



# DMA NEWS BULLETIN

FORTNIGHTLY

## DELHI MEDICAL ASSOCIATION

VOLUME 51  
ISSUE-5

OFFICIAL ORGAN ORGAN OF DELHI STATE BRANCH INDIAN MEDICAL ASSOCIATION

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24  
PAGES

10th June, 2019 | Email: delhimedicalassociation@gmail.com | Web: www.delhimedicalassociation.com | Price Rs. 5.00

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**North Delhi Pathology Clinic**  
27/5, Shakti Nagar, Nangia Park, Delhi-110007



# NT-pro BNP & Heart Failure

A Laboratory test for Clinical Assessment & Early Diagnosis of HEART FAILURE

**Heart failure (HF)** is a major public health problem, with a prevalence of over 5.8 million in the USA, and over 23 million worldwide. In 1997, HF was singled out as an emerging epidemic. Early symptoms of heart failure are Fatigue, Activity limitation, Congestion, Edema or ankle swelling & Shortness of breath. They are often very subtle but it is dangerous to ignore them. Diagnosing heart failure (HF) in patients presenting in primary care is difficult.

**NT-proBNP determination** has proven to be a useful and accurate Laboratory test for ruling out the diagnosis of Heart Failure. It **excludes or confirms ACUTE HEART FAILURE**.

<b>Symptoms of Heart Failure</b>		
	Shortness of Breath	
	Swelling over feet & legs	
	Chronic lack of energy	
	Difficulty in sleeping due to breathlessness	
	Swollen abdomen and loss of appetite	
	Cough with frothy sputum	
	Increase urination at night	
	Confusion/ Impaired memory	
	Sudden weight gain	

- ✓ NT-proBNP is a useful blood test for **rapid clinical assessment and early diagnosis** of patients with symptoms of suspected HEART FAILURE by **differentiating between cardiac and pulmonary dyspnea**.
- ✓ Being a **cost-effective and specific test** it helps in **EARLY initiation of appropriate treatment** in emergency situations. This improves patient outcome. Using NT-proBNP helps clinicians to **optimize the management** of patients. This may result in a significant **decrease in a hospital stay** and reduced re-hospitalization.
- ✓ **International guidelines recommend NT Pro BNP testing** in the diagnostic workup of Heart Failure in both ACUTE and NON-ACUTE patient presentation. NT-proBNP **excludes or confirms ACUTE HEART FAILURE**. Guidelines recommend a **single low cut-off of 125pg/mL to rule out HF** for patients presenting with non-acute symptoms.

AGE (years)	NT-proBNP (pg/ml)	INTERPRETATION
upto 75	less than 125	Heart Failure <b>unlikely</b> ; Further investigation of non-cardiac causes.
75 plus	less than 450	
upto 75	more than 125	Left Ventricular dysfunction possible; Further investigation needed.
75 plus	more than 450	

- ✓ However, a study published in the Indian Journal of Endocrinology and Metabolism **recommends an arbitrary value of 300 pg/mL** for management of Heart failure:

VALUE (pg/ml)	INTERPRETATION
less than 300	Low probability of HEART FAILURE
300-1800	Intermediate probability of HEART FAILURE
more than 1800	High probability of HEART FAILURE

Ref: Indian Journal of Endocrinology and Metabolism 2013; 17: 1; 83-90

- ✓ NT-proBNP is particularly useful for evaluation of suspected CHRONIC HEART FAILURE in primary care as it excludes suspected left ventricular systolic dysfunction. In comparison to NT-proBNP values in patients with ACUTE HEART FAILURE, lower values are expected in ambulatory CHRONIC HEART FAILURE patients.

9873247824, 23841122

8:30 AM to 6:00 PM



www.ndpc.in





## PRESIDENTS' PEN

### Issues of Fire NOC, Borewell

Directorate of Health Services vide letter dated 10/01/2012, 17/11/2016, 02/08/2018 & 14/02/2019 had asked Delhi Fire Services to undertake a fire audit of all private hospitals and nursing homes and provide a report regarding the readiness of fire safety measures in private hospitals and nursing homes.

With regard to aforesaid letters Chief fire officer vide letter dated 11/03/2019 sent a reply to DGHS mentioning that:

- Hospitals and Nursing homes fall under the category of Institution Buildings.
- Buildings having height of more than 9 meters or having ground plus two upper storeys including mezzanine floors are covered under sub Rule 5 of Rule 27.
- Each individual case along with sanctioned building plans of the premises having details of the following :
  - a) Area
  - b) Abutting road
  - c) Year of construction/ conversion of occupancy
  - d) Widths of exits etc.

duly marked with stipulated fire life saving provisions as per NBC are required to be forwarded by the concerned local authority or licence issuing agency before issue of licence for necessary scrutiny.

- Probably the licences have been issued by ignoring this condition.
- Directorate of Delhi Fire Services has cleared 103 hospitals from fire safety point of view.
- It is requested to forward the building plans of each such hospitals which falls under the purview of this department under Rules 27(5) i.e. having a height more than 09 meters for further necessary action.

After receiving this circular from Directorate of Delhi Fire Services, MS Nursing Home stopped renewing the Nursing Home Registration without NOC from Fire deptt.

Series of meeting were arranged with various authorities including Delhi Fire services, DGHS, Health Minister but till date no relief is being visualised.

It is most unfortunate that the hospitals which are in existence for more than 50 years and are serving the society will be forced to close for want of unrealistic structural

modification in the name of no objection fire certificate even when they are equipped with a total fire safety infrastructure.

It is therefore requested to DGHS that every hospital/nursing home/ clinic situated in residential areas less than 15 meter shall be communicated to adhere to all fire safety norms and install all the fire safety equipments to ensure the safety of patients and visitors even without the no objection certificate and structural changes and shall furnish a certificate from a 3rd party inspection (Fire Audit) ensuring fire safety.

From the above observation, all the nursing home owners should decide their plan of action collectively and unitedly otherwise it will be difficult to operate in the present circumstances. All the nursing homes will be functioning illegally and, therefore, liable to be prosecuted under law. Even at this critical time we are not united thinking that someone will bring the relief and there is no need for their involvement. Plz give support and strength to DMA to fight for the cause of Nursing Homes.

Other issues like Borewell are also to be discussed amongst nursing home owners as many of us are getting notices from SDM for using Borewell. In 2004 Govt. had come out with a scheme to register the Borewell and some nursing homes got them registered.

In all the parks maintained by different agencies (MCD, PWD, NDMC) there is a provision of Borewell to water the plants. Whether the plants, flowers are more important than human beings? Trees off course are important for environment, but certainly not these flower plants which are only for decoration.

Practically every 3rd house in Delhi has a Borewell, then why only nursing homes be penalised.

A few years back generators were banned in Delhi but nursing homes were exempted taking it as essential for running of nursing homes by the court. Same way Borewell can be allowed by court by filing writ petition or PIL, as water is essential to run a nursing home and we are providing next door facilities. We will be taking legal opinion to decide further plan of action. We might get a relief from the court for Borewell.

**Dr. Girish Tyagi**  
President



Dear all,  
The renewed central government is in place with tremendous faith reposed by a large part of country in one mega man named "Narendra Damodar Das Modi". The superman of Indian politics in this era has not only outsmarted the entire group of political opponents but also have dwarfed his own party and pool of ideology.

Such a huge mandate for a single man by the hopeful Indians puts an extra pressure on him and his commitment to deliver.

Unfortunately the entire tenure of almost same dispensation in preceding five years had hardly been of any good hopes or deserving pleasure to medical fraternity.

Though the entire community is delighted on formation of popular and stable government but still views its commitment and clarity on issues related to health of nation and health of all the professionals entrusted with responsibility of keeping the nation healthy, with scepticism.

Unfortunately, none of our core issues have been addressed satisfactorily by

previous "similar" regime and nothing seems to have changed, except our hopes have been rejuvenated once again.

"Hopes" are the only recipes for pragmatic life, so let us all once again hope against hopes that present government shall have health and health providers issues on the serious priority they deserve.

Our long persistent problems are to be unfortunately addressed by different ministries. So our first demand should be that the health ministry should be a nodal point to debate, deliberate and deal with all

related ministries to devise a sustainable and just solution to the perplexed problems.

Needless to reiterate here the last government was thoroughly confused on all above, for example, health ministry played with MCI/NMC/BOG game several times and even used the rare weapons of presidential ordinance more than once on such trivial issue at every drop of hat. They ended up in only making the things complex and mockery of themselves and all the constitutional provisions for governance.

Similarly, the environment ministry looked to be in totally autonomous mode as far as "bio medical waste policy" is concerned. Their technical advisor says so many things in seminars, repeats them in our personal and delegation level talks, but finds helpless and over shadowed by tardy and callous bureaucratic process. The "effective ministerial intervention" remained our dream all through (except facilitating appointments, gate passes and respectful cup of tea). Minor cosmetic changes in environment protection act did not deter the state pollution control boards for creating so many economical and procedural hurdles for single doctors clinics enriching themselves with crores of rupees.

Leaving the issues of CPA amendments (ministry of consumer affairs) drug policy (ministry of chemicals and fertilisers) PC PNDT (ministry of social and women affairs)...in next issues because of space concerns.

Live with hopes and act with unity

Feed back at drkamalparwal@gmail.com or whatsapp 9811112714.

**Dr. Kamal Parwal**

Hony. Associate Editor

## सत्येन्द्र जैन Satyendra Jain

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D.O. No. Minhealth/2771

Date: 16/05/2019

### APPEAL

APPEAL FROM THE HON'BLE HEALTH MINISTER OF DELHI FOR  
PUBLICATION IN DMA BULLETIN

Dear Doctor,

I wish to extend my sincere thanks to every member of DMA and IMA for the wholehearted support in polio eradication efforts over the years.

Government of India scheduled the next two rounds of intensified Pulse Polio Immunization Programme (IPPIP) 2019-20 on **16<sup>th</sup> June 2019 and 15<sup>th</sup> September 2019 (Both Sunday)**. Each round will be followed by five days of house to house "search and immunize" activity for immunizing children below five year of age. The Government looks forward to increased participation of private/voluntary sector in the programme. I earnestly appeal to all of you to participate actively in the programme of polio eradication by organizing:

1. Polio immunization booths at your Clinics/ Nursing Homes on the above-mentioned dates.
2. Advocacy with parents, community leaders, Resident Welfare Associations (RWAs).
3. Display publicity material at your clinics/ nursing homes.

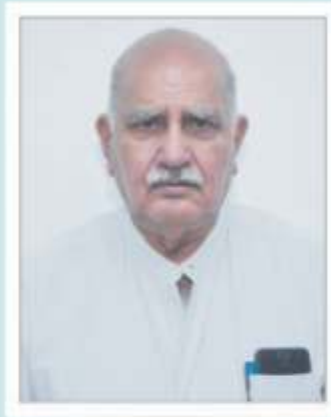
Govt. of Delhi will provide all vaccines, logistics and publicity materials.

For any assistance/ clarification, DMA/IMA may coordinate with Dr. Anil Jagrat, OSD PPIP, Directorate of Family Welfare, Vikas Bhawan-II, 7th Floor, B & C Wing, Near Metcalf House, Civil Lines, Delhi-110054. Tel. No. 23813210.

With regards,

Your sincerely

  
(Satyendra Jain)



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## Hony. State Secretarys' Pen...

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Dear Friends,

The recent controversy has erupted within the medical fraternity following the decision of Pharmacy Council of India (PCI) to grant "Dr" prefix to all pharma D degree holders.

The doctors have claimed that Pharmacists using the "doctor" tag will only create confusion in the minds of patients.

Pharma D is a 6-year doctorate level course, including five years of academic study and a year of internship or residency. It is offered by a variety of public and private universities in India.

The Pharmacy Council of India made it clear to allow Pharma D (Doctor of Pharmacy) to use the prefix of "Dr" from now on. The confirmation of the said decision of the PCI came via letter received by the Director of the Board of Examination and evaluation of Sant Gadge Baba Amravati University which stated, "PCI has taken a decision of prefixing 'Dr' before the name of the candidate who are awarded Pharma D degree. All the universities and examining authorities approved by the PCI are requested to use this prefix while awarding degree certificates."

The Council wrote to the government universities all over the country to add the prefix to the names in the certificates of those students who completed their degrees in Pharma D. Majority of the private universities added the prefix 'Dr' before the degree as per the direction of the PCI, but few government colleges showed unwillingness to add the prefix.

Dispensing medications by compounding, packaging, and labelling pharmaceuticals is one of the jobs of a pharmacist, it will only be confusing for patients when they see the doctor title with the pharmacist.

The council had earlier intimated its decision to all the universities approved by the PCI under section 12 (2) of the Pharmacy Act 1948 to conduct examinations for Pharm D to use the prefix Dr before the names of passed out students while awarding certificates under Regulation 18 of the Pharm D Regulations 2008.

As universities in the state were not issuing degrees with 'Dr' prefix till now, members of Doctor of Pharmacy Association of Maharashtra had approached the PCI for a clarification.

A "Dr" tag to pharmacists will only create confusion with patients now thinking that a pharmacist may be approached for prescriptions as well. "Doctors prescribe and pharmacists dispense. The demarcation is currently clear. Allowing the prefix "dr" to pharmacists is bound to create confusion in the minds of gullible patients who might begin asking the pharmacists for medical advice and prescriptions.

"There are long term allegations that many pharmacists, having little knowledge to dispense the medicine also attempt at prescribing the medicine and now if the differentiation between prescription and dispensing is lost. This would further propagate the menace of quackery."

**Dr. Arvind Chopra**  
Hony. State Secretary

# BRANCH NEWS

## IMA-WTB BRANCH

### CME ON THALASSEMIA & ITP ON INTERNATIONAL THALESSEMIA DAY | 8th MAY 2019

IMA Westtown, Star Imaging & Path Lab, Tilak Nagar and National Thalessemia Welfare Society organised a CME on 'Thalassemia & ITP' on 8th May 2019.



### 38TH ANNUAL DAY EVENT IMA WESTTOWN

28.04.2019 Hotel Piccadilly, Janakpuri



## EAST DELHI BRANCH

### WORLD HYPERTENSION DAY

17th May, 2019



### UROLOGY UPDATE

18th May, 2019



### BMW/DPCC REGISTRATION CAMP

8th May, 2019 at EDB Bhawan, East Delhi



### GYNAECOLOGY CME

10th May, 2019 at Hotel Park Plaza



### ORTHOPEDIC CME

10th May, 2019



### MOTHERS DAY CELEBRATIONS

12th May, 2019 at EDB Bhawan East Delhi



## BRANCH NEWS

### IMA-ROHINI BRANCH

#### WORLD NO TOBACCO DAY



IMA Rohini on the occasion of World No Tobacco Day organised a Cycle Rally in which around 60 doctors participated. A cycling and running activity was organised from Baba Saheb Ambedkar Hospital to Japanese Park. Each and everybody participated with great enthusiasm. Dr. Arun Gupta (Dmc President) and Dr. Girish Tyagi (DMA President) were special guest on that occasion. During whole rally each and every participant appealed people to quit smoking and tobacco. The whole event was very successful and well organised.

**Dr. Rakesh Bindal**  
President, IMA Rohini

#### BLOOD DONATION CAMP



IMA Rohini in association with Gupta Hospital organised a Blood Donation Camp on 19 / 05 / 2019. 56 Units blood was donated by volunteers. The whole camp finished with high enthusiasm and smooth proceedings. Tea, Refreshments and Lunch was also served to donors and visitors curtsy Dr. R. K. Gupta and Dr. Rajni Gupta, owner of Gupta Hospital.

**Dr. Satpa**  
Secretary, IMA Rohini

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two names for  
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All Presidents/Secretaries  
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two names for  
Anti Quackery

#### ATTENTION !!

All Presidents/Secretaries  
of local branches please ensure to  
send your branch news by 3rd &  
18th of Every month for publication  
in DMA News Bulletin

#### ATTENTION !!

All Presidents/Secretaries of local branches please ensure to send list  
of members from your branch not receiving News Bulletin



**DR. GIRISH TYAGI**, President, DMA  
And State Executive Committee  
Cordially invites you at

## **DOCTOR'S DAY CELEBRATIONS**

organised by  
**DELHI MEDICAL ASSOCIATION**  
On Sunday, 30<sup>th</sup> June, 2019  
at Maulana Azad Medical College Auditorium, New Delhi

### **PROGRAMME**

- 4.00pm - 4.30pm : Registration & Tea
- 4.30pm - 6.00pm : Academic Sessions
- 6.00pm - 8.00pm : Inauguration & Award Presentation Ceremony
- 8.00pm onwards : Cultural Programme & Dinner

Chief Guest :

**Dr. Harsh Vardhan**

Hon'ble Union Minister for Health and Family Welfare  
Govt. of India

Guest of Honour :

**Dr. Mahesh Sharma**

Former Minister, Govt. of India

Distinguished Guest :

**Dr. Sanjay Tyagi**

Dean, MAMC

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**Dr. Arvind Chopra**  
Hony. State Secretary  
M: 9910515062

**Dr. Ashok Aggarwal**  
Hony. Finance Secretary  
M: 9810048230

**Dr. K.K. Aggarwal**  
Chairman, Doctor's Day  
M: 9811090206

Glimpses of Awareness Walk of DMA in Association with IMA  
"For Clean Environment" Held on 2<sup>nd</sup> June, 2019







# FIRST DMA PHOTO DIRECTORY PROFORMA 2019



Dear Members,

We are pleased to inform you that Delhi Medical Association is going to publish its First DMA Photo Directory 2019 along with DMA Photo ID Card for the members of Delhi Medical Association. You are requested to fill the Proforma (Both for Directory and DMA ID) and send it to DMA office along with your latest photograph. The nominal charge for the Photo ID card is Rs. 100/- . **Send cash/cheque in favour of "DELHI MEDICAL ASSOCIATION".**



(Surname)

(First Name)

(Middle Name)

Name .....

LM/CLM ..... Branch No. ....

IMA 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**  
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SMASHING RECORDS BY DAMSONIANS IN 2018-19

**PGI TOPPERS MAY 2019**



**JIPMER TOPPERS MAY 2019**



**NEET PG TOPPERS JAN 2019**



**AIIMS TOPPERS NOV 2018**



**DNB TOPPERS MID YEAR 2018**



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## The Department of Anaesthesiology, Pain and Perioperative Medicine

**An Overview....** The Department of Anaesthesiology, Pain and Perioperative Medicine is the largest department in the Sir Ganga Ram Hospital with 42 consultants, 4 Senior Residents and 10 postgraduate students. As the name suggests, besides providing anaesthesia services to surgical specialties like organ transplant, joint replacement, neurosurgery, robotic, plastic, gynaecology, urology, pediatrics, vascular, minimal access and bariatrics, it also provides complete 'perioperative care' to the patients.



- With 'state-of-the-art' equipment, we provide anesthesia services to approximately 32,000 surgeries every year.
- In the 'Preanaesthetic Clinic' (PAC) the patients are evaluated for daycare surgery and advance PACs are done for high risk patients. The clinic runs from 8 am to 6 pm daily.
- Appropriate ambulatory anaesthesia is provided for day care surgeries which are approximately 60% of the total surgical load.
- Patients undergoing major surgery or those who require postoperative ventilation are shifted to the 'Surgical ICU' under anaesthesia care.
- Patients having undergone transplant surgery are kept in the 'Organ Transplant ICU' managed by our department.
- Postoperative pain relief to all patients is provided by a dedicated 'Acute pain relief' team of the department.
- Acute Pain Relief Services (APS)**
- Our goal is the successful and compassionate treatment of a patient's painful condition.
- At our centre of excellence, we provide services to treat various types of pain, restore function and improve the quality of life.
- The department is the leader and pioneer in the country in providing APS. A dedicated 'pain relief' team consisting of doctors and nurses provides 'round the clock' services to the patients. Advanced equipment like electronic 'PCA' pumps are used routinely.
- 'Labour analgesia' services are provided by a dedicated team of anaesthesiologists of the department.
- Patients suffering from chronic malignant or nonmalignant pain are attended in the general as well as private Pain Relief Clinics.
- The pain relief procedures are carried out in the dedicated operation theatre under Image or ultrasound guidance.
- Apart from common percutaneous pain relief procedures such as transforaminal and stellate ganglion blocks, advanced pain therapies like radiofrequency coagulation (RFC), intrathecal therapy, spinal cord stimulation and ozone nucleolysis are done routinely.



### Anaesthesiology, Pain and Perioperative Medicine Team

- Row 1 (Left to Right) Sitting down :** Dr. Palem Reshmika, Dr. Souvik Mukherjee, Dr. Thomas Jude, Dr. Haider Husain, Dr. Parveen, Dr. Pulkit Gupta, Dr. Deepali Shukla, Dr. Shramana Banerjee, Dr. Rashi Garg, Dr. Megha Aggarwal, Dr. Himani Chhabra, Dr. Shweta Sinha.
- Row 2 (Left to Right) sitting chair :** Dr. Neelam Gangopadhyay, Dr. K.K. Naranji, Dr. Anjeleena Kumar Gupta, Dr. Shashank Pandey, Dr. R.K. Agarwal, Dr. Amarjeet Singh, Dr. Bimla Sharma, Dr. V.P. Kumra, Dr. Jayashree Sood, Dr. Anil Kumar Jain, Dr. Pradeep Jain, Dr. Chand Sahai, Dr. Shikha Sharma, Dr. Deepanjali Pant, Dr. Rakesh Saxena.
- Row 3 (Left to Right) Standing front row :** Dr. Manish Kohli, Dr. Shwet Mahajan, Dr. Vineet Dhawan, Dr. Prabhat Kr. Choudhary, Mr. Prakash Bisht, Dr. Mithilesh Kumar, Dr. Nitin Sethi, Dr. Naresh Dua, Dr. Abhijit Singh Pathwa, Dr. Prashant Agarwal, Dr. Ashwin Marwaha, Dr. Sudeep Goyal, Dr. Neetu Jain, Dr. Anjali Gera, Dr. Geeta Setia, Dr. Archana Koul, Dr. Rachna Bhutani, Ms. Silvi Philip, Dr. Bhavna Ruth Pawar, Dr. Amitabh Dutta, Dr. Samia Kohli.
- Row 4 (Left to Right) Standing back row :** Dr. Akhil Kumar, Dr. Mahindra Singh Baansal, Dr. Anirban Roy, Dr. Md. Ishiyaque Hussain, Dr. Sumit Kalra, Dr. Alok Kumar, Dr. Savitar Malhotra, Dr. Bhuwan Chand Panday, Dr. Rashmi Jain, Dr. Manish Gupta, Dr. Ajay Sirohi.

### Key Services

- Anaesthesia and perioperative care in high risk surgical specialties**
  - Renal Transplant
  - Liver Transplant
  - Thoracic surgery
  - Vascular
  - Robotic Surgery
  - Spine
  - Neurosurgery
  - Paediatric surgery
  - MAS & Bariatrics
- Satellite Anaesthesia services**
  - Interventional Cath Lab
  - IVF, MRI, PET scan
  - Lithotripsy
  - Bronchoscopy
  - Endoscopy
- Acute Pain Services**
  - Postoperative Pain
  - Labour Analgesia Services
  - Traumatic Pain
- Chronic Pain Relief Services**
  - Chronic Non Cancer Pain
  - Chronic Cancer Pain
- Palliative Care**
- Academic Highlights**
  - Observerships and fellowships
  - Audit
  - Research
  - Anaesthesia Updates
  - Annual Conferences
  - Workshops

### Academics

- Six postgraduates are enrolled each year. They have a rigorous teaching programme as well as sufficient 'hands-on' training during their 3 year tenure.
- Postgraduates from other hospitals also attend our seminars, case presentations and tutorials, on request.
- The department conducts 'Anaesthesia Updates' and hosts conferences yearly.
- The department has several 'publications' in reputed national and international journals.
- Through the concerted efforts of the faculty, the department has released several books, including 'Anaesthesia for Laparoscopic Surgery', 'Geriatric Anaesthesia', 'Atlas of Practical Neonatal and Paediatric Procedures', the latest being 'Anaesthesia for Transplant Surgery'.
- Ganga Ram Institute of Postgraduate Medical Education & Research (GRIPMER) accredited fellowships / observer ships in Transplant Anaesthesia, Thoracic Anaesthesia, Pediatric Anaesthesia, Pain Management and Anaesthesia for Laparoscopic Surgeries.
- The World Federation of Societies of Anaesthesiologists (WFSA) accredited fellowship in 'Thoracic Anaesthesia'. Students from various countries like India, Myanmar, Africa, Nepal, Philippines, Mongolia are selected twice a year for 6 months fellowship programme.

### Audit

- The department is a leader in our specialty in initiating an 'Annual Audit'.
- Quality audit for over 8 years (details of approximately 0.2 million serial surgical patients)
- Functioning system operating procedures (SOPs) and supporting infrastructural resources are in place
- Aim is to use the '5 year trends' available from the audit to improve cost efficiency and enhance patient satisfaction

### Research

- The consultants are actively involved in clinical research in collaboration with reputed centres.

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### Message from the Chairman



**Dr D S Rana**  
Chairman  
Board of Management

The Department of Anaesthesiology, Pain & Perioperative Medicine is one of the largest departments in Sir Ganga Ram Hospital. It has always excelled in clinical care.

Over the years it has surpassed others in academics, as displayed by their keen interest in research and number of publications in reputed journals. The faculty is experienced in all superspecialized areas of transplantation, joint replacement, neurosurgery, spine and robotic surgery. They are in essence an excellent centre of tertiary care.



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Vihar Bs Stand Gzb.)



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**DR. ASHOK AGGARWAL**

Blood Group :  
Mob. No. : 9810048230  
Date of Birth :  
Address : 2528, Tri Nagar  
Delhi-110035

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Experts from the Indian Medical Association, Delhi Medical Association and doctors from a private hospital gathered Tuesday on the eve of World Environment Day to raise awareness about air pollution and its impact on health.

The event was in line with this year's theme of 'Beat Air Pollution' and a call to action for all citizens to combat this global crisis at an individual level as well.

Experts highlighted how much each individual on average contributes to air pollution and ways to reduce air pollution with collective efforts of the society.

Dr Girish Tyagi, president, Delhi Medical Association said, "Burning waste in the open is one of the factors for increasing pollution levels. Organic waste in landfills releases harmful dioxins, methane and black carbon into the atmosphere."

The event was held by Apollo Hospitals in collaboration with the IMA.

"Understanding the different types of pollution and how hazardous it is to our health and environment will help us to take steps towards improving the air quality around us."

Often we can't even see it, but air pollution is around us everywhere. We can't stop breathing, but we certainly can take initiatives at our end to improve air quality," said Dr Anil Goyal, Convener, World Environment Day, IMA.

**Business Standard**  
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 From Trust of India - From DMA  
 Published on June 5, 2019 20:14:01

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# नई सरकार बताएगी, डेंटिस्ट बखार की दवा देंगे या नहीं!



**Simranjeet Singh**  
@simrjgroup.com

पिछले कुछ दिनों से एक सर्कुलर काफी चर्चा में है, जिसमें यह कहा गया है कि डेंटिस्ट अब जल ही एलर्जिक प्रैक्टिस कर सकेंगे। इसको लेकर दिल्ली के एलर्जिक डॉक्टर शुरू से ही विरोध कर रहे हैं। अब यह सर्कुलर लागू होगा या नहीं, इसका फैसला नई बनने वाली सरकार करेगी। चूंकि अभी तक इसके लागू होने पर कोई फैसला नहीं हो सका है इसलिए दिल्ली के एलर्जिक डॉक्टरों ने नई बनने वाले सर्कुलर देखना ही नहीं है।

सर्कुलर जारी किया था कि डेंटिस्ट बिजनेस करने के एलर्जिक प्रैक्टिस कर सकते हैं। एलर्जिक प्रैक्टिस के तहत वह किसी मरीज का बखार, मौसम बेमारी या अन्य किसी बीमारी का इलाज कर सकते हैं। एलर्जिक डॉक्टरों को पूरा तैयार होने में कई साल बीत जाते हैं और नए सर्कुलर के तहत डेंटिस्ट केवल 6 महीने का काम करके एलर्जिक डॉक्टर बन सकते हैं। मरीजों को नुकसान हो सकता है। अभी तक इसके लागू होने पर चर्चा नहीं हो पाई है लेकिन नई सरकार जब यह फैसला लेगी कि यह लागू होगा या नहीं। सरकार बनने के कुछ समय बाद हम बेमारी करोगे कि नीति आयोग और केंद्रीय स्वास्थ्य मंत्री के साथ मूलाकात करें और उनके इस कौशल से होने वाले नुकसान के बारे में बताएं। अगर इसे लागू किया गया तो हम इसका बड़े स्तर पर विरोध करेंगे।

**इसलिए लाया गया सर्कुलर**  
 डॉ. त्यागी के मुताबिक देश में डॉक्टरों की कमी को देखते हुए यह सर्कुलर लाया जा रहा है जबकि कई डॉक्टर बेरोजगार पन रहे हैं। जिन डॉक्टरों को नौकरी की जरूरत है, उन्हें नौकरी दी जाए। इससे डॉक्टरों की कमी को पूरा किया जा सकता है बताए इसके कि डेंटिस्ट को एलर्जिक प्रैक्टिस की इजाजत दी जाए।

## कई जगह पौधरोपण व जनजागरूकता रैली आयोजित

नई दिल्ली (राजधानी)। विश्व वायु प्रदूषण के निपटारे के लक्ष्य को ध्यान में रखते हुए दिल्ली में विभिन्न जगहों पर पौधरोपण व जनजागरूकता रैली आयोजित की गई। इस कार्यक्रम का उद्देश्य वायु प्रदूषण को कम करना और जनजागरूकता बढ़ाना है। कार्यक्रम में विभिन्न संगठनों के सदस्यों ने सक्रिय भाग लिया।

विभिन्न जगहों पर आयोजित कार्यक्रमों में शामिल हुए लोगों ने पौधरोपण किया और जनजागरूकता रैली आयोजित की। कार्यक्रम का उद्देश्य वायु प्रदूषण को कम करना और जनजागरूकता बढ़ाना है।

कार्यक्रम में शामिल हुए लोगों ने पौधरोपण किया और जनजागरूकता रैली आयोजित की। कार्यक्रम का उद्देश्य वायु प्रदूषण को कम करना और जनजागरूकता बढ़ाना है।

## वायु प्रदूषण से बढ़ रही फेफड़े और हार्ट की बीमारी, ब्रेन पर भी असर

नई दिल्ली: विश्व पर्यावरण तक पर्यावरण के नुकसान को कम किया जा सकता है। मरीजों को भी अपने स्तर पर कुछ एलर्जिक डॉक्टरों ने एक साझा कार्यक्रम आयोजित किया। कार्यक्रम का उद्देश्य वायु प्रदूषण से निपटारे के तरीके सुझाए। डॉक्टरों ने कहा कि वायु प्रदूषण से निपटारे के तरीके सुझाए। डॉक्टरों ने कहा कि वायु प्रदूषण से निपटारे के तरीके सुझाए।

कार्यक्रम में शामिल हुए लोगों ने पौधरोपण किया और जनजागरूकता रैली आयोजित की। कार्यक्रम का उद्देश्य वायु प्रदूषण को कम करना और जनजागरूकता बढ़ाना है।

**INDIAN MEDICAL ASSOCIATION**  
 June 10  
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