



FFPAI



MEDICAL TIMES



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FEDERATION OF FAMILY PHYSICIANS ASSOCIATIONS OF INDIA

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"FFPAI Medical Times"
Always in search for a better communication

Dear Friends,

'FFPAI Medical Times' was started in the year 1999 with the aim to uplift the standards of family physician and family practice across the country, and to create a sense of brotherhood and harmony within the nucleus of FFPAL. Family Physicians from various units of FFPAL started showing keen interest, by way of contributing articles, and sharing information pertaining to family practice, which is the need of the hour.



Family physicians who are well experienced with the publication of Journal or bulletin at the unit level were invited to render their services as Editorial Board Members, elected by CEC of FFPAL. From 1999 to 2005, Family Physicians from **Gulbarga** -Dr. A. N. Bargaonkar, **Rajkot**- Dr. Bimal Buch and Dr. J. S. Antani, **Bangalore**- Dr. B. C. Rao, **Pune**-Dr. Dilip Deodhar, **Mumbai**-Dr. Ramesh C. Shah, **Surat** - Dr. Iqbal Pothiwala, Dr. Vinod C. Shah, Dr. Tony Nicholas, Dr. Jayendra Kapadia and President and Hon. Gen. Secretary of FFPAL of the respective term were the members of the Editorial Board.

'FFPAI Medical Times' is published twice in a year and at present it is circulated amongst the executive committee members of each unit depending upon the unit strength. Nine issues of 'FFPAI Medical Times' have been published till February-2004. Its an established fact that the activities carried out by various units of FFPAL are within the goal to help and guide our family physician. Keeping this fact in mind adequate importance is given to all the units of FFPAL, to publish unit activities, conference news and important events with photographs. This is well appreciated by all the units of FFPAL, particularly smaller units because work carried out by them has been given nation wide exposure through 'FFPAI Medical Times'. Family Physicians who have contributed to 'FFPAI Medical Times' from various units are: **Bangalore** : Dr. B. C. Rao, Dr. R. P. Lakshmikanth, Dr. Subramaniam. **Baroda** : Dr. J. V. Shah, Dr. Daves Patel, Dr. Jayesh Jani. **Gulbarga** : Dr. Ravi Mahapatra, Dr. Dinkar More, Dr. Sharan Kumar, Dr. Basavraj Patil, Dr. A. N. Bargaonkar. **Hubli**: Dr. S. K. Herlekar. **Indore** : Dr. Manish Jain. Dr. Pramod Bonsood. **Kolhapur** : Dr. M.R. Gagdil. **Jaipur**: Dr. S.S. Agrawal. **Kolkatta**: Dr. (Mrs) Charu Galla, Dr. A. P. Mandal, Dr. Abhijit Banerjee, Dr. (Mrs) Usha Jasani, **Mumbai**: Dr. Hozie Kapadia, Dr. Ramesh Shah, Dr. G. N. Sheth, Dr. Ramnik Parekh, Dr. (Mrs) Jyoti Parekh, Dr. Dipak Jamani, **Navsari** : Dr. Jayant Desai, **Pune** : Dr. Anil Panse, Dr. Hillary Radrigues, Dr. Vivek Billampelly, Dr. (Mrs). Dhanashree Wayal, **Raichur** Dr. Ramesh Guzar, **Surat** :Dr. Iqbal Pothiwala, Dr. Pravin Chheda, Dr. Shailesh Gandhi, Dr. Yatish Lapsiwala., Dr. Vinod Shah, Dr. I. C. Patel (SMC) and Dr. Tony Nicholas.

The list mentioned above speaks a lot for itself of both the sincere efforts and soul searching enthusiasm of Family Physicians toward 'FFPAI Medical Times'. Till date nine issues of 'FFPAI Medical Times' have been published, out of which two issues were sponsored by GPA Bombay and GPA, Surat. Rs. 51,000/- sponsorship given by Hotel Sun International Gulbarga exclusively for 'FFPAI Medical Times' was motivated by Dr. A. N. Bargaonkar Gulbarga and efforts are on to procure more sponsorship to deal with the expenses. Out of nine issues published so far, five issues have been sponsored.

Few important informations retrieved from FFPAL Medical Times, utilised and implemented by FFPAL units are: (1) Nationwide, low birth weight research project of FFPAL. (2) Oxygen cylinder project. (3) Malaria eradication programme activity. (4) Academy of general practice. (5) Conference news information. (6) Excellent outstation delegate enrollment in the GPA-GB and the 8th national convention of FFPAL held at Kolkata in Jan'2003 conference, are a direct outcome of repeated exposure through 'FFPAI Medical Times'. It has been an on going endeavour of the Editorial Board to make it a more accomplished, complete, comprehensive and cost effective bulletin. Members from Jaipur, Gulbarga, Surat, Ankleshwar have written letters of appreciation to the editor. (Issue February 2004).

Healthy criticism is a positive sign of democracy, but to criticize 'FFPAI Medical Times' at local unit level as well as during CEC and Central Council meeting by few members to deem 'FFPAI Medical times', not serving the purpose and justifying the amount spent as a waste of money needs a second thought. How far is it fair and true? Dear friends, it is left to you to decide. Your valued suggestions are welcome. Editorial board, always, is in a search for a better communication with you.

Dr. Jayendra Kapadia. Editor.

Pursue what is true

HON. GEN SECRETARY, COMMUNICATES

FFPAI is a big name not merely by nomenclature but by medical culture too. It has a big role to play. It is a big family tree which has to take deep roots and ramify it in all directions. Our FFP AI map has to tally with the map of India in real sense. A very exhaustive exercise is needed to bring into FFP AI fold as many FPAs or GPAs as possible. With one united body, more benefits ultimately come to units and in turn to each and every member.



One chronic problem we face is that of default. Some times some units do not send their Central Fund Contribution (CFC) in time. To overcome this, now the option is given to pay one time membership fee / subscribe equal to twenty times applicable central fund contribution as per the membership strength taking into account the yearly CFC. Rs.250/- for members up to 50; Rs.500/- for members from 51 to 500 and above Rs.750/- for membership. If the membership strength increases the difference can be paid to enjoy the benefits of higher category. I am sure all units would take advantage of this scheme.

The other problem we face is that of representation on central council. Every unit has to send one, two or three representatives on central council as per their membership strength (For membership up to 50 – 1, for membership from 51 to 500 – 2 and for membership above 500 – 3). On condition of elections, units must intimate the names of new office-bearers and names of their central council representatives. Some units have sent names of new office bearers but not central council representatives. Please treat this as most important and urgent to enable us to update the list. Also units must send periodically revised list of their members with phone numbers and their qualifications. This may help us to bring out member's directory in future. Units must also send their report of activities from 1-9-'02 to 31-8-'04 to qualify for Dr.H.C.Kuwadia trophy. Inter-unit activities especially among the neighboring units must be developed more. A new scientific committee with Dr. G. N. Sheth (Mumbai) and Dr.Equbal Pothiawala (Surat), Dr.Anand Gokhale (Pune), Dr.B.C.Rao (Bangalore) and Dr.B.K.Dholakia (Mumbai) can guide and help you more especially in securing suitable speakers.

FFPAI is doing its best to enhance the image of family physicians. A PG Course in Family Medicine acceptable to the universities is being worked out. The committee headed by Dr. Anil Panse (Pune), and assisted by Dr. Anand Gokhale (Pune), reimbursement of travel expenses by host units and to have stricter financial control. Dr. Abhay Borgaonkar (Gulberga) and Dr. Shailendra Mehtalia (Mumbai) are finalizing the syllabus which has been sent to all units for their feed back. It is voiced time and again that FFP AI Medical Times which is supposed to be the mouth-piece of our Federation, unfortunately reaches only a few prominent members of all units. Efforts are called for to have economical and sponsored publications in the form of monograms which can reach to all members of all units along with their own circulars.

The constitution committee consisting of Dr.Ramesh Shah (Mumbai), Dr.Abhay Borgaonkar (Gulberga), Dr.J.V.Shah (Vadodara) and Dr.Subhash Joshi (Surat) after meetings at Pune and Mumbai have amended the constitution which was approved at the special central council meeting held at Mumbai on 27th June 2004. The copy of the revised constitution was sent to all the units. A unique FAMILY SECURITY SCHEME may come as a New Year Gift in 2005. This has been worked out on lines of GPA – Greater Bombay – Social Security Scheme, IMA National Social Security Scheme and IMA Maharashtra State – Social Security Scheme. All the eligible members of all units can join this scheme. Our financial position needs careful watch. Our funds are limited. There is no source of income. We are indebted to Dr.Ramnik Parekh (Mumbai) for securing sizable initial fund but he seems to be the most worried man today. In his letter to the President, he has expressed concern and suggested to generate more resources to justify travel expenses aims and objects. The need of the hour is to have a planning committee or a task force to have proper planning to achieve aims and objects. Our 9th National Convention is being held at Bangalore, along with their FP NATCON 2005 on 29th and 30th January 2005. Interested members may contact organisers, through their units. FFP AI takes care of family physician and family practice.

LET US ALL ASPIRE TO FORTIFY FFP AI EMPIRE.

Dr.Ramesh C. Shah- Hon. Gen. Secretary

Add perspiration to your inspiration

PRESIDENTIAL MESSAGE

Dear Colleagues,

With pleasure, once again I take this opportunity to communicate to you through our popular FFFAI Medical Times.



Friends, you might be aware that we are having "Dr. H. C. Kuvadia best Unit trophy" to be awarded every 2nd year during our National Convention to the units which are judged best during the period through its multiple activities such as academic, cultural and social activities. The Federation also awards similar trophy to the smaller units of less than 50 members. I appeal to all the units to send their reports in detail and win the trophy.

Our next Annual Convention is due in coming January at Bangalore. Details about the same are given elsewhere in this bulletin and all members of all the units are individually invited and contacted by Bangalore unit. I personally invite all the members and units to participate actively and to attend in large numbers.

We are working on to get a post Graduate MD Courses in Family Medicine by different universities in India. A suggestive draft syllabus is prepared under the Chairmanship of Dr. Anil Panse and is circulated to all the units for their suggestions. We have a positive response from Rajiv Gandhi University of Health Sciences from Bangalore. I request all the members to give valuable suggestions for the said course and also try to contact universities in the respective state.

We are planning to have our Family Security Scheme for the members of the Federation and the Central Council Meeting held in June, 2004 has empowered the Central Executive Committee to go into the detail and approve the scheme. We are planning to launch the Scheme during our Bangalore convention.

Friends, in an organisation - Institution - Association, long term interest of the organisation should be given the utmost and uppermost importance rather than an individual or a group of people. Any constitutional changes - amendments should be done for the long term benefit of the association. Any changes done with the interest of short term benefit keeping a few persons or a group of people in mind might prove to be detrimental for the aim and the interest of associations in a long run.

All the members are requested to send their constructive and positive suggestions to the Federation and enhance the finances and have more and more cultural and social activities to develop the brotherhood amongst the members.

LONG LIVE FFFAI

Dr. Shailendra Mehtalia.
President - FFFAI

Make each decision based on a vision

FROM THE BEST CLINIC AWARD TO ISO 9001-2000 CLINIC.....

By the Grace of Almighty God, blessings of my parents, wisdom from my teachers, and guidance from my colleagues, I humbly stand before you all to inform you that...

My Clinic has been ISO 9001-2000 certified....The Quality Management System which exists in my clinic today gives me greater clarity, confidence, job satisfaction and a scope for continued improvement. Nothing I could have ever achieved if I wasn't associated with organizations like GPA-GB. GPA-GB has given me a tremendous impetus to learn through regular CME's, symposia, workshops and conferences.

I feel honoured and proud to be associated with GPA-GB and I shall always remain indebted to GPA, GB. To obtain this quality standard for my clinic, it was my own strategic decision as I always believed that we learn and earn from our patient's pain, diseases and discomfort and it is our moral duty to give more to our patients than asked for..

I work in my clinic and I do not have to completely depend on other institutes for coming to any diagnosis and hence treatments becomes easier as I have all the resources I need to diagnose any disease in my clinic itself. I keep my patient's privacy and confidence and periodically get in touch with them for their specific needs like medical camps and like to know the disease pattern and prevalence in my community and hence I have a strong record keeping tools.

I need to know whether I am performing my duties in appropriate manner and therefore I needed someone to guide me through the trek and keep me checked for any fallacies, flaws etc. hence this standard that has periodic audits which helps me go on the right track, and also helps me think of continuous improvements time and again. I love to work as a team in my clinic and hence I train staff for every possible thing like communication skills, so that they can talk to my patients in a most amicable manner. I have also trained them for house keeping so they keep my clinic and work area clean and right. I have trained them for all the medical assistance I need from them like doing dressings, assisting me in minor surgeries, sterilizations of equipment, taking ECGs and doing Lung function tests etc., I have also insured them with mediclaim and Life Insurance to gain their confidence in me, and all this training etc. is professional, periodical and documented as per the standards.

Over the last 2 decades of my practice I have learnt that we are all into a service industry and we shall only be able to survive if we can give good service to our patients and that's what we should aim at in the highest possible manner. I am not interested in any politics or posts in the organization, but I honestly shall forever remain committed to GPA, GB for whatever expertise I can share with my own fraternity. I am sure we can give our patients the highest health quality standards, give our colleagues best of CME's symposia and of conferences.

I shall forever remain indebted to all my teachers, specially Dr. O. P. Kapoor, Dr. R. D. Lele, Dr. V.R. Joshi, Dr. K.G. Nair, Dr. Nargis Motashaw, Dr. Shashank Joshi, Dr. H.G. Desai and amongst our family physicians I shall forever remain grateful to Dr. Gunvantbnhai Sheth, Dr. Ramnik Parekh, Dr. Vijay Panjabi, Dr. Nanda Shimpi Dr. Hemantiben Vithalani, Dr. Bakulesh Mehta, Dr. Subodh Kedia and many others for whatever I am today. I thank them for being the most valuable part of my life.

My Clinic getting ISO 9001-2000 is no big thing, I'm sure most of us can get the same. We need to be committed and updated. Its our own attitude and mindset which needs to be looked upon and we must change according to the swings of time. I always believe that in giving one gets, and let us do our best and let God do the rest. Enclosed is the list of things I have in my clinic. If I can be of any assistance to any fellow GP who would like to know all about ISO certification, it will not only be my pleasure, but a duty towards my own brethren to give my best possible guidance and support.

(Contd....)

Don't hesitate to initiate

Besides routine equipments, I have also installed following equipments and gadgets in my clinic

Air Conditioner	Towel Hangers	Library	ICICI File,
Airways	Toys	Loop	Correspondence Files
Ambu Bag	Traction machine	Magnifying Lens	Bills and Invoices of equipments
Autoclave	Trolleys	Microphone	Manuals of All equipment
Spare Batteries	UPS	Models	All Annual maintenance and Guarantee cards.
BP Instruments	Visit Bags	Nebulizer	Salary File
Bulls Lamp	Water Bed,	Needle Cutter	IT
Catheters	Wheel chair,	Nitrogen gas cylinder	PPF
Card Scanners,	Wolfs lamp	Ophthalmoscope	HUF,
Clocks	X-ray View Box 2 Plates	Otoscope	---
Closed Circuit TV	Documents:	Oxygen Cylinder	Furniture:
Cooking Gas Stove	Quality Manual	Paper Shredder	Chairs
Coffee maker	Case Papers,	Peak Flow meters	Tables
Computers	Continuation Sheets	Printers	Cupboards
Cordless bell	Prescription Pads	Pulse oxymeter	Library Racks,
Cryo gun	Letter Heads,	Refrigerator	Case Paper Modular System
Digital Camera	Visiting Cards	Rulers	Shoe rack,
Disposables	Directories	Ryle's Tube	Drug Chester
Drums,	List of ICCUs, BB, NH, Amb MH.	Scanner	---
Dustbins	Hosp. Police St. BMC.	Sinnumate	Staff:
Ear Syringe,	Attendance Register	Sonic aid	CV's
ECG Machines	Stock Register,	Spirometers	ID Cards,
Emergency Light	Cash Register	Stethoscope,	Dress Code
Examination Tables	Daily Patients Register	Surgical Instruments	Training Schedule
Fax machine	Patient feed back register,	Suture material.	Objectives
Fire Extinguisher	BP measurement record card.	SWD	Laundry Bag for drapers, towels,
Foot suction	Peak flow Measurement Card.	Tapes,	Drinking Water
Generator	Files:	Television	Stationery General
Glucometer	Telephone Bills.	Thermal Cautery	Stationery Computer
Hammer	Reliance Electricity	Thermometers	Drugs
Infant feeding tubes.	ISO File,	Tool kit.	Toiletries and Consumables.
IV Stand.	ISC File	Tonometer	Calibration needed for weighing scales,
Kidney Trays.	Laryngoscope,	Torches	Thermometer,
Lamination Machine		Tourniquet	Carpet Area of the clinic 800 sq. ft.

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Don't make excuses with "if only" and "What if."

ABSENCE SEIZURES

Some Physicians have a concept that an attack of epileptic-seizure should necessarily consist of rigid and repetitive movements of the limbs, froth in the mouth, tongue injury, etc. Hardly have we realized that there are other types of such attacks where these features are totally or partially absent. One such type is Absence Seizures, which is often missed because of these presumptions. These cases can be diagnosed by family physician and can also be treated completely in majority of cases. Only a few need a specialist attention. Though it is spelt as above, it is pronounced as 'ABSONE' seizure. Absence is derived from Latin word "Absentia" meaning thereby, condition of being absent or inattentiveness.



These are characterized by sudden and brief lapse of consciousness without loss of postural control. Brief spell of vacant stare, unresponsive to surroundings is its typical description. More than 80% of absence seizures last less than 10-15 seconds, and is repetitive, as many as 50-100 attacks may occur in a single day, patient is amnesic to the events, consciousness returns as suddenly as it was lost, and there is no post-ictal confusion. Some children may experience automatism briefly. Automatism is repetitive and meaningless gestures or movements carried out in a state of impaired consciousness and which the patient has no knowledge. This could be easily precipitated by hyperventilation or some times by phobic stimulation. Although the brief loss of consciousness may be clinically apparent or the sole manifestation of the seizure discharge, absence seizures are usually accompanied by subtle, bilateral motor signs such as rapid blinking of the eyelids, chewing movements, or clonic movements of the hands. In atypical absence seizures, there may be bizarre symptoms.

A careful history taking is most important as signs can hardly be detected during clinical examination. Sophisticated investigations are only supportive and not diagnostic. Many a time patient may be unaware of the ictal and immediate post-ictal phases of episode. It is always rewarding to insist upon the eye witness account of the attack.

Absence seizures usually occur in childhood or early adolescence and they are almost exclusively idiopathic. They are the main seizure type in 15% to 20% of children with epilepsy, but the child may be unaware of or unable to convey their existence. This can lead to a situation in which the patient is constantly struggling to piece together their experiences that have been interrupted by the seizures. Since the clinical signs of the seizures are subtle, especially to new parents, it is not surprising that the first clue to absence epilepsy is often unexplained as day dreaming and a decline in school performance recognized by a teacher.

The electrophysiological hallmark of typical absence seizures is a generalized, symmetric, 3-Hz spike-and-wave discharge that begins and ends abruptly (known as wave paroxysms or wave complexes, frequently vary between 2 and 4 Hz) on a normal EEG background. Periods of spike-and-wave discharges lasting more than a few seconds usually correlate with the clinical signs, but the EEG often shows many more periods of abnormal cortical activity than were suspected clinically. Hyperventilation tends to provoke these electrographic discharges and even the seizures themselves, and this could be used as a bedside test for confirming the diagnosis. Patients usually have no other neurological problems and respond well to treatment. Although estimates vary, approximately 70 to 90% of such patients will have a spontaneous remission during adolescence. Typical Absence seizures need to be differentiated from complex partial seizures since treatment and natural history differs.

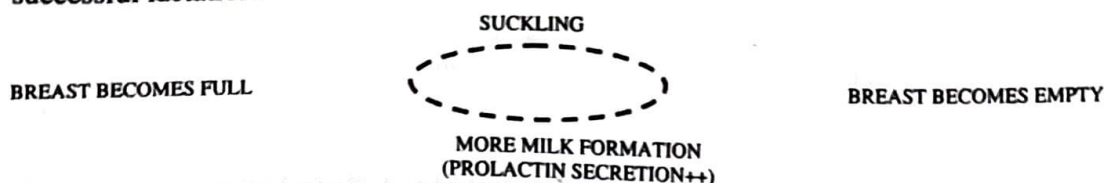
Atypical Absence Seizures

Atypical absence seizures have features that deviate from both the clinical and EEG features of typical absence seizures. For example, the loss of consciousness is usually of longer duration, onset and cessation is not so abrupt, and the seizure is accompanied by more obvious motor signs that may include focal or lateralizing features. Focal signs are more prominent and include tone changes, clonic jerking, automatism or motor spasms. The EEG shows a generalized, slow spike-and-wave pattern with a frequency of $\leq 2-4$ / sec (not classical 3Hz spike and wave activity), as well as other abnormal activity. The interictal EEG background activity is usually abnormal, and may accompany others signs of neurological dysfunction such as mental retardation. Further more, the seizures are less responsive to anticonvulsants compared to typical absence seizures. Ethosuximide and Sodium valproate are drugs of choice in absence seizures. Clonazepam and Lamotrigine are drugs to be used in atypical absence seizures.

Dr. S.K. Herlekar, Family Physician,
Hubli 580 032

DOCTOR WHAT SHOULD I FEED MY CHILD?

1. For 1st 6 months, breast milk is enough to take care of the needs of baby, not even a drop of water from top is needed as breast milk contains enough water for baby's needs.
2. Breastfed babies are more intelligent.
3. Breastfed babies are less prone to allergy and infection than bottle fed and top fed babies.
4. 2% of our population is lactating mothers who produce about 800 ml of milk per day. i.e. 0.8 Litres x 2 crore mothers x 365 days x 10/- Rs. / Litre = 5840 crores of Rupees per year.
5. Start breast feeding within half an hour of birth and as often as possible (demand feeds) frequent suckling empties the breast and more milk is formed, this cycle should be maintained for successful lactation.
- 6.



THERE SHOULD BE NO BUSINESS BETWEEN BREAST AND BABY

7. The only way to ensure adequate flow of breast milk is to keep the baby suckling as often as baby demands, more in the night as milk secretion is more at night.
8. Feeding of water or other top feeds (Sugar, Glucose-water, honey) will fill the stomach of baby and it will not suckle, breast does not empty, breast milk flow decreases and milk formation decreases. Hence to avoid this, keep feeding.
9. Crying can be due to many reasons, and is very rarely due to inadequate breast milk in exclusively breast fed babies. If decision is taken to top feed at any age, undiluted cow's, buffalo's or dairy milk should be given with WATI or SPOON.
10. The baby who passes urine 6 times a day or more and gains minimum of ½ kg. Weight per month is getting adequate breast milk.
11. After 6 months, only breast milk is not enough and the baby is developmentally ready to accept liquid and semisolid foods.
12. In Indian family we eat food prepared from rice, dal, ragi, wheat, jawar, rawa, oils, ghee, sugar, vegetable and fruits, pulses + eggs and meat. The above mentioned food can be ground into powdered form and mixed into water or milk to make it liquid which can be easily taken by the baby. Jaggery, sugar or salt can be added for taste and even oil and ghee increase the caloric strength.
For example: grounded rice powder - water (rice ganji), rice ganji + sugar or salt or dhal (grounded liquid dal) which will be taken very easily by the baby by wati and spoon (Many recipes can be prepared to suit the taste of child)
13. Semi solid foods like rawa, kheer sabudana kheer, khichdi, rice dal, sheera, idli with curds, mashed vegetables should be offered.
14. It is disappointing to see many mothers feed with commercially weaning foods like FAREX, CERELAC and NESTUM RICE etc. It contains mixture of coffee and wheat atta with some vitamins. The available 400 gms costs Rs. 80 to 100.
15. Is it worth even for a rich family to spend so much of money with no added advantage? (in fact disadvantage). And child has to come back to family food some time or other and if home made foods converted into liquid form, semisolid form and solid are offered, the child grows well and this practice alone is the best for your child's health.
18. The child should eat family food by 10 months to 12 months.
19. Breast feed the baby up to 2nd birthday as it provides 1/3rd of energy required by the child in its second year.
20. Even malnourished mothers produce enough milk to take care of their babies needs.

Resource utilised is resource earned

Dr. Dinaker More

Dr. Basavaraj Patil.

Dr. Sharankumar K.

Dr. Ravi Matpathi

All from Gulburga

Set goals that are lofty and don't be a softy

THE LIFE OF A FAMILY PHYSICIAN

The standard of living of a doctor is considered to be very high by the common people. He is considered a rich man who has a very high income and has no problems of his own and has no right to fall sick. When he falls sick people say, as his personal problems are overlooked by his patients and thus by society.



Doctor's life is too busy. He has to sit from morning to evening in his clinic and see his patients. Evening time when people go out and enjoy life, a doctor has to sit in his cabin and thus is isolated from the rest of the world. Sunday's working, also on patients demand; a doctor especially family physician, has to sit in his clinic awaiting his patients. So the only time when the doctor is free is on Sunday evenings. During this period when he is out, also he has to attend many phone calls at home and on mobile from his patients expecting to see them and give medicines. Many times at night when people are enjoying deep sleep, a doctor has to attend patient's call and sometimes attend him personally at his home.

When he has to go on leave, he has to plan a few days prior at his patients' convenience. When patient's come to know that their family doctor is going out for few days, they start getting insecure feeling. They feel that a doctor, especially a family physician should be available 24 hours of the day and 12 months of the year because of the faith and trust they have in him.

But for a person like a doctor who has a busy schedule and whose mind is constantly working due to the responsibility and tension of his patients must go out for a tour at least once or twice in a year or need some sort of entertainment off and on for his mental as well as physical relaxation. When on holiday, his patients take his mobile number and give calls when they have any problem regarding health, though the doctor is trying to relax. Due to lack of relaxation, increased tension and sedentary work, doctors are facing increased number of health problems.

A doctor is one of the most respected persons of the society. He has to face social restrictions in his style of living and his behaviour. If he is seen eating chat or an ice-cream or he is seen in some jazzy clothes, people feel. "A person like a doctor is behaving like this? This is because of the expectations from a doctor to behave within certain limitations. Family Physician is thought to be a family adviser or a family friend. People do come to the clinic to seek advice for important decisions of family or they often come to solve matters like fights because he is considered as one of the family members. He is also called for family functions.

Thus, a family physician is not only a doctor, but a friend, a lawyer! and an adviser, a member of the family and lot many things as he is the most trustworthy person for his patients. This is but for the love and the respect given to him by his patients. Besides being a doctor he is a social worker who has many responsibilities of his own, his patients and his society whose life is full of tensions and worries and struggles for the society thus playing a vital role.

Thus the life of family physician is utilization of his knowledge, time, physical as well as mental efforts put together for the betterment of the society and the lives of people in the real sense as he is concerned with the health. (i.e. physical and mental make up) of his society and health is wealth.



Dr. (Mrs.) Dhanashree Wayal
Family Physician, Pune

"This one is guaranteed to control your appetite.
It's a whole pizza squeezed into a capsule."

Avoid the position of selfish ambition

PHYSICIANS: DUTIES TOWARDS PATIENTS:

A physician should always remember that the most important task of the Medical Profession is to render service to humanity. He or She should always uphold qualities like purity of character, promptness in discharging duties, modesty, patience, ability to act without anxiety and proper with professional and personal conduct. Physicians should be successful in gaining the confidence of their patients. They should take care of every patient with the same amount of devotion. Ethical considerations and obligations that physicians have to uphold, with respect to the varied faces of the medical profession, as part of good healthcare delivery, have been dealt with in Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

Obligations to the sick:

Although it is not compulsory for doctors to treat all patients asking for their services, ideally they should always be ready to do so.

They should never forget that the health and lives of their patients depend upon the skill and attention that they provide. A physician should always make timely visits to his or her patients. A physician can advise a patient to seek services of another physician. In case of an emergency, though, he or she should be ready to treat the patient. A physician shall not, without reason, refuse treatment to a patient. However, if the disease that the patient is suffering from is not within the range of experience of a particular physician, he or she may refuse treatment and refer him or her to another physician. Once a case is taken up, physicians are not supposed to neglect their patients nor should they withdraw from the case without giving adequate notice to the patient and his or her family. Any medical professional (whether provisionally or fully registered) shall not knowingly do anything that might deprive the care that is due to his or her patients.

If a physician has any problem that may affect patients or affect the duties that he or she is required to provide, (for example, if he or she is suffering from some contagious disease) then that physician is not permitted to practise his profession.

Patient, delicacy and secrecy:

Physicians should practise the art of delicacy. Any confidential information relating to individual or domestic life, that is revealed to them by their patients as well as any defects in the behaviour or character of their patients (that may be observed by them during medical examination) should strictly be kept secret unless required by laws of the State.

In certain crucial circumstances, though, a physician must use his discretion to decide whether making use of any of the confidential information possessed by him will prevent any healthy person from contacting any infectious disease. In such contexts, the physician must use discretion and act in the manner that he or she would want a fellow physician to act to a member of his or her family.

Prognosis:

Physicians should neither exaggerate nor minimize the seriousness of a patient's condition. He or she should state the facts as they are. This is crucial to the well being and correct treatment of the patient. Giving false hopes, when there are no grounds for them, is not advisable. Getting a patient unnecessarily tensed and nervous also should not be resorted to.

They should see to it that the patient, his or her relatives or any responsible friend should be made aware of all such details regarding the patient that might prove to be beneficial to them.

Engagement for an obstetric case:

It may sometimes happen that a physician supposed to attend an obstetric case, is absent, and another physician takes his or her place, in such a context, the acting physician can collect professional fees but should resign, with the patient's consent, on the arrival of the physician originally engaged.

GPA, Pune News Letter

THINK IT OVER

Everybody in this country is a medical advisor, qualified or not is a different issue. Print and Electronic media to 'Dadi Ke Nuskhe', roadside stalls selling treatment for common cold to cancer, to so called Registered Medical Practitioners, every one keeps making mockery of the entire medical profession. Everyone concerned has a say besides the doctor. Profession is in disarray.



Who is to be blamed for the notoriety and prefixed adjectives that go with doctor in public. Should I accuse the competitive market, the unethical practices or incriminate the complacency towards skill enhancement? The adoption of unfair means is a survival instinct or a means to temporarily outsmart the competition in this capital intensive service sector.

The forte and fortitude of health care delivery in this country was deriving its strength from participation between public and private sector in the last decade. Somehow in the journey, the private sector is disdained, denying it its due. What is that anarchy of health care delivery system, simply?

The apathy, indifference and disregard on one-hand while stolid communication leading to stony silence in client provider relationship, getting complimented by the informed-decision-leading litigations has become order of the day and by no means the situation seems to be getting a punctuation anywhere.

The hostile media, the belligerent bureaucracy, and invective political system fail to underline the situation in which we are trying to catch up and support public sector. But this simply cannot be a one-way process. Increasing number of civil and criminal litigations pending decision are testaments to our pain and the delayed judgements are adding insult to injuries. People need to realize that doctors are not Gods; we can simply assure care, not cure and a single failure in the process is opprobrious to by all.

The Government is abysmally silent on the problems of private sector in general and entire medical profession in particular. Expectations are high from the community running with a low motivation. Creating an establishment in medical and health care delivery requires money and understanding the human body, partly, in relation to infinite number of pathogens takes almost 12 years; the longest curriculum in the World. Still the mysteries remain unresolved for which at times the management fails and the poor doctor bears the burnt.

It is not that we are complacent and are not aware of the wrongs in the profession but a few bad examples should not put the entire profession on the mat. I appeal to all fellow beings to be a little more rational, considerate and concerned of our role and duties. After all we did subscribe to the profession and maintaining the sanctity of it is our prime duty. I shall take this opportunity to enter in to an entreaty with the media and bureaucrats to kindly consider the facts in totality before putting distorted versions in print or to action. Friends! Hope I have conveyed myself and expect you to act in consonance.

**Dr. S.S. Agarwal Editor, MedicNews,
Jaipur (unit FFPAD).**

FORTHCOMING CONFERENCE OF GPA, PUNE - GPCON 2004

Theme : Changing Trends in Family Practice Co-Hosted by IMA, CGP, Pune Sub Faculty and General Practitioners' Association, Pune.

Date : 27 Nov. (Saturday) and 28 Nov. (Sunday) 2004

Venue : Tilak Smarak Mandir.

HIGH LIGHTS OF THE CONFERENCE:

- | | |
|--|----------------------------|
| * Interactive Work shops | * Medi-Quiz. |
| * Key Note Address | * Free Papers |
| * Orations from reputed speakers | * Essay Competition |
| * Short Lectures | * Best Clinic Competition. |
| * Interesting Practice Managing Sessions | |

Registration fees: Rs.500/-Till 15th Nov. 2004 - Rs.600/-After 15th Nov. 2004

Dr. Suhas Nene
Org. Chairman

Dr. Vivek Billampelly
Org. Secretary

Dr. Mahesh Wayal
Jt. Org. Secretary

Listen and learn for ways to earn

PRACTICE, EXPERIENCE AND CASE REPORTS

One of my patient brought home the two oft-repeated aphorisms in the practice of medicine. One is never to take things for granted and the next is never fully believed what the patient says as the gospel truth. He may genuinely believe that he is telling the truth and the meaning may be contrary to what you are deducing.

Case Report - I

This involved a friend and patient of mine who whenever he visits me, has the knack of making me laugh. He is a long standing patient with reversible airways disease who normally responds well to inhale steroids. But he does not always follow up properly and therefore often he comes with uncontrolled wheeze and cough. His visits usually begin with statements like, 'I don't know why I come to you, you never make me fully alright, instead of this slow death, you seem to enjoy inflicting on me, why not kill me once and for all by giving some poison? Then I will not have this problem and you don't have to worry about me!' All said in good humour in slang Hindi. I give some suitable witty answer and our banter some times consumes more time than the actual consultation time. That he is also wealthy adds flavour to the consultation. When he came three months ago with increasing cough with some wheeze I dismissed him with the advice to take his regular dosage of inhaled steroids with a bronchodilator and come back after ten days. He promptly did and instead of his getting better he was worse and he had low grade fever and now had what looked like pleural pain. Examination did not reveal any major signs and I was forced to do a plain x-ray of the chest, an ESR and blood counts.

The x-ray showed nonspecific opacities in the parenchyma suggesting LRTI. His ESR was 50 mm fall. Thinking that he has had an infection in addition to his usual bronchospasm, he was started on augmentin 1 gm b.i.d for ten days. After ten days he was a bit better but the pain in the flank did not go. This patient had undergone cholecystectomy two years ago and now he was advised by his wife to see the surgeon. You can refuse the doctor but not the wife and off he went and consulted the surgeon who is also known to me. He had the usual surgical blinkers on and ordered an ultra sound abdomen! The sonologist who did the study found what he thought was pleural effusion. I was duly informed and the ball arrived again in my court.

The repeat x-ray did not look like effusion but more in favour of an infiltrative lesion or a resolved pneumonic patch. His ESR continued to be high and low grade fever continued and the cough that was dry and worse persisted despite increasing inhaled steroids for which he would normally respond dramatically. Now I was forced into a diagnostic dilemma. The position and nature of the lesion did not appear either like an effusion or classical tuberculosis. Now having had earlier experience of sarcoidosis I started thinking whether this could be this. I got a CT chest done which said this to be possible interstitial lung disease and suggested a trans bronchial biopsy of the lung tissue or CT guided biopsy of the infiltrative lesion sitting in the pleural cavity. Studies to rule out other immunological illnesses affecting the lung were negative including ACE levels.

In the meantime his wife was getting restless with the tardy progress and following advice from her Bombay based relatives took him to Jaslok hospital. They were able to procure tissue by a CT guided biopsy and the HPE showed granuloma without caseation confirming my initial diagnosis and to the Montoux test there was no response once again pointing to the same diagnosis. Presently he is on steroids with good clinical response. I am planning to repeat CT chest and see how far the lesions have regressed, in a months time.

Sarcoidosis.

It is a multi system disease with formation of granulomata and it has many features common to tuberculosis and often mistakenly treated, as such it is therefore important to clinch the diagnosis by obtaining tissue and do a histopathology study. Though similar, the lesion doesn't show caseation and there will be no tubercle bacilli. Absence of any reaction to tuberculin skin testing is helpful diagnostic tool. So are raised levels of serum calcium and angiotensin converting enzyme. Of course, normal levels don't exclude the disease unlike response to tuberculin test that virtually excludes sarcoidosis.

(Contd....)

Rise above and soar off the ground floor

Obtaining tissue can be a problem and some times studying the scalene pad of fat may reveal tiny granulomata that will help to clinch the diagnosis. Why then diagnosis an illness were to limit as it does in most cases? It is because in 90% of cases the lung gets involved and not treating with steroids may leave the lung permanently damaged. Based on the findings of chest X-ray, four stages are described.

In stage I there will be hilar adenopathy usually symmetrical with or without associated erythema nodosum and arthralgia. Stage 2, disease shows in addition to hilar adenopathy diffuse pulmonary opacities. There may be cough with or without breathlessness. In stage 1 and 2 disease spontaneous resolution occurs within one year. In stage 3, there is diffuse pulmonary disease without hilar adenopathy and this may not resolve spontaneously. Stage 4, there will be pulmonary fibrosis progressing to pulmonary hypertension and cor pulmonale. Stage two and three disease will need systemic corticosteroids which may have to be given for several years though evidence of benefit beyond two years of use is lacking.

This disease thought to be uncommon in the tropics appears to be not that uncommon. As most patients present with lung symptoms and in this city there are many persons who have allergic lung disease and are being treated often empirically it is always good to bear in mind this illness if one were not to get the desired response to inhaled corticosteroids.

Dr. B.C. Rao, Bangalore,
Member Editorial Board

I AM HAPPY IN FAMILY PRACTICE, ARE YOU?

I had written in the last issue of the journal of Bangalore FPA about some aspects of family medicine and in this issue I am writing on the advantages of locating your practice near where you live. The clinic should be located as close to the residence as possible. Clinic, residence and the catchment area should be within a radius of one or two kilometers.

This enable one to spend more time, avoids unnecessary travel, exposure to pollution and is conducive to spend more time with family and have lunch at home and may be a short rest after lunch. I have known some of my friends who have their clinics located far away from home. They leave home early, return very late without any rest and drive through heavy traffic with no rest at all. No wonder they are unhealthy both mentally and physically and can you expect quality care from them? If you are one of them don't mistake me, you may have done this out of many compulsions. But it is never too late.

Move your residence close to the clinic or vice versa. Do not worry too much about loss of practice. If you are good and honest and service minded, in the long term you will be contented and happy. I want those who are beginners, not to be unduly worried about the numbers of doctors there are in a particular area.

You identify yourself by being innovative, updated, ethical and truthful. Success will chase you and you need not have clinic in the main busy commercial area. It will be full of traffic with parking problems and heavily polluted. For the same price you can get a much larger area on one of the side streets and with better prospects. Having residence and clinic together is not a bad idea.

It has many advantages. Saves time, money, is good for your health, peace of mind and improves efficiency. The only problem could be disturbance at non-clinic hours. This can be overcome to a great extent by training patients.

You may think it is impossible. But I have done it and I am sure you too can.

Dr. S. Subramanyam.
Family Physician, Bangalore

Develop a thirst for first things first

CLINICAL DISCUSSION.....

Three months ago, a young mother of 25 years of age presented with severe general weakness. Three days prior to coming to me she had visited a hospital where she was diagnosed as severe iron deficiency anemia with HB% of 4 Gms. She was advised blood transfusion which was again refused. Then I discussed the problem with a senior physician and following his advice I began giving iron dextran injections along with erythropoietin injections 5000 units on alternate days. As the injections in this dosage are expensive and patient couldn't afford this, I gave 2000 units that cost Rs.500 compared to Rs.800 of the former, which I gave at weekly intervals. I also dewormed her. In a month's time her general condition improved with HB rising to 11.5 gms% showing the presence of active bone marrow responding very well to erythropoietin. Can I use this modality of treatment in all severely anemic patients especially in this era of risky blood transfusions and the fear of HIV and hepatitis virus infections?

Response

Red cell production is controlled by erythropoietin, a polypeptide hormone produced by the renal tubular cells in response to hypoxia. It stimulates the programmed stem cell precursors of the erythroid series and decreases the cell maturation time. Patients with renal failure who are anemic due to deficiency of this hormone [less production] will have to be given exogenous erythropoietin to correct the anemia. The patient in response has normally functioning kidneys already producing optimum levels of erythropoietin in response to the hypoxic state due to severe anemia and giving additional erythropoietin is therefore not warranted. The dramatic response observed to injected iron is usual when there is a hungry and functioning bone marrow. The comments that blood transfusion is risky should be taken with a pinch of salt as most good blood banks take adequate precautions. Incidentally the choice is not whole blood transfusion that might add to the fluid load and precipitate heart failure, but packed cell which achieves better result with less risk.

Dr.V.S.Krishna Murthy,
Bangalore.

No.Certi / / / 200

Date: - 200

MEDICAL CERTIFICATE

This is to certify that Mr / Mrs / Miss _____ aged around _____ years from _____ is / was under my treatment from _____ to _____. He / She is / was suffering from _____

In my opinion He/She is/ was advised rest for _____ days with effect from _____. He /She is / was fit to resume on his / her duties from _____.

Mark of identification:

Signature or left thumb impression.

Signature:

Name, Registration No. and Address with Phone No. (Rubber Stamp)

- (1) Not valid for medico-legal purpose (2) Not to be produced in the court of law
(3) Not to be used as personal identity.

Courtesy FPA, Bhuj
Dr. S. Bheda, (Civil Surgeon, Kutch)

Always invest in what stands the test



INVITATION



Dear Doctor,

The Federation of Family Physicians Associations of India (FFPAI) is holding its 9th National Convention at Bangalore in January 2005. We the Family Physicians' Association, Bangalore have the privilege to host the National Convention.

It is our pleasure and pride to invite you with family, to this National Convention. We are in an era where giant strides in technology have completely changed the perspective of healthcare. It has helped in breaking all barriers and removed the boundaries and limitations of time, space and money. Healthcare has shifted from being reactive to proactive and from sickness to well-being. We, the Family Physicians will be the basic nucleus from which such change can occur.

It is an opportunity to update knowledge and experience in three short days which would otherwise take a year of reading and attending meetings.

The focus of this convention would be to share knowledge on recent advances, family practice experiences, panel discussions and have practical workshops. It would also focus on usage of technology and telemedicine to enhance and provide better care, thus creating a proficient and healthy family unit.

We assure you that we will do our best and spare no efforts to make this an enjoyable, informative and useful convention which would give each one a take home message.

The convention is being held in January, 2005 at Bangalore when we will have the best of the climate. Bangalore is well known for its parks, trees, cultural activities, aesthetics and also its pubs. There being so many tourist spots in and around Bangalore, you could use this opportunity to come with family and plan and enjoy a pre or post convention tour. We would be very happy to assist you in the same.

Looking forward to your complete participation in this National Convention, we the organizing committee and members of Family Physicians' Association, Bangalore, once again cordially invite you and your family to the National Convention.

Dr. B.C. Rao
Convener,
F P NATCON 2005
Bangalore

Dr. Srinath Herur
Organizing Secretary
F P NATCON 2005
Bangalore
Tel.:080-57670741
080-26662914
Mb. 98450 63283
E-mail herursrinath@vsnl.net

Do all you can do to promote value

ACTIVITIES OF VARIOUS UNITS OF FFPAI

GENERAL PRACTITIONERS' ASSOCIATION'S ANKLESHWAR.

(1) Office Bearers for the year 2004-05

President
Dr. S. N. Vakil,
Add : Samdi Falia,
Ankleshwar - 393001.
Tel. No. (C and R) 246 568.

Hon. Secretary
Dr. C. N. Parikh.
Add : Mewada Falia,
Ankleshwar - 393001.
Tel. (C)246685 (R) 246107

Hon. Treasurer.
Dr. H. G. Modi
Add : 151, Ramnagar,
Ankleshwar -393 001.
Tel.No.(C)2467282 (R)246782

(2) **FAMILY PHYSICIANS' ASSOCIATION, BHAVNAGAR**
Office bearers for the year 2004-05

President
Dr. N. P. Kuhadia
Secretary
Dr. V.B. Pithadiya
Treasurer
Dr. N. C. Patel

C/3/34, Government Quarters, Jail Ground, Bhavnagar
1/H, Abhinav Park, City Circular Road, Bhavnagar.
Ph.No. (O)2425458 (R)2566968

CME PROGRAMMES

Date		Date	
03.04.2004	GBM and Election for the year 2004-05	17.06.2004	Newer perspective in Hypertension Management
16.05.2004	Common Skin Disorders	20.06.2004	Management of Psychiatric Emergency
16.05.2004	Male-Female Sexuality	10.07.2004	Laparoscopic Surgery
06.06.2004	Psychosis	18.07.2004	Pathophysiology and Management of Cataract
06.06.2004	Management of Common Skin Disorders	24.07.2004	Modern concept in treatment of Dog bite

(3) **FAMILY PHYSICIANS' ASSOCIATION, BANGALORE**

- 28.3.2004 A CME programme on interventions in Tobacco dependence was held at NIMAHNS, Bangalore. Dr. Prathima Murthy, Dr. Mohan Isaac and Dr. Murli Mohan Spoke.
- 23.5.2004 Dr. Mohini R Prasad and Dr. Jyothika Desai conducted a video presentation on treatment of DUB by intrauterine balloon Therapy. The venue was Dr. P.R. Desai's Hospital, Bangalore.
- 18.6.2004 Annual General Body Meeting of FPA was held at Hotel Parag, Rajbhanvan road, Bangalore Dr. Abhay Borgankar was a special invitee.
The following members were elected as office bearers for the year 2004-05 .
Dr. Subramayam – President
Dr. B.G.Parashuramuly – Vice President
Dr. V.S.Krishuramuthy – Vice President
Dr. R.S.Raju – Treasurer
Dr. K.S.Hande – Hon. Secretary
Dr. S.V.Sabhpathy – Jt. Secretary
Dr. B.C.Rao – Editor FPA journal
Beside these 3 Scientific Committee members and 7 EC members were elected.
- 18.7.2004 Inaugural function of FPA activities and Doctor Day were held at Hotel Capital Rajbhavan Road, Bangalore, Dr. S.R.Jayaprekash, Sr. Family physician were honoured. Dr. K.R. Suresh, Vascular surgeon spoke on the latest developments in vascular surgery.

Be willing to fail 1000 times to prevail

(4) BELGAUM ALLOPATHIC FAMILY PHYSICIAN'S ASSOCIATION, BELGAUM.

Office : Dr. A.G. Yalgi Memorial Hall

I.M.A.House, Club Road, Civil Hospital Compound, Belgaum-1. Ph.No.2436360

President

Dr. P.N. Shigli
MBBS

"Uma" H.No.5, Maruti
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Belgaum-16, Ph.No.2455011

Secretary

Dr. S.L. Chougale
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Ph.(R)2433201

Treasurer

Dr.S.G.Kulkarni
CCB 171, Shahu Nagar,
Belgaum.

Ph.(c)2476948 (R)2477330
(H)2426289 (M)9845710695

Report of BAGPA Activities for the months of March, April, May and June -2004

* During the month of March, it was decided by the Board of BAGPA that Dr.R. B. Angol would continue to represent as our member at the Federation of Family Physician's Association of India.

* A clinical meeting was held on 25th of April, 2004. The resource person was Dr. V. D. Patil, Principal JNMC Belgaum. He delivered a lecture on the topic "New Concepts of Vaccination"

* During the clinical meeting held on 23rd May, 20-04, Dr. Anil Patil, orthopedic Surgeon of Belgaum delivered a lecture on 'arthroscopy and Rheumatoid Arthritis'. He also gave his suggestions to the family physicians about the approach and treatment of arthroscopy.

* A Mini Gathering was organized on 27th of June, 2004 for the families of BAGPA members. Entertainment Programmes and felicitation to the meritorious children of BAGPA members were arranged.

(4) FAMILY PHYSICIANS' ASSOCIATION, BHARUCH (GUJARAT)

Office bearers for the year 2004-2005

President

Dr. Ashaben Thakore
10, Rachana Park Society,
Behind Navjivan Schol, Kasak
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Ph.R(02642) 229837 (R)

Hon. Secretary

Dr. Taraben P. Patel.
Near Chavajwalla's Chawl
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Ph.(02642) 241241539

Hon. Treasurer

Dr. Pritiben J. Patel
2/S Ashvamegh, Ratanangar
Opp :Hotel Palmland -
Bharuch - Pin - 395001
R-(2642) 241539

Family get together function and general body meeting of our unit was held on 5.7.2004 at Hotel Plaza.

(5) FAMILY PHYSICIANS' ASSOCIATION OF BHUJ

President

Dr.M. Azim Sheth
Ph: (02832)-252234 (R) 223079 (H)
drmazimad1@sancharnet.in

Hon. Secretary

Dr. B. O. Chauhan
Ph.H-(02832) 241290 R. 240883

Treasurer

Dr Avind B. Mehta
Ph.(02832) 254429

A CME was organized by the FFP AI Bhuj Unit on 11th July, 2004. Members of the unit and other qualified allopathic practitioners of Bhuj were invited. 55 delegates were registered.

The meeting was presided by the President Dr. M. Azim Sheth. The guests of honour were Civil Surgeon of Kutch Dr. Suryakant Bheda, Dr. K. S. Vagela, President of IMA Bhuj Branch and Dr. Mahadev Patel- representative of Physicians and Pediatric Association of Bhuj.

Dr. Suryakant Bheda gave tips regarding medical certificate. He explained how one could prevent the misuse of a medical certificate. Dr. G.Rao spoke on the roll of a family physician at the time of a disaster. Dr. Bimal Buch from Rajkot explained the roll of physician in control and treatment of HIV positive AIDS patients. Dr. J. V. Shah, from Baroda, gave tips to achieve better satisfaction from patients. Dr. Jayendra Kapadia, from Surat expressed the useful modalities in family practice. It was interesting to know how a practitioner can earn more easily and ethically.

Dr. Shailendra Mehtalia, president of FFP AI from Mumbai, explained about Social Security Scheme of the FFP AI, and GPA Bombay. He also gave the detailed history and present status of the FFP AI. Dr. B. O. Chauhan, Secretary of the unit, proposed a vote of thanks. Key roll played by the meet chairman DR. K.V. Pujara and the President Dr. Azim Sheth.

Squeeze the trigger of thinking bigger

(6) **FAMILY PHYSICIANS' ASSOCIATION OF CHINCHOLI**
President
 Dr. Vasudevrao V. Kulkarni
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 Ph.No. (08475) 273086 (Hosp) 273686 (Resi.)

(7) **FAMILY PHYSICIANS' ASSOCIATION OF, HUBLI**
 Our Association is running a free "Epilepsy Care Centre" wherein we diagnose, counsel and supply anti epileptic drugs at subsidized rates. Secondly, G P A Hubli, has published a 55-page monogramme on "Epilepsy and Seizure". The copies Care Centre" for future plans of procuring an EEG machine costing about seven lakh rupees. The book will be sent by V P P or against a D D (Rs.125.) drawn in favour of "Epilepsy Care Centre" payable at Hubli. We have published two more monogrammes titled "Diabetes-the tip of the iceberg" and "HIV and AIDS". They are also available against donation of Rs.100 per copy.

Clinic
 Dr. S. K. Herlekar
 Chairman, Epilepsy Care Centre
 G P A Hubli 580 032

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 88, Ashok Nagar, Hubli 580 032
 Phone :0836-2350411, Cell:9448-19411
 e-mail:herlekar@sancharnet.in

(8) **FAMILY PHYSICIANS' ASSOCIATION OF PUNE**

Office bearers for the year 2004-05

President : Dr. Suhas Nene Ph. No. 020-25383390
 Hon. Secretary : Dr. Mahesh Wayal Ph. No. 020-25445312
 Hon. Treasurer : Dr. Avinash Bhondwe Ph. No. 020-25534968

04.07.2004 "Cancer' clinical Diagnosis in G.P. Topics : Cancer Breast , Gynaec. Cancer, G.I. cancer, lymphoma, leukemia, Paediatric Cancer, how to avoid delay in diagnosis.

(9) **FAMILY PHYSICIANS' ASSOCIATION-RAJKOT**

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

Office bearers for the year 2004-2005

President Dr. Pradeep Karkare Ph.(C) (0281)2473536(R)2455353
Hon. Secretary Dr. J.H. Choksi Ph.(C) (0281)2389782 (R)2577084
Hon. Treasurer Dr. C. B. Kapupara Ph.(C) (0281)2445718 (R)2577369

Clinical meetings:

21.03.2004 Prime MD Today Evaluation of Mental Disorder
 18.04.2004 Role of EEG in Neurology
 Utility of EMG and NCV in current era of Neurology.
 25.04.2004 Role of Montelukast in Bronchial Asthma.
 Role of Antibiotic in UTI
 16.05.2004 Seminar on Reproductive and Child Health
 23.05.2004 Insulin Analogue
 13.06.2004 Role of Gatifloxacin in LRTI
 20.06.2004 Prevention of IHD and Family Physician.
 11.07.2004 Seminar on Diabetes and Hypertension
 (1) Diet in Diabetes Mellitus
 (2) Recent trends in the Treatment of DM
 (3) Recent trends in treatment of hypertension.

Always plan to expand

Social and family welfare activities:
Spiritual Lectures, Personality Development and Emotional Intelligence Lectures were delivered by Dr. Anil Patel, Dr. Bimal Buch and Dr. Girish Yadav on every Wednesday at 10.00 P.M. All the members along with their relatives and friends were invited.

03.03.2004	Gnyan Yog	12.05.2004	Anger (Krodh)
10.03.2004	Mangalmay Vidhan	19.05.2004	Transactional Analysis
17.03.2004	Mangalmay Vidhan	26.05.2004	Transactional Analysis at Parent Adult and Child Level
07.04.2004	Mangalmay Vidhan	02.06.2004	Emotional Intelligence
14.04.2004	Mangalmay Vidhan	09.06.2004	Emotional Intelligence
28.04.2004	Runanu Bandh	16.06.2004	Emotional Intelligence
05.05.2004	Bias (purva grah)	23.06.2004	Emotional Intelligence
		30.06.2004	Emotional Intelligence

Public health awareness and life style management programme
FPA Rajkot is starting its unique programme of Health Awareness and Lifestyle Management for the people of Rajkot.

Our members will deliver lectures on various diseases like diabetes mellitus, hypertension, obesity, and cancer. Psychological disorder and instruction about role of diet and exercise.

Dr. G. U. Mehta, Dr. J. S. Antani, Dr. Bimal Buch, Dr. G. N. Patel will take care of lectures and Dr. Harshad Lashkari, Dr. Nayan Shah, Dr. J. H. Choksi, Dr. Manish Chunara, Dr. Pinakin Upadhyaya and all the committee members will look after the planning of this programme in different areas. On 09.07.2004 lectures were given at Rajkot Municipal Corporation where the principals of Rajkot Schools, Health workers of the Rajkot Municipal Corporation and Family Welfare centres were present.

At National Level.

Participated in Pulse Polio Immunization Programme in April, 2004 and July 2004.

At State Level

Participated in School Health Programme in July, 2004

CME		05.06.2004	GI Tract Physiology
06.03.2004	Hypertension	05.06.2004	GI Tract, Gastric Ucler, Duodenal ulcer
13.03.2004	IBS	12.06.2004	GI Tract, Esophagities, Gastritis.
20.03.2004	Legal aspect of death certificate	12.06.2004	GI Tract, Z E syndrome and Dysphagia
27.03.2004	IBS	19.06.2004	GI Tract Physiology of Liver
03.04.2004	ECG	26.06.2004	GI Tract Jaundice
10.04.2004	ECG	03.07.2004	Infective Hepatitis
24.04.2004	Drugs in Pregnancy	10.07.2004	Infective Hepatitis
01.05.2004	Drugs in Pregnancy		

On Going activities and competition.

(1) H J Doshi Case Presentation Competition and Video Presentation Competition. It was held on 4th April, at H J Doshi Hospital from 9.30 AM onward in open for all groups. More than 20 doctors participated from various special fields and in FPA group. For video presentation, there were 5 participants.

(2) Best clinic competition : sponsored by Dr. Gautam Dave in the memory of late Vasudev Dave.

1st prize : Dr. J. S. Anthani. IInd Prize : Dr. G. U. Mehta.

Winners

Open for all Section
1st Dr. Harshal Baldha
2nd Dr. Ashish Jasani
3rd Dr. Ketan Thakkar.

FPA Section
1st Dr. Bimal Buch
2nd Dr. Jaidip Antani

Video Presentation
1st Dr. Dimple Parekh
2nd Dr. Milan Thakkar

Commit your heart before you start

FAMILY PHYSICIANS' ASSOCIATION - SURAT

(9) CME Programmes

14/03/2004	Menorrhagia
14/03/2004	Pelvic Infection
18/04/2004	An Experience of Joint Replacement – Fellowship at Ranavat Joint Replacement Centre, New York, USA. by Dr. Dayanidhi Desai.
13/06/2004	Play on Diabetic Neuropathy

FPA Academy

Chairman : Dr. Tony T. Nicholas,

Co-Chairman Dr. Snehal Talati

03/03/2004	Andropause	02/06/2004	Filariasis in Surat
10/03/2004	Laughter the Best Medicine	09/06/2004	"Quality of Life" should be the motto while Treating Patient
17/03/2004	Stress Urinary Incontinence	30/06/2004	Common Eye Problems
31/03/2004	Finance and Account Management by Family Doctor	07/07/2004	Sickle Cell Anaemia
07/04/2004	DOT: Sure Cure for TB	21/07/2004	PUO, Under 1 year of age
14/04/2004	Occupational Medicine	28/07/2004	HIV and AIDS in Clinical Practice
21/04/2004	Acute Abdomen	16/06/2004	"The best case I have treated in my practice"
28/04/2004	Sex and AIDS	23/06/2004	Sports Injuries
05/05/2004	Problems of Pregnancy		

Academic presentations by members

At FPCON 2004:

Dr. Subhash Joshi presented case study of "Hereditary Neuropathy Liability to Pressure Palsy".

Dr. K.N. Sheladia presented paper on "Evaluation of DOT in Surat".

At Bhavnagar : In the 1st Conference of FPA, Bhavnagar.

Dr. Jayendra Kapadia was invited as the Guest Speaker to deliver keynote address.

Dr. Equbal Pothiwala was invited as the Guest Speaker to deliver lecture on "Newer Drugs in Malaria".

At Bhuj: Dr. Jayendra Kapadia was invited to take part in Seminar organized by FPA, Bhuj on 11/07/2004.

Community welfare activities

Pulse Polio Immunization

Members of FPA Surat, are actively participating in this nationwide Pulse Polio Immunization programme. Our members clinics are used as centres for this vaccination programme.

DOT :

Dr. K.N. Sheladia is a city T.B. Officer. Dr. Jitendra Patel, Dr. Kirit Surti and many of our members run DOT at their clinics. On 04/07/2004, Dr. Bhupesh Chawda in association with SMC started DOT and Microscopy centre at his Hospital.

Start where you are and plan to go far.

Medical Camps

- 21/3/2004 Medical check up camp was arranged at Jeevan Shailee Clinic, Nanpura, Surat with Shri Dhanera Jain Mitra Mandal. Dr. Pragnesh Joshi, Dr. Kirit Surti, Dr. Mansukh Gatiwala, Dr. N.B. Vadgama and Dr. Rajesh Soni rendered their services.
- 21/3/2004 Health check up with free medicine distribution camp was held at Village Zankhri, Near Lakhali, Tal. Songadh, Dist. Surat. 534 adivasi patients took benefit. Majority of them were extremely poor and suffered with sickle cell anaemia and respiratory diseases. It was arranged and conducted by Dr. Tony Nicholas.
- 18/4/2004 Health check up and follow up camp was organized at Shalom Children Home, Village Indu, Near Kakrapar, Tal. Vyara, Dist. Surat. It was arranged and conducted by Dr. Tony Nicholas.

Blood Donation Camps

Date	In Association with	Address	Units	Courtesy
7/3/2004	Nariawad Yuvak Mandal	Ruderpura, Surat	70	Dr. Bhupesh Chawda
14/3/2004	Brahmakumari	Bhatar Road, Surat	140	Dr. Kantibhai Bardolia
21/3/2004	Dhanera Jain Mitra Mandal	Jeevan Shailee Clinic, Surat	42	Dr. Ketan Jhaveri
11/4/2004	Rakta Mitra Mandal	Shastrinagar, Khatodara, Surat	82	Dr. I.G. Patel
27/6/2004	Shree Hari Om General Hospital and Maternity Home	Classic Point Near Sneh Sankul, Adajan, Surat	30	Dr. Bhupesh Chawda

Health Awareness Programmes

Sr. No.	Subject	Place	Date	Speaker
1	Sex Education and AIDS Education	All Gujarat UESI Fellowship Leadership Camp Bharuch	23/05/2004	Dr. Tony Nicholas
2	De-addiction and health check up camp	Kikakui	04/06/2004	Dr. Tony Nicholas
3.	Health Check up camp	Lakhali and Bhurivel	23/07/2004	Dr. Tony Nicholas

(9) Eight New Life Members enrolled this year

FPCON – 2004 – Sixth Annual conference - held on 15th and 16th May 2004 at Hotel Holiday Inn. The 6th Annual Conference of FPA, Surat FPCON, 2004 was organized on 15.5.04 and 16.5.2004 at Hotel Holiday Inn, Surat. Nearly, 280 delegates were registered. Speakers included Dr. C. Balkrishnan - Rheumatologist, Mumbai, Dr.(Mrs)Kumund Mehta - Paed. Nephrologist, Mumbai, Dr. Raj Brahmabhatt - Sexologist, Mumbai, Dr. Jashubhai Shah - family Physician - Vadodara. A rich and wholesome scientific treat was offered to all delegates in a cozy audience of a five star venue. In the evening a rich musical extravaganza was also organized for delegates and for their family members. All in all, it was a memorable mega event of FPA, Surat.

(14) Individual achievements of FPA members:

Dr. K.N. Sheladia trained at LRS TB Institute, New Delhi as City TB Officer. Participated in Radio talk on FM Channel, Surat : DOT Awareness and HIV AIDs.

Live phone in Programme on Local TV Channel on the Eve of World TB Day (24th March 2004)

Dr. Subhash N. Joshi: co-opted as an EC Member in Central Executive Committee of FFPAL. Appointed as member of constitution committee up to January 2005. Dr. Bhupesh Chawda has started DOT Therapy and Microscopy Centre being 1st in South Gujarat, in association with Surat Municipal Corporation at his Hospital – Shree Hari Om General Hospital. Dr. Janak M. Desai won 2nd Prize in Mini Marathon Running Competition held by Surat Municipal Corporation.

Schedule prime work time



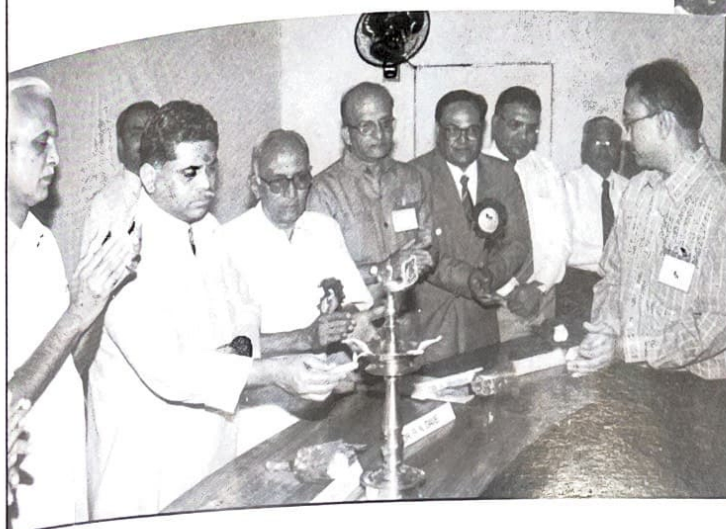
Inauguration Ceremony of FPCON-2004
(6th Annual Conference of F.P.A., Surat held
on 16-5-04 at Hotel Holiday Inn.
Seen in the photograph are
Dr. Pragnesh Joshi (Chairman),
Dr. J.R. Patel & Dr. D.C. Shah (Org. Sec.),
Dr. Equbal Pothiwala (Sc. Com. Chairman),
Dr. Kirit Surti (Hon. Sec., FPA, Surat)
with other Honourable Guests

CME-BHUJ - 11-7-04
(Lt. to Rt.) Dr. B.U. Chauhan,
Dr. H. Azim Sheth, Dr. J.V. Shah,
Dr. Jayendra Kapadia,
Dr. Shailendra Mehtalia (President, FFPAl),
Dr. Suryakant Bheda, Dr. K.S. Vaghela, Dr. Bimal Buch



Inauguration Function of the activity of
FPA Bangalore on 18-7-04.
Dr. Subramanyam lighting the lamp.

Dr. H.H. Agravat (Dean POU Medical College
Rajkot) inaugurating H.J. Doshi Case
Presentation Competition. Seen in the photograph
Dr. Jain (Medical Director H.J. Doshi Hosp.),
Dr. Joshipura (Medical Adviser H.J. Doshi Hosp.),
Dr. P.M. Karkare (President, FPA Rajkot).



09886177222
Gujarat State Conference, 28-29 Feb., 2004
Opening Ceremony - Mr. Rajendrasinhji Rana (MP),
Dr. Kanubhai Kalsariya - MLA,
Mr. Mahendrabhai Trivedi - MLA,
Dr. R.V. Dave - Conference Chairman,
Dr. Shailendra Mehtalia - President, FFPAl,
Dr. N.P. Kuhadia - President, FPA, Bhavnagar,
Dr. Pankaj Doshi - President, IMA, Bhavnagar,
Dr. Ramesh Shah - Sec., FFPAl,
Dr. Kiran Shah - Org. Sec.,
Dr. K.C. Dave - Sec., FPA, Bhavnagar

9th National Convention
of Federation of Family Physicians'
Association of India
&
15th Annual Conference
of Family Physicians' Association
Bangalore



Pre Convention Satellite Workshops:
28th January 2005

Convention:
29th & 30th January 2005



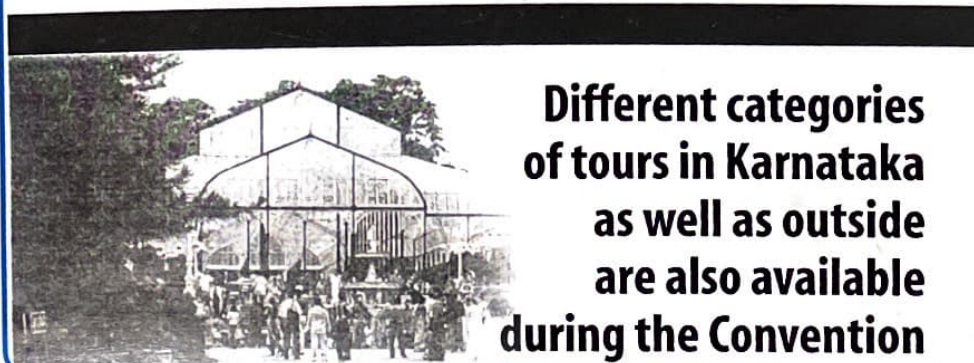
Particulars	Up to 30.9.2004	Up to 31.12.2004	Spot 29.1.2005
Delegate Fees includes banquet	Rs.600	Rs.900	Rs.1200
Reception Committee Member includes banquet	Rs.1200	Rs.1400	
Accompanying Non-Medical Person includes banquet	Rs.300	Rs.400	Rs.500
Post Graduate/Intern	Rs.500	Rs.600	Rs.700
Couple Reception Committee Member	Rs.2000	Rs.2400	
International Delegate	US \$ 100	US \$ 100	US \$ 150

Venue:

Jnana Jyothi Convocation Centre
Central College Premises
Palace Road
Bangalore

Hosts:

Family Physicians' Association
Bangalore
www.fpab.net



Different categories
of tours in Karnataka
as well as outside
are also available
during the Convention

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