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# FFPAI



# MEDICAL TIMES



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(Mumbai)

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# **FEDERATION OF FAMILY PHYSICIANS' ASSOCIATIONS OF INDIA**

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## EDITORIAL

Recently I had an opportunity to participate in a Family Physicians Conference at Village Killa Pardi a rural area 10 kms. away from Valsad city of South Gujarat. More than 450 delegates participated from Vapi, Navsari, Valsad and Surat but the majority were from rural area like Silvassa, Dadara and Nagar Haveli, in a conference called GPCON 2005 organized by a private hospital.



All of us have witnessed the luxury of a five star conference and excellent conference facilities in a five star hotel. It was all-together a different experience to interact with the family physicians from rural area. It was felt that in family practice they have different problems and difficulties with limited high-tech facilities and resources. The clinic timings are different, ways of dispensing and counseling are also different, but they have immense desire to update their clinical skills. They are ready to accept the newer modalities in family practice, but what they are lacking, the motivation and guidance. It was two days conference and subjects mainly related to family practice were discussed at length by versatile speakers from Mumbai, Ahmedabad and other places of Gujarat. The combined intellectual resources of varied cultures and societies decided to offer qualitative gain in the overall well being of a Family Physicians and Family Practice. The scenario is more or less the same across the country in all rural areas.

Now, FFPAI has a new team under the leadership of Dr. Bimal Buch, who has immense experience of working with the rural practicing family physicians, by way of organising various camps, projects and family planning motivation programmes. How about organising mini conference in a rural area once in a year? FFPAI, so far concentrated its activities in metro and larger cities. Its a high time to think about smaller units of FFPAI, because the large segment of practicing Family Physicians are from rural India. When there is a will, there is a way, what required, is a strong will power to complete the mission.

### THANKS .....

It was decided by the Central Executive Committee of FFPAI for the year 1999-01 to start "FFPAI Medical Times" with the purpose to inform about the activities carried out by the various units of FFPAI, the local conference news and the National Convention of FFPAI and to publish scientific articles by our own members. This is the 11th issue of "FFPAI Medical Times". On behalf of Editorial team for the year 2001-2003 and 2003-2005. I earnestly express my thanks and gratitude for giving me an opportunity to work as an Editor of "FFPAI Medical Times". I thank the members of Editorial Team Dr. Mehtalia, Dr. Ramesh C. Shah, Dr. Antani, Dr. Vinod C. Shah, Dr. B. C. Rao, and Dr. Deodhar for their valued guideline. I thank GPA - GB Office Staff for their kind help.

Dr. Jayendra K. Kapadia  
Editor: FFPAI Medical Times

To be trusted is greater than to be loved.

## MESSAGE FROM, IPP FFPAI



Our mega event i.e. 9<sup>th</sup> National Convention of the Federation and 15<sup>th</sup> annual conference of FPA Bangalore is just over. It was wonderful convention - well organized with highly educative workshop and lectures. It was really a wonderful event. Our hearty congratulations to FPA Bangalore unit and their active members like Dr. Jayprakash, Dr. B.C.Rao, Dr. Srinath Herur, Dr. K. S. Hande and the full team of FPA Bangalore.

It gives me great pleasure to communicate to you all once again. This being a last message from me as President. I wish to thank all of you for giving me an opportunity to serve as a head of the FFPAI for two years and for guidance, which gave me courage to take the responsibility. I am satisfied from my side that I have done my best to serve the cause of Federation if there are any shortcomings please forgive me. I may not have been successful, for some of you must have more expectations from me. After all one cannot satisfy all individuals.

During my 6 years in the office I have been able to increase the strength of the Federation from 26 to 40 units. I have visited about 15 units. I have been able to contribute a mite to increase the corpus fund of the Federation to Rs.40 lacs with the help of Dr. Ramnik H. Parekh whose words have worked and we got endorsement money from Coca Cola and Hindustan Lever Ltd. With the help of Dr. G. N. Sheth and Dr. Anil Panse we have finally prepared a draft for MD - Family Medicine course and submitted to Rajiv Gandhi University of Health sciences at Bangalore. We have updated our constitution. I am happy to say that on my last day in the office we have launched the FFPAI 'Family Security Scheme' - a dream come true.

Before I conclude, I wish to draw the attention of all the units to two major events. I appeal all the members of the Federation to come forward openly to draw the attention of the office bearers and executive committee - for any misunderstanding and misinformation and discuss it out rather than writing anonymous non-parliamentary letter and spoil the image of the Federation. Secondly, I wish to draw your attention that any constitutional changes should be made in the interest of the Federation and not keeping in mind a group of people or few persons in particular, by doing so it is going to be harmful in long term. I take this opportunity to convey my sincere thanks to IPP Dr. Abhay Boargaonkar for his constant help and guidance and Past Presidents Dr. Jayendra Kapadia, R. G. Jimulia, J.V. Shah and senior members Drs. Ramnik Parekh, G.N. Seth and others. I also thank my two vice presidents Drs. Anil Panse and Ramesh Guzar, Hon. Gen. Secretary Dr. Ramesh Shah, Hon. Treasurer Dr. P. R. Melmane, other office bearers and members of the executive committee, all units, all members of the executive committee, all units, all members of the Central Council. My special thanks to the office staff of GPA-GB for their day-to-day help.

Dr. Shailendra Mehtalia , IPP FFPAI

Inject people with hope

## PRESIDENTIAL MESSAGE

Dear Friends,

Season's greetings,

At the outset, I thank you all for the affection and best wishes as well as faith you showed for me and as a result I am at the coveted post of President of FFPAI.

Let us start with our first activity. I suggest the use of slogan - "Family Physician - friendly, dependable and comprehensive health care for entire family". We may use it on our letter heads as I have already started using.

Secondly, we need to expand in our size. For around 18 years, we have tried our best but are yet far from the dream which our founder president late Dr. Jasvant Modi and other seniors had. Today, we are 39 members strong body of which 12 units are defunct. So our effective strength is only 27 units. We collectively will strive hard so that by end of this tenure. i.e. by January 2007, we add 25 more units and revive 75% i.e. 8 units from the defunct ones.

Today, our presence is marked in a handful of states, namely Gujarat. Maharashtra and Karnataka. We have one or two unit in states of Rajasthan, Madhya Pradesh and West Bengal. We need to expand in these states and to make our federation a national body in true sense, make presence where it is not. We wish to include at least 3 more state / union territories on our map.

We will continue hard work taken up by our predecessors in initiating postgraduate faculty in some of the universities. In fact good activities are on for DNB in family medicine where entrance test is excluded and institutes at your doorstep are being identified for experience.

For enhancing CME activities, we may strengthen inter unit activities. This will not only enhance our medical knowledge, but will improve our image in our own eyes as well as those of our consultant friends and secondly foster brotherhood.

I suggest that whenever we are conducting some good programme (and we never organise a bad programme!) we should invite our neighbouring city family physicians. This will initiate interest in them for initiating a new unit of FFPAI in their city.

Whenever some good programme is organised, never forget to highlight the same in local media. This will uplift the image of family physicians in community.

Currently I am running an email course on HIV / AIDS. There is no registration fee. For registration, you may send me an email at [ffpays@rediffmail.com](mailto:ffpays@rediffmail.com). This is a 14 weeks long course and lessons are sent every week, participants are supposed to answer questions related to the topic.

We need your guidance for future planning. Please feel free to communicate with me or any other office bearer or executive member.

I plan to communicate at least once a month by letter to every unit. Please furnish addresses, email id, phone numbers etc. of President, Secretary and other leading active members of your unit.

My address is,

Dr. Bimal N. Buch, "Nid", 9, Neelkanthnagar, University road, Rajkot-360005 Gujarat.

Eagerly awaiting your reply.



Sincerely,

(Dr. Bimal Buch)  
President, FFPAI

God loves you - whether you like it or not!

## FROM THE DESK OF HON. GEN. SECRETARY, FFPAI (2005-2007)

It will be my endeavour to spread out and add more units to the Federation. As President Dr. Bimal N. Buch has mentioned our presence must be felt in more states. I would like bigger units of FFPAI, to invite office bearers and other members of nearby small associations to join their CME's and conference. This way they will be encouraged to become members of FFPAI.



We are planning to bring out monograms and booklets (Question / Answers format) for e.g. Diabetes Hypertension etc. to each and every member of FFPAI units, provided financial assistance is available from pharma industry.

We are following up with the concerned authorities regarding DNB (family medicine) and MD (Family Medicine).

In order to avoid any default by member units we have started Life Time membership of FFPAI by payment of twenty times membership fees.

Dr. P.R. Melmane  
Hon. Gen. Secretary  
FFPAI

## HON. GEN. SECRETARY FFPAI (2003-2005) COMMUNICATES

The activities for the period 2003-05 started with the 41<sup>st</sup> Central Executive Committee Meeting and 18<sup>th</sup> Central Council Meeting held at Kolkata on 1<sup>st</sup> February 2003. Dr. H.C. Kuwadia Best Unit Trophy was awarded to F.P.A. Surat Unit. Runner up trophy was awarded to I.A.F.P. Gulbarga Unit. I.A.F.P. Raichur Unit was awarded Federation Trophy for being judged as best smaller unit. FFPAI elections were held and Returning Officer Dr. J. V. Shah declared the results as under:



President	-	Dr. Shailendra Mehtalia (elected)
Vice-Presidents	-	Dr. Ramesh Guzar and Dr. Anil Panse (elected)
Hon. General Secretary	-	Dr. Ramesh C. Shah (uncontested)

Following 14 members for Central Executive Committee were declared elected -

(1) Dr. J. S. Antani-Rajkot	(2) Dr. Pramod Bansod-Indore
(3) Dr. K. L. Dabhi - Bhavnagar.	(4) Dr. Dilip Deodhar - Pune
(5) Dr. C. M. Dharia - Mumbai	(6) Dr. Vidyasagar Itgampalli - Gulbarga.
(7) Dr. Pramod Jasani- Kolkata	(8) Dr. Jayendra K. Kapadia - Surat.
(9) Dr. Vinod S. Parekh - Mumbai	(10) Dr. Deveshkumar Patel - Vadodara
(11) Dr. G.N. Patel - Rajkot	(12) Dr. Equbal Pothiwala - Surat
(13) Dr. B.C. Rao - Bangalore	(14) Dr. Vijay M. Shah - Gulbarga

To fill up the 15<sup>th</sup> vacant seat, Dr. Subhash Joshi's name was proposed from the floor and this was accepted. The invitation to host the 9<sup>th</sup> National Convention at Bangalore was accepted from F.P.A. Bangalore Unit and the nomination of Dr. P. G. Jayaprakash as Assistant Joint Secretary from the place of next Convention was accepted. On 30<sup>th</sup> March 2004, 42<sup>nd</sup> Central Executive Committee Meeting was held at Mumbai. Dr. B. S. Mehta and Dr. R.J. Mehta were nominated as Assistant Joint Secretaries by the President and the Hon. Gen. Secretary respectively. As there were already 2 executive committee members from Surat Unit, Dr. Subhash Joshi offered his resignation which was accepted with appreciation. The vacancy so created was filled in with nomination of Dr. K.S. Hande from Bangalore.

(Contd....)

Make failure your teacher, not your undertaker.

The New Editorial Board for FFPAI Medical Times was formed with Dr. Jayendra Kapadia (Surat) as Editor and Dr. J. S. Antani (Rajkot), Dr. Vinod Shah (Surat), Dr. B.C. Rao (Bangalore) and Dr. Dilip Deodhar (Pune) as members. Constitution Committee was constituted of Dr. J. V. Shah (Vadodara), Dr. Subhash Joshi (Surat) and Dr. Abhay Borgankar (Gulbarga) with Dr. Shailendra Mehtalia as ex-officio and Dr. Ramesh Shah as convener.

The First Advisory Committee was formed of all the Past Presidents Dr. R.G.Jimulia, Dr. J. V. Shah, Dr. Jayendra Kapadia, Dr. Abhay Borgaonkar (Immediate Past President) and senior member Dr. G.N.Sheth. On 17<sup>th</sup> August 2003, 43<sup>rd</sup> Central Executive Committee Meeting was held at Pune. Dr. Anil Panse was entrusted with the responsibility to prepare syllabus for M.D.Course in Family Medicine. He was authorized to expand his team. Dr. Abhay Borgankar who offered his services for the same and Dr. Anand Gokhale (Pune) were later included in the Syllabus Committee with Dr. Shailendra Mehtalia as ex-officio.

On 28<sup>th</sup> February, 2004, 44<sup>th</sup> Central Executive Committee and 18<sup>th</sup> Central Council Meeting were held at Bhavnagar. Here, the principle of starting Social Security Scheme under the banner of FFPAI was accepted and the discussions about its infrastructure took place. On 27<sup>th</sup> June, 2004, the 45<sup>th</sup> Central Executive Committee Meeting and Special Central Council Meeting were held at Mumbai. Here, Dr. Subhash Joshi (Surat) was co-opted as member of Executive Committee upto the end of its tenure. Amendments to the constitution as proposed by Dr. Ramesh Shah and Dr. Abhay Borgaonkar were approved and passed and the Constitution was duly revised. To avoid defaulting in annual contributions, it was amended to allow one time payment equivalent to 20 times the existing annual contribution and to pay the proportionate difference when the unit moves on to higher category. Constitution of Federations' Family Security Scheme was discussed at length and the Central Executive Committee was empowered to finalise the same. Dr. G. N. Sheth was appointed convener of Scientific Committee and with his recommendations, Dr. B. K. Dholakia (Mumbai), Dr. Equbal Pothiwala (Surat), Dr. Anand Gokhale (Pune) and Dr. B.C.Rao, (Bangalore) were included in the committee.

On 10<sup>th</sup> October, 2004, 46<sup>th</sup> Central Executive Committee met at Mumbai. Dr. R.G.Jimulia was appointed Election Officer to conduct FFPAI elections to be held at Bangalore on 29<sup>th</sup> January, 2005. Constitution of Federation's Family Security Scheme was finalized and decided to be launched during Bangalore Convention. Dr. Ramnik Parekh was entrusted with the responsibility to head the Planning and Action committee and to identify the deficiencies and to implement measures aimed at improving the overall functioning of the Federation. During the period under review, following, new units were affiliated - G.P.A. - Kolhapur, Mysore Dist. Family Physician's Association, Belgaum Allopathic Family Physicians' Association and G.P. A. Hubli. Following inactive units were reactivated viz FPA-Nashik, GPA - Baroda, GPA-Bharuch, Medical Practitioners' Society - Jaipur.

Following prospective units are in the pipeline - Yadgir (Karnataka), Hyderabad, Chennai, Vijaywada, Aurangabad, Shevgaon, New Bombay, FPA Surendranagar Dist. etc. For inter unit activities. FPA Bhuj, IAFP Raichur, BAFPA Belgaum were visited by our office-bearers, G.P.A. Hubli invited President Dr. Mehtalia as Chief Guest and I.P.P. Dr. Borgaonkar as guest of honour.

We have regularly published FFPAI Medical Times, twice a year and the issues were made available to Managing Committee Members of all member units. It was decided to bring forth specific monographs as and when feasible on securing of sponsorships. Our President Dr. Mehtalia, I.P.P. Dr. Borgaonkar and Vice President Dr. Panse had met Vice-Chancellor of Rajiv Gandhi University Dr. Chandrashekhar in connection with starting of M.D. Course in Family Medicine at University level and the response was encouraging in that they have promised to invite us to discuss with their Syllabus Committee. Our 9<sup>th</sup> National Convention was held in Bangalore on 29<sup>th</sup> January 2005, when the FFPAI elections 2005 were held. Our tenure is ending with happy note and the support rendered from one and all is highly appreciated.

Dr. Ramesh C. Shah  
Hon. Gen. Secretary, FFPAI (2003-05)

Where you start is not as important as where you finish.

# HOW TO ELEVATE YOUR CLINIC TO POLY CLINIC / DAY CARE CENTRE

Total Area required : 500 to 1000 sq. ft.

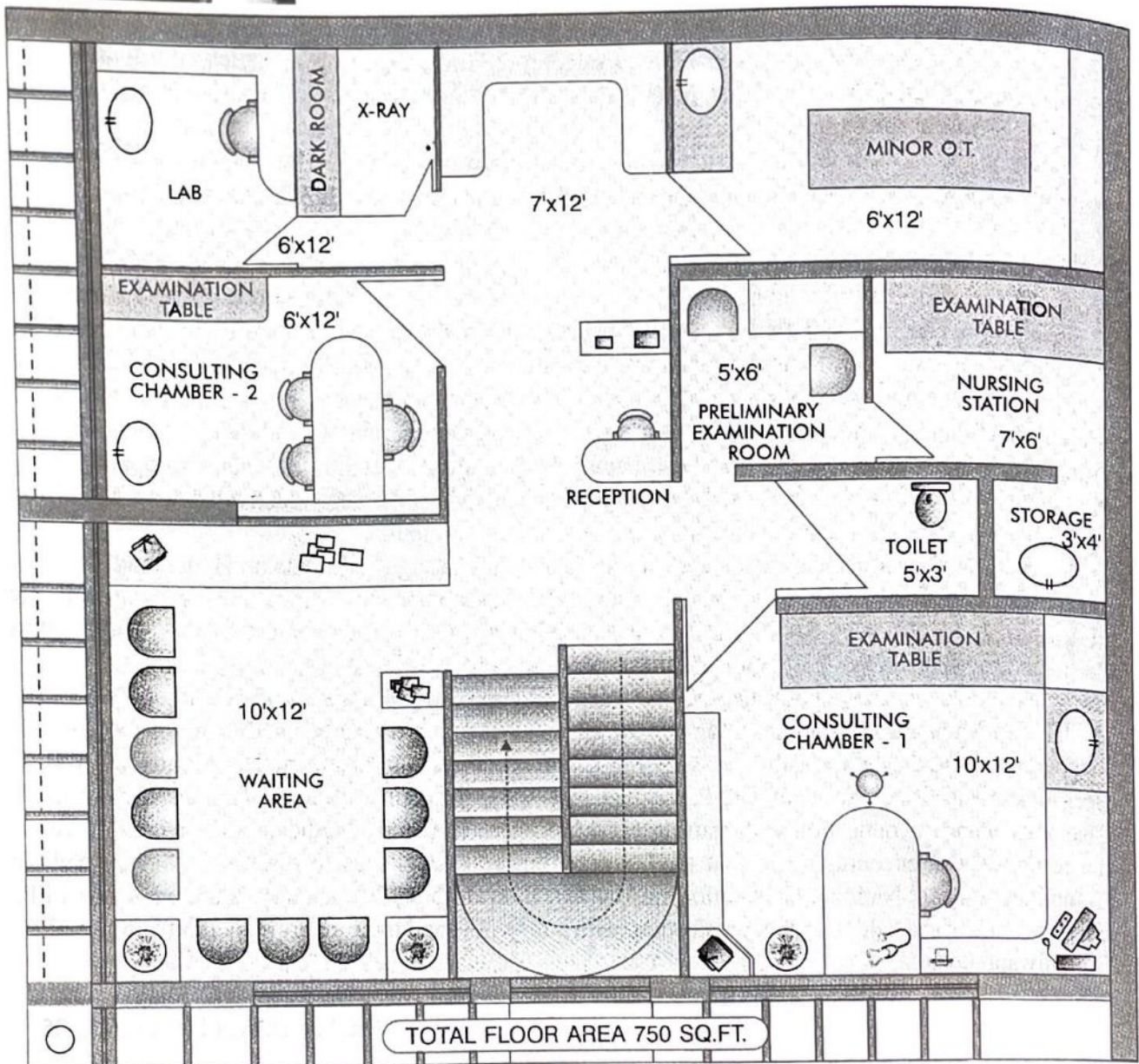
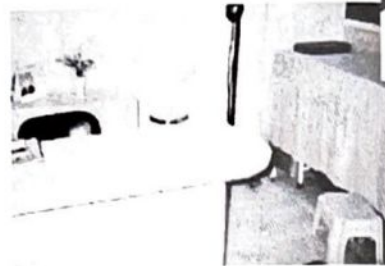
## CHAMBERS.

- 1) RECEPTION:  
Area : 50 to 80 sq.ft.  
Plan : As per Basic Clinic



WAITING AREA:  
Area : 60 to 120 sq.ft.  
Plan : As per Basic Clinic

- 2) Consulting Chambers 2 or 3 No's.  
(One for you, one or two for Visiting Consultants)  
Area:80 to 120 sq.ft. each  
Plan:As per basic clinic



Hard work means prosperity; only a fool idles away his time.





- 3) Private Examination / Nursing / Staff room  
Area: 80 to 100 sq.ft.  
Plan: As per Basic Clinic  
(Previous issue)

- 4) Toilet cum washing area: Area : 60 to 80 sq.ft.

- 5) Ward / Observation room with Toilet.  
(Most useful and rewarding part of polyclinic)  
Area : 150 to 300 sq.ft.  
To accommodate 2 to 4 beds.  
Uses: Observation and treatment for up to 12 hours. Mild to moderately serious patients can be managed. **Example:**  
\* Gastroenteritis  
\* Status asthmatics  
\* Pain in abdomen



\* Observation after day care surgical procedures etc.

- 6) **Minor OT:**  
Area: 60 to 100 sq.ft.  
Very useful and rewarding  
Types of Procedures that can be done:  
\* Management of injuries, suturing, etc.  
\* Reduction of fractures and P.O.P. Cast  
\* MTP  
Electro Cautery  
\* Minor surgical procedures like earlobe repair, biopsy, circumcision, intra articular injections, sebaceous cyst excision, corn excision, etc.



- 07) Laboratory:  
Area : 60 to 100 sq.ft.

Most cost effective and rewarding part of polyclinic; you can do most of the routine investigations. For special investigations, you can tie up with any standard Laboratories, They will collect samples and deliver report to your door and give good margin (20 to 40%). Lab is also very useful diagnostic tool in clinical practice.  
Cost: One to two lakhs.



- 8) **X-RAY:**  
It's very useful in day-to-day clinical practice.  
60 to 100 MA X-RAY machines will cost between one to two lakhs. You can take almost all x-rays except Ls spine-in obese individuals.  
X-Ray is very useful if you want to offer Master health check-up packages then it becomes cost effective and highly productive.



To break even 3 to 4 x-ray per day should suffice

- 09) **E.C.G.:** One of the most useful diagnostic tools in clinical practice.  
Cost: 20 thousand to one lakh. It's a must to offer Diagnostic packages.

- 10) **Ultra sound scan:**  
Another most useful diagnostic tool. You need not invest, but can have a visiting Sonologist with portable machine.

- 11) **Upper and lower end G.I. Endoscopy:**  
Very useful diagnostic tool. You can arrange for a visiting endoscopist.

#### ADVANTAGES OF POLYCLINIC / DAY CARE CENTRE:

You can provide maximum service to your patients in your own clinic at minimum cost and time.

You can update and learn small procedures and techniques from visiting consultants.

You can conduct public education / detection camps.

You can elevate your self from a G.P. to a consultant Family Physician. You can give appointments and can charge more fees and live a happy and dignified life.

**TOTAL COST OF THE PROJECT:** 10 to 20 lakhs.  
Money is no problem. Financiers and Institutions are waiting to attract you with most competitive offers and interest rates ever.

For your convenience, I am providing a floor plan and a few pictures of my day care centre.

So..... What're you waiting for? There need not be any delay? Wakeup and start planning.

Need any assistance? Visit my day care centre with prior appointment.

Dr. S. Subramanyam, Family Physician, Bangalore.

I've got to say no to be the good so I can say yes to the best.

## ACUTE DYSPNOEA



There are many symptoms, which can cause diagnostic difficulties. One such symptom is dyspnoea. dys=difficult, pnoia=breathing). But a good history and application of basic clinical methods can almost always give clues to the diagnosis, even without the facility of investigations.

Dyspnoea of acute onset is a potential emergency. It can be due to a disease process in any one of the many systems. Commonest causes in different systems need to be remembered.

1. Respiratory System: Acute attack of Bronchial asthma; Acute on chronic asthma; Acute infections of chronic bronchitis; Acute pneumothorax; Acute Lobar pneumonia.
2. Cardiovascular System: Acute coronary event like Unstable Angina or Myocardial Infarction; Left ventricular failure; Pulmonary oedema secondary to LVF; Cardiac tamponade.
3. Metabolic disorders: The commonest one is Diabetic Ketoacidosis (DKA).
4. Psychiatric states: Acute anxiety and panic disorder can present with dyspnoea. Hysterical state; malingering.

Diagnosis of dyspnoea of acute origin is to be done swiftly because valuable time may be lost. Hence even before taking history, severity of dyspnoea is to be assessed by 'EYE'. Pallor, Cyanosis (Acute on chronic asthma or chr. bronchitis), Fever (lobar pneumonia and Sec. infected chronic bronchitis), Pleural pain (lobar pneumonia), Visible froth at mouth (pulmonary oedema), Inability to lie down (LVF), perspiration (IHD) or bronchial asthma are useful pointers. Sweetish smell may be in air indicating DKA.

Disproportionate dyspnoea and accompanying mental symptoms and absence of physical signs indicate a psychiatric state or malingering. History is very helpful in diagnosis of acute dyspnoea. History of similar attacks with intervals of normalcy is typical of acute bronchial asthma. History of nasal allergy may be elicited. First attack of acute bronchial asthma in an adult needs to be differentiated from an acute LVF. In bronchial asthma auscultation reveals dry sounds (rhonchi) over lung fields whereas in acute LVF wet sounds (crepitations) are at both the bases. History of diabetes mellitus may not be available in DKA of DM Type 1.

Clinical examination can reveal pneumonic consolidation in the form of bronchial breathing on auscultation and woody dullness on percussion over the area. Pleural rub may be heard. Absence of breath sounds and Hyper-resonance on percussion is the hallmark of pneumothorax. A sudden drop in systolic blood pressure (decapitation) is characteristic of myocardial infarction.

A quick diagnosis of DKA is made by the use of a glucometer. Management: It depends on the diagnosis. A GP can manage at OPD or patient's house mild to moderate cases of acute bronchial asthma, lobar pneumonia, acute infections of chronic bronchitis.

But severe cases or even suspected IHD cases must be hospitalized without any delay. A case of pulmonary oedema must be given an i.v. diuretic before sending the patient to hospital. A dose of aspirin must be given to IHD Cases before shifting to hospital.

A GP can handle malingering quite well. Other psychiatric conditions may need a psychiatrist.

Dr. V.R. Chitguppi  
Family Physician, Hubli

Direction literally creates time.

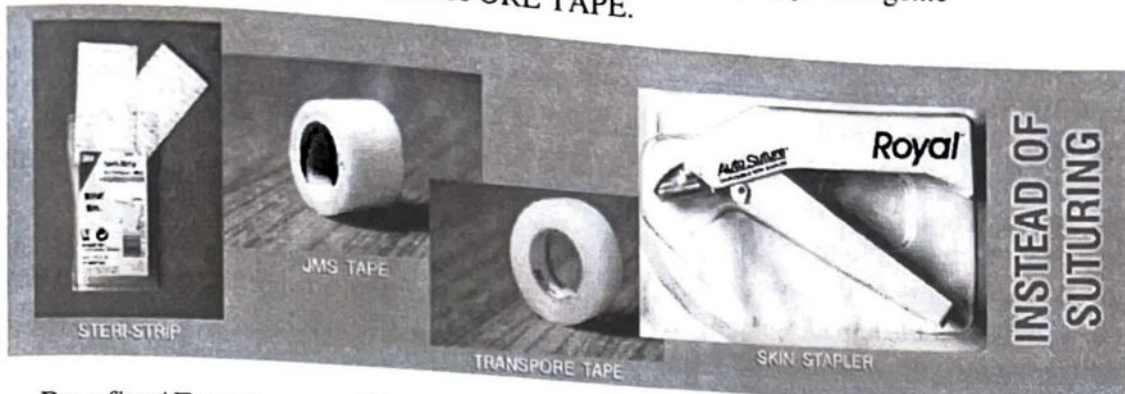
# SUTURING, IS IT REALLY NECESSARY?

What is Suturing?

It is close approximation of skin edges with either cat gut, nylon, black silk, monofilament nylon etc using a suturing needle. Reasons for Suturing: For approximation of skin, muscle, tissue of any lacerated or incised wound due to injury. For stopping of bleeding. For faster healing and return to normal activity. To prevent infection getting into the wound.

Disadvantages of Suturing: Resultant scar marks, especially on face. Local anaesthesia required. Pain of injection and suturing. Sterilisation procedures required for instruments and suturing material. Uncooperative and apprehensive patient, especially children. Apprehension of parents and family about scars. Pain of removal of sutures. Infection of sutures - stitch abscess. Time taken.

Best alternative I have found and used: Steri tape or any hypo allergenic plaster tape, like JMS TAPE or TRANSPORE TAPE.



Benefits: \*Ease to use. Very little time required. \*Cost effective - Rs.22 for a whole roll of plaster. \*Painless. \*No sterilization procedures required as there are no instruments used. \*Minimal scar marks, most of them not seen. \*No danger of reactions to local anaesthetics or pain of injection. \*Very cooperative patients-especially children. \*No suture removal pain, as there are no sutures. Patient who happily pays you for not hurting him / her and leaving him / her with minimal scar mark.



**METHODOLOGY:** Clean the wound fully. \*Cut hair closely or shave around the wound, especially on the scalp. \*Check for small dust or dirt particles, and remove and Clean the wound again by syringing with distilled water 2 to 3 times. \*Check for bleeding / oozing, usually stops on applying pressure with wet sterile swabs. \*If bleeding is persisting, use sterile cotton swab dipped in botrocrot solution and apply pressure on the wound. Once bleeding / oozing has stopped, take a strip of plaster and apply if perpendicularly across the wound, pulling it across so that the skin edges are well approximated. \*Repeat the process across the whole wound. \*Do not worry if there is a slight ooze or bleed. \*Do not put any ointment or powder on the wound, before taping. \*Cover the taped portion with sterile dressing and tape it in place. \*Advise patient not to WET, DIRTY or REMOVE the dressing for 72 hrs. \*Use oral antibiotics if you feel it is an infective wound. \* You can also use analgesics / anti inflammatory if required. \*Remove THE JMS OR STERI TAPE gently in the same direction as the wound.

(CONTD...)

Don't wait until you feel like taking a positive action. Take the action and then you will feel like doing it.

Gently clean the wound; apply dry dressing on the healed wound. \*Dressing can be removed and the healed wound left open for 2 days. If wound is over a joint or area of tension. \*Injury in an area which can not be immobilized or is too cumbersome to immobilize. \*Area where good approximation with plaster tape is difficult. Ex- Pinna of Ear. \*Active bleeding or spurting of blood. Even here, the bleeder can be ligated and wound can be closed with tape. \*Deep wound if coffee powder, Haldi or a lot of debris is present. \*Wound debridement and cleaning is very important.

In conclusion: I have used this method on about a hundred patients in the past five years and have had good success rate of wound healing with minimal scar. About 5 to 6 cases were left with a wide scar, and to 5 to 6 cases, the wound got infected. All schools around my clinic bring the children who get hurt to the suture less doctor.

Dr. Srinath N. Herur,  
Family Physician, Bangalore

### INTERESTING CASE STUDY

A young man of 28-29 years of age had come to me about a year back complaining of exertional dyspnoea of about 2-3 months duration. It was slow in onset and increasing in severity to the extent that he had to take rest at least 2-3 times before he could walk into my clinic. He was a fish vendor by profession. There was no history suggestive of respiratory infection, diabetes, cancer, malnutrition or HIV.



There was no such complaint in the past as well. On examination severe degree of pallor, koilonychia, puffiness of the face, tachycardia and heamic murmur were observed. There was no pitting edema on the legs nor hepato-splenomegaly. A complete haemogram revealed 4-gr. hemoglobin and hypochromic microcytic anaemia. Other parameters were normal. He was put on parental iron, followed by albendazole. Patient improved remarkably within about a month's time. A repeat haemogram was asked but patient refused because of economic factor.

After about 4 months, he was brought to me in a semi conscious state. He was responding only to loud questions and painful stimulus. Speech was not clear. On examination, he was found to have developed hemiplegia. Previous night he had complained of severe headache. He had attended to his work till previous day without any complaints. His BP was normal. Neck rigidity was inconclusive. Pupillary reaction was normal. Liver and spleen were not palpable. Immediately CT scan of the brain was done. It showed a tumor like lesion with bleed. He was referred to a neuro-surgeon. Immediate surgery was advised. He was about to be operated. But basic investigations were not in favour and surgery was abandoned. Patient's condition was fast deteriorating and by evening patient died. Everything was so sudden and so dramatic. What is the diagnosis? This was an unusual case of acute myeloid leukemia with unusual presentation of semi-consciousness. Patient's condition deteriorated rapidly leading to death within 24 hours. The blood report revealed markedly increased polymorphs and markedly reduced platelets. Rarely patients present with symptoms from a mass lesion located in the soft tissues, breast, uterus, ovary, cranial or spinal dura, gastrointestinal tract, lung, mediastinum, prostate, bone, or other organs like brain. The mass lesion represents a tumor, a leukemia cells and is called a granulocytic sarcoma, or chloroma. This rare presentation is more common in patients with 8:21 (Chromosomal Classification of Acute Myeloid Leukemia) translocations.

Infiltration of the gingivae, skin, soft tissues, or the meninges with leukemic blasts at diagnosis is characteristic of the monocytic subtypes (M4 and M5 according to French American British Classification FAB). It is also possible that this patient might have had a trivial bleed in the brain because of decreased platelets. This might have led to hemorrhage leading to stroke and subsequently death.

It is difficult to understand whether his iron deficiency anemia, of severe degree has any relation with AML as there was no clue of it when haemogram was done. It could be that he was having G.I. bleed of insignificant nature, which might have led to Iron deficiency anaemia. This anaemia was probably due to under-current AML. Routine pre-operative investigation of blood revealed the diagnosis.

Dr. S. K. Herlekar  
Family Physician Hubli

By the mile it's a trial, but by the inch it's a cinch.

## IMPORTANCE OF FAMILY PHYSICIAN

Government of India is signatory to the Alma Ata declaration of the concept of "Health for all by 2000 AD, through primary health care by the education approach. "Among the principles of primary health care, community participation has been emphasized; Bhore committee in the year 1946 recommended "comprehensive health care".

In view of population explosion, it is extremely difficult for the governmental agencies to render comprehensive health care. (That means preventive and curative services should be rendered to the community as close to the beneficiaries as possible, with appropriate technology using locally available resources.) Bhore committee recommended further that short term measures and long term measures through establishing net work of primary health centres, district hospitals etc. for rendering health care to the community.

Even after 57 years of independence, government has failed to render integrated health care through primary health centres. Services are not reaching the beneficiaries. Reason may be lack of community participation and failure to establish quality care by the governmental agencies. As an alternative path the qualified doctors with MBBS degree and even with specialization are establishing private set-ups to earn their livelihood. To start with they were known as general practitioners but lately they are now termed "Family physicians".

During sixties and early part of seventies more number of licentiate doctors and registered medical practitioners were rendering more of curative services in cities and district head quarters. Later with more and more medical colleges, more and more medical graduates starting their private practice, the quality of care has improved. Some of the specialists are practicing as family physicians.

According to different surveys it has been noted that private practitioners render more than 40% of care including immunization services. Now, the family physicians are moving to taluka and even to the villages for their practice and have established a good network in rendering services to the community. The burden on the government to take care of health of community in the country will be next to impossible to bear. In different parts of the country some of the family physicians are adopting innovative approaches of adopting the families for total health care charging a nominal annual fee. Slowly young doctors are establishing small nursing homes in the villages involving speciality care in the rural areas.

Family physicians are basic doctors and they are good in communication and they are the friends, philosophers and guides and render health care services by attending to physical, mental, social and spiritual needs (as per the definition of health by WHO).

Some of the doctors are joining hands with government agencies in implementation of different national health programmes. Their clinics are being utilized for pulse polio programme, some of the doctors with their skill are conducting "no scalpel vasectomy, "are participating in family planning camps. The clinic is recognised for revised national TB Control programme (DOTS Centre).

They are actively involved as VIPs to conduct health education programmes during Independence Day etc. All these facts are possible because the family physicians have developed good rapport with the community. In view of the above the role of doctors should be recognised and necessary provisions shall be given by the government in regard to Doctors quota allotment by BDA etc.

**Dr. M. S. Rajanna**  
Family Physician, Bangalore

No one can make you feel inferior without your consent



**"SWASTHYA" FPNATCON 2005, BANGALORE**  
**9<sup>th</sup> National Convention of FFPAI**



**A REPORT.**

The mega event consisted of Pre-Convention workshops held on 28<sup>th</sup> and the Convention on, 29 and 30<sup>th</sup> of January 2005 in the garden city of Bangalore. Around 1000 delegates participated from all over the country. We had representations from most of the States except Bihar, U. P. J. and K., North Eastern states and H.P. It was truly a National gathering of Family Physicians.

On 28<sup>th</sup> January there was a series of nine workshops held at institutions located in different parts of the city. Logistics made us register delegate to any one workshop but we made available the material of all the workshops to the delegates in the CD format on the last day of the conference. These workshops that were designed, keeping the practical aspects of CME in view, came in for lot of appreciation by the delegates. Holding these pre-conference workshops adds lot of value by way of increasing the learning opportunities but will mean that the delegates must arrive a day early. We managed to keep the cost of the workshop registration to only Rs.100/- thanks to the hospitality shown by the hosting institutions. The topics covered ranged from such varied subjects as Trauma care and life support, cardiology, neurosciences, Dermatology, Obstetrics and Gynecology, Laboratory medicine, Yoga, Vascular diseases, Pulmonary medicine, Urology and Laboratory medicine. This involved additional work for the organizers. We had to ferry the delegates from the conference centre to the workshop institution and back in the evening. Buses were arranged and each workshop was managed by a team from the FPA Bangalore and a liaison team from the Institution hosting the workshop. Needless to say it involved meticulous planning and lot of coordination by both the teams. In the end all felt the effort was worth it. The feedback from the attending delegates was very positive and encouraging. Given below are details of the institutions and workshops conducted.

1. Narayan Hrudayalaya -Cardiology and Telemedicine. (Ph. 080 7835000)
2. Manipal Hospital-Neurology and Dermatology. (Ph.080-25266646)
3. M.S.Ramaiah Memorial Hospital-Trauma Management. (Ph.0808 23608888)
4. Sagar Apollo Hospital-Lab Medicine and Lifestyle Clinic. (Ph.080 26536700)
5. NU Trust-Nephrology and Urology. (Ph.080-26392695)
6. CSI Hospital - Obstetrics and Gynaecology. (Ph.080 22865978)
7. Vivekananda Yoga Kendra. Yoga and Health. (Ph. 080 7825385)
8. Mahaveer Jain Hospital - Respiratory Med and Vascular Surg. Medicine Surgery: (Ph. 080-22207640)
9. Computer Technology and family Medicine at convention Hall.

Actual conference began on the morning of Saturday the 29<sup>th</sup> of January at 8.30 a.m. To get the delegates to come early and not to waste time we made breakfast available from 7 a.m. onwards. Despite this there was last minute rush for registration and this put the organizers and delegates to some trouble both on the day of the workshop and the first day of the conference. This can be avoided by future organizing committees by either having more number of registrations counters / tele-registering/mail registering. All gifts etc. can be collected later in the day at a designated counter.

The scientific sessions were held simultaneously in three halls from 8.30 am to 10.30 a.m. 2 to 4.30 p.m, on the first day with an additional hour between 12 to 1 pm on the second day. The inaugural session on 29<sup>th</sup> Saturday was held between 11 am and 1 pm. The chief guest was the Vice Chancellor of Bangalore University Prof. M.S.Thimmappa and the guest of honour was Padmashri Dr. Deviprasad Shetty the renowned cardiac surgeon and institution builder. We also had the honour of having Dr. Shatendra Gupta, regional Vice President of WONCA at the inaugural function.

(CONTD....)

Life is an echo. What you send out - comes back

The Banquet dinner on 29<sup>th</sup>, January, was a resounding success with excellent food and entertainment. The ambience provided was like a dream sequence. It ended with a magnificent fireworks display.

On Sunday the 30<sup>th</sup>, most of the topics covered were directly related to general practice subjects and we are very happy that there was excellent audience participation in these subjects. There were two guest speakers from 11 am to 12 noon. First of them was Dr. Dikshit, Vice Chancellor of Indira Gandhi Open University who spoke on the famous biotechnologist and entrepreneur Padma bhushan. Mrs. Dr. Kiran Mazumdar Shaw, who spoke on "medicine in the post-genomic era". Both the talks were well received.

Some delegates felt that they could not attend all the talks / discussions as they were held simultaneously in three halls. We had a total of 85 presentations. Day one was devoted to recent advances in all the fields of medicine. Day 2 was primarily for G.P. oriented subjects addressed mainly by Family Physicians. But in all large conferences of this type when one has to update on a large number of subjects this is inevitable and one has a choice as to where to attend as the programme was given well in advance. The doctor volunteers in charge of the proceedings did a splendid job despite many constraints.

One feature of the conference was the large participation of GPs as speakers on both days and also as panelists. We hope this trend will continue in the future.

The Message of the convention was "Swasthya". Family physician, The Comprehensive Healthcare Provider. We tried to show the importance of the Family Physicians as the need of the hour in our country for providing comprehensive, cost effective Healthcare with Compassion. To reach that position with dignity and honour we have to update and equip ourselves, which is what this convention was all about.

Best Unit Prize - Gulbarga

Biggest participating unit of FFPAI excluding host - Gulbarga.

2nd best GPTalk and presentation Dr. P.G.Jayaprakash.

Best Article in the souvenir - Dr. S. Subramanyam.

10th FFPAI convention host - Gulbarga

**Dr. B. C. Rao**

Convener

FP NATCON 2005, Bangalore

**FAMILY PHYSICIAN ASSOCIATION, VALSAD, (GUJARAT)**

**President**

Dr. Magan Patel.

**Hon. Secretary**

Dr. Vinu M. Patel

Near Over Bridge, Dharampur Road, Abrama, Valsad.

**Dr. Srinath Herur**

Organising Secretary

FPNATCON 2005, Bangalore.

**Treasurer**

Dr. Ketan Desai (Atul)

Activities

- (1) CME every month till now conducted on Hypertension, Antibiotics, Rabies etc.
- (2) Running free dispensary in Association with Satya Sai Samiti, Valsad, Treated Approximately 8,000 patients. It was started in May 2000 and every Sunday morning about 80-90 OPD patients were seen and treated.
- (3) Our members Dr. Bhaskar Kapadia, Dr. Dilipbhai Parekh, rendered community health service at Nandigram, Dharampur Road, Surat.
- (4) Dr. Mahesh Desai arranged Medical camps at Gaudia Tribal Village about 60 km away from Dharampur.
- (5) We attended skin and VD (Aids Camp) arranged by Valsad Raktdan, Valsad.

The price of success is much lower than the price of failure

## UNIT ACTIVITIES OF FFPAI

### FAMILY PHYSICIAN ASSOCIATION, BANGALORE

**President**  
**Dr. S. Subramanyam**  
#137, 3rd Main,  
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Bangalore -560 018

**Hon. Secretary**  
**Dr. K. S. Hande**  
#60, 4th Stage, 3rd Block,  
Basaveshwaranagar, ^  
Bangalore - 560 079

**Treasurer**  
**Dr. R. S. Raju**  
Sri Clinic and Laboratory  
#34,9th Cross, WOC Road, 2nd  
Stage, Rajajjinagar,  
Bangalore-560 086.

The installation of newly elected office bearers and Inaugural function of the association's activities were held on July 18, 2004. During the function, Dr S R Jayaprakash, a senior family physician and one of the founder members of the association was honoured.

1. C M E programme on "Recent advances in vascular surgery."
2. Our association members participated in a free health check-up campaign on July 18, 2004 as a part of community service at Hoskote. The campaign was jointly organised by Karnataka Govt., Rotary club, Vasavi Trust and others.
3. On August 6, 2004, a C M E on "AIDS - 2004".
4. On 25th August 2004, our President Dr S Subramanyam, representing the family physicians, participated in a workshop on "Intersectoral approaches for suicide prevention" held at the convention centre, NIMHANS, Bangalore.
5. August 29, 2004, CME on "management of spinal disorders" and "common psychiatric problems in clinical Practice". A mammoth task of dispatching over 8000 FPNATCON 2005 brochures to all the FFPAI members and member associations was achieved by Dr Srinath Herur and this effort should bring about large participation of doctors from all over the country and even abroad. Qudos to Dr Srinath Herur.
6. Special general body meeting was held on 26.09.2004 at Hotel Parag Rajbhavan Road, Bangalore. The amendments tabled by the committee were discussed. Many of the amendments were passed after some modification.  
A CME programme on cardiac arrhythmia and cardiac surgery was conducted on 26th Sept. 2004.
7. A programme on telemedicine was conducted on 17th October 2004, at Narayana Hrudayalaya.
8. On 30th October 2004, a programme on Immunology and HIV was arranged
9. On 7th November 2004, a lecture on Pediatrics' was conducted.  
Dr. Y.K.Amdekar, Prof.of Pediatrics, Grant Medical Coll0ege Mumbai spoke on practical Pediatrics for general practitioners. Dr. M.M.Jain, Associate Prof. of Pharmacology, Grant Medical College, Mumbai gave lecture on targeted drug delivery system.
10. On 5th December 2004, a CME programme on Cosmetic Dermatology was arranged.
11. On 19th December 2004, a programme on cancer was arranged.  
A consignment of essential drugs worth Rs.50,000/- was sent for the relief operation going on in the Tsunami affected areas. Most of the members have promised to contribute Rs.1,000/- or more towards this effort. An appeal was sent to this effect to all the members.

### FAMILY PHYSICIANS ASSOCIATION, CHINCHOLI, KARNATAKA

**President**  
Dr. Vasudevarao Kulkarni  
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Tel.:273013(H)273014 (R)

**Secretary**  
Dr. Mallikarjun  
Pooja Clinic  
Chincholi - 585 307  
Tel.: 273137 (C)273850 (R)

**Treasurer**  
Dr. Jagadishchandra Burla  
Tel.273086 (H) 273686 (R)

A sincere compliment is one of the most effective teaching and motivational methods in existence.



**GENERAL PRACTITIONER'S ASSOCIATION- HUBLI**  
Office: IMA House, Baliappanavar Nagar, Hubli- 580029.

**President**

Dr. K.G. Kulkarni

**Hon. Secretary**

Dr. G.G.Desai.

**Treasurer:**

Dr. M. M. Katti.

Date	Subject
05-09-2004	CME on obesity
29-09-2004	Management of sinusitis
28-11-2004	Role of Ace inhibitors in hypertension
12-12-2004	Mega Diabetic, Hypertension, and Obesity Detection Camp
26-12-2004	Fever of Noninfectious etiology

**GENERAL PRACTITIONERS' ASSOCIATION, KOLHAPUR**

**President**

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**Secretary**

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Takala Road,  
Kolhapur (0231) 2523367  
Cell: 94220 43421

**Treasurer:**

Dr. Anand B. More

**Activities.**

Sept. 2004	A project was given to Family Physicians in a very low price which was previously not affordable to Family Physicians.
17.10.2004	Panel discussion with three renowned Pedeatrcians from Kolhapur Dr. Mandar Patil, Dr. Deodhar, Dr. Sanjeev Kaddu. The topics were a) Nutrition b) G.I.Tract Management, c) Surgical Emergencies in Pedeatrics.
19.12.2004	We had a one day picnic for which nearly 60 members and their family members accompanied the trip to Radhanagari Dam and Kalambawadi Dam which is about 50 km. from Kolhapur.

**FAMILY PHYSICIAN ASSOCIATION, RAJKOT**

Office:FPA Hall, 302-303, J.P.Tower, Tagore Road, RAjkot - 360 002. Email:fparakjot @yahoo.com.

**President**

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**Hon. Secretary**

Dr. J.H.Choksi

Tel.(0281)2389782 (R)2577084

**Hon. Treasurer**

Dr. C. B. Kapupara

Tel.(0281)2445718 (R)2577369

**Date**

08-08-2004

12-09-2004

24-10-2004

**Speaker**

Dr. Chetan Lalseta

Dr. Rajesh Teli

Dr. Sunil Shah

**Subject**

Dematology and GP

Ischemic Heart Diseases

D D and Management of Cough

AGM was held on 19-09-2004 at Gracious Residency plot along with the prize distribution and Running trophy distribution to the meritorious children of the FPA members presented by senior members of association. Sports events for the children were also held and prizes were given to the winner.

**CME**

03-10-2004	Dr. Sunil Shah	JNC 7 and Hypertension
17-10-2004	Dr. Sunil Shah	Lipid Profile
21-10-2004	Dr. Sunil Shah	COPD
31-10-2004	General Discussion amongst members about Malaria	
28-11-2004	Dr. Sunil Shah	COPD
05-12-2004	Dr. Sunil Shah	Management of Different Diabetes Mellitus in different situation
12-12-2004	Dr. Sunil Shah	Discussion of Interesting cases
19-12-2004	Dr. Sunil Shah	GP and Patient of Stroke
26-12-2004	Dr. Sunil Shah	Care of unconscious patient

**Congratulations** (1) Gulbarga Unit awarded Dr. H.C. Kuvadia Best Unit Trophy of FFP AI and trophy for the highest number of outstation delegates in FPNATCON-2005 at Banglore.

**President** Dr. P.N. Shah, **Secretary** Dr. Pramod Kulkarni

Efficiency is doing things right. Effectiveness is doing the right things.

## CENTRAL EXECUTIVE COMMITTEE MEMBERS - 2005-2007

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The way you see yourself today, will affect your performance tomorrow.



◀ CME on Medical and Surgical Management of Parkinson's disease on 18-10-04

L to R : Secretary Dr. Harendra Bhag, President Dr. S.P. Bhargav, Dr. Ashok Gupta, Dr. Sumit Shah of Medical Practitioners' Society, Jaipur.

▶ Dr. J.S. Antani receives 'Best Clinic Trophy' from Dr. P.M. Karkare, President FPA, Rajkot at AGM cum Annual Family meeting at Gracious Residency, Rajkot.



◀ Presenting the cheque of Rs. 75,000/- to Pr. Chandelkar of Dass. Enterprises for the purpose of 'Bio-medical Waste Disposal Project'. In presence of Dr. Sontakke - senior officer, Maharashtra Pollution Control Board. L to R : Dr. Anand More, Dr. Sheetal Patel, Dr. A.P. Kulkarni, Dr. Mohan Godgil Dr. Udyam Vora, Dr. Sontakke, Dr. Chandelkar of GPA Kolhapur.

▶ CME on Diagnosis and Management of Seizures and Recent Advances in the Management of GI Bleeds on 29-9-04. Seen in pic. are Dr. Himesh, Dr. Manish Agrawal and office bearers of FPA chincholi.



**Sweet Memories of 9th National Convention of FFPAI & 15th Annual Conference of FPA Bangalore  
FPNATCON 2005, BANGLORE**



◀ Inauguration of stalls, by Dr. Shailendra Mehtalia. Seen in the pictures are Dr. Borgaonkar, Dr. S. Herur, Organising Secretary and Dr. B.C. Rao, Convenor FPNATCON 2005 and office bearers of FPA Bangalore on 29-1-05.

Lighting the lamp : ▶  
Prof. M.S. Thimmappa Vice Chancellor, Bangalore University,  
Dr. Shailendra Mehtalia,  
Dr. Shatendra Gupta, Regional President WONCA and  
Padmashree Dr. Deviprasad Shetty.



◀ Gulbarga Unit awarded 'Dr. H.C. Kuvadiah Best Unit Trophy of FFPAI' for the year 2003-2005 at FPNATCON 2005 Bangalore.

VALEDICTORY FUNCTION FPNATCON 2005 ▶  
Seen in the pic. are Dr S. Herur,  
Dr. B.C. Rao, Dr. Ramesh C. Shah,  
Dr. Mehtalia,  
Dr. Bimal Buch, President FFPAI (2005-2007),  
Dr. Melmane and others.

