

ISSUE 4

AUGUST-2001

# FFPAI MEDICAL TIMES



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**"A nation suffers when POPULAR OPINIONS become  
more important than VALUES & JUSTICE."**

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### CONTRIBUTION TOWARD EARTHQUAKE RELIEF FUND

1	FFPAI	Rs.	25000/-
2	GPA - Greater Bombay	Rs.	25000/-
3	Surat	Rs.	15000/-
4	Kolkata Unit	Rs.	15000/-
5	Gulberga	Rs.	5000/-
6	Bangalore	Rs.	5000/-
7	Miraj	Rs.	5000/-
8	Nashik	Rs.	5000/-
9	Rajkot	Rs.	5000/-
10	Pune	Rs.	5000/-
<b>Total</b>		<b>Rs.</b>	<b>1,10,000/-</b>

**"Good leaders SERVE THE NATION, bad leaders make  
the NATION SERVE THEM"**

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## PRESIDENTIAL MESSAGE

It was 26th Jan, 2001, more than thousand members of various units of FFPAI had assembled at St. Andrews Auditorium Mumbai to take part in the VII th National Convention of FFPAI and 'International meet on family practice' along with 31st annual conference of GPA GB. In the morning delegates were registering for the conference, there were some whispers about the news of earthquake in Gujarat. Nobody was sure about the intensity of tragedy in Gujarat. As time passed we received the news in details and all were moved into a wave of sorrow feeling, because of the intense damage which had taken place in, Gujarat. As the news was pouring in the President of GPA GB, Dr. Vinod S. Parikh and the then President of FFPAI Dr. Jayendra Kapadia in consultation with few of the senior colleagues took the decision of cancelling the banquet. They also decided to give this money to Gujarat relief fund. This information was passed on to all the delegates who had come to attend the conference. Everybody whole heartedly not only accepted the decision but appreciated the move taken by the office bearers of FFPAI.



In such a depressed mood and with the heavy hearts the conference continued and completed the scientific sessions. Many units made a swift movement and various doctors in groups rushed to Gujarat to help the victims of earthquake. As always, the Mumbai unit took the initiative and Rajkot, Surat, Baroda and others also took active part in relief work. The Federation appealed to all its units to extend a helping hand which was promptly reciprocated by various units, which collected fund and sent it to the Federation which was distributed among the earthquake affected doctors of Bhuj, Bhachao, Anjar & Morbi.

On 27th of Jan. 2001 the new office bearers of FFPAI took the charge in a very simple ceremony. Doctors from other countries also participated in the deliberations of the conference.

The new office bearers who met decided that the Federation should increase the number of units and try to cover the entire country. This is not a very easy task. But if each unit makes a policy of "EACH ONE REACH ONE", we can increase the branches.

We also have planned to join in various courses in Family Medicine like one year certification course, postgraduate course in Family Medicine, and DNB in Family Medicine. All this can be achieved with collective efforts. Hope we all rise to the occasion and do something which will help the next generation of Family Physicians.

I welcome GPA Anjar and GPA Bhuj in the FFPAI family.

Long Live - FFPAI.

**Dr. A. N. Borgaonkar**

**President, FFPAI**

**"India is not the first country with PROBLEMS,  
but we are the first country not coming up with SOLUTIONS."**

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**"Hands that serve HUMANITY are a lot better  
than lips that talk of DIVINITY."**

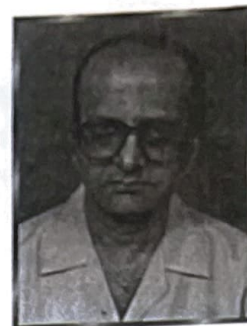
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## FROM THE DESK OF HON. GEN. SECRETARY FFPAI

Dear Colleagues,

It gives me great pleasure to communicate once again to you all through this Fourth Issue of FFPAI Medical Times of August 2001. First of all let me convey my sincere thanks for your love, help, support and guidance that you have given me during my last tenure as Hon. General Secretary of our prestigious organisation - FFPAI, which gave me encouragement to continue for the 2<sup>nd</sup> term as Hon. General Secretary. I am sure your support will continue still more vigorously to make our FFPAI more active in serving family physicians in particular and medical profession and society at large.



Friends, shortly FFPAI will be on Doordarshan giving a message of health to the citizen of our country in collaboration with Lifebouy plus soap, Hindustan Lever Ltd., thus spreading a message for a healthy society.

I wish to stress upon the scientific and research activities at all different units. Our IPP Dr. J. K. Kapadia had started inter unit activities, and I request all units to continue the same still more vigorously. As you are aware as a result of that there was a maximum attendance of more than 300 outstation delegates during the 'International Meet with on family practice' in the 7<sup>th</sup> National Convention of FFPAI alongwith 31<sup>st</sup> Annual Conference of GPA GB fro 26th to 28th January 2001 at Mumbai. Our next i.e. 8<sup>th</sup> National Convention will be held at Kolkata during January - February 2003. I request all the units to spread the message for maximum attendance and participation.

In the 1st Issue of FFPAI Medical Times I had written about SSS by GPA-GB. I wish to stress again that it is one of the best schemes for G. P. by G. P. with a sense of mutual help to a family of our colleague - who has left for eternal peace. All G. Ps and even consultants can join the scheme by becoming a member of GPA - GB.

There is a unique provision of Deposit Life Membership of GPA-GB to help more member to join the scheme. The advantage of the Deposit Life Membership is that the amount will be refunded to you or your nominee whenever the membership is terminated for any reason. I wish all the members must take advantage of this scheme and hepl the family of our brothers and make good financial provision for our own family too. The founder members have paid till to-day only Rs.4,000/- during 15 years and made provision for Rs. 86,000/- for the family. The admission fees will be revised from 1-1-02. You should not miss the chance to join at old rates. For detail contact GPA - Mumbai.

Lastly I request all the units to establish good communication with each other and head office regularly for better relationship and more activities.

Long Live FFPAI.

**Dr. Shailendra Mehtalia**

Hon. General Secretary, FFPAI

**"People who vote for bad LEADERS, are not TRUSTING them, but TRADING with them."**

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## FORTHCOMING CONFERENCES FROM UNITS OF FFPAI

1. The 4th conference of the General Practitioners' Association SURAT will be held on 2-2-2002 and 3-2-2002 at Ghandhi Smrutibhavan, Nanpura, SURAT.  
 Registration fee : Rs. 200/- for GPA Surat / FFPAI Member.  
                               Rs. 300/- for non member (only for allopathic Doctors)  
                               Rs. 500/- for patron member  
                               Rs. 200/- for spouse and accompany member (No kit)  
 For further detail contact: President / Secretary GPA Surat or  
                                   Dr. Indravadan Shah Ph. (0261) 8330923 and  
                                   Dr. Jayant O. Shah Ph. (0261) 8693162
2. General Practitioners' Convention organised by General Practitioners' Association VADODARA from 5-1-2002 and 6-1-2002 at VADODARA.  
 For further detail contact :  
                                   Dr. Devesh Patel - President, GPA Vadodara Ph : (0265) (R) 339746  
                                   OR                   Dr. Nitin Shah - Secretary, GPA Vadodara Ph : (0265) 461943
3. 32nd Annual Conference of General Practitioners' Association - Greater Bombay, will be held on 26-1-2002 and 27-1-2002  
 For further detail contact :  
                                   General Practitioners' Association - Greater Bombay,  
                                   17, Mantri Corner, Gokhale Road, (South),  
                                   Mumbai - 400 025. Maharashtra.  
                                   Ph : (022) 422 0911. Fax :- (022) 436 6093
4. Annual Family Physicians Conference of Gulbarga on 23-12-2001  
 For further detail contact :  
                                   Chairman Scientific Committee Dr. A. N. Borgaonkar  
                                   Delegate Fee Rs. 150

Members of the FFPAI units are requested to participate in these conferences in large number.

### FFPAI 37th Central Executive Committee Meeting

Notice is hereby given that the **37th meeting** of the members of the **Central Executive Committee of Federation of Family Physicians' Associations of India** will be held on **Sunday 16th September 2001 at Raichur.**

For return reservations from Raichur and accommodation (if required) please contact :

**Dr. Ramesh Guzar**

President, FPA

1-1-151, Station Road,

Raichur - 584 101

Ph. (08532) 31997 (O)

(08532) 30335 (R)

OR

**Dr. H. Sharanappa**

Secretary, FPA

Tipu Sultan Road,

Raichur - 584 101

Ph. (08532) 33120 (H)

Kindly make it Convenient to remain present

**Dr. Shailendra Mehtalia**

Hon. Secretary, FFPAI

**"We have to PROTECT not what we have inherited  
but what we are leaving for our CHILDREN."**

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## THE FAMILY AND THE FAMILY PHYSICIAN

### THE FAMILY :

Universal Declaration of HUMAN RIGHTS has defined the family as the - natural and fundamental unit of the society, so to say, the unit of the universe around which the worldly things revolve. The United Nations declared 1994-95 'The year of the family, but in fact, every year is 'The year of the Family', because it is not an event for just one year, but is an eventuality for the whole life. The home provides shelter and solace to all the inhabitants, and it is rightly said that "home - the sweet home is the end of earth's sojourn." The family shelter is a place of warmth when the world is cold, a place of safety when the world is hostile, a place of comfort in distress, a place of hope in despair, a place of health resort rather than a hospital, an ashram of pious souls rather than an asylum of mentally unstable minds, in short, a place of heaven, not hell. The familial scenes of a happy family must appear as friendship laughing under one roof, the lively loving talks around the dining table, the pacifying atmosphere at a prayer meeting, playing and running about of innocent children, the sweet singing of mother at work in the house, the in and out moving of father caring to earn and maintain the house, and so on.

The family comprises of parents, children, grand parents etc. But the age-old system of extended family having four or more generations under one roof, is giving way to smaller families, the nuclear families and in some cases to even single parent families, depriving children of love and experience of parents and grand parents who can help them to build up characters and careers, and to face the challenge of imbalance between traditional values and modern norms. The growing imbalance creates parent-child conflicts, and so it must not be allowed to grow.

The family is a private and public organisation and whatever the family structure, the traditional cultural values must prevail. The family bond is involved from conception to cremation. The training of children starts from in utero stage. The good readings by mother and good surrounding atmosphere during the antenatal stage have beneficial effects on the offspring. The health of the foetus can be adversely affected by mother's indulgence in alcohol, drugs, smoking and by contraction of diseases like Rubella, HIV, Tuberculosis and during pregnancy. After the baby is born, the priority of parents must be to raise a healthy, virtuous child. The training at young age is more receptive, perceptive and productive. This is the time when the character is being formed and the desired impression is readily taken up. Parents are no doubt, the best teachers. It is said that a good mother equals 100 teachers. Parental involvement is the master key to success of a child at home, in school and in life. The children must learn to respect parents, teachers and elders. A child of today is the young man of tomorrow. A special care has to be taken at adolescence, when the child falls easy prey to pressures and temptations from bad companies, to catch vices and bad habits and here the parent-child conflicts start and the generation gap tends to widen. The harmony and unity of family depends upon smoothness of parent child relationship, the stability of husband - wife relationship and the respects for the elders in the family.

So thus, a good family, the ideal family has to be the dream and reality for ever.

### THE FAMILY PHYSICIAN :

Though parents are the best teachers, they have to be assisted by academic teachers for child's education. Likewise, though, they are the best healers of all times, they have to be assisted by the family physicians for child's health care. The family physician, not only looks after the health of the children, but they have the pleasure and privilege to look after all the members of the family. No doubt, the ancient way to look at doctor as a God, has become the thing of the past. Some families have more than one family physician and different family members may have different family physicians. Once accepted as family physician, he must fully devote to the family. He must look at the total health care of the family.

**"Where LAWLESSNESS becomes the law,  
HONEST CITIZENS become cheats, crooks and dacoits."**

COUNTRY FIRST



In real sense that prevailed earlier, he must act as a friend, philosopher and guide to the whole family. He has to be in the picture, for all situations and occasions - may they be for health purposes or social purposes. His advice may be sought for premarital counselling, premarital match, careers and courses for children, diet in health and disease, appropriate exercises and yoga therapy, addictions and de-addictions, health education, sex education, pre-operative decisions, and so on. In short, from conception to cremation, he is a valued adviser. As a chartered accountant reminds his clients about advance taxes etc., a family physician must maintain proper records to remind the family members about immunisations, necessary preventive measures, necessities of periodical check ups and investigations. Such services go a long way to win the trust of the family and to fulfil the obligation of the medical profession. The care of the foetus in-utero, the infant, the child, the adolescent, the adult, the elderly must all pass through the hands of the family physician. To be in the picture right from the beginning is most essential and beneficial.

Family practice is a speciality by itself, and as such the family physician has to be in constant touch with the latest advances and developments to keep himself updated. He must remain a student all through his life. Family physician must also try to provide as many amenities as possible, such as ECG, laboratory, Fundoscopy, Refractory error check ups, minor surgery facilities, oxygen cylinders, I. V. fluids facility, X-ray facility, physiotherapy, etc. Family physician must update his clinic with equipments like computer, T. V. Video, etc. to provide health education in his clinic's waiting room.

The punctuality and availability pay rich dividends. Doctor Patient relationship should not be marred by C. P. A., The doctor must skillfully and carefully, treat his patients though he has to face healthy competition from his own professional colleagues and unhealthy competitions from quacks, he must do genuine medical practice. His relations with Consultants should be as professional colleagues, aiming at betterment in family practice, interests of the patients must always be kept in mind. The Family physician should also have good relations with hospitals, so that better health care of the patient can be undertaken. Good coordination, cooperation and cordiality must prevail among family physicians in the interest of the medical profession. Thus the family physician should oblige the family by his best possible effort, to be worthy of being called not only a Family Physician, but a part of the family itself.

**Dr. Ramesh Shah**

Member editorial board

FFPAI Medical Times.

### ***Keep Smiling & Enjoy Life to the Fullest***

*The court proceedings regarding a divorce issue was going on.*

*The judge questioned the son. "Son, would you like to live with your mother?"*

*Son replied "No. she beats me."*

*The he asked "Son. would you like to live with your father?"*

*Son replied "No. he beats me, too."*

*The judge was perplexed and he questioned "Then whom would you like to live with?"*

*The boy answered "I would like to be with the Indian cricet team, for they beat no one!"*

**"A society that cannot protect the RESPECT and  
dignity of its WOMEN and CHILDREN has no right to exist."**

**COUNTRY FIRST**



## DEATH OF A DOCTOR

On the afternoon of 29th of July last year, a doctor shot himself through the heart at his home in Buenos Aires, Argentina. If it was one of those many suicides that doctors are particularly prone to, one would have dismissed it as nothing unusual. But the suicidee was not an ordinary doctor prone to suicide. He was Dr Rene Favaloro, an extraordinarily gifted heart surgeon with an unusual sense of social commitment. Dr Favaloro from his humble beginnings as a carpenter's son in Argentina became a renowned heart surgeon because of his enormous talent and imagination. Many may not know that it was he who in the late 60s, working in the Cleveland clinic in the US, bypassed the diseased coronaries, the procedure that has since then saved countless number of lives world over. Despite pressure Rene did not opt for US citizenship but chose to return to his beloved Argentina to help his people. He set up a foundation in 1992 which became a model of rendering advanced world standard cardiological and other services not only for the rich and famous but also for the poor and the down trodden masses of Argentina.

Then began the Argentine march towards globalization and free market economy. Government subsidies dried to a trickle and public insurance no longer met the bills of treatment. The fatcats of the Beset with financial worries and unable to compromise his cherished values this extraordinary human being thought his death may do what his life couldn't do, that is to stir the conscience of people to realise their social responsibilities in the midst of his craze for 'liberalization'.

What is the message for a country like India that is also going through this process of globalization? Public health care here is fully subsidized by the state. Though substandard and corrupt, most of our people have at least a semblance of health care. Will this infrastructure which is already there likely to improve with the advent of global players in the field of health care? Far from improving, I feel, will add to the cost of public health care system. Let me explain. It is inevitable that multinational health care companies will be willing players to tap the Indian market. The segment they target will be the middle and the upper economic group. These sections will be enticed into taking what on the face of it will be attractive health insurance policies or a situation will be created that it will become difficult to gain access to a private health facility unless you have insurance. As most of the hospitals and clinics will tie up with one or other health insurance companies, which will dictate the terms of care which will be more expensive than at present. Along with this cost of drugs and accessories too will go up. This in turn will result in gradual increase in the rates of premia. Many families will find it difficult to have health insurance and will have to go government health facilities and suffer all the ills along with lower economic and less privileged groups. A government already bursting at the seams with debt traps will be very hard put to meet this additional burden.

When that happens it is unlikely that there will be many Indian Rene Favaloros taking the extreme step to provoke the nation's conscience.

**Dr. (Capt.) B.C.Rao.** MB,MNAMS. (Bangalore)

Member, Editorial Board. FFPAI Medicle Times



*An archaeologist is the best husband a woman can have;  
the older she gets the more interested, he is in her.*

**"If we would not trust our leaders to be GUARDIANS  
of our children - why do we trust them as guardians of the NATION."**

COUNTRY FIRST



## EVERYONE HAS TALENT, WHAT IS RARE IS TO FOLLOW THE TALENT.

Education is part of a process of enabling someone to change, to make choices and decisions. In order to avail more scientific information, Family Physician must focus on positive outcomes of change, which is a much more successful approach. Ignorance or misinformation are always powerful obstacles to resolve problems and this is particularly true where doctor patient relationship concerned in family practice. In this regard not only early therapy but appropriate therapy is also important. For therapy to be appropriate, an accurate diagnosis of the existing illness is mandatory.

In the past two decades there have been remarkable advances in our knowledge regarding diagnosis and clinical management yet we are far behind the goal of prevention and research oriented approach in family practice. To avail more and precise scientific information various clinical meetings, panel discussions and workshops are organized as a part of CME programme carried out by the different units of FFPAI. Till date it is our experience that whenever such programmes are thought of by the scientific committee, best of the speakers, authority in their subject concerned are invited and our invitations are welcomed by them. This is the scenario till date and we as a family physicians, quench our thirst of knowledge and feel proud to have a successful CME programme.

It has been observed that family physicians, barring few exceptions are always at the receiving end, as far as CME programmes are concerned. It is said that "Thoughts are forces. They have form, quality, substance and power." The reason to state this is that very few units of FFPAI invite their members as speakers, coordinator or as a member in the panel discussion. We must motivate our own members to be the part of all our CME programmes. In great attempts it is glorious to even fail but efforts on the part of the participating family physicians must be appreciated. It has been a common consensus that we don't have talented family physicians to participate or they don't come forward positively but unless ample opportunities are offered to them how one can prove his or her talent !

The empire of future is the empire of mind, so be ready to involve and motivate our own colleagues to be the part of every activity of the Association. This is the need of an hour.

**DR. JAYENDRA KAPADIA (SURAT)**

Member Editorial Board, FFPAI.

### OPINION POLL

Is it fair for General Practitioners' Association or Family Practitioners' Association of FFPAI to join with the Pharma Company for the Immunisation programme ?

**Answer : Please tick (✓) :**

Yes

☐

No

☐

Can't Say

☐

Dear President/Secretary,

Kindly convey this question to every member of your association. Your answer will have a great strategic value. Submit answer before 30.09.2001 to any member of Editorial Board, FFPAI.

**"Citizens & nations reveal their CHARACTER by  
the way they treat their elderly and the disabled."**

**COUNTRY FIRST**



## **FAMILY PRACTICE MANAGEMENT**

Time can be wasted imperceptibly if your work area isn't organised well. You should strive to develop a well ordered clinic, one that allows you maximum freedom to pursue your work effectively.

It is surprising how much better everyone feels if the clinic is clean and neat, the wall lighted and with some good pictures, few green plants in the waiting room, news papers, periodicals and books for patients to read.

### **THE ART OF DESKMANSHIP**

Your desk should be organised so that you don't spend time searching for things like pens, papers, scissors, envelopes, prescription paper. Remember again the wise old rule: 'A place for every thing and every thing in its place.' The principle that is often recommended is to handle each piece of paper only once. It is often easier to think of an answer when you have just read a letter and your reaction is fresh in your mind. If paper arrives by the sackload, don't panic. Sort the papers according to priority.

**FOR INFORMATION :** Read and then file or throw away or pass on duly initialled. Comment directly on paper wherever possible.

**FOR READING :** This is material which does not need to be read at once. Save it for marginal time.

**FOR WASTE PAPER :** If the paper file fits into none of the above categories, consign it speedily to the wastepaper basket.

Put the highest priority from the immediate action pile in the centre of your desk and put the reminder on a work surface.

### **MAKE THE TELEPHONE WORK FOR YOU**

The telephone is a great time saving tool- in the right hands. By using it you can obtain information that would take you days or weeks by letter.

How much time do you spend on the telephone ? If you haven't checked it, try keeping a time log specifically on your telephone time-both incoming and out going calls for one week. Use stopwatch to give some precision to your self study.

### **YOUR PROFESSIONAL ASSISTANT/COMPOUNDER**

Your professional assistant is vital to your success. He or she should be highly trained in all aspects of clinic management, communication and human relations as well as individual skills of short hand, typing, filing and telephone technique and computer skills.

Office automation can free your secretary to perform essential administrative functions.

- \* Keeping unwanted calls at bay on the telephone or in person. They may think they must see you, but if your personal assistant is fully briefed he or she may be able to direct them to the appropriate person.
- \* Minimising interruption. Your personal assistant can arrange interview at time, you have reserved for that purpose in your diary or arrange for you to telephone them at time convenient to you.
- \* Distinguish between interruption. Some are good, some are tolerable-and some are unavoidable.

**"If JUSTICE is worth having - its worth FIGHTING for"**

**COUNTRY FIRST**



Conscious acts of judgment should govern your response. Keep two different compounders at two clinics.

Update yourself time to time. Remember a good clinical judgement can be obtained if you attend clinical meetings, seminars, panel discussions, conferences and reading medical journals, periodically. Update yourself and try to understand and implement newer advances taking place everyday in medical science as a family physician. Remember you are not supposed to interpret new modalities in medical field e.g. CT Scan, MRI, Angiography, 2D colour Doppler but one must have a basic knowledge of the newer medical modalities. Remember family physician is a pivot between patient and consultant and then to a super specialist.

### A ZEST FOR LIVING

If you want to enjoy one of the greatest luxuries in life, the luxury of having enough time, time to rest, time to think, time to get things done and know you have done them to the best of your ability, remember there is only one way. Take enough time to think and plan things in order of their importance. Your life will take a new zest, that will add years to your life, and more life to years. Let all your things have their places. Let each part of your business have its time.

**Dr. Pravin Chheda. MBBS**

**Family Physician (Surat)**

### PHYSICIAN'S DIGEST

Physician's Digest is a highly reputed and respected Digest by General Practitioners/Family Physician's for its contents and quality for last 9 years. The aim of Physician's Digest has been always to update the General Practitioner with relevant information on topics, which are important in his day-to-day practice and thus the quality of service he offers to his patient improves. Physician's Digest is being read by over 40,000 'A' Class General Practitioners across the country.

Each bi-monthly issue of Physician's Digest broadly covers the following topics :

#### **Changing Perspective :**

Updates you about the recent developments in the field of medicine.

#### **Pharmacology in practice :**

Gives information about the new Drugs.

#### **Diagnostic Investigation :**

Updates your knowledge on method / instruments used

#### **Speciality Review:**

Speaks about one particular disease in-depth. It brings out the latest updates written by experts on that subject and involves three articles in this section.

For more information write to:

#### **Attending Emergencies :**

How to tackle an emergency situation

#### **Alternate Medicine:**

Gives information about the various alternate medicines like yoga, ayurveda, accupressure

#### **Community Medicine:**

Problems relating to the community are addressed elaborately in this section.

Sujana Ravishankar

Tel : (022) 652 82 05 / 652 82 77

Fax : (022) 652 8019

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### WORTH LIVING

Humbert Drof of Switzerland had died on 4th January 2001. She was born on 27-8-1892. At the age of 108 years she lived in three centuries !!!

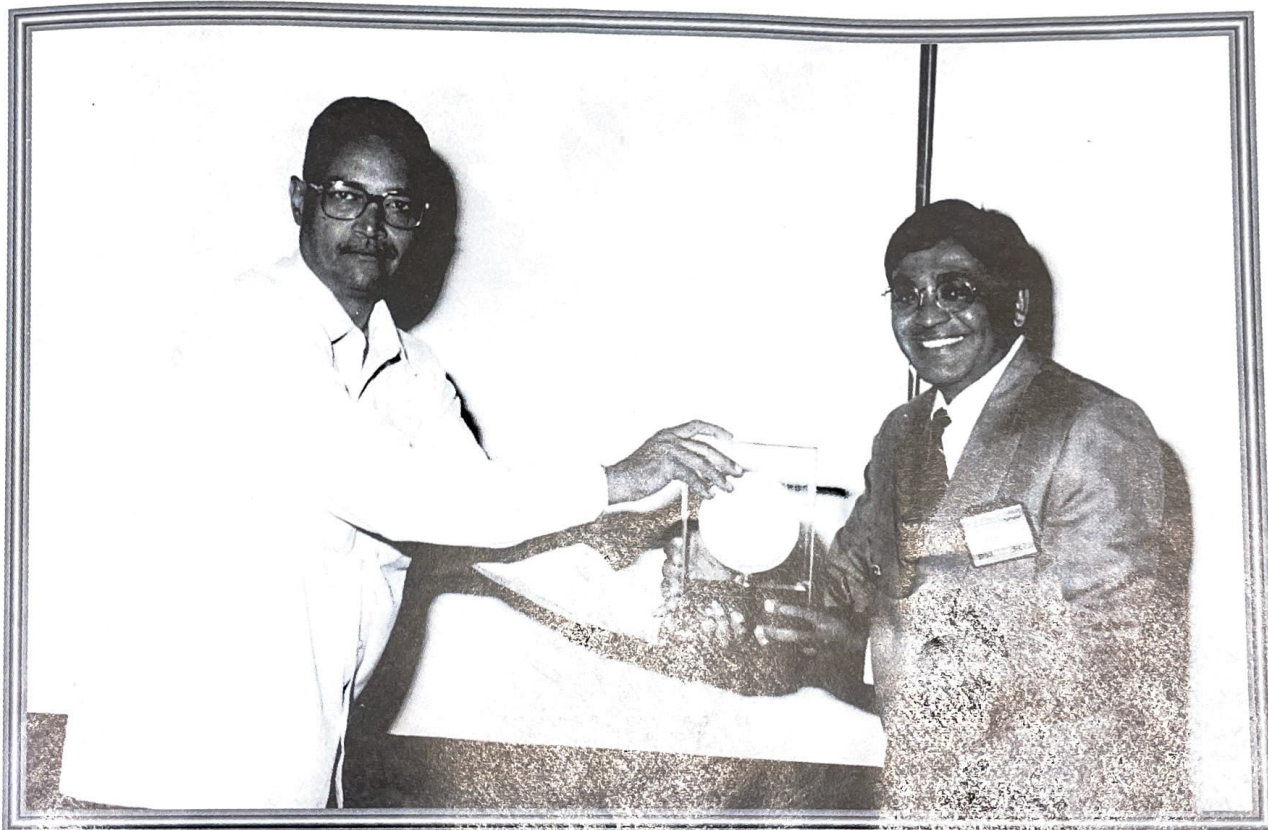
**"Today's problems are the results of yesterday's  
SHORT SIGHTED SOLUTIONS."**

**COUNTRY FIRST**





**'International meet on Family Practice', VII National Convention of FFPAI with 31st annual conference of GPA Greater Bombay at Mumbai on 26/27-1-2001**



**FFPAI President Dr. Borgaonkar presenting 'Best Unit Trophy' for the year 1999-2001 to Dr. G. N. Patel, President of Rajkot unit during the VII National Convention of FFPAI at Mumbai on 28-1-2001.**





**Dr. Borgaonkar President FFPAI addressing  
36th Central Executive Committee Meeting of FFPAI at Nashik.**



**Family Physicians of Surat and Bhuj at Bhuj on 17-3-2001.**





**CME programme of GPA - Vadodara at Hotel Holiday Inn as a part of Inter Unit Activity of FFPAI between Vadodara and Surat on 11-3-2001.**



**Workshop on "Male Sexual Dysfunction" at Jaipur, organised by Medical Practitioners' Society - Jaipur.**





**The symposium on Urology and Respiratory diseases in collaboration with Apollo Hospital Hyderabad on 6-5-2001 organised by IAFP Gulbarga.**

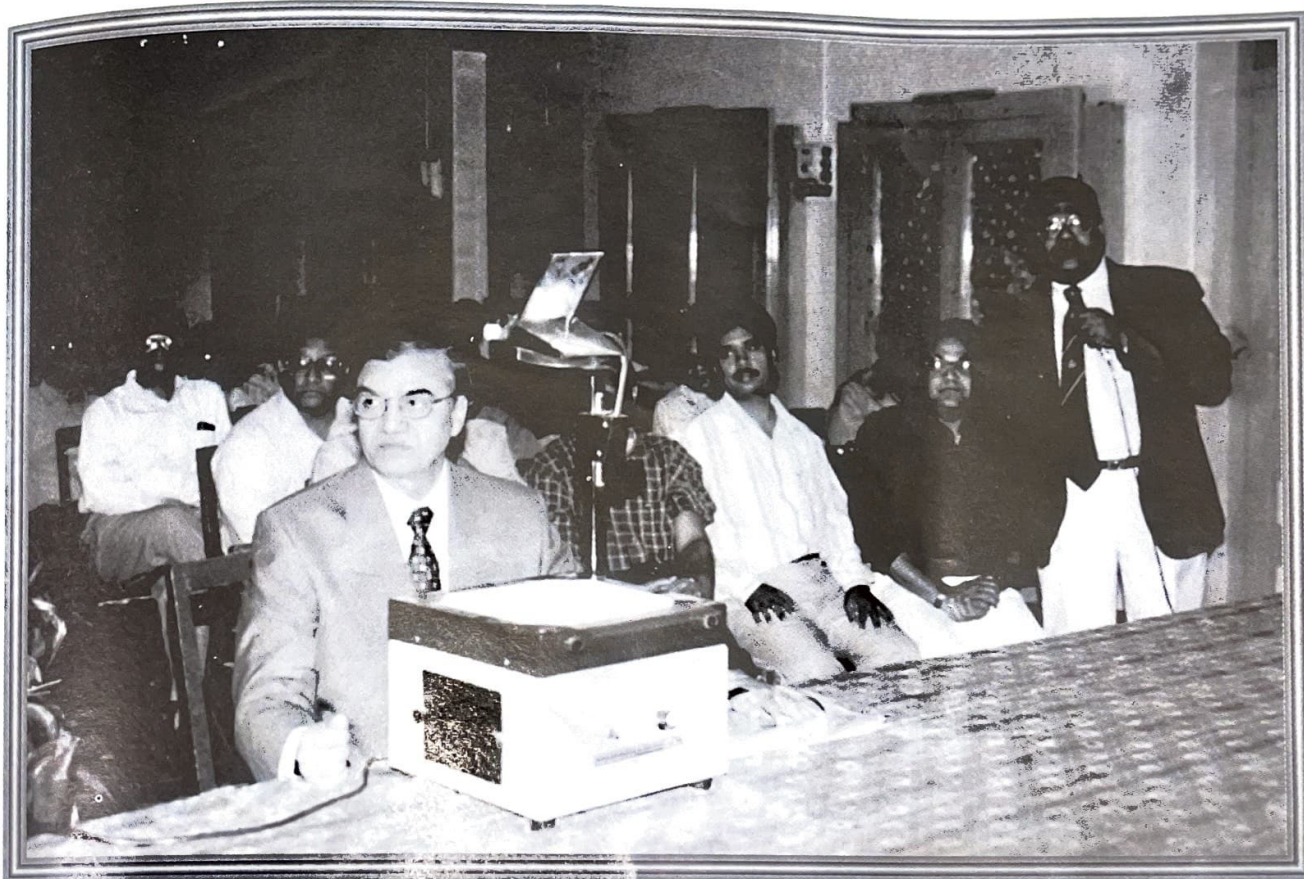


**Mass Rubella Vaccination Camp organised by IAFP Raichur.**



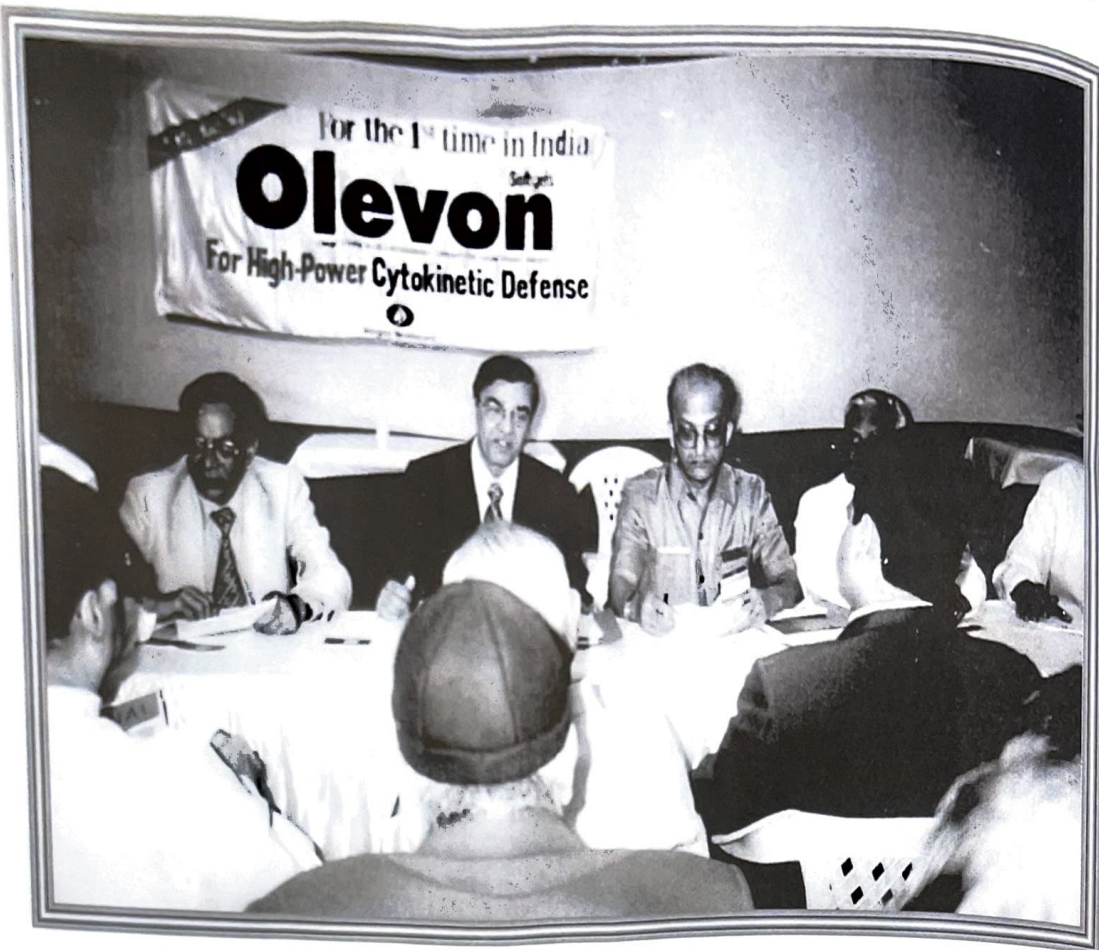


**CME programme of Family Physicians' Association of Nashik.**



**CME programme organised by FPA - Bhavnagar as part of Interunit activity of FFPAl between Bhavnagar Unit and Surat Unit.**



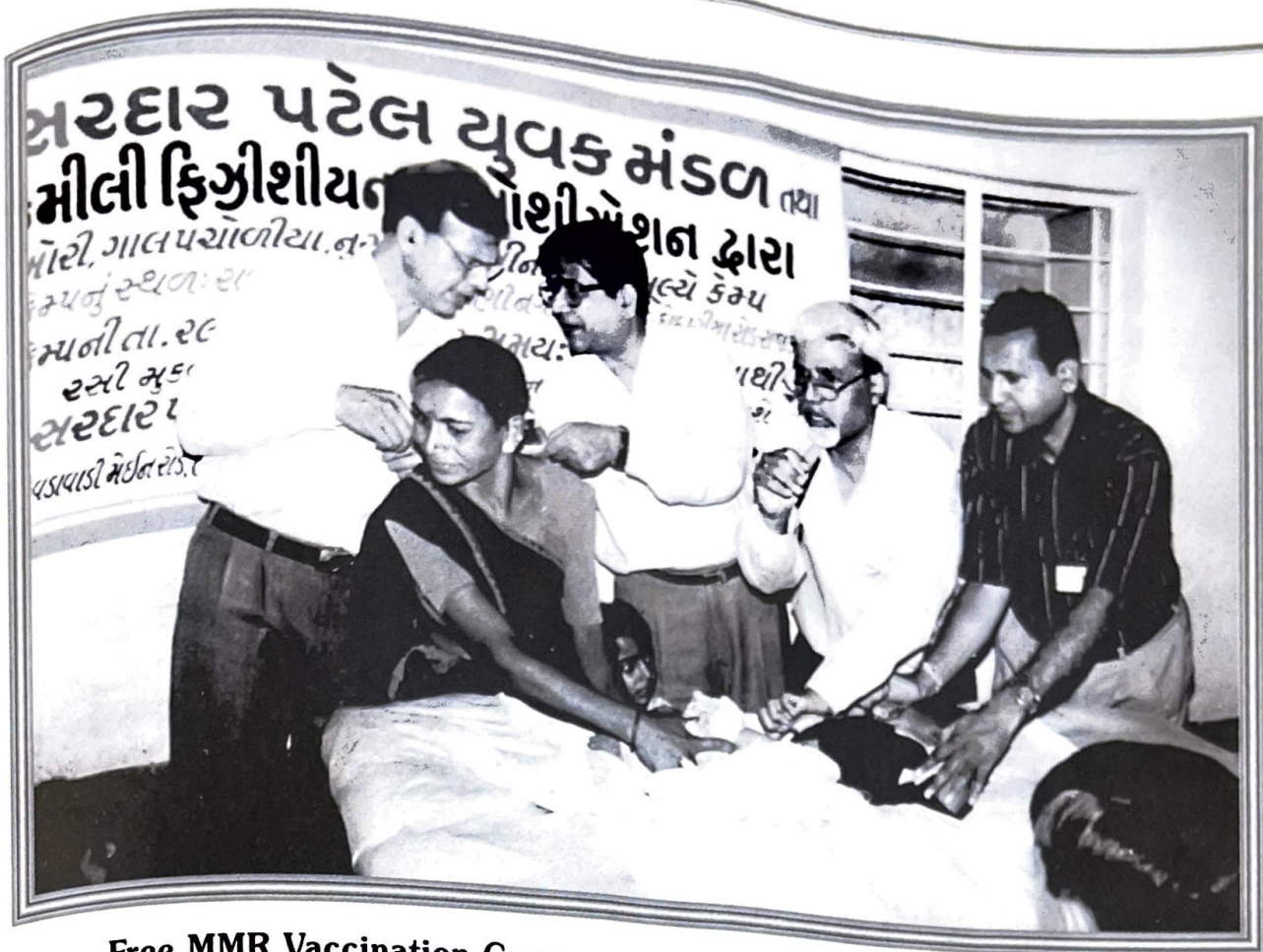


35th meeting of Central Executive Committee of FFPAI at Mumbai on 27-1-2001, during VII National Convention of FFPAI.



Installation Ceremony of President & New team of GPA Surat Executive Committee for the year 2001-2002.



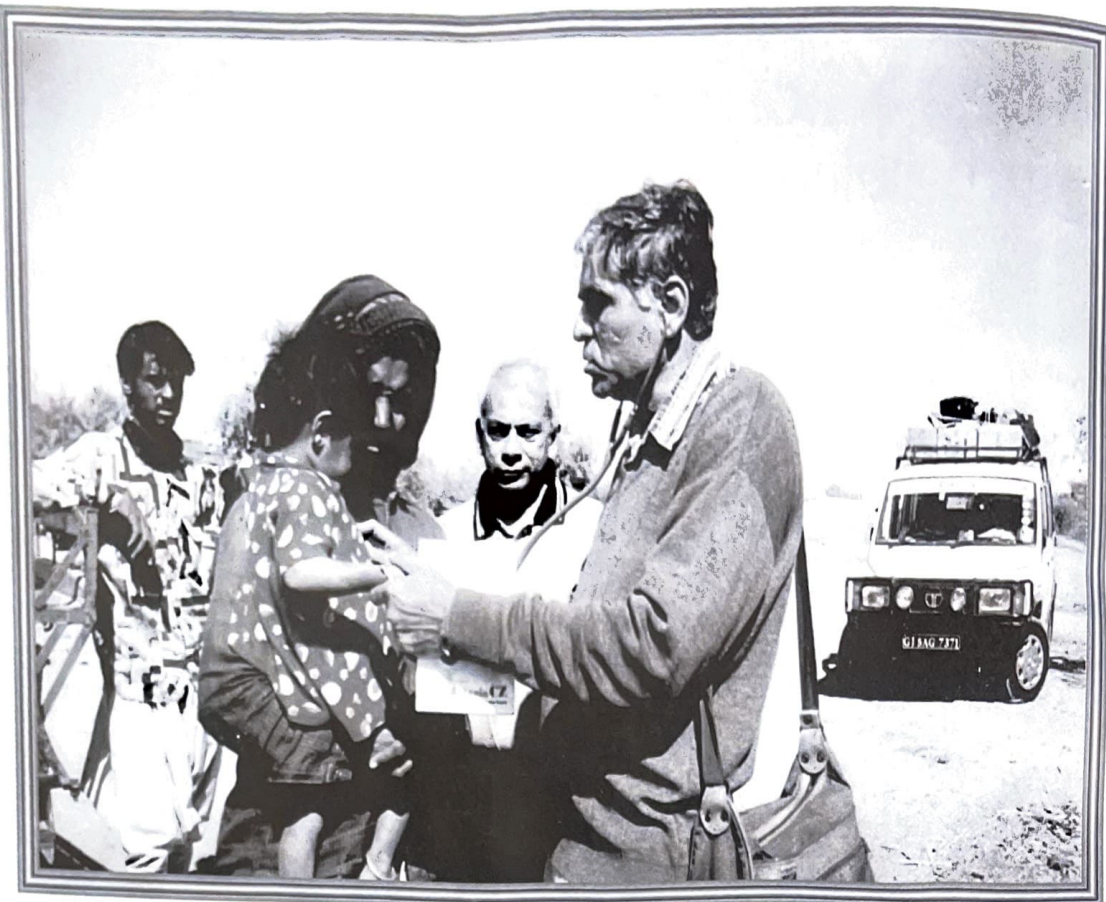


Free MMR Vaccination Camp organised by FPA - Rajkot on 7-1-2001.



Free Thalassemia Diagnostic Camp organised by FPA Rajkot on 24-6-2001.





**Members of GPA - Surat imparting their services at the earthquake affected area.**



**GPA - Surat dispatched a consignment of medicine and orthopedic kit to Surendranagar, a badly affected city during earthquake on 28-1-2001.**



# Drug Combinations : Think it Over

List of fixed dose combination (FDCs) banned by the Ministry of Health and Family Welfare,  
Government of India (vide notification number G.S.R. 170(E) dated : 12th March, 2001)

## BANNED COMBINATION

NALIDIXIC ACID+  
METRONIDAZOLE OR  
ANY OTHER ANTI-  
AMOEBIC DRUG  
NITROFURANTOIN+  
TRIMETHOPRIM

PHENOBARBITONE+  
ANTI-ASTHMATIC  
DRUGS

PHENOBARBITONE+  
HYOSCIAMINE AND/OR  
HYOSCYAMINE

PHENOBARBITONE+  
ERGOTAMINE AND/OR  
BELLADONA

HALOPERIDOL+  
ERGOTAMINE AND/OR  
BALLADONA

HALOPERIDOL+  
PROPANTHELINE  
BROMIDE OR  
TRIHENXYPHENIDYL OR  
ANY OTHER  
ANTI-CHOLINERGIC  
DRUG

LOPERAMIDE+  
FURAZOLIDONE

CYPROHEPTADINE+  
LYSINE AND/OR  
PEPTONE

DIAZEPAM +  
DIPHENHYDRAMINE

## IRRATIONAL COMBINATIONS

Partial, cumulative list of dubious fixed-dose combination (FDCs) being marketed in India but not approved in any developed country. Most of these combinations are not approved by the Drugs Controller General India.

NORFLOXACIN+TINIDAZOLE  
NORFLOXACIN+  
METRONIDAZOLE

CIPROFLOXACIN+TINIDAZOLE  
OFLOXACIN + TINIDAZOLE  
FLUCONAZOLE +  
TINIDAZOLE

MEFENAMIC ACID+ DROTAVERINE

NIMESULIDE+ PARACETAMOL

NIMESULIDE + DICYCLOMINE

NIMESULIDE + CHOLORZOXAZONE

NIMESULIDE+TIZANIDINE  
DICLOFENAC+TIZANIDINE  
IBUPROFEN+TIZANIDINE

NIMESULIDE + CAMYLOFIN

NIMESULIDE +  
SERRATIOPEPTIDASE

DICLOFENAC +  
SERRATIOPEPTIDASE

DICLOFENAC+FAMOTIDINE

IBUPROFEN+  
PARACETAMOL+  
MAGNESIUM TRISILICATE

RANITIDINE+  
DICYCLOMINE

SUCRALTATE+

DIAZEPAM + DRIED  
ALUM. HYDROX. GEL+  
MAG. TRISILICATE+  
DIMETHYLPOLYSILOXANE

DIAZEPAM+DRIED  
ALUM. HYDROX. GEL+  
ALUM. GLYCINATE+ OXYPHENONIUM  
OXETHAZINE

MAGALDRATE+ SIMETHICONE+  
OXETHAZINE+ DICYCLOMINE

DIAZEPAM+  
MAGALDRATE+  
OXYPHENONIUM

PIPENZOLATE METHYL  
BROMIDE + PHENOBARBITONE

CISAPRIDE +  
OMEPRazole

AMOXICILLIN+ SERRATIO  
PEPTIDASE

ROXITHROMYCIN+  
AMBROXOL

CEFOPERAZONE+  
SULBACTAM

AMLODIPINE+LISINAPRIL  
AMLODIPINE+RAMIPRIL  
AMLODIPINE+LOSARTAN  
ATENOLOL+ALPRAZOLAM  
PROPRANOLOL+ALPRAZO  
LAM  
PROPANOLOL+DIAZEPAM

CINNARIZINE+ DOMERIDONE

MEBENDAZOLE+  
PYRANTEL PAMOATE

MEBENDAZOLE+LEVAMISOLE

SIMVASTATIN+  
NICOTINIC ACID

MECLIZINE+  
NICOTINIC ACID

Re-printed from : MIMS INDIA

**“Good leaders SERVE THE NATION, bad leaders  
make the NATION SERVE THEM”**

COUNTRY FIRST



## DIARY OF A FAMILY PHYSICIAN

"Who am I ? I am a family physician by profession in the Garden City of India. My Bio-Data is very simple, born in the Garden City. Graduated in Science - B. Sc. and later graduated as MBBS from the reputed Medical Institution at Manipal and Mangalore in Karnataka. I took up family practice as a liking and as a choice. Married to a doctorate Psychologist wife who can do Psychological Analysis of my mind at any given time of day and night and a teenage school going daughter. Mine is a small family with a small contribution to check the population control of India.

Two decades ago, as a young graduate with MBBS, I started family practice without any basic training in family medicine. The art and fundamentals of family medicine was not taught at undergraduate level. Two decades of family practice was enough period to see and learn many many things both in profession and in life. At the early stages of practice, the art of interviewing the patient was meticulously followed and the result were found to be good, which gave further confidence to the public to seek my medical advice. It was a low consultation fee practice, a "Low cost High volume type" and the rewards from the practice was O. K. Slowly and steadily practice was getting established well.

By and large, ethics of profession was well followed and this helped me to earn respect from patients as well as consultants.

With cost of living going high and high, fees were slowly INCREASED to MODERATE charges. The impact of this was marginal drop of patients in the practice. House visits were done regularly. Middle and later years of practice were found to be same. Those who needed my medical advice followed without fail. With passage of time I became a senior practitioner in my territory of practice.

One most important thing I developed from my early stages of practice was to update my knowledge from books, journals, symposia, seminars, Continued Medical Education (CME) sponsored by Pharma Companies and also Our own Indian Association of General Practitioner (IAGP) at my place. Updating knowledge in the profession is a must for every practitioner.

Certain important issues in the profession keep tickling my mind. Qualified MBBS general practitioners in our organisation. FFPAI is a suitable one for this. MD in general practice as specialisation should be started at All India level Basis. This can be similar lines of United Kingdoms, Royal College of General Practitioners. FFPAI can become a foundation for this venture. This can make a general practitioner a consultant to earn better.

Secondly we as general practitioners should take a leaf out of the practicing lawyers association (Bar Council Association) of our country. Practicing lawyers at their retirement from the profession get monetary benefits as retirement benefits or in case of death their dependents, get the claim amounts through their association (Bar council Association). We as general practitioners have nothing such to offer. We have more to learn from others."

**Dr. R. P. LAKSHMIKANT**

B.Sc., MBBS

FAMILY PHYSICIAN, BANGALORE.

**N.B. :** Please note that SSS run by GPA GB give considerable claim amounts to beneficiaries in events of deaths of members. Any member of any member unit of FFPAI, is eligible to Join SSS of GPA GB. Kindly contact Hon. Gen. Secretary of FFPAI for further details.

- EDITORS.

**"A society in DANGER when those who have never learned  
to OBEY are given the right to command."**

COUNTRY FIRST



# CLIP IT IN THE INTEREST OF FFPAI UNITS OF FFPAI

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**"INFLUENTIAL get the BAIL, REST get the JAIL."**



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**"CORRUPT governance nither lets its citizens LIVE in DIGNITY  
nor DIE with DIGNITY."**

**COUNTRY FIRST**



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**"It is never the ACTIVITY of RASCALS that destroys a Society,  
but always the INACTIVITY of the GOOD PEOPLE that does it."**

**COUNTRY FIRST**



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**"WEAK people can never be SINCERE -  
COWARDS can never practice MORALITY. "**

**COUNTRY FIRST**



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**"A Society depends more on its citizens' CHARACTER  
than their INTELLIGENCE."**

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**Our Special thanks to :**

- ☆ HIDUSTAN LEVER LTD.
- ☆ HOTEL SUN INTERNATIONAL - GULBARGA, KARNATAKA.
- ☆ GENERAL PRACTITIONERS' ASSOCIATION - SURAT.
- ☆ UNITS' OF FFPAI WHO CONTRIBUTED TOWARDS, EARTHQUACK RELIEF FUND.
- ☆ PROGRESSIVE PRINTING PRESS - SURAT.
- ☆ DR. TONY T. NICHOLAS - SURAT.

**We welcome**  
**GENERAL PRACTITIONERS' ASSOCIATION - ANJAR (KUTCH)**  
**GENERAL PRACTITIONERS' ASSOCIATION - BHUJ (KUTCH)**  
**IN THE FFPAI FAMILY**

**E-MALE and FEMALE**

- E-Male means male-ego.
- The fact which I realized from childhood as a female about E-Male are as follows :
  - When a female stands first in the class it is either her smile or sobs and for a male it is his brain.
  - A female can conquer all the prizes during a school or college life but during actual professional life its a macho world.
  - If there is dispute of a female at any place, either at work or profession, it is taken as a grumbling nature of a female, and if it with male than it is a real injustice.
  - To survive at two worlds (home & workplace) female has to satisfy an E male whosoever may be - father, husband, son etc.,
  - In a profession female has to work harder than male to gain the same position.
  - Though there is an increase in a female professionals, the females reaching the highest position in the institutions or associations is still a rarity.
  - Exceptions prove the rule.

**Dr. Kanta Bhootra (SURAT)**

**"Bad leaders take MONEY from the rich,  
VOTE from the poor, promising to protect one from the other."**

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# ACTIVITIES OF DIFFERENT UNITS OF FFPAI

## RAJKOT UNIT

### INVITATION TO ALL UNITS OF FFPAI

Rajkot F. P. A. Unit is Organising "MADHUSUDAN PAPER PRESENTATION COMPETITION" every year since 1994. It is sponsored by Dr. Hemang Vasavada of "Madhuram Hospital" Rajkot.

All the units of FFPAI are invited to participate in this competition which will be held in early 2002. It is proposed to invite all the family physicians of member units of FFPAI.

For further details and rules please wait till the next issue of "FFPAI Medical Times" or contact FPA Rajkot Office.

### CLINICAL MEETING

#### Date

24-12-2000

18-03-2001

13-05-2001

03-06-2001

17-06-2001

#### SUBJECT

Newer Anti Lipidemic Drug

Symposium on Diabetes

Complication of Diabetes

& Role of Acarbose (Glucobay)

Role of Hepamerz & Udihep In Liver Disorder

Insulinology & Myths about Insulin Therapy

Hypoglycaemia & method to prevent it

### MADHUSUDAN PAPER PRESENTATION COMPETITION

Madhusudan paper presentation competition was held on 08-04-2001 at FPA hall. This competition is held every year & sponsored by Dr. Hemang Vasavada. This competition is having two categories one for FPA members and other is open category. Total 18 competitors participated in it.

#### FPA Rajkot Group

1st Dr. Jaydeep S. Antani

2nd Dr. Bimal N. Buch

#### OPEN group

1st Dr. Sanjay Pandya

2nd Dr. Ashish Jasani

3rd Dr. Ketan Thakker

### SOCIAL ACTIVITIES

#### FPA RAJKOT HELPS AND EASE PAIN OF EARTH QUAKE VICTIMS OF KUTCH, RAJKOT AND JAMNAGAR DISTRICTS

Immediately after the earth quake hit Kutchh and Rajkot district IMA and FPA Rajkot swing into action and relief work started on the same day. Two teams of four doctors visited Morbi, Tankara Malia and surrounding remote villages on daily bases and started relief work. They visited more than 100 villages. A base camp was also set at anjar where our members changed every 48 hours to provide round the clock treatment and assisted an orthopaedic surgeon in surgery. Medicines were supplied freely and generously. Needy patients were given treatment on the spot or shifted to bigger cities.

Around 12,000 (twelve thousand) patients were catered to by our serviceable members.

We are sincerely thankful to our members who rendered their voluntary services even during working days about 50 members helped FPA to carry out this huge task

#### 1 M.M.R. VACCINATION CAMP

FPA along with Serum Institute of India carried out MMR vaccination camp at 10 different places at clinics of our FPA members on 07-01-2001 at reduced rate of Rs.50/ and 2000 children were vaccinated.

**"Unprincipled ALLIANCES keep generating recycled TRASH and not fresh TALENT."**

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## 2 FREE M.M.R. VACCINATION CAMP

## 3 HEPATITIS-B VACCINATION CAMP AT REDUCED RATE

## 4 FREE THALASSEMIA CAMP

FPA Rajkot and along with SARDAR PATEL YUVAK MANDAL carried out free MMR Vaccination camp at RajMandir Hall in slum area of Jangaleshvar. Two Thousand children were vaccinated, on 29-04-2001. FPA along with Manav Seva Kalyan Trust carried out Hepatitis-B vaccination camp in slum area Popatpara on 03-05-2001 and 10-06-2001 about 460 doses were given at reduced rate of Rupees 20/-only. FPA RAJKOT AND MARUTI YUVAK MANDAL OF BHOMESHVAR, RAJKOT along with RAJKOT VOLUNTARY BLOOD BANK AND LIFE GROUP carried out free diagnostic camp on 24-06-2001

### CME 2000-2001

DATE	SUBJECT	DATE	SUBJECT	DATE	SUBJECT
01-12-2000	PAEDIATRICS	23-02-2001	PAEDIATRICS	01-05-2001	Measles
06-12-2000	Nephrotic Syndrome	02-03-2001	ORTHOPEDIC	04-05-2001	T. B. Spine
08-12-2000	PAEDIATRICS	06-03-2001	Anaemia	08-05-2001	Measles and German Measles
13-12-2000	Nephrotic Syndrome	09-03-2001	Osteoporosis	11-05-2001	T. B. Spine
15-12-2000	PAEDIATRICS	13-03-2001	Anaemia	15-05-2001	Red Eye
20-12-2000	Nephrotic Syndrome	16-03-2001	Osteoporosis	18-05-2001	T. B. Spine
22-12-2000	PAEDIATRICS	20-03-2001	Anaemia	22-05-2001	Cataract
27-12-2000	Nephrotic Syndrome	23-03-2001	Osteoporosis	25-05-2001	Osteomyelitis
29-12-2000	PAEDIATRICS	27-03-2001	Anaemia	29-05-2001	Cataract
02-01-2001	Nephrotic Syndrome	30-03-2001	Osteoporosis	01-06-2001	Depression
04-01-2001	PAEDIATRICS	03-04-2001	Neonatal Jaundice	05-06-2001	Refractory Error
09-01-2001	Nephrotic Syndrome	06-04-2001	Low Back Pain	08-06-2001	Hyper active child
11-01-2001	Anaemia	10-04-2001	Bronchial Asthma	12-06-2001	Refractory Error
14-01-2001	Nephrotic Syndrome	13-04-2001	Disk Lesions	15-06-2001	Common Fracture
18-01-2001	Anaemia	17-04-2001	Bronchial Asthma	19-06-2001	Glaucoma
21-01-2001	Nephrotic Syndrome	20-04-2001	T. B. Spine	22-06-2001	Common Fracture
20-02-2001	Osteoporosis	24-04-2001	Enteric Fever	26-06-2001	Refractory Error
		27-04-2001	Rabies & Its Vaccination	29-06-2001	Common Fracture

### GENERAL PRACTITIONERS' ASSOCIATION BHARUCH

- 26-4-2001 - A Clinical meeting on C O P D
- 15-6-2001 - A Clinical meeting on "Approach to Acute chest pain."

It is a matter of pride & pleasure for GPA Bharuch that one of its founder member Dr. Piyush Parikh installed as President of Rotary club of Bharuch on 4-7-2001

### BHAVNAGAR FAMILY PHYSICIANS' ASSOCIATION

18-3-2001	Art of Living
25-3-2001	Diagnostic & Free Treatment camp
18-3-2001	Institutional visit to Apang Parivar, Bhavnagar
22-4-2001	Hepatitis-B Vaccination Campaign - through 21 services centres at Bhavnagar
20-5-2001	Hepatitis - B Vaccination campaign -2nd dose.
16-5-2001	Seminar On Leprosy
22-5-2001	Slide show on Neurological Experience
to 24-5-2001	
30-6-2001	Practical management of stress

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"Future LEADS the willing and DRAGS the unwilling."



## **GENERAL PRACTITIONERS' ASSOCIATION (GREATER BOMBAY)**

Annual General Body Meeting of General Practitioners' Association was held on 17th June 2001. New President and office bearers are appointed as follows:

President	: Dr. P. R. Melmane
Vice Presidents	: (1) Dr. Bakul S. Mehta (2) Dr. Shailendra C. Mehtalia (3) Dr. S. G. Shanbhag
Hon. Treasurer	: Dr. P. R. Agarwal
Hon. Gen Secretary	: Dr. Suhas H. Pingle
Joint Secretaries	: (1) Dr. Chandrakant M. Kenia (2) Dr. Rajendra H. Trivedi (3) Dr. Harish M. Walavalkar

The International Meet on Family Practice coinciding with 31st Annual Conference of General Practitioners' Association - Greater Bombay and 7th National Convention of Federation of Family Physicians' Associations of India was held on 26th, 27th & 28th January 2001 at St. Andrew's Auditorium, Bandra (West) Mumbai - 400 050. The theme of the conference was "Challenges in Family Medicine." The conference was attended by 1112 delegates including 324 outstation delegates. The conference was inaugurated by Hon' ble Justice Dhananjay Chandrachud, High Court Bombay and the Shri V. Ranganathan Chief Secretary, Govt. of Maharashtra released the Souvenir and GPA publication "Medical Negligence - the Indian Scenario" by Dr. Gopinath N. Shenoy. A book on "Vaccination Wizard", FPA Rajkot Publication was also released by FFPAI President Dr. Jayendra Kapadia

## **GENERAL PRACTITIONERS' ASSOCIATION OF MIRAJ**

Monthly Clinical Meetings :-

1. Medico-legal Awareness (with IMA Miraj Branch)
  2. Rules & Regulations of FDA & Doctor's Indemnity Insurance
  3. Urology in general practice
  4. Orthoscopy & Rofecoxib
  5. Bronchial Asthma & it's management
- ❖ Annual General Meeting & family get together
  - ❖ Hepatitis-B vaccination camp with Pfizer Ltd.
  - ❖ Executive Committee Meeting at Padgaon Dam Site
  - ❖ Collected more than Rs. 1,00,000-00 for the Gujrat earth-quake relief fund & handed over to Dist. Collector with IMA, Miraj Branch.

## **FAMILY PHYSICIAN'S ASSOCIATION, NASHIK**

### **CME LECTURES**

- 1) Rational use of Blood on 26th May 2001
- 2) Hepatic disorders and the management by on 23rd June 2001 in association with 'Win Medicare Ltd.'

On every Second Friday of the month we have started clinical meeting- 'Do and Dont's of General Practice by our own G. P. Members.'

## **GENERAL PRACTITIONER'S ASSOCIATION SURAT**

### **CME LECTURES**

- 7-1-2001 "Preconceptional Sex Selection"
- 25-3-2001 (1) Recent advances in infertility management  
(2) Recent Management in DUB

**"Anuone who PROTECTS from CRIME  
is a part of it. No crime is VICTIMLESS."**

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- 6-5-2001 (1) Vaccination under special circumstances  
(2) Critical evaluation of newer vaccines
- 20-5-2001 "Managing Viral Hepatitis"
- 10-6-2001 "Evidence based medicine in cardiology, millenium guidelines in cardiac intervention"
- 08-7-2001 Roll of general practitioners in managing cancer patients
- 07-2-2001 Eczemas - Types d/d and Management
- 14-2-2001 Backache - d/d and Management
- 21-2-2001 Osteoarthritis and Rheumatoid arthritis
- 28-2-2001 D/D. of discharge from ear
- 07-3-2001 Vertigo, D/D and Management
- 14-3-2001 D/D. of discharge from the nose, Acute and Chronic Sinusitis
- 21-3-2001 Chronic diarrhoea Irritable Bowel Syndrome
- 28-3-2001 Acid peptic disease
- 04-4-2001 Jaundice - Types, D/D & Management
- 11-4-2001 Role of Diet in prevention of diseases
- 18-4-2001 Drugtherapy of Uncomplicated Diabetes Mellitus - Type I & II
- 25-4-2001 Approach to patients of Anaemia
- 02-5-2001 Common Rheumatological problems - diagnosis & Management

### **LECTURES OF GPA ACADEMY**

- 09-5-2001 Drugtherapy of Hypertension
- 16-5-2001 STDS & their Management
- 23-5-2001 Role of diet in treatment of diseases
- 30-5-2001 Common dental problems & their management
- 06-6-2001 Overview of Oral Surgical Problems
- 13-6-2001 Disorders of Menstruations
- 20-6-2001 Antenatal care & role of family physician
- 27-6-2001 Inhaler therapy in the management of bronchial asthma
- 04-7-2001 Role of interventions in Acute myocardial infarction and acute coronary syndromes
- 10-7-2001 Cerebrovascular accidents
- 18-7-2001 D/D. & management of movement disorders
- 25-7-2001 Evaluation of thyroid disease & their management

### **SOCIAL ACTIVITIES**

- 23-1-2001 "Free Eye Check-up, Medicines including distribution along with distribution of spectacles at concessional rate" in Collaboration with Amroli Medical Circle, NSS of Amroli College, at Amroli College Campus, Amroli
- 04-3-2001 Blood Donation Camp
- 27-3-2001 Last dose (III Dose) of Hepatitis - B Vaccine given (Total 95 Doses) to students of Andhjanshala at free of cost
- 29-3-2001 Blood Donation Camp at Amroli Arts & Commerce College, total 20 units collected
- 31-3-2001 Last dose (III Dose) of Hepatitis - B Vaccine given (Total 140 Doses) to students of Mahajan Anathashram
- 10-6-2001 Blood donation Camp Udhas Devasar
- 30-6-2001 Sex education programme at R. D. Contractor high School, Nanpura, Surat

**"A fool confuses - POWER for Virtue, CONVICTION  
for Truth, REVENGE for Justice, KINDNESS for Weakness"**

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## OTHER ACTIVITIES

### **Bhukamp Rahat Nidhi**

To help the needy people of Kutch and Bhuj soon after the earthquake of 26-1-2001, GPA Surat had started "Bhukamp Rahat Nidhi". Rs. 4,00,000/- were collected for the noble cause Rs. 2,00,000/- were distributed to the affected persons by distribution of medicine and orthopaedic kits and Rs. 2,00,000/- were distributed in cash to affected medical practitioners who had lost almost everything in the natural calamity.

### **HOSPITAL ATTENDANT & COMPOUNDING TRAINING COURSE**

GPA Surat joined hands with Jeevan Bharti Mandal which is a reputed educational institute of Surat City to start a novel hospital attendant cum Compounding course.

#### **Aims of the course :**

- ★ To Provide training to the students who can work as an assistant to medical and paramedical professionals and can secure jobs in clinic or nursing homes.
- ★ To prepare the students who can handle and provide first aid treatment during emergency.

#### **General Points :**

10th Std. pass students will be enrolled for this six months duration course, consists of 30 days of theory participation and 150 days of practical training.

The training will cover clinical anatomy, physiology, First aid, clinical pharmacology, General nursing care, Clinic & OPD Management, Medical instrumentation, Communication skills & English language training.

#### **At the end of course**

- ★ Student should be well acquainted with common nursing principles, procedures like, I. M. Inj., I. V. Inj. measuring temperature, blood pressure, etc.
- ★ Student should be able to identify the seriousness of the symptoms in the absence of a doctor
- ★ Student should be able to provide First aid management
- ★ Student should be able to handle/administer day to day clinical routine work

### **GOVERNMENT MEDICAL COLLEGE SURAT ALUMNI ASSOCIATION**

Till date GMCS proud to have about 3500 doctors rendering their services to the society as a different medical speciality in our country and abroad. Recently we have formed Government Medical College Surat Alumni Association. Doctors who entered GMCS since 1964 are requested to inform us at earliest so we can expand our bond of brotherhood, love and affection to our fellow colleagues.

Kindly communicate to us and motivate more our colleagues who are working as a medical practitioner within the vicinity of your area. Membership fee Rs. 100/-

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principles end up LOOSING both."**

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'FFPAI Medical Times' published by : General Practitioners' Association, SURAT.