficiency anemia. This is chiefly because of frequent disruption in the supply chain of iron folic acid tablets and low compliance to iron supplementation. In addition, several states are not prioritizing the interventions of both iron-folic acid supplementation and deworming. A disciplined implementation at the grass root level is necessary for the success of the ambitious, though the critically desired program. Iron fortification of salt or flour is an alternative strategy to address iron deficiency anemia in India.

Q9. As per the National Iron Plus Initiative Program, when and for how long should a child be on iron?

Ans. In India, every child should be on iron – all the time... The supplementation with iron is illustrated in Table 3. In addition, periodic, bi-annual deworming with albendazole is recommended.

Table 3. Supplementation of iron-folic acid, as per the National Iron Plus Initiative Program

Age	When	How Much?
6 to 60 months	Fixed days: twice a week	1 ml IFA syrup = 20 mg elemental iron + 100 mcg FA
5 - 19 years	Once a week	5-10 years: 45 mg elemental iron + 400 µg folic acid tablets 10-19 years: 100 mg elemental iron + 500 µg folic acid tablets
Pregnant and lactating women	Every day for at least 100 days, starting after the first trimester, at 14-16 weeks of gestation followed by the same dose for 100 days in the post-partum period.	100 mg elemental iron and 500 mcg of folic acid
Women in Reproductive Age Group (15-45 Years)	Once a week	100 mg elemental iron and 500 mcg of folic acid throughout the calendar year.

Q10. How best to treat iron deficiency in children?

Ans. Ferrous sulfate has stood the test of time and is still the preparation of choice. Three mg/kg/day of elemental iron in 2-3 divided doses is

recommended. Once a daily dose is equally effective. It is good to instruct rinsing of mouth after syrup to avoid staining of teeth. Parents should be told not to interrupt therapy for minor inter-current ailments. The author does not prefer highlighting GI adverse effects, as these are uncommon in children. Iron is continued for 2 months following normalization of Hb to replace stores. Excess milk and relative lack of solid food is a common underlying cause, which should be rectified. The patient should be deformed.

Q11. Which iron preparations should be prescribed to children?

Ans. Large numbers of commercial preparations are available that companies aggressively market on presumed benefits. The gold standard continues to be ferrous sulfate which has good bioavailability and is inexpensive. Govt. of India supplies ferrous sulphate syrup (5 mL = 20 mg elemental iron + 0.5 mg folic acid), pediatric strength tablets (20 mg elemental iron + 0.1 mg folic acid) and adult strength tablets (100 mg elemental iron + 0.5 mg folic acid), free of cost. Ferrous fumarate is tasteless and stable in syrup as compared to sulfate. A combination of iron with ascorbate increases iron absorption, however at the cost of more adverse effects, therefore carrying little advantage. Heme-based preparations, Ferric ammonium citrate, and iron polymaltose complex, may be less efficacious. It is a good practice to check labels, as a variety of strengths are available. Parenteral iron is rarely indicated.

Q12. Does the timing of umbilical cord clamping at birth influence iron stores?

Ans. Holding the baby 10–15 inches below the introitus in vaginal deliveries and below the level of the incision in cesarean sections; and delaying the cord clamping for 30–60 seconds after birth increases the blood volume in the newborn. It augments the iron stores in the vulnerable period of infancy. WHO recommends delayed umbilical cord clamping (not earlier than 1 min after birth) for improved maternal and infant health and nutritional outcomes.

Q13. When to start iron in exclusively breastfed, full-term neonates?

Ans. American Academy of Pediatrics recommends iron supplements from 4 completed months of age in the healthy, term, breastfed infants (1 mg/kg/d), until appropriate iron-containing complementary foods are introduced. Iron is started as early as 2 weeks in preterm babies who are tolerating full feeds, at a dose of 2–3 mg/kg/day and continued till 1 year.

Q14. What if there is a suboptimal response to iron?

Ans. The most common cause is poor compliance with iron. Often the administration of iron is interrupted or stopped entirely in the mistaken belief of adverse effects or during intercurrent minor illnesses. Celiac disease is to be excluded in refractory iron deficiency anemia; typical GI symptoms may be lacking.

Q15. What are the essential messages regarding iron deficiency anemia in children?

Ans.

- a) Iron deficiency anemia is widespread in children in India, including urban areas, and across all socio economic status. The prevalence is 60% in Delhi in children <5 years.
- b) The most common causes include the delayed and suboptimal introduction of solid food, excessive intake of cow's milk, and a predominantly wheat or rice-based diet.
- c) Iron deficiency leads to impaired neurocognitive development.
- d) Regular supplementation with iron-folic acid is necessary to prevent anemia.
- e) Every girl/woman in India should be on iron supplements from 6 months of age, till 45 years.
- f) Every boy should be receiving iron supplements from 6 months of age, till 19 years.
- g) Ferrous sulfate is the recommended preparation. Adverse effects are uncommon, and should not be highlighted in children.

Ensure compliance with iron-folic acid. Do not interrupt therapy for minor intercurrent illnesses or fevers. Inform parents that iron deficiency lowers the IQ... it shall ensure compliance.



DELHI MEDICAL ASSOCIATION

In the State Executive Committee Meeting of DMA held on 14th December, 2019, the following were elected as the members Election Commission for the forthcoming DMA Annual Election 2020-2021.

Dr. Hans Raj Satija

Dr. Vinod Khetarpal

Dr. Arvind Narayan

Dr. V.K. Narang

Dr. Subhash Aggarwal

Dr. Kamal Parwal

Dr. Naresh Goel

Dr. Arvind Chopra
Hony. State Secretary &
Convener DMA Election Commission
Mob. 9910515062

32nd Medicine Update
Department of Medicine, Sir Ganga Ram Hospital

23rd February, 2020
8.30 a.m. - 3.45 p.m.

Hotel Shangri La, Ashoka Road, New Delhi

TOPICS

Sepsis	- Pathophysiology & Management Pathophysiological Basis of management of Type 2 Diabetes Mellitus
Management of Hypertension	- Young & Elderly
Metabolic Diseases	- Dyslipidemia, Asymptomatic Hyperuricemia, Metabolic complications in HIV
Tuberculosis Update	: Diagnosis & Management Rheumatology in General Practice Ethics in Medical Practice
WORKSHOP- Biofire	: New Approach to Infections

Registration : Rs.200/- favouring "Sir Ganga Ram Hospital" including lunch & tea conference kit, certificate for participation, book containing proceedings of the conference and DMC CME credit hours.

Contact :-

Dr. Ambuj Garg, Organising Secretary, Mobile – 9810092313, E.mail : dr_ambuj@yahoo.com

Dr. S.P. Byotra, Organising Chairperson, M-66, Kirti Nagar, New Delhi – 110 015.
Mobile – 9811047379, E.mail : byotra@yahoo.co.in

Conference Secretariat : Department of Medicine, Room No.1417, 4th Floor A Block, Sir Ganga Ram Hospital, Old Rajinder Nagar, New Delhi – 110 060. Phone (Office) : 011-42251447, E.mail : dept.medicine.sgrh@gmail.com



Dr. Girish Tyagi
President, DMA
Mob. 9868116491



Dr. Arvind Chopra
Hony. State Secretary
Mob. 9910515062



Dr. Ashok Aggarwal
Hony. Fin. Secretary
Mob. 9810048230



DELHI MEDICAL ASSOCIATION

Wishing

You & Your Family a

Merry Christmas

and

Happy New Year
2020

Word of Thanks!

FOR YOUR MEGA SUPPORT...

Sunday
10th November 2019
India Habitat Centre,
Lodi Road, New Delhi



Sir Ganga Ram Hospital
Generations of Healing & Trust...



www.sgrh.com

Common Medical Topics



1- OBS. & GYNAE GROUP : Dr. G. Mediratta, Dr. C. Mansukhani, Dr. P. Bhardwaj, Dr. M. Srivastava, 2- THYROID : Dr. R. Sarangi, 3- NEONATAL : Dr. P. Garg, 4- ENDOSCOPY : Dr. V. Singla, 5- TURP : Dr. A. Pathak, 6- DIABETIC FOOT : Dr. A. Yadav, 7- DYSLIPIDEMIA : Dr. K. Tyagi, 8- ARTHRITIS : Dr. L. Duggal, 9- EYE CARE : Dr. Tinku Ball Razdan, 10- HBSAg : Dr. A. Arora, 11- SPONDYLITIS : Dr. V. Chaturvedi, 12- STROKE : Dr. CS. Aggarwal, 13- THERAPEUTIC ENDOSCOPY : Dr. P. Ranjan, 14- HERNIA : Dr. A. Dey, 15- THROMBOLYSIS : Dr. R. Ranjan, 16- HYPERTENSION : Dr. JPS. Sawhney, 17- DVT : Dr. A. Satwik, 18- CORONARY CARE : Dr. R. Passey, 19- ASTHMA : Dr. A. Guliani, 20- ALLERGY : Dr. A. Gupta, 21- SPINE CARE : Dr. K. L. Kalra

Specialized Care



1- CHD DEVICES : Dr. M. Agarwal, 2- COLORECTAL CANCER : Dr. V. Mangla, 3- LIVER CANCER SURG. : Dr. N. Mehta, 4- PED CARDIOLOGY : Dr. Neeraj Aggarwal, 5- RECANALIZATION : Dr. A. Batra, 6- THROMBECTOMY : Dr. M. Chugh, 7- FACILITATION and LOGISTICS : Dr. S. Katoch, 8- EYE TRAUMA : Dr. A. Sawhney, 9- CERVICAL CANCER : Dr. M. Dagar, 10- BARIATRICS : Dr. T. Mittal, 11- VARICOSE VEINS : Dr. S. Aggarwal, 12- ROBOTICS : Dr. V. Bindal, 13- PED. SURGERY : Dr. SK. Aggarwal, 14- PED. NEURO : Dr. Praveen Kumar, 15- LIVER TX : Dr. U. Dhir, 16- HIV : Dr. A. Gogia, 17- NGS IN ONCOLOGY : Dr. S. Aggarwal, 18- HEART FAILURE : Dr. M. Sharma, 19- PED. SURGERY : Dr. A. Prasad

Assault on Doctors



DR. H. JAUHARI DR. S. MANCHANDA DR. P. BHATIA

Full Attendance



IMA Support



IMA SOUTH DELHI: DR. S. SHARMA IMA EAST DELHI: DR. S. BATRA IMA JANAKPURI: DR. M. MITTAL IMA KAROL BAGH: DR. G. KAPOOR

Messages from SGRH Management

Message from Chairman, BOM



The Annual CME at the Habitat Centre is one of the main educational activities conducted by the Faculty at Sir Ganga Ram Hospital and GRIPMER (The Ganga Ram Institute for Postgraduate Medical Education and Research). The choice of the subjects was varied and they were all of practical importance. These CMEs are a matter of pride for our hospital which not only concentrate on good patient care, academics and research according to the highest ethical standards but discharge a responsibility to our community by regularly updating general medical practitioners on recent advances in the management of the diseases they see every day. I congratulate Dr. Harbansh Lal and his team for the fine efforts in making the CME a success.

Dr D S Rana
Chairman, Board of Management

Message from Vice Chairman, BOM



The SGRH Annual CME is becoming more and more popular and this year, we registered a record number of over 350 delegates. The hospital holds regular CMEs in various specialties. This year's scientific medical program included topics pertaining to common medical problems like Fever, Diabetes, Back Pain, Asthma, Allergy, TURP, Headache, Hernia, Arthritis and much more. Besides, there were issues related to Pediatric Cardiology, HIV, Cervical Cancer, Bariatrics, Robotics etc. I saw an active and increased participation by delegates.

We at SGRH are proud to have a DNB teaching program with 42 specialties, the largest for any private hospital in the country. Short term training is provided for candidates from various walks of life and from neighboring SAARC Countries. My best wishes to Dr. Harbansh Lal and his team members.

Dr S P Byotra
Vice Chairman, Board of Management

Message from Chairman, CME



The enthusiastic participation of the delegates at the Annual SGRH CMEs for the last eleven years keep us motivated to come out with fresh topics and ideas in every CME. I sincerely thank Dr. Girish Tyagi, President, Delhi Medical Association and Dr. Arvind Chopra, Hony. Secretary, Delhi Medical Association for their support and help in reaching out to the members to help make this jointly organized annual academic feast a success.

The CME was supported by the key Delhi branches of IMA: My gratitude to Dr. Sandeep Sharma, President - IMA South Delhi, Dr. Mooneesh Aggarwal, President - IMA Westtown, Dr. Vinod Jain, President - IMA Sadar Paharganj, Dr. Rakesh Bindal, President - IMA Rohini, Dr. Hansraj Satija, President - IMA Outer West, Dr. Mukesh Mittal, President - IMA Janakpuri, Dr. Gulshan Kapoor, Hony. Secretary - IMA Karol Bagh and Dr. Shama Batra, Hony. Secretary - IMA East Delhi Branch for their kind support in making the event successful.

Sir Ganga Ram Hospital stands committed to bring to you innovation in Medical Education programmes in times to come and looks forward to the cooperation and support from Delhi Medical Association.

Dr Harbansh Lal
Chairman, Department of CME



eMedicoz

REVOLUTIONIZING MEDICAL EDUCATION

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



4 Rank

Dr. Aishwarya S. Durgad.



5 Rank

Dr. Rajath R. G.



10 Rank

Dr. Sree Vandana



11 Rank

Dr. Suyash Niranjan A.



12 Rank

Dr. Anuj Ban



14 Rank

Dr. Bhavishya Shetty

AIIMS TOPPERS NOV 2019



1 Rank

Dr. Akansha



2 Rank

Dr. Akshay Ganesh K.



3 Rank

Dr. Ayush Aggarwal



4 Rank

Dr. Anand Shahi



5 Rank

Dr. Arjun Parihar



6 Rank

Dr. Deepak Justine

PGI TOPPERS NOV 2019



1 Rank

Dr. Ayush Agarwal



2 Rank

Dr. Namitha Ann B.



3 Rank

Dr. Pranjal Singh



5 Rank

Dr. S. Prasanna Eshiraj



6 Rank

Dr. Aditya Chaubey



7 Rank

Dr. Rajat Kumar Sahu

JIPMER TOPPERS NOV 2019



1 Rank

Dr. Aay NAWAN MS (CST Student)



1 Rank (Inst.)

Dr. NAVEEN AHMED A. R.



2 Rank

Dr. VASUVA AGGARWAL



2 Rank (Inst.)

Dr. ANVINO SREEJANAR



3 Rank

Dr. VASUDHA KOREI



3 Rank (Inst.)

Dr. GOU MAHESH S.

DNB TOPPERS MID YEAR 2018



1 Rank

Dr. Nivedita Kh



2 Rank

Dr. Debayan Chakraborty



3 Rank

Dr. Sumit Aggarwal



6 Rank

Dr. Siladitya Mahanty



7 Rank

Dr. Athira



8 Rank

Dr. Deep Mehta

MORE THAN 90% SELECTION RATE IN LAST TWO DECADES

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



/damdelhi



/damdelhiho



/damdelhi

info@damdelhi.com www.damdelhi.com

HELPLINE: 011-4009 4009

BRANCH NEWS

Activity Reports of IMA East Delhi

USG Workshop

IMA East Delhi Branch organized 3rd USG Training Work on 26th November 2019 at IMAEDB Bhawan. Basic Cardiac Scanning & Fetal Echo Cardiography : Interesting cases discussed by speaker Dr Krishna Gopal, Obstetrics Doppler by Dr. Kuldeep Singh & Practical tips on FGR speaker was Dr.Poonam Goyal.

Attended by more than 38 doctors and appreciated by all.

CME on Oncology

IMA East Delhi Branch in association with Rajeev Gandhi Cancer Institute and Research Centre organized CME on Oncology on 5th December 2019 at IMAEDB Bhawan. Dr Manish Sharma, Consultant Medical Oncology, RGCIRC, Niti Bagh spoke about Approach & work up of a Patient with Suspected Malignancies & Dr. Leena Dadhwal, Consultant Surgical Oncology, RGCIRC, Niti Bagh taught on Recent Advances in Surgical Oncology. It was attended by more than 40 doctors.

Super Speciality Conference Multicon 2019

This Grand Academic activity was done on 15th December 2019 at Hotel Leela Ambience East Delhi ; our annual conference. 6.30 hours of CME credit were given by DMC. Event was graced by speakers of International Fame Prof (Dr) Hemant Madan, Senior Cardiologist, Dr Julius Punnen, Senior Cardiologist, Dr. Meenu Walia, Oncologist, Dr. Ritwick Raj Bhuyan, Cardiologist (having credit for 1st Heart transplant Surgery in East Delhi) Dr Yogesh Aggarwala, Renowned Lap surgeon & Dr. Deepak Jumani, Renowned Sexologist and many more. It was well attended by more than 500 delegates and President Secretaries of Delhi State Local branches.

It was inaugurated by Dr. Ramesh Datta, Dr. Sunil Raheja, Dr. Girish Tyagi, along with Dr. Arun Gupta, Commander Navneet Bali, Dr. Julius Punnen, Dr. D.R. Raj, Dr. V.K. Monga, Dr. Harish Gupta, Dr. Manjul Mehta, Dr. Ajay Lekhi, Dr. B.B. Wadhwa, Dr. Shivani

Gaur, and many more distinguish guest graced the occasion and appreciated the efforts of IMA East Delhi Branch. Thanks to all guest, coordinators and team IMAEDB to make conference grand success.

Our respected state president Dr Girish Tyagi announced EDB to be best branch of Delhi. We as a team are thankful to him.



INDIAN MEDICAL ASSOCIATION DELHI NORTH ZONE

ELECTION SCHEDULE

NOMINATIONS DATE :

23rd December 2019 to 19TH January 2020 upto 3.00 PM

WITHDRAWAL DATE :

21st January, 2020 upto 3.00 PM

OPENING OF NOMINATION PAPER :

On 21st January, 2020 at 3.30 PM

ELECTION DATE : 23RD FEBRUARY 2020 IF NEEDED.

Dr N.N. Jha

Dr Abhishek Kumar

नववर्ष की संध्या के उपलक्ष्य पर



दिल्ली मेडिकल एसोशिएसन

एवं

हिन्दी अकादमी

द्वारा आयोजित

हार्य कवि सम्मेलन

रविवार 29 दिसम्बर, 2019

स्थान :

डी.एम.ए. हाऊस, दरियागंज, नई दिल्ली-110002

समय: 7.00 बजे सायं से

सामूहिक रात्रिभोज

आमंत्रित कविगण :

श्री महेन्द्र शर्मा, श्री युसुफ भारद्वाज, श्री कुलदीप ललकार
श्री बृजेश द्विवेदी, श्री संजय जैन, श्री राजेन्द्र प्रसाद

आयोजन एवं संचालन :

डॉ. टी.एस. दराल

आप सब सादर आमंत्रित हैं।

डॉ. गिरीश त्यागी

अध्यक्ष, डी.एम.ए.

डॉ. अरविन्द चौपड़ा

सचिव, डी.एम.ए.

डॉ. अशोक अग्रवाल

वित्त सचिव, डी.एम.ए.



Delhi Medical Council

308 A, 3rd Floor, Administrative Block, Maulana Azad Medical College
Bahadur Shah Zafar Marg, New Delhi -02 Ph. : 23237962 (4 Lines) Fax : 23234416
Website : delhimedicalcouncil.org E-mail : delhimedicalcouncil@gmail.com

DR. ARUN GUPTA
President, DMC

DR. ANIL AGGARWAL
Chairman, AQC

DR. GIRISH TYAGI
Secretary, DMC

It is, hereby, informed that the following named individuals were found to be practicing modern scientific system of medicine (allopathy) without holding any requisite medical qualification in the NCT of Delhi and DMC has passed the closure orders pertaining to the following named individuals.

It is further informed that police has been requested to register FIR against following named individuals under Section 27 of Delhi medical Council Act, 1997.

S.N.	Name	Address
1	Shri Chandrakant Bakshi	Gali No.18, Shiv Mandir, Nazdik Neema Ka Ped Wazirabad, Delhi-110084
2	Shri Manojit Kumar Ray	Ray Health Care Center, C 1/4, Welcome Seelampur, Delhi-110053
3	Shri Raman Kumar Biswas	Main Bank Colony Road, Near Vimal Market Mandoli Chowk, Delhi-110093
4	Shri Naeem Tyagi	Maryam Poly Care Centre, H.No.12, Gali No.22 Old Mustafabad, Delhi-110094
5	Shri Mohsin Khan	Madina Hospital, H.No. 2042, Gali No.21-22 Main 25 Foota Road, Nearby Kabristan Old Mustafabad, Delhi-110094
6	Shri Naushad Ali	Adarsh Health Care Centre, D-49, Gali No.11 Old Mustafabad, Delhi-110094
7	Shri Shanta Julka	Julka Clinic, 4505, Gali No.5, Ajit Nagar Gandhi Delhi-110032
2	Shri Manoj Kumar Nath @ Manmotho Kumar Devnath	Bengali Clinic, E-152, Near Murgj Farm House Madrashi Colony, Khyala, Delhi-110018
9	Shri S.K. Biswas/ Shishir Kumar (Bengoli)	Maya Clinic, 28 Feeta Road, D Block, Prem Nagar Najafgarh, Delhi-110043
10	Shri Satpal Tomar	Shop No. 6, Loni Road, Outside RTO Office Gokulpur, Shahdara, Delhi-110035
11	Shri Yogender Kumar Sharma	Shop No. 6, Loni Road, Outside RTO Office Gokulpur, Shahdara, Delhi-110035
12	Shri Praveen Kumar	Shop No. 6, Loni Road, Outside RTO Office Gokulpur, Shahdara, Delhi-110035
13	Shri Manojit Kumar Ray	Ray Health Care Center, C 1/4, Welcome Seelampur, Delhi-110053
14	Shri Manojit Kumar Ray	Ray Health Care Center, C1/4, Welcome Seelampur, Delhi-110053



Delhi Medical Council

308 A, 3rd Floor, Administrative Block, Maulana Azad Medical College
Bahadur Shah Zafar Marg, New Delhi -02 Ph. : 23237962 (4 Lines) Fax : 23234416
Website : delhimedicalcouncil.org E-mail : delhimedicalcouncil@gmail.com

S.N.	Name	Address
15	Shri P.K. Mandal	D-18, Near Tanga Stand Kucha Mohtar, Morigate, Delhi-110006
16	Shri Dilip K. Mishra	Shanti Prabha Hospital, C-91 Shri Chand Park, Phase-II Sector-3, Dwarka (Near Dilip Medicos), New Delhi-110059
17	Shri Hussain Alam (H. Alam)	1148, Ground Floor, Multani Mahulla Gandhi Nagar, Delhi-110031
18	Shri Sobran Singh Gautam	Gautam Clinic, E-33, New Sanjay Camp Okhala Phase-II, New Delhi-110020
19	Ms. Nasreen	Shara Charitable Trust, 4019, Gali Khankhana Jama Masjid, Delhi-110006
20	Shri Sanjit Biswas	17/231, Trilokpuri, Main Vasundhara Raod, Delhi-110091
21	Shri Samir Kumar Roy (S.K. Roy)	A-210, Gali No.12, Rajveer Colony, New Delhi-110096
22	Shri D.K. Roy	B-144, Sunaar Wali Gali, Kondli, Delhi-110091
23	Shri B.L. Bharti	Outside RTO Office, Loni Road, Gokulpur, Shahdara, Delhi-110094
24	Shri Sanjeet Ganguly	Bengali Clinic, Gali No.21, E Block, East Gokul Pur Near Pashuram Kirana Store, Delhi-110094
25	Shri Puneet Kumar	Gali No.19, Near Rajveer ki Chakki, E Block East Gokul Pur, Delhi-110094
26	Shri S.K. Shamim	B-23, Near Ambedkar Park Gali, Near Neelkanth Medicos, Rani Garden, Shastri Nagar, Geeta Colony, Delhi-110031
27	Shri B.K. Biswas	B-70/25, Kondli, Delhi-110096
27	Shri Tapan Kumar Biswas	Block-A1, Gali No.19, Bengali Colony, Sant Nagar Burari, Delhi-110084
28	Shri Madan Thakur	4465 (2nd Floor), Gali Jatan, Pahari Dheeraj, Delhi-110006
29	Shri Ashok Kumar Chaudhary	B-42, Mata Wali Gali, Jodripur, Delhi-110094
30	Shri Gopal	Gopal Clinic, Khasra No.58/13,58/14, Pal Colony, Hond Shoroom Wali Gali, Neem Ke Ped Ke Saath Rithala Village, New Delhi-110085
31	Shri Anup Kumar Roy	Anupam Clinic, H.No.242, Pitampura Village, Delhi-134
32	Shri Sumit Sharma	Om Shiv Medical Centre, E-67, Main Road, Ganga Vihar, Delhi-110094
33	Shri Pradeep Kumar	13/1410, Trilokpuri, Delhi-110092
34	Shri Zeesan Khan	Sifa Clinic, F-24, Old Seemapuri, Delhi-110095
35	Shri Atul Kumar Malakar	1488, Gautmpuri, Phase-I, New Delhi-110044
36	Shri Varun Vishwas	Subham Clinic, 46/24, Sukhi Nahar Raod, Rajdhani Park, Nangloi, Delhi-110041

It is, hereby, informed that the following named individuals (DBCP Registered) were found to be practicing modern scientific system of medicine (allopathy) without holding any requisite medical qualification in the NCT of Delhi and DMC has passed the closure orders pertaining to the following named individuals.

SYPHILIS

- It is a sexually transmitted infection caused by the bacteria *Treponema pallidum*.
- These bacteria can enter body through cuts on your skin or through your mucous membranes. Can't be spread by toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating utensils.
- Sites -on or around the penis, vagina, or anus, or in the rectum, on the lips, or in the mouth.

SYPHILIS

- Syphilis is divided into stages -primary, secondary, latent, and tertiary.
- Primary syphilis** a single sore or multiple sores. The sore is the location where syphilis entered your body. Sores are usually (but not always) firm, round, and painless. Because the sore is painless, it can easily go unnoticed. The sore usually lasts 3 to 6 weeks and heals regardless of treatment.
- Secondary syphilis** skin rashes and/or mucous membrane lesions. Mucous membrane lesions are sores in mouth, vagina, or anus. Usually starts with a rash on one or more areas of your body. The rash can show up when your primary sore is healing or several weeks after the sore has healed. The rash can look like rough, red, or reddish brown spots on the palms of your hands and/or the bottoms of your feet, non-itchy.
- Latent stage**, there are no signs or symptoms.
- Tertiary syphilis** can affect the heart, brain, and other organs of the body.
- Primary syphilis**



SYPHILIS

Investigations

- Darkfield examinations and tests to detect *T. pallidum* directly from lesion exudate or tissue are the definitive methods for diagnosing early syphilis
- Nontreponemal test -Venereal Disease Research Laboratory [VDRL] or Rapid Plasma Reagin [RPR]

- Treponemal test -Fluorescent treponemal antibody absorbed [FTA-ABS] tests, the *T. pallidum* passive particle agglutination [TP-PA] assay, various enzyme immunoassays [EIAs], chemiluminescence immunoassays, immunoblots, or rapid treponemal assays).

SYPHILIS TREATMENT

Disease	Treatment	Alternatives
Early (primary, secondary and latent <1 yr)	Benzathine Penicillin 2.4 MU i.m. 1-3 weekly inj. Or Procaine Penicillin 1.2 MU i.m. x 10 days	Doxycycline 100 mg BD oral x 15 days Or Ceftriaxone 1 g i.m. x 7 days Or Erythromycin 500 mg QID oral x 15 days Or Desensitization and treatment with penicillin
Late	Benzathine Penicillin 2.4 MU i.m. weekly x 4 weeks Or Procaine Penicillin 1.2 MU i.m. x 20 days	Doxycycline Or Erythromycin for 30 days Or Ceftriaxone 1 g i.m. / i.v. x 15 days Or Desensitization and treatment with penicillin

GONORRHOEA

- It is a sexually transmitted disease (STD) caused by infection with the bacterium *Neisseria gonorrhoeae*. It tends to infect warm, moist areas of the body, including the urethra, eyes, throat, vagina, anus, female reproductive tract (the fallopian tubes, cervix, and uterus)

Gonorrhea passes from person to person through unprotected oral, anal, or vaginal sex.

MALE	FEMALE
<ul style="list-style-type: none"> Dysuria White, yellow, or green urethral discharge that usually appears one to fourteen days after infection. Testicular or scrotal pain in epididymitis 	<ul style="list-style-type: none"> Dysuria Increased vaginal discharge. Vaginal bleeding between periods.

Rectal infection in both men and women

Discharge, Anal itching, Soreness, Bleeding, or Painful bowel movements

GONORRHOEA

(Clinical presentation)



GONORRHOEA **(Complications)**

MEN

- Epididymitis
- Penile lymphangitis:- penile edema (“bull-headed clap”)
- Post-inflammatory urethral strictures
- Periurethral abscesses
- FEMALES
- PID
- Bartholin's gland abscess

- Acute arthritis-dermatitis syndrome

GONORRHOEA **(Diagnosis)**

- Specimen collection: collected from genital sources, rectum in case of homosexuals, throat specimen as appropriate as well as for other extragenital infection
- Laboratory diagnosis of gonorrhoea proceeds as follows:
 1. Gram stain microscopy.
 2. Culture on enriched selective medium.
 3. Oxidase test.
 4. Rapid carbohydrate utilization test (RCUT) along with beta lactamase production.
 5. Slide agglutination test with commercially available monoclonal antibody kit.
 6. Conduct antimicrobial susceptibility test
 7. In suspected DGI blood cultures in Biphasic medium and incubate in a CO2 incubator with a cotton wool plug.
 8. Immunofluorescence staining.

GONORRHOEA **(Treatment)**

Recommended antibiotic regimens for treatment of uncomplicated gonococcal infections of the cervix, urethra and rectum

Preferred regimen (first line)

Ceftriaxone, 250 mg, single-IM dose

Plus

Azithromycin, 1 g, single oral dose

Alternative regimens (second line)

If ceftriaxone is not available

Cefixime, 400 mg, single-oral dose

Plus

Azithromycin, 1 g, single-oral dose

If the patient has a severe penicillin allergy

Gemifloxacin, 320 mg, single-oral dose

Plus

Azithromycin, 2 g, single-oral dose

or

Gentamicin, 240 mg, single-IM dose

Plus

Azithromycin, 2 g, single-oral dose



**DOCLAND
SERVICES LIMITED**



23rd
anniversary
celebrations

WHAT WE COVER :

- Doorstep services with 24X7 support
- Legal services from lower courts upto Hon'ble Supreme Court
- Coverage of all cases including medical negligence and personal cases in consumer, civil, criminal
- Coverage of bouncer services within Delhi / NCR.
- Free access to advice, suggestions from our top medico - legal experts
- Free access to our medico legal journals , bulletins and workshops
- Coverage of Pre-litigation advice and suggestions.
- Cashless settlement of insurance claims
- Provision of Out of court Settlement through insurance
- Coverage of defamation, loss of documents, breach of confidentiality
- PAN India presence with 98% winning ratio.
- 70% discount on insurance premium
- Affordable and highly competitive price.
- An ISO 9001 2000 certified company



**WISH ALL DMA MEMBERS
MERRY CHRISTMAS AND
HAPPY NEW YEAR**

Call tollfree : 1800-3000-1640

Email : info@doclandservices.com

Visit : www.doclandservices.com

Regd. & Head Office: 33, Cantt Road, 2nd floor, Sri Ram Market, Lucknow 226001 **Noida :** A/154, Sector - 19 - 201301 **New Delhi:** 114, Kirti Shikhar Bldg, District Centre, Janakpuri - 110058 **Bangalore:** #672, 2nd Floor, Shree Thulasi Towers, 11th Main, 4th 'T' Block, Jayanagar - 560011 **Mumbai:** Kanakia Zillion, Unit No.114, E wing , 1st Floor, BKC Annex,CST Road Junction, Kurla West - 400070 **Kolkata :** 75-C, 3rd Floor, Park Street - 700016 **Chennai :** 715-A, 7th Floor, Spencer Plaza, Suite #195, Mount Road, Anna Salai - 600002 **Jaipur:** F-42A, 1st Floor, Alankar Plaza, Central Spine, Vidyadhar Nagar - 302023 **Bhopal:** 2nd Floor, Guru Arcade, Plot No-153, Ramgopal Maheshwari Marg, Zone 1-MP Nagar - 462011 **Ludhiana:** 36-B/46-A, Vikas Nagar, Near T.G. Tower, Pakhowal Road - 141013 **Dehradun :** Ground Floor Plot, 21, Sahastradhara Rd, Doon IT Park, Danda Lakhond - 248001 **Ranchi :** Church Complex, Saluja Tower,6th Floor, Above Vasan Eye Care, Peepe Compund, Main Road, Sujata Chowk - 834001

First time in India,
“**Knee Experts**”
Now at your doorstep



Knee Express Services

- Well Equipped Mobile Clinic
- Patient Monitoring System
- 2 Way Video Conference Facility with Senior Doctor
- Full Automated Digital X-ray facility
- Air Conditioned Consultation Room
- Patient Information Literature & Videos for Patient education
- Advanced POC Machines for Conducting Various Vital Blood Investigations


Aakash Healthcare
Super Speciality Hospital
— We care, He cures —

For more information
 **+91 88000 159 50**

Road No. 201, Sector-3, Dwarka,
New Delhi - 110 075.

www.aakashhealthcare.com | reactus@aakashhealthcare.com | Follow us on:    



TOMOTHERAPY RADIXACT-X9



TAKING PRECISION IN CANCER CARE
TO THE NEXT LEVEL WITH ADAPTIVE
RADIATION THERAPY



Indraprastha Apollo Hospitals brings to you the revolutionary Tomotherapy RADIXACT-X9 that combines imaging and treatment delivery to precisely target a wide variety of cancers

THE UNRIVALLED CAPABILITIES OF RADIXACT-X9

- Unprecedented accuracy resulting in increased dosage and minimal exposure to healthy tissues
- The new PreciseRTX™ Retreatment option is designed to make retreatment process more efficient and effective
- Adaptive radiotherapy to monitor and modify treatment plans based on body changes / tumour shrinkage
- Integrated system for comprehensive cancer treatment
- Multiple areas of tumour targeted simultaneously

Indraprastha Apollo Hospitals, Sarita Vihar, New Delhi - 110076 | Call: 011-29871090/91

Email: infodelhi@apollohospitals.com | Web: <https://delhi.apollohospitals.com>

