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AUGUST 2003

FFPAI MEDICAL TIMES



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(Mumbai)

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FEDERATION OF FAMILY PHYSICIANS' ASSOCIATIONS OF INDIA

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EDITORIAL

MILLIAN DOLLAR ADVISE, FREE OF CHARGE.

A lawyer was invited by his family friend for a dinner on a weekend in the USA. It was a well served dinner and the host during the dinner discussed about few queries pertaining to his case which was in the court of law. Lawyer replied all the queries peacefully and to the point. Host received handsome bill next day from the lawyer as his professional fees.



A family physician attended a marriage reception with his family members. During his stay there for about one and half hour, VIPS, his family patients including their relatives received one hundred percent authentic scientific information ranging from Hepatitis-B vaccine, diet and exercise after bypass surgery, post operative care after delivery, prevention of malaria during monsoon, different methods of contraception absolutely free!!

Millian dollar question here is, should the family physicians advice free of charge at any given time! Now its a high time that we need to introspect about our approach with the society on such an important issue.

When a family physician approaches for any guideline to his chartered accountant, his interior designer, his tax consultant, his lawyer. What do they give you? Advice and only advice, and they charge their professional fees for the same. A family physician dispenses medicines gives injection and charges fifty rupees with advice free! When everything in the world changes fast with a rapid pace, we should also need to change with the circumstances. It is a need of an hour.

Our patients many times approach us with a big file (fat file syndrome) with numerous investigations and difficult diagnosis which snatches our valuable time during practicing hours and us a result of a valuable advice, 'thank you' is the only compliment awarded with the pleasant smile. We are yet to hear from a family physician charges for his skill in such situations.

All of us have experienced about "free of charge" advice on phone for trivial illness or for dosage adjustment. "Treatment on phone should be discouraged at all level. It is said "habit if not resisted becomes essentialities". A sense of insecurity about losing a patient should be discouraged too. Its high time that we charge for our professional fees for the skill used, initially it may feel awkward but its hard facts that family physician, to update his knowledge attends CMEs, conference, clinical meetings, to gain scientific knowledge and as a resultant consequences to charge a reasonable professional fees is your basic right. We have to set an example and lead our other colleagues to follow it.

Dear friends, your valuable suggestions are welcome in this regard. We shall try to publish your valuable suggestions in the forthcoming issue of 'FFPAI Medical Times'. Kindly circulate this issue to our fellow colleague and we would like to hear from them about the present issue of 'FFPAI Medical Times'.

Dr. Jayendra Kapadia.
Editor
FFPAI Medical Times.

PRESIDENTIAL MESSAGE

Dear Colleagues,

It gives me immense pleasure to communicate with you once again, now as a President of our prestigious all India body Federation of Family Physicians' Associations of India. I am fortunate to be associated with Federation, since its inception as an invitee - as a Constitution Committee member - as Hon. Treasurer and last as Hon. General Secretary and now as a President. I am proud to say that I am elected in truly democratic way with open - free and fair way. As we know the tactics played at different election.



We all have read in the newspaper about malpractices in the election. It shows the true spirit of all our members that without showing the groupism real grassroot worker can also be elected as the President

Before I say anything I wish to thanks all my friends whose love and support only gave me courage to accept the heavy responsibility. My special thanks to Surat - FPA and Baroda. FPA. Who had proposed my name for this post specially Dr. Jayendra Kapadia and Dr. Jasubhai Shah without whom I would have never been President. I cannot forget Dr. G. N. Sheth from GPA-GB who withdrew his nomination and supported to me. It is not possible to mention all the names here, but I am very much thankful to all my friends who have supported me, during my tenure as Hon. Treasurer and Hon. Secretary and now continuing their support for the President too.

Friends, we had our 1st Central Executive Committee meeting at Mumbai on 30.03.2003 and second is due on 17.08.2003 at Pune. I wish to inform you that during the 1st meeting we have appointed an advisory committee as per our constitution and re-organised the Editorial Board.

We have received some resolutions for change in constitution. Especially with related to election procedure from Past Vice President Dr. V. S. Parikh and past Hon. Treasurer Dr. R.C. Shah in their individual capacity, which was circulated by them, to be discussed at Central Council meeting at Kolkatta. Since, it was not properly circulated with agenda, then the President Dr. A. N. Borgaonkar referred them to the Central Executive Committee to be dealt with it. He also suggested few changes for the election procedure. With that we have appointed constitution sub-committee to go into the detail and the same has been re-circulated to all the Units for their comments and suggestion. Till now we have not received any suggestions from any unit, I request all the units to discuss it at the Unit and send the suggestion.

As immediate Past President Dr. Borgaonkar had said at the Central Council meeting of Kolkatta about getting the recognition of family medicine as a specialty by the government, I wish to inform you that we are having a dialogue with the Government of India and University level too. Along with our Past President Dr. Jayendra Kapadia and IPP Dr. A. N. Borgaonkar we had a meeting with our Hon'ble Health Minister Smt. Shushma Swaraj at Delhi on 05.05.2003 and submitted our demand. Her positive response is encouraging and she has referred our letter to secretary of health department for further study and evaluates the proposal. I wish to convey our sincere thanks to the Karnataka BJP President Shri Basavraj Patil - Sedam for his help to get the appointment with Health Minister.

Further to this, I along with Dr. Borgaonkar, Dr. Fareed, Dr. Jaiprakash and few other members from Bangalore unit had a meeting with Dr. Chandra Shekar Vice Chancellor of Rajiv Gandhi University of Health Sciences on 24th May, 2003. We had very good positive response from him also. A second meeting with the registrar Dr. Shriniwasgouda was held on 22.07.2003. Due to short notice I could not attend. We had submitted a syllabus prepared by FFPAI along with the details of courses arranged by GPA - Bombay and Surat. University is preparing and syllabus for MD Courses in family medicines with the requirement of Family Practitioners from a Family Practitioners' point of view. I am glad to inform you that the registrar has promised us and accepted two members from Federation on the committee for formulating the course and we are sure constant efforts by Dr. Borgaonkar will have a good result.

Our friends from Bangalore, Kolkatta and other units are demanding to start SSS (Social Security Scheme) at our Federation level. The subject was discussed in past and was differed at that juncture of time. Now again members have suggested giving a second thought and starting the scheme. I request all the units to send their suggestions with the broad base outline for the same so that we can finalize for our member. The major point to be taken into consideration is to have a regular increment in the membership strength. However, once again I appeal all the units to join the ready successfully working scheme of GPA - GB and get immediate benefit for the family.

I request all the units to inform their members about our next 9th National convention of FFPAI to be held at Bangalore in January 2005 and try to register maximum members from your unit.

Long live FFPAI.

Dr. S. C. Mehtalia
President, FFPAI

NOTICE

Dear CEC Member,

It is hereby inform that the next 43rd meeting of members of the Central Executive Committee of Federation of Family Physicians Associations of India will be held on :

Day, Date & Time : Sunday, 17th August, 2003, 11.00 a.m.

Venue : General Practitioners' Association,
C/o. IMA House, 992 Sukhrawar Peth,
Tilak Road, Pune - 411002.

Email: gpcon200@yahoo.com.

For return reservation and accommodation if required and please contact.

Dr. Anil Panse
Vice President, FFPAI
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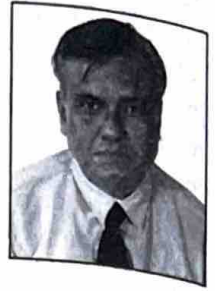
Dr. Vivek Billampelly
President, GPA - Pune
Ph: (020) 6931554

Dr. Mahesh Wayal
Hon. Secretary
GPA - Pune.
Ph: (020) 5445312

Yours Sincerely,
Sd/-
(Dr. Shailendra Mehtalia)
President, FFPAI.

HON. GEN. SECRETARY, FFPAI COMMUNICATES

Dear Colleagues,



My pleasures to be in touch with you through this media.

On 1st February, 2003 the 18th meeting of the Central Council was held at Kolkata, where the new FFPAI TEAM was elected and their names appear on inside cover.

On 30th March 2003 42nd Central Executive Committee Meeting was held at Mumbai, where following business was transacted.

- (1) Vacancy in Central Executive Committee was filled up with appointment of Dr. K. S. Hande from Bangalore
- (2) New Editorial Board was formed with Dr. Jayendra Kapadia from (Surat) as Editor and Dr. J. S. Antani (Rajkot), Dr. Dilip Deodhar (Pune), Dr. B. C. Rao (Bangalore) and Dr. Vinod Shah (Surat) as members of Editorial Board.
- (3) A Constitution Sub-Committee was formed with myself as convener and Dr. Abhay Borgaonkar (Gulbarga), Dr. Jasubhai V. Shah (Vadodara) and Dr. Subhash Joshi (Surat) as members to consider constitutional reforms proposed by Dr. Ramesh Shah and Dr. Abhay Borgaonkar and such other reforms in future.
- (4) Measures to increase new member units discussed.
- (5) Measures to revive sick defunct units discussed.

On 27th July, 03 - Constitution Sub-Committee Meeting and Editorial Meeting were held at Mumbai. The Constitution Sub-Committee discussed proposals from Dr. Ramesh Shah and Dr. Abhay Borgaonkar to be further considered at next Executive Committee Meeting to be held at Pune on 17th August 2003. The Editorial Board Finalised matter for publication of next issue in August 2003. It also discussed steps to give best reading materials at all times through this FFPAI MEDICAL TIMES. The member units must be touch with Editor and the Board members about new activities undertaken and about submitting useful articles.

Regular CME. Programmes must continue at all levels and members must take advantage of the neighbouring units and interact with them for academic update and to qualify for periodic re-registration. The units must seek recognition through respective state medical councils.

Efforts are being made for post graduate course in Family Medicine. At present, Bangalore unit and GPA. GB units are working on the same. The units must also strive to establish institutes or academies for general practice on lines of Mumbai and Surat.

Research is vital in updating practice. Member units must not only work on their local units but must co-relate and co-ordinate National Research Projects.

Members units must also strive hard to win Best Unit Trophies, thus improvising the functioning and widening the scope of activities.

Smaller units also can win special trophy and can get some assistance for Scientific Activities, Postal tuitions - FFPAI Directory can be made if we get names, addressed, qualifications, and telephone numbers of all the members of all member units. FFPAI can be a large intimate family.

Meeting CME programmes, conferences, conventions can help to build up closer relationships. Ninth National Convention to be held at Bangalore in year 2005, awaits you all. So friends, let us join hands to increase new member units, to revive defunct units and to enhance the image of FFPAI.

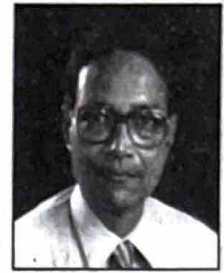
Let us all aspire to fortify FFPAI Empire

Dr. Ramesh C. Shah.
Hon. Gen. Secretary, FFPAI

I don't know the key to success, but the key to failure is trying to please everybody.

OPEN LETTER TO HON'BLE HEALTH MINISTER OF INDIA

A medical graduate who wishes to enter family practice is not only taught "What is not required" in family practice but is taught subjects irrelevant in family practice. Thus he is in search of a forum, which can give him the necessary training to be a good family physician. We have also noted that a family physician suffers from double handicap. On one side he has to compete with the specialists and on other side the enormous number of quacks. Unfortunately no government takes serious steps to abolish quackery.



The only solution for such a pressing problem is that the universities should start teaching family medicine both at undergraduate level and postgraduate level. This will certainly ease the pressure on the specialists and more number of well-equipped family physicians will be a big asset to the society. What about continued medical education for family doctors? Once we came out Medical Colleges nobody is bothered to find out what are our needs?

How can we keep up with advances in medicine? Here at this stage I wish to make a special mention about the GPA movement taken up by a GPA Mumbai. Further, with their initiative and other units coming up in the country, finally an all India body "FEDERATION OF FAMILY PHYSICIANS' ASSOCIATIONS OF INDIA" was born. The scientific committee of FFP AI gave a serious thought and decided to have a first step i.e. self help step. The scientific committee has prepared a one year CME syllabus in family medicine. I hope this will be base on which we will build up a solid building of family medicine in the form of a postgraduate course in family medicine. It will not be out of the way if I mention and congratulate our Ex Prime Minister Smt. Indira Gandhi, who had made a special mention about the need of giving proper training to the family doctors so that the primary care in our country will be perfect. This was said in Geneva meet. I am also reminded about the slogan "HEALTH FOR ALL BY 2000". Why did we fail in this? The simple answer is the authorities concerned never thought of the primary care Physicians i.e. Family physicians. The same is the story with family planning measures. As the Family physicians enjoy the confidence of their families Patients the Government must involve family physicians in this project of family planning and incentives and remuneration to encourage them. So let us all accept that health for all can be achieved by having more number of well equipped family physicians and not with more number of five star hospitals. So it is our bounded duty to strengthen the grass root medical services.

It is also necessary for the family physicians to change with time and think of going in for group practice, instead of solo practice. Group practice does not mean polyclinic but it means more number of like-minded family physician coming together and start serving the society. Modern medical practice requires expensive equipments, big premises, and qualified staff. Which are out of reach of a single doctor? Thus the solution is pool everybody's resources and start group practice. Family physicians are very much concerned with chaotic situation that exists in the medical education today. We have no voice in framing the medical curriculum and thus it is at present hospital based and specialist oriented in the medical colleges. And not in the direction to help the family physician

Even we are lagging behind in organizing ourselves. 8th National Convention of FFP AI at Kolkata has proved to be a stimulant to all of us which will result in improving our organizational capacity We will take an oath here and say we will have units of family physicians' associations in each corner of our country. Last but not least let us have a clear concept that our federation is primarily an academic body interested in improving the standard of family physician. Please note "NO PLACE FOR ANY POLITICS PLEASE".

Only who strives for excellence in medical knowledge should lead us and join us. Our demand is to take us as a part of medical education in medical colleges.

DR. A. N. Borgaonkar
IPP FFP AI, Gulbarga

SHAPE THE FUTURE OF LIFE: HEALTHY ENVIRONMENTS FOR CHILDREN

As we all know, that World Health Organization (WHO) is a specialized non political health agency of the United Nations existing since 1946. The WHO activities in South - East Asia Region (SEAR) cover a wide range of subjects to attain the highest level of HEALTH by all people. In the past 50 years, WHO worked positively to uplift the people's health for Malaria eradication, TB control, Health statistics, improvement of health Administration, Rural health services, MCH, Nursing Care, Environmental health, Dental health, Medical rehabilitation, quality control of drugs, Blood transfusion and of course last year "Move for Health" was included. This year the theme selected is "Shape the Future of Life: Healthy Environments for Children" is one more feather added by WHO for the community health. For his



Year	: Theme Celebrated	1999	: Active Ageing Makes the Difference
2002	: Move for Health	1998	: Pregnancy is Special, let's make it safe.
2001	: Mental Health; Stop exclusion, Dare to care	1994	: Healthy oral, Healthy Life.
2000	: Blood saves lives, Safe Blood starts with me	1992	: Be Prepared (for Disasters Management)

World Health Day, 7 April 2003 was dedicated to the health of children and their environments. On April, 7 we focused on the dangers children face in the places where they live, learn and play. We want to raise awareness about health risks in these environments. Our objective is to mobilize world wide action to create healthier environments for children.

Every year, over 5 million children die from illnesses that are a result of their environments. The main killers are diarrhea, and respiratory conditions, malaria and other illness transmitted by insects. Many deaths pediatrics aged group result from unintentional injuries. There are many ways to prevent these deaths. But despite this knowledge these millions of children are still dying. We know what needs be done: enable those responsible for the health and well being of children themselves, to put this knowledge into practice, and create healthier environments. This calls for local action, backed by a world wide campaign.

Considering the theme there are some advisable steps which will help us to build healthy environment for children.

1. In your Home-Store water in covered containers in safe, clean and cool place-Promote the use of improved stove and cleaner household fuels-Wash our child's and your own hands with water and soap before preparing food and eating and after defecation- Keep your child away from smoke during peak cooking times and do not smoke near children-Store household cleaning products, pesticides, fuels and medicines away from children's reach-Use insecticide treated bed nets to prevent malaria.

2. School-Ensure that clean running water and separate toilets are available for boys and girls-Teach children about creating healthy environments-High levels of air pollution in and around schools cause respiratory problems in children-Encourage healthy, well-balanced diets and regular exercise for children-Maintain clean, well-ventilated, well-lit school buildings to promote health and learning.

3. In Your Community-Excessive and unsafe use of pesticides represents a risk to children-Stagnant water favours the spread of many infectious diseases-Children playing, in unsafe, polluted waters may get diseases-Immunization against all vaccine preventable diseases-Make public places smoke free-Take care of children in swimming areas, or when playing in ponds and creeks-Maintain slides and swings to avoid injuries.

The theme is "Shape the Future of Life, Healthy Environment for Children" we have to protect all children from diseases like TB, maseals, tetanus, malnutrition and poliomyelitis. Children are the future of tomorrow's INDIA; their health will build a healthy nation.

Dr. I. C. Patel, Dy. Comm.

(Health and Hygiene)Project Jt. Director, SMC, Surat.

A ship in a harbor is safe, but that is not what ship were built for.

BIOMEDICAL WASTE RULES AND THE SMALL CLINICS

With the dawn of new year, medical men in the whole Country are covered by the Biomedical Waste Disposal Rules 1998 and violation of rules 'attracts' penalty.

Basically all acts are made in good faith but the implementing ways become troublesome. The implementing authorities, many a times, do not pay attention to the real objectives of the Act. They also fail to show flexibility in implementation, which is necessary in given circumstances, to ensure that the objectives are achieved and undue harassment is not done.



The main aims of the Act are-(i) to protect hazards to human health by contaminated objects, (ii) to prevent reuse of disposables by antisocial elements for financial gain, (iii) to protect garbage handling persons staff / personnel from infection and injury by sharp waste. Preservation of pollution free environment, particularly of air, water and crops is also of prime consideration. The notification of Ministry of Environment and Forests, Central Government S.O. 630 (E) issued about BMW Rules 1998 has 13 rules and 6 schedules about directions and guidelines for management and handling in short about B. M. W. and authorization clause for it.

BMW is the waste generated during diagnosis, treatment or immunisation of human beings or animals or in research activities pertaining thereto or in the production or testing of biologicals. The typical legal language covers everybody who in one way or other is connected to the medical profession. Thus disposables, materials come under this Act as BMW For creating or transporting and treating BMW. You have to take authorisation from the Pollution Control Board by paying hefty fees (minimum Rs. 2500/- per year in Maharashtra) in a year it means that even if you give a single injection in your OPD and use a disposable syringe and a cotton swab, you are generating BMW. Is authorisation necessary for this ?

The law says (Page No. 12 of the Gazette : Rule No. 8 - Authorisation clause-1) occupiers e.g. of the clinics, dispensaries, pathological laboratories, blood banks providing treatment / service to less than 1000 patients per month need not apply to the authorities for registration. But Law does not say anything about how these establishments are supposed to handle biomedical waste created by them. So it can be assumed that they can dispose the waste safely in the dust - bins of civic bodies as they were doing previously. Why this exemption from authorisation is given to small clinics and dispensaries? Probably, the law makers have taken into consideration the fact that BMW generated in small clinics is of very small cotton swabs and contaminated dressing material is the BMW which is generated in small clinics and the average quantity is really negligible. If the cotton and dressing is treated with suitable chemical treatment and if the needles are cut and syringes are mutilated and shredded with the machine, the danger of infection or fear of the reuse will be prevented. This procedure will convert the BMW in non hazardous form, with the domestic waste.

The exemption from application for authorisation (registration) given to small clinics itself suggests that occupier / owner of small clinics (Doctors) are out of pervue of the law. To make it more clear, We will compare with other Act. say, Income Tax Act. By virtue of the Act every rupee (income) attracts the tax and it is obligatory to file the return and pay the tax. But up to Rs.50,000/- income is exempted and the individual having less income is out of preview of the Act.

But the Pollution Control Board (Prescribed Authority) does not agree with this explanation. The rules are applicable to all. If it were so, the law makers would have fixed a very small amount as fee for small clinics and directed for authorisation. But the law makers have deliberately exempted small clinics from authorisation, and thus suggested that rigid implementation of rules is not necessary for small clinics.

No doctor will deny his responsibility to protect environment and human health. But the prescribed procedures in the rules viz. use of incinator, autoclave microwave and that too with computerised record system is very costly and tedious job for general practitioners rendering service to less than 1000 patients per month. Even treatment of BMW at common facility will cost about Rs.500/- per month. This burden will be ultimately transferred to patients and the treatment of minor illness will become much costly.

The most effective leadership is by example, not edict.

COMMUNICATION GAP

One of the keys of success in our profession is an 'Art of Communication' and Key to Failure is 'Communication Gap'. It is observed by all of us that many times we do not know how to create a balanced statement particularly when we are in a tense state of mind.

Media, Newspapers and TV Channel report enough regarding the Doctors and their attitude or behaviour in the government and general hospitals as well in private practice. Many times a issue not even noteworthy is highlighted like a 'bush fire in the city' but accurate analysis of the situation will reveal a basic lack of communication skill which is fairly evident in doctors and the paramedical staff.



Basic reasons for acknowledging such situations are as follows.

(1) Intern, Houseman, Registrar, Medical Officer in charge have to work in a diverse situation with minimum facility provided to them. (2) Superiors of the respective department in government hospital, public hospital hardly attend emergency calls and the sole responsibility is laid upon the juniors who are yet to be trained adequately with interaction and dialogue, with the patients and their relatives. Which often result in unwanted crisis due to communication gap.

VIPs, government officers, municipal counsellors and people with immense influence over the society in general, when they have to go to government or general hospitals, usually react without the feeling of compassions and understanding of the situation which often triggers a spark sufficient enough to generate a fire. What is the solution?

Entire medical profession in general should realise that medicine is as much an art, as a science and unless we try and overcome this basic issue of establishing a proper communication channel with patients, the prevailing negative perceptions about doctors which abound will never change. An option would be to revamp the existing medical education programme and include neglected areas like communication skills, medical ethics, drug rationality, practice management, time management etc. at the MBBS level before it is too late to rectify the negative image of doctors. Recent good news from AIIMS Delhi, suggest 50 marks of viva introduced for Art of Communication and history taking in the final year MBBS examination.

Let's put this into action from today.

Dr. Vinod C. Shah.

Member, Editorial Board, FFPPI, SURAT

Amazing Facts

- Ants make up 1/10th of the world's animal tissue.
- Americans, on an average, eat 18 acres of pizza everyday.
- China has more English speakers than the United States.
- February 1865 is the only month in history not to have a full moon.
- In a year, your heart can beat up to 40,000,000 times.
- An average secretary's left hand does 65% of typing.
- All the coal, oil, gas and wood on earth would only keep the sun burning for a few days.
- 35% of people do not know how to spell 'Hippopotamus'.
- Cockroach is the only creature most likely to survive a nuclear war.
- Like finger print, everyone's print is different.
- According to the US Department of Agriculture, the best time to spray insecticides is 4:00 p.m. Insects are most vulnerable at this time.
- Over 2500 left handed people year are killed from using products made for right handed people.
- Fingernails grow nearly 4 times faster than toenails.
- Bats always turn left when exiting a cave.
- Chewing gum while peeling onions will keep you away from crying.
- If the population of China walked past you in single line, the line would never end because of the rate of reproduction.

Outstanding leader appeal to the hearts of their followers, not their minds.



Central Executive Committee Members, Office bearers of FFPAI and invitees at the CEC Meeting held at Mumbai On 30-3-2003.



Installation of Dr. Pragnesh Joshi as a President of FPA Surat for the year 2003-04 by chief guest Dr. Dilip Nadkorni on 20-7-2003.



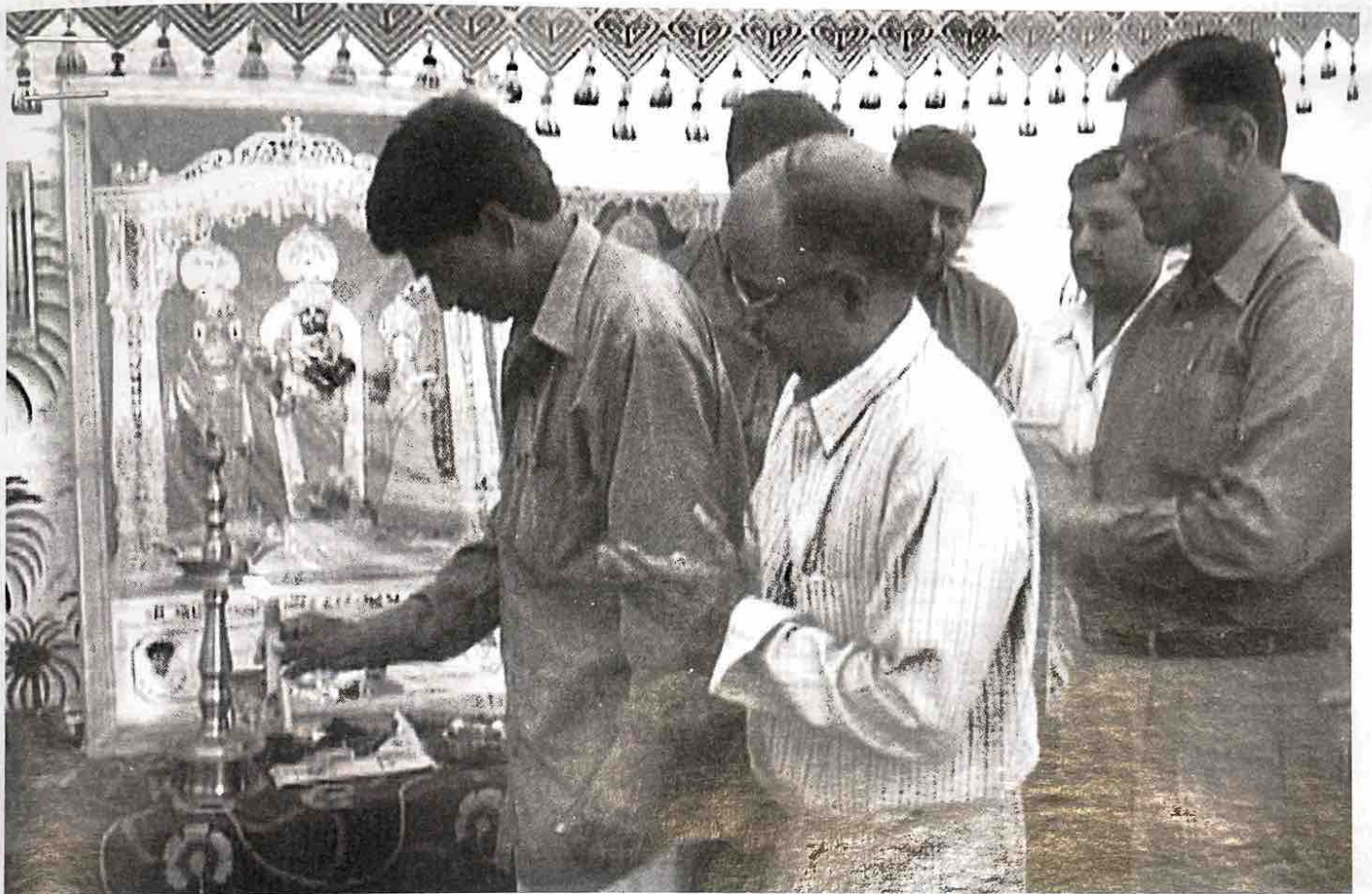
Dr. (Mrs) Sushmita Gadgil delivering lecture at the public forum on SARS organised by GPA Kolhapur. On stage left to Right are Dr. Vilas Mahajan, Dr. Ajit kulkarni, Dr. Vinod Ghotge, Dr. Sharad Topkar Dr. Shivaraj Desai.



Office bearers of FFPAI and FPA Bangalore had a meeting with Dr. Chandra Shekar vice chancellor of Rajiv Gandhi University of Health and Science to start MD Course in Family Medicine - 24-5-2003.



FFPAI President Dr. Shailendra Mehtalia addressing members of FPA Banglore on 25-5-03

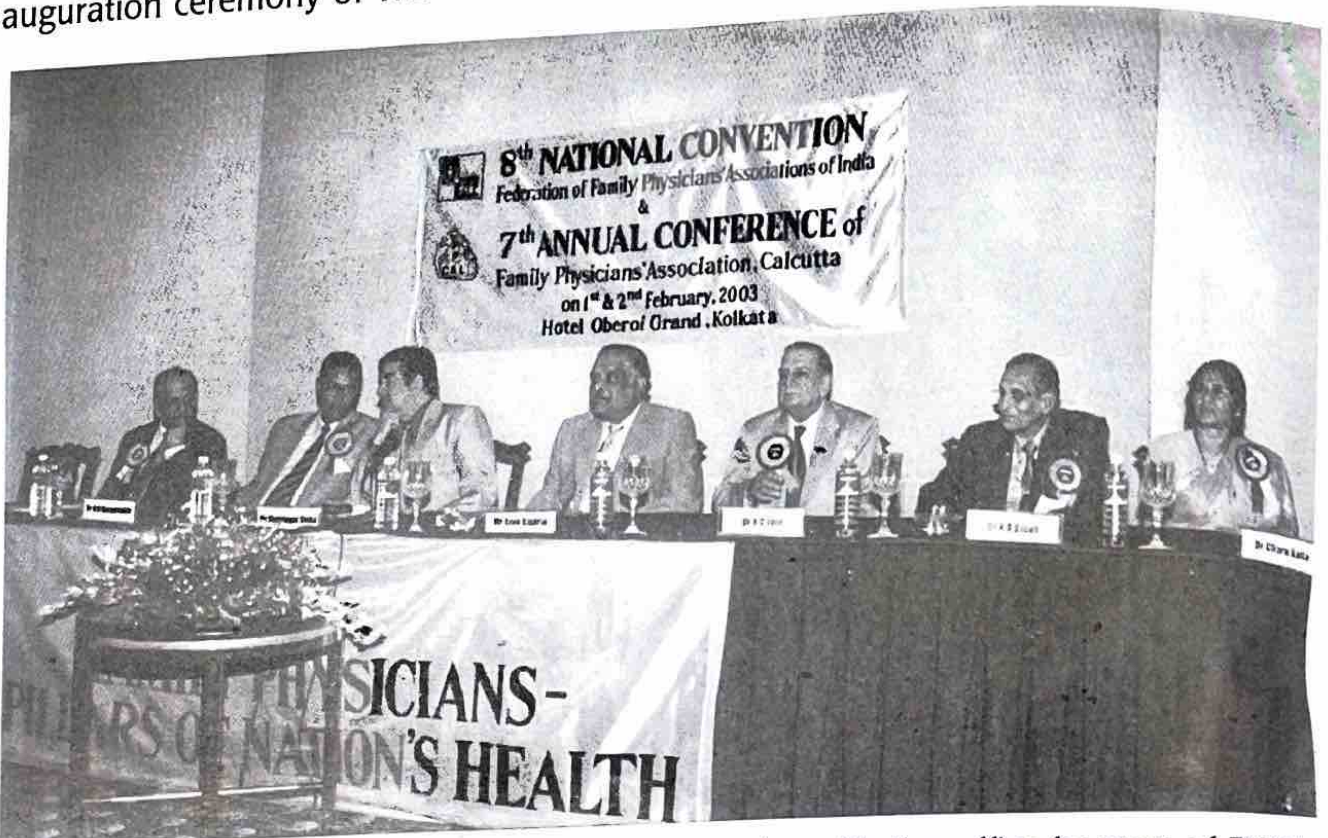


'A mega diagnostic camp' inauguration ceremony at village Bhupgadh organised by FPA Rajkot, president Talika Panchayat Shri 'Jadeja lighting the lamp' project chairman Dr. Dadhania and FPA Rajkot president Dr. P. M. Karkare are also seen in the picture on 22-6-2003.

Sweet Memories of 8th National Convention of FFPAI



FFPAI President Dr. Shailendra Mehtalia lighting the lamp during the inauguration ceremony of The 8th National Convection of FFPAI on 1-2-2003 at Kolkatta.



Chief Guest Hon'ble Minister Shri Shatrughna Sinha with the office bearers of FFPAI and FPA Culcatta on 1-2-2003 at Hotel Oberoi Grand during the 8th National Convention of FFPAI

REDISCOVER YOURSELF

"Rediscover yourself" seems strange to all of us. You label yourself as you are Dr. so and so.... O.K. That is not all, but you are more than that. That is what we have to rediscover!

Do we really know ourselves? Who are we? What are we? What are our strengths? What are our weaknesses? What are our opportunities? What are threats to us? We never introspect. We see to ourselves with other's opinion or other's beliefs.



We get up in the morning. Get ready for clinic. We attend the patients. Treat them. Come back home for lunch. Take rest. Again in the evening we go to clinic to attend the patients. Come back home and take dinner. See T.V. program and go to bed. That's our routine! Simply doing the work for the sake of doing. We do not enjoy the work. Very few of us doing the things right and enjoy the work.

You are who you are, today, because of the tapes that you have been playing inside your head. Your accomplishments are what they are for the same reason- the tapes playing inside your head. Alas, most adults have the wrong recordings in their head. The messages they hear are too negative. So when parents and teachers are listening to tapes constantly playing negative messages like, "You can't do this..." "You're not good enough..." "What's the use?" they are transferring this destructive pattern of thinking to you.

I refer to these internal voices as tapes because they play automatically, and they play whatever is recorded. Just like a pre-recorded cassette tape listen to in your walkman, these tapes play whatever is recorded every time they are played. If you sense that your internal tapes are holding you back, you have two options: re-record the tapes, or stop listening to them.

Before you panic about your negative programming cycle, I've got some good news for you. All habits can be changed in only 21 days. You can challenge a lifetime programming habit within 21 days, if you are aggressively committed to changing.

Too much thinking, negative thinking, and worry lead to self-limiting behaviour. Identify your negative acquired habits like too much worry, low self-esteem, bad eating habits, too much television, bad temper, negative attitude, laziness, poor manners you need to correct. Identify your positive acquired habits like: personal hygiene, strong discipline, good manners, honesty, thirst for learning, reading, sense of humor, self-confidence, you are going to further enhance.

Your most powerful success habit is the positive programming cycle. Determine the changes you need to become a better doctor and the person you want to be. Design affirmation statements to match and assist the programming of this into your subconscious. Specific wording of your affirmations is critical, personal, present tense positive and comparison-free.

The following are the sample affirmations that might help get you started.

I love the challenge of learning and growing!
I am goal- focused and always working towards my goals.
I am loving and caring to all of my family.

Show me a thoroughly satisfied man, and I will show you a failure.

I always make time for my family.
I have an excellent relationship with my family members.
I am healthy and fit mentally, physically, and spiritually.
I exercise every day.
I am in total control of food and drink.
I am relaxed, confident, and full of positive energy.
I always work to help others feel better about themselves.
I am committed to being the best person I can be.

Please understand that the above affirmations are only sample. You provide your own personally customized affirmations. Relax the whole body with progressive relaxation exercise. You are ready to use personal affirmations to make a self-programming cassette tape. This will become one of your most powerful self-help tools, accelerating the creation of the most important success habit known to mankind: the Positive Programming cycle!

In the neocortex are all of the higher intelligences that make human beings unique as a species. Psychologist Dr. Howard Gardner has identified many specific intelligences namely linguistic, mathematical, visual / spatial, kinesthetic / tactical, musical, interpersonal, intra-personal and intuition. All of the higher intelligences are present in brain at birth and over the first seven years of life they can unfold if properly nurtured. Every success in life big or small originates from within.

Successful people train their mind to the extent that they know where they're going in life. Through mental training you will be able to experience similar control over your life. You will be able to clearly visualize your successes long before they happen. Like all achievers, you will see yourself winning and enjoying all the benefits that come with life's successes. You can be a good father, loving husband and good citizen and good healer of the human being.

Goal-focused visualization is the internal program of a winner. It's the mental pictures that help create an unshakable self-expectancy. You know you will succeed far in advance of your accomplishments. It is this visualization, these internal tapes that continually refuel your confidence and achievement drive. These tapes you have programmed in your mind will provide the strength necessary to keep moving forward in the midst of adversity. Mind power, through mental training, will teach you to act from strength, consistently, day after day. Thus if we rediscover ourselves, we enjoy luxury of life peace and prosperity.

DR. Pravin R. Chheda
Family physician, Surat.

A lady goes to the dentist. In the chair, the dentist notices a little brown spot on one of her teeth. "Aha, I'll have to drill this one out!" says the dentist. "Oh no, I'd rather have a child!!!" cries the lady. "In that case, let me adjust the chair first," replies the dentist.

A mild mannered man is tired of his wife always bossing him around, so he decides to go to a psychiatrist. The doctor tells him he has to develop self esteem. The doctor gives him a booklet on assertive training. He reads it on the way home. When he walks through the door and his wife comes to greet him, he tells her, "From now on I'm the man of this home and my word is law. When I come home from work I want my dinner on the table. Now get upstairs and lay me some clothes on the bed because I'm going out with the boys tonight. Then draw my bath. When I get out of the tub guess who is going to dress me and comb my hair?" "The undertaker." she replies.

A man who has to be convinced to act before he acts is not a man of action.

FAMILY MEDICINE - A CHALLENGE



"How can I find a good doctor?"

"How can I find a good doctor whom I can afford?"

"How can I find a good doctor who cares about me as a person?"

"How can I find a good doctor, who will take the time to listen and understand?"

People who need medical care ask these questions throughout the world every day. They ask them because they face a health care system that is scientifically complex, organizationally overloaded, and generally not oriented to the patient as a person. Having found a physician who answers so profoundly to patient's needs, some patients are extremely grateful but most are utterly overwhelmed.

It is a privilege to practice medicine. There is no other profession which gives the ability to develop so intensely and so quickly the trust of other people, the closeness with them, and the ability to intervene in other people's life and to make a positive difference to that life.

Imagine a scenario of a family physician working in a small clinic at a small locality in the city or small town. The doctor starts practice from a scratch, gets or borrows some money and purchases or rents clinic in a reasonable area. Gradually the practice increases and the patients of all variety from teenagers to elderly from professionals to factory workers, from financially comfortable to very poor come to seek treatment. The rewards of this type of practice are not great initially as compared to persons working in a hospital or doing procedures etc. but the amount of personal satisfaction and interpersonal relationship is much more and is very gratifying in the long run. As time passes the work starts at 8 in the morning with home visits, seeing patients in clinic, visiting patients in hospital if admitted, clinic again in the evening and finishing the work at 9 at night or sometimes late 10-11 pm. There are night calls also and doctor gets up at least 3-4 times per week to attend emergency calls. All this is enjoyable and patients' number provides an enormous amount of satisfaction.

It all seems very exciting but why then many of us do not feel the same happiness in practice as before? There are a lot of frustrations in practice, some overt and many covert. In our training programmes we learn a lot about acute patient care, less about our patient care and even less (essentially nothing) about running a business. Yet in choosing to start private practice one starts a small business. This means accepting responsibilities of being an employer and a business person as well as physician.

Job satisfaction comes from many things, including the powerful intangible already mentioned above, but getting paid for work done is also important. Not only is it a practical necessity in order to provide food and shelter for one's family and to keep one's office running, but it is one way, in which society acknowledges that one's work has worth. Over the years it has become traditional that medical services are provided by the state at state expenses. In olden times doctors were available at large hospitals in town and in villages and they were employed by kings and benevolent. After independence this traditional role was taken up by Government. As the number of people and the affluence has increased it has become almost impossible to provide reasonable medical care to all free of cost and thus there was genesis of private medical practitioners in cities and towns. However, the tradition of free service continues and despite the fact that people appreciate the care provided by the doctor they do not like to pay for it.

A man who has to be convinced to act before he acts is not a man of action.

For a practitioner there is another aspect. Specialists are being trained in excess of need. They are therefore, available, at least in the numerical sense to render primary health care to the entire population. The question, however, is whether these specialists, are adequately trained to do so. Because many of the problems dealt by primary care physicians are common. Some specialists argue that these problems are simple and easily managed by anyone with a MBBS degree. Thus, we find surgeons manipulating antihypertensive medication regimes, cardiologists and urologists deal with serious clinical depression, we even find obstetricians deal with pediatrics problems. All these situations are very existence of the speciality of " General Practice". They question the general practitioners' ability to be knowledgeable about the complexities of common or uncommon medical problems. How can it be argued that these same specialties are providing primary care in subjects which they have no linking since leaving medical college.

Hence, it is suggested that proper importance is placed on the speciality of primary care or family medicine. This has to be stressed to both public and governmental agencies. There is a need to avoid increase in the number of medical school, curricula of the medical studies have to be devised to encourage students take up this branch, unnecessary proliferation of medical and surgical specialties and sub-specialties are to be avoided, the number of speciality posts, need to be drastically curtailed, and the governmental level and adequate assessment of the requirement of general practitioner is needed to fulfill all these.

Notwithstanding all these, the work of a general practitioner in this country is still exciting. The challenges are forthcoming, the scope of practice is vast, social and personal satisfaction is very much there and keenness to help people is genuine. It is high time that both lay public and administrators realize the importance of the general practitioner dispensing medical care all over the country.

Dr. Tony Nicholas
Family Physician, Surat.

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Some Definitions :

Anti-Body	: against everyone
Artery	: study of paintings
Bandages	: The Rolling Stones
Bacteria	: back door to a cafeteria
Barium	: what to do when treatment fails (Bury em)
Botulism	: tendency to make mistakes
Bowel	: letters like A E I O or U
Caesarean Section	: a district in Rome
Cardiology	: advanced study of card games.
Cat Scan	: searching for ones lost kitty
Cauterize	: made eye contact with her.

Leadership is not wielding authority it's empowering people

MEDICAL ERROS, WHAT CAN FAMILY PHYSICIANS DO?

Although efforts today, have been concentrated primarily in inpatient and nursing home setting, family physicians can take several steps to help reduce medical errors and improve patient safety.

(1) Family physicians can help promote the development and application of new knowledge about preventing errors and can support initiatives by providers, hospital administrators and researches in their practice areas. (2) Family physicians can use the latest technology, such as new hand - held electronic prescription pads through computer that could reduce medication errors and make prescription writing easier. These portable devices check for adverse drug interactions and allergies when physicians enter prescriptions. Prescriptions are then e-mailed to a medical store eliminating the possibility of handwriting errors or lost prescriptions. (3) Family physicians can help to assure medication compliance by providing patients with appropriate knowledge about their drug therapy management and encouraging patients to ask questions and participate in their own care plans. (4) Family physicians can use physician-generated computerised protocols to aid in making treatment decisions. These protocols do not replace decision making that is based on the specific needs of patients but can assist clinicians in identifying what works best for groups of patients under varying circumstances. (5) Family physicians can use computer generated reminders to ensure that follow up testing is performed on time. For example, studies have found that is small numbers of repeat tests were actually done too early to yield useful result. A computerized physician - reminder system would help prevent patients from being subjected to unnecessary repeat testing and would reduce the risk of harm to the patient. (6) Family physicians can chronicle innovative efforts to reduce medical errors and improve patient safety and report these initiatives to medical societies and researchers so they can be replicated by other family practices. (7) Family physicians, through their state and local specialty societies, can work with other interested parties to support the development of reporting system to identify medical errors and prevent their recurrences. The reporting process does not have to be punitive but should be viewed as a learning opportunity for the medical community.

Friends, then why not to ponder on these points seriously and help the patients by reducing man made medical errors?

Compiled from Journal of Family Medicine, Surat.

SOCIETY'S EXPECTATIONS FROM A FAMILY PHYSICIANS

(1) FP should maintain full history of each patient on his computer in a separate file. (2) FP should be a single window solution for all problems of the patient and treat him/her as family member. (3) FP should discourage visit to patient as far as possible. (4) FP should guide patient on life style, food habits, physical exercise, yoga, stress management etc. (5) FP should handle common diseases of the patient and take recourse to lighter medicine regime. For specific disease, FP should refer his patient to specialist and accompany the patient. Should maintain good contacts with specialists. (6) FP should give psychological/moral support to the patient and family members in the event patient is suffering from critical disease. (7) FP should not keep the patient waiting for hours in his/her chamber. FP should give appointments by keeping adequate time between two appointments. (8) FP should advise the patient to keep first aid box for use in emergency. Also advise use of BP instrument and Glucometer for chronic diseases like hypertension and diabetes. (9) FP should devote some time in reading journals and attending conferences to keep abreast with new developments in the filed of medicine. (10) FP should prescribe the treatment depending upon the financial condition of the patient. (11) FP should have full knowledge of various health care insurance schemes and advise the patients to obtain insurance policy. (12) FP should have alternate arrangement for the patient during his absence from the clinic/chamber (13) FP should take care of the entire family- all age group for common disease. (14) FP ideally to be located in close vicinity of the patient.

Mr. M C Shah

Industrialist from NIFA Group of Industries, Kolkatta.

Failure is the opportunity to begin gain, more intelligently.

UNIT ACTIVITIES OF VARIOUS UNITS OF FFPAI GENERAL PRACTITIONERS' ASSOCIATION, ANKLESHWAR

Office bearers of GPA Ankleshwar for the year 2003-2004.

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Mewada Falia,
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Treasurer

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CME OF FPA BHAVNAGAR:

- 05.04.2003 GBM and election of Offices bearers and Ex. Members for the year -2003-04.
- 11.06.2003 SARS -an Emerging Emergency.
- 12.07.2003 Dentistry in General Practice.
- 13.04.2003 Opening of CME Programme
- 13.04.2003 Management of Bronchial Asthma, Acute severe Asthma, Use of inhalers, Rotacaps, Spacer and Nebuliser.
- 04.05.2003 Pre and Post Operative Care.
- 04.05.2003 First Aid Treatment to Traumatized persons Diagnosis of Fractures.
- 18.05.2003 Approach to Joint pain Rh. Arthritis, Osteoarthritis, Rh. Fever, Gout,
- 18.05.2003 Clinical examination of ENT. Anatomy of ENT.
- 08.06.2003 Diagnosis and Treatment of Pregnancy
- 08.06.2003 Congenital Deformity and Management of PID.
- 22.06.2003 Growth and Development, Anatomy and Physiology, In paediatrics Adolescent Health and changes
- 22.06.2003 Management of shock and use of IV fluids.
- 06.07.2003 Anatomy-Physiology of heart, Management of acute and chronic cardiac failure.
- 06.07.2003 Children psychology:
Behaviour and Learning disorders. Counselling of parents of mentally and physically handicapped children.
Preliminary management of pain inflammation of wisdom tooth, dental carries, tooth abscess, orthodontia and oral hygiene and dental care - brushing in children.

Failure is the opportunity to begin gain, more intelligently.

FAMILY PHYSICIANS' ASSOCIATION OF BHUJ

Office Bearers - Year 2003-2004

Hon. Secretary

Dr. U. V. Ganatra

Ph. H. (02832) 55468 R. 50468

Treasurer

Dr. D. J. Tank

R. (02832) 55522

President:
Dr. K. V. Pujara
Ph. H. (02832) 52245 R. 50769

Our member and Hon. Secretary Dr. Uday V. Ganatra have been awarded recently "RASTRIYA GAURAV AWARD" in New Delhi.

FAMILY PHYSICIANS' ASSOCIATION CALCUTTA.

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Dr. Pramod Jasani

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President:
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CME on SARS

Role of Laparoscopic surgery in abdominal emergencies.

MEDICAL PRACTITIONER'S SOCIETY, JAIPUR.

Office bearers for the year 2003-2004

Treasurer

Dr. Narendra Bhag

Hon. Secretary:

Dr. Mahesh Goyal

Jaipur Allergy and Asthma Centre.

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President.

Dr. S. M. A. Naqvi

Nidan Medical Centre,

Ghatgate Bazar, Jaipur.

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We have done following activities for the period from 01.03.2003 to 15.07.2003.

1. Election of new executive body.
2. Clinical meeting on "controversies on the management of gall stones".
3. In this clinical meeting eminent Gastroenterologist of the city participated as a panelist and meeting was attended by more than 20 clinicians.
4. Blood donation camp was organised on the occasion of Doctors' Day on Sunday 29th June, 2003. Total 31 units of blood collected
5. Doctors Day was celebrated on 1st July, 2003 at Jaipur Medical Association hall, attended by approximately 300 doctors. In this program we felicitated three senior members of our society. The function was presided by minister for local self govt. and the chief guest was health minister of govt. of Rajasthan

GENERAL PRACTITIONERS' ASSOCIATION KOLHAPUR.

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Activities of GPA Kolhapur.

- | | |
|------------|---|
| 16.03.2003 | Clinical meeting on drugs used in pediatrics and in general practice. |
| 20.03.2003 | We had our General Body meeting and lecture on Gynaec problems in GP |
| 08.06.2003 | Public forum on SARS Against you and we. |
| 20.03.2003 | Uncommon symptoms in common diseases. |

Failure is the opportunity to begin gain, more intelligently.

We had distributed printed pamphlets to our patients and public about Family Physician role in public health.

We had conducted two schools medical check up camps and blood donation camp.

GENERAL PRACTITIONER'S ASSOCIATION, PUNE

Officer bearers for the year 2003-2004

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Editor : Dr. J. S. Antani,

FPA RAJKOT ACTIVITIES

Clinical meetings

1	16.03.2003	Role of Levocetizine In ENT and Dermatology
2	11.05.2003	Total knee replacement
3	22.06.2003	Migraine and cholestatic diseases of liver
4	29.06.2003	Newer concepts in treatment of bronchial asthma
5	13.07.2003	Role of family physicians in chemotherapy and follow up

Awareness against female foeticide

Female foeticide awareness programme developed on multimedia by Dr. G. N. Patel is nearing diamond jubilee.

CME every Tuesday and Fridays.

04.03.2003	Anatomy of female genital system	02.05.2003	Rhemutoid arthritis
07.03.2003	Liver disorders	08.05.2003	Intensive care
14.03.2003	Liver disorders	13.05.2003	Intensive care
21.03.2003	Liver disorders	18.05.2003	SLE
25.03.2003	Anatomy female genital system	20.05.2003	ARDS
28.03.2003	Liver disorders	23.05.2003	SLE
01.04.2003	Abnormal vaginal bleeding	27.05.2003	Case discussion of poisoning
04.04.2003	Liver disorders	03.06.2003	Management of wound
08.04.2003	Abnormal vaginal bleeding	10.06.2003	Management of wound
11.04.2003	Liver disorders	13.06.2003	Hyper Thyroidism
13.04.2003	SARS	20.06.2003	Snake bite, scorpion bite
15.04.2003	Dysmenorrhea	01.07.2003	Fracture in general
18.04.2003	Rheumatoid arthritis	04.07.2003	Oregano phosphorus poisoning
25.04.2003	Rheumatoid arthritis	08.07.2003	Fracture femur neck
29.04.2003	Pre-menstrual syndromedre		

Dr. J. S. Antani presented his research paper on "Role of Faith Healing in Family Practice" at the 8th national convention of FFPPI held at Kolkatta on 2.2.2003.

Failure is the opportunity to begin gain, more intelligently.

Family welfare programme

Personality development programme for children of our members was arranged by FPA Rajkot on 15.6.2003. It was very successful programme well conducted by Dr. Bimal Buch and Shri Pandit. Seventeen children of age group 13 to 20 years participated.

On line e-mail course in 12 lessons on "Overview of HIV/AIDS basic concepts in management and control of diseases"-conducted jointly by FPA Rajkot.

This programme has received tremendous response from all over India and abroad. Dr. Bimal Buch with his innovative idea has successfully prepared course which will be useful to all of us.

Installation of new team:

Installation ceremony was held on 11.05.2003 at hotel Royal Orchid. Dr. Nayan Shah outgoing secretary conducted the ceremony very well. Dr. Lashkary outgoing president thanked the members for whole hearted support during his tenure. Incoming president Dr. P. M. Karkare assured all the members that he will continue to increase the images of FPA Rajkot at all the levels.

Dr. J. H Choksi thanked all the members for participation in ceremony.

Social activities and public awareness programme

- 05.04.2003 Slide shows and public education awareness of diabetes mellitus
- 06.04.2003 Blood glucose estimation camp. 120 persons' blood sugar tested, 6 new cases detected.
- 18.05.2003 Cycle rally and walking-22 members joined rally with hoardings of different health slogans.
- 08.05.2003 "Agrovision -2003" a mega event of agricultural exhibition was arranged by Vasundhara charitable trust Rajkot under the guidance of Hon minister of state for human resource development Shri Dr. Vallabhbhai Kathiria. FPA, IMA members jointly managed round the clock first aid treatment of any emergency during exhibition with help of staff of civil hospital.
- 15.06.2003 "A Multi speciality diagnostic camp" Inaugurated by Rajkot Panchayat President Shri Hardevsinh Jadeja 812 patients of village Bhupgad and surrounding villages were examined and treated by 14 consultations of different speciality of Rajkot managed by FPA, IMA and Bhoopgdah Dudh Utpadak Sahkari Mandali. Medicines worth 5000-00 donated by Shri Jaysukhbhai Ghodasara of Swastik industries were distributed to all the patients freely. Project director Dr B. T. Dadhaania, managed very nicely.

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FPA SURAT - BEST UNIT OF FFPAI

During the 8th National Convention of FFPAI held on 1st and 2nd Feb. 2003 at Kolkatta, FPA Surat was adjudged the best unit of FFPAI and was awarded "Dr. H. C. Kuvadia's trophy" by the Chief Guest, the Union cabinet minister Mr. Shatrughan Sinha.

ACADEMIC ACTIVITIES:

CME Lectures:

- 23.02.2003 Management of Hypertension
Recent Advances in Cardiology
- 16.03.2003 New Vistas in the Treatment of allergic disorders in Dermatology and ENT.
- 20.04.2003 Prevention of Rabies. All you want to know about antirabies vaccine.
- 01.06.2003 Management of Acid Peptic disease. Management of obstructive jaundice and liver transplant.

Failure is the opportunity to begin gain, more intelligently.

FPA Academy of family medicine:

FPA Surat runs one year certificate course for its members. At the end of one year of practical and theory training enrolled members are awarded certificate of training in FPA Academy.

FPA Surat - Academy Lectures.

- 05.02.2003 Antituberculosis therapy made easy
- 12.02.2003 Life saving measures
- 19.02.2003 Healthy lifestyle for doctors.
- 26.02.2003 Normal Attributes in Pediatrics
- 05.03.2003 Work up of Amenorrhea by family physicians.
- 12.03.2003 3rd Generation Cephalosporin group discussion - family physicians' perspective.
- 19.03.2003 Acne and It's Management
- 26.03.2003 Backache - New horizons
- 02.04.2003 Management of Arthritis
- 09.04.2003 Bleeding per rectum. Suture Materials
- 07.05.2003 Interpretation of thyroid profile
- 14.05.2003 Use of Emollient in skin disorders
- 21.05.2003 Life and Limb rescue
- 28.05.2003 Management of renal failure

PRESENTATIONS AT 8TH NATIONAL CONVENTION OF FFPPI HELD AT KOLKATTA ON 1ST AND 2ND FEB. 2003

- Dr. M. B. Patel Diabetic care in Family Practice-Where we stand?
- Dr. Equbal Pothiwala Future Trends in Management of Malaria.
- Dr. Sohail Pothiwala Atypical Kawasaki disease with coronary artery involvement.
- Dr. Jayendra Kapadia. Moderated a panel discussion in which celebrities of Kolkata city participated.

Cultural Activities:

A Pre-diwali gathering cum Dandia Ras Programme was arranged on 20.10.2002 jointly with IMA Surat Obst. and Gynaec. Society and Orthopedic society.

Mineral Densitometry (BMD) was arranged on 11th and 12th September for members and their spouses. More than 200 members and their spouse took advantage.

Pulse Polio Immunization:

Members of FPA Surat are actively participating in this nationwide pulse polio immunization programme. Our members' Clinic's are used as centres for this vaccination programme. FPA Surat participated in revised national tuberculosis control programme: RNTCP and also in public private advocacy workshops

Medical Camps:

- 30.03.2003 Asthma camp at Amroli Commerce College.
- 27.04.2003 Health Checkup Camp at Vill. Lakhali Tal. Songadh, Dist. Surat. Beneficiaries 340
- 25.05.2003 Health Check up camp for blind persons at Bharuch.

Blood Donation Camps Health Awareness Programme: By Dr. Tony Nicholas

- 26.02.2003 At Amroli Commerce College (16 units)
- 20.04.2003 At village Kosad (105 units)
- 16.02.2003 Drug de-addiction seminar
- 16.02.2003 AIDS-Education
- 27.04.2003 Health check up camp
- 08.06.2003 AIDS Education in young students and adults.

Best clinic contest:

- Ist Prize Dr. Hitendra Modi
- 2nd Prize (1) Dr. Kirti Desai. (2) Dr. R. C. Jain.

Compounder training course:

FPA Surat and Jeevanbharti Mandal Jointly run this course. Purpose is to prepare qualified compounders.

Failure is the opportunity to begin gain, more intelligently.

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9th National Convention of FFPAI

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Make it memorable event.**

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