



IMA MOHALI Bulletin



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Message From

Civil Surgeon, SAS Nagar, Mohali

I really feel proud to state that the Indian Medical Association (IMA) has always been a big helping hand for Health department district SAS Nagar. In terms of effective implementation of health programs and schemes in SAS Nagar district, the association has been giving us its valuable support. Whether it is Pulse Polio campaign, MR campaign, Anti Tobacco campaign, Mission Inderdhanush, IDCF or any other program or activity, we have got overwhelming response from the association and thus have successfully carried out the activities.



I extend my heartfelt wishes for the brighter future of the association.

Dr. Rita Bhardwaj

From The President's Desk

Greetings from IMA Mohali.

It gives me great pleasure that IMA Mohali is launching its first bulletin. It involves a lot of hard work and the efforts of members is appreciated. This will go a long way in carrying forward the dreams of IMA Mohali which has evolved over the years, thanks to our seniors and mentors.



Friends, in today's trying times, it is the need of the hour that doctors keep their knowledge and skills updated by attending conferences organised by IMA. And this should also include the legal aspects of practice (irrespective of the place of practice). Assaults on doctors are common now and we need to be united to fight this menace. Apart from these, there are several issues pertaining to the practice of medicine in today's world and it is thus of great importance that all the doctors should become members of IMA and remember that their strength lies in the strength of the IMA.

IMA Mohali has in the recent past participated in the nation wide protest against certain policies/bills at the call of National IMA and also has an important status in the activities of IMA Punjab with our members having won state awards.

We are always happy to associate with, and support, the functioning of govt programs and we are thankful to the govt functionaries for their support and participation in IMA activities. Last but not the least, all members are requested to apprise the non members of our activities and make new members thereby helping make the IMA stronger and also participate in all activities in full strength. This would increase bonhomie amongst doctors. "One For All and All For One" is the motto of IMA Mohali.

LONG LIVE IMA.

Dr. Sanjeet Singh Sodhi

Monalisa Touch For Vaginal Rejuvenation

INTRODUCTION:-

Vaginal rejuvenation with CO₂ fractional laser is popularly known as Monalisa Touch. It is non-invasive & effective treatment for this condition. At our clinic we are doing this procedure for last one year. Our clinic is pioneer to start this in India & we are the only centre in North India doing this procedure.

INDICATIONS:-

1. Post menopausal vaginal atrophy/atrophic vaginitis -due to lack of hydration & nourishment of vaginal mucosa.
2. Early stages of stress urinary incontinence (involuntarily passing urine while coughing, laughing or sneezing)
3. Dyspareunia
4. Patients taking chemotherapy (Tamoxifene for breast cancer)
5. Post hysterectomy
6. Patients not benefiting from HRT

ABOUT THE MACHINE:-

It is non-surgical & non pharmacological modality of treatment. It is done using CO₂ fractional laser. We have the latest SMART XIDE2 DEKA ITALY CO₂ fractional laser. It comes with the specialized hand piece for MONALISA.

PROCEDURE:-

1. No anaesthesia is required
2. Area is thoroughly cleaned
3. Patient is made to lie down in lithotomy position
4. Under all aseptic precautions, probe is gently advanced into



the vaginal orifice

5. Multiple laser shots are given all around 360 degree at a distance of 1cm.

It is a 5-10 minutes procedure with no downtime. It is a painless & effective procedure done on OPD basis.

NUMBER OF SITTINGS:-

3 sittings are done at a gap of 6 weeks with annual maintenance. After one sitting, the patient starts noticing the results within few days.

MECHANISM OF ACTION:

Monalisa touch helps in rejuvenating the vaginal mucosa by:

1. Stimulating new collagen formation.
2. Increases the amount of proteoglycans in the mucosa hence increases the water holding capacity
3. It creates several micro-lesions over the mucosa leading to neo collagenesis which usually takes 4-6 weeks.
4. It thickens the mucosa there by increasing the elasticity and distensibility of vaginal orifice.
5. Retains the pre-menopausal vaginal pH, maintaining natural barrier of mucosa hence limiting the occurrence of urinary infections.

6. Increases the local vascularization.

7. Improves lubrication of the vaginal area.

It has been known to improve the quality of life significantly with better interpersonal relationship. Patient reports high satisfaction rates with the treatment.

IT IMPROVES:

- Vaginal itching and burning sensation
- Vaginal dryness, irritation and soreness
- Discomfort related to laxity
- Pain during sexual intercourse
- Recurrent urinary infections
- Stress urinary incontinence.
- This machine with different handpiece is extremely useful in rejuvenation of Labia Majora. For this outer part local topical anaesthesia is applied for 45 minutes and sittings are repeated 3-5 times at monthly interval.

SIDE EFFECTS:

- It is completely a side effect free office procedure.
- Mild discomfort can occur in apprehensive patients.
- No post procedure discomfort is seen.

AFTER CARE:

- Strenuous exercises are to be avoided for few days.

Dr. P. S. Walia,

Sr. Dermatologist & Cosmetologist, Mohali

Artificial Intelligence And Pathology: It Is Here To Stay

Now a days we are witnessing robots assisting with surgeries. But the operation theatre isn't the only place where rapidly advancing technology has the potential to produce serious disruptions. Pathology could be one of the next proving grounds for artificial intelligence (AI).

AI's have been making news all over the place lately, with varied results; from the simple and goofy, like the neural network that created a series of new paint colours and proceeded to give them outrageously goofy names like Snowbonk, to the surreal and abstract, such as Google DeepMind's foray into artificial dreaming, to the disturbing example of Microsoft's AI Chatbot that quickly turned racist after spending less than a day on Twitter, AI certainly seems to be poised as the next big breakthrough in technology. And every day there seems to be some new news article about it. Whether it's scientists like Stephen Hawking or celebrity entrepreneurs like Elon Musk warning of the threat of an AI super-intelligence, or controversies about massive and widespread unemployment in the wake of faster, cheaper and more efficient robots, the internet is brimming with articles about the advances of artificial intelligence.

When most people think of artificial intelligence disrupting



industries these days, they think of self-driving cars or factory robots taking on more complex and complicated assembly procedures. What most don't realize is that artificial intelligence is already having a dramatic impact in places they never expected it too, even healthcare. And while some may currently view the role of the artificial intelligence and machine learning in healthcare to remain relegated to primarily simple, repetitive support tasks, such as mining medical records or managing medications and prescriptions, the pace of advancement of artificial intelligence is staggering. Some experts predict that machine learning will be widespread by 2025 (if not earlier). And with systems like IBM's Watson Health and Google's Deepmind Health already making a splash in healthcare circles, it's not hard to understand why.

Currently, no one seriously expects the machines to be coming for

pathologists' jobs anytime soon, and with good reason. The most obvious reason is currently cost; the ability of algorithms to accurately diagnose, while impressive, isn't necessarily an indication of added value, and that is absolutely requisite for anyone, pathologist or otherwise, to make a serious investment in the technology. Until pathology algorithms prove their value, they're unlikely to be a serious threat to trained experts.

What's more, many see the rise of artificial intelligences to be disruptive to pathology workflows, but not necessarily destructive, treating them as tools that will improve pathologists' efficiency and accuracy by letting them spend less time interpreting slides and more time synthesizing data from disparate sources into personalized diagnoses for patients.

Given these issues, it's fairly obvious that real, live pathologists aren't going anywhere for now, but the **CAMYLEON16** study clearly demonstrated that advancements in AI and machine learning may soon be a significant part of the pathologist's laboratory. But regardless of the outcome, it's clear that machine learning and artificial intelligences are virtually guaranteed to have a role of some kind in the pathology laboratory in the future. And that future may be nearer than we think.

Dr. Charandeep Singh Sahni

Director & Sr. Pathologist,

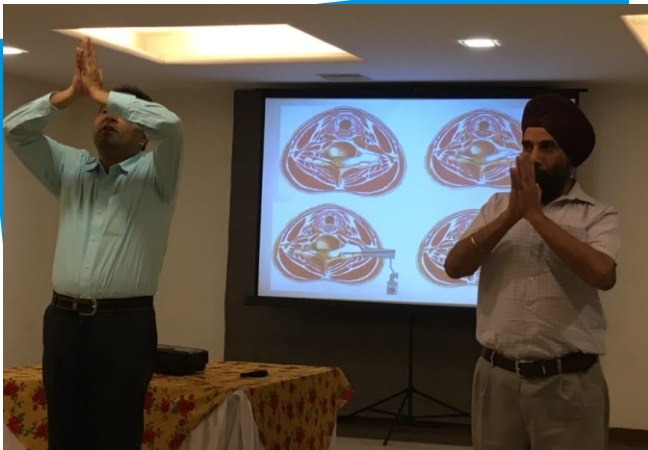
Helix Labs, Mohali



● Establishment of IMA Mohali Branch (1st July, 2002)



● Celebrating 15 Years of IMA Mohali (1st July 2017)



● Dr J S Kochar learning exercises at CME.



● Felicitating S. Balbir Singh Sidhu, MLA, Mohali.



● Dr. S. P. Surila receiving "Liasoning With Govt." award from IMA Punajb.



● Dr. S. S. Sodhi receiving "Liasoning With Govt. & Contribution To IMA" award from IMA Punjab.



- Members at the launch of Mobile Van for TB detection



- Members participating in "Chalo Delhi" movement.



- Dr. S.S. Sodhi, Dr. Ravi Wankhedekar, President National IMA, and Dr. V. Dhankhar (R to L)



- Executives at Patiala, receiving torch for NMC Bill protest movement



- Members cycling as part of protest against NMC Bill.



- Medical establishments shut down in Mohali in protest against NMC Bill

Caring For The Unborn

"Fetal medicine" is a branch of Medicine, which identifies problems of the unborn, i.e. Fetus and helps in identification of high-risk pregnancy at the earliest so that timely management is possible.

Genetic counseling is an integral part of Fetal Medicine whenever any fetal abnormality is identified, risk evaluation is done and possibilities of same problems in future pregnancies is discussed which help the couple in better planning of their next pregnancy.

The following are the aims of any Fetal Medicine unit including "Faith Diagnostic centre" which helps in accomplishing these goals

- Prevention and / or early management of certain antenatal complications
- Early diagnosis of fetal abnormalities followed by counselling and guidance for postnatal management if possible
- Screening for aneuploids
- Providing of safer techniques for prenatal diagnosis
- Providing genetic counselling and suggesting relevant genetic work-up
- Intrauterine fetal therapy
- Prediction and prevention of pre eclampsia
- Prediction and prevention of preterm birth
- Prediction and prevention of stillbirth
- Prediction and management of fetal growth restriction
- Early diagnosis and management of problems associated with multiple pregnancies

Aneuploidy screening:

According to the position statement from the Aneuploidy Screening Committee on behalf of Board of International Society for Prenatal Diagnosis (ISPD), "Every pregnant woman should have the opportunity to receive best possible estimate of her personal risk for



fetal aneuploidy".

Various tests used for screening for aneuploidies (most commonly T21, T18 and T13) have different detection rates. These published values are based on very strict criteria. The most important criterion is that the maternal serum biochemical analysis must be done in standardized laboratories, which regularly audit and validate their data in consensus with standard international bodies. Another important criterion is that the NT scan should be done in adherence

with FMF, UK guidelines, preferably by "FMF NT certified examiners" or those certified by any other equivalent certifying body. Only then one can expect the detection rates of a particular test to be close to those published. Important ones are given in the table below.

If reliable biochemistry is not available, MA + Fetal NT alone has a DR of 75-80% at 5% FPR.

If a reliable NT scan is not available, in 1st Trimester, MA Double marker alone has a DR of 60-70% at 5% FPR and in 2nd Trimester, MA + Quadruple marker has a DR of 70-75% at 5% FPR. The Triple test has the lowest detection rates of 65-70% in 2nd Trimester and is obsolete.

Preeclampsia and IUGR being an increasing concern, measures for its early diagnosis and management are of utmost importance. Inclusion of maternal Mean arterial pressure (MAP), relevant history, Uterine artery PI in first trimester scan and serum PIGF (Placental growth factor) has shown to have a detection rate of 90% for PE < 34 weeks, 75% for PE < 37 weeks and 47% for PE > 37 weeks.

Dr. Sandhya Dhankhar

Director & Fetal Medicine Specialist

Faith Diagnostic centre, Chandigarh

Faith Fetal centre, Mayo Hospital, Mohali

Table

Screening test biochemical Markers	Ultrasound and (DR %)	Detection rate rate (FPR %)	False positive
Combined First trimester screening (CFTS) Sequential screening (Sequential + Quadruple test) +uE3(16-20+6 W)	NT + NB Free B-hCG + PAPP-A (11-13+6 W) CFTS (11-13+6 W) + Free B-hCG + serum AFP + Inhibin A	93-96%	2.5%
NIPT (10Wks onwards)		99%	5%

Note: Accurate Maternal age (MA) (or Donor age in cases of IVF with donor egg or embryo) is a prerequisite in all the screening modules

Measles Rubella Vaccination Campaign

The history of vaccination of individuals to protect them from infectious diseases dates back to Ancient Chinese, Indian and other civilisations. In recent times, however, the credit for protection



against diseases goes to Edward Jenner for prevention of Small Pox. Since then vaccination/immunisation has become one of the most important strategies for protection of children against several vaccine preventable diseases. The rapid decline in infant and child mortality in the country as well as world is attributable greatly to the immunisation programmes of the countries. After the eradication of Small Pox in 1977, India launched the Expanded Programme of Immunisation in 1978 with vaccination of children against 5 major childhood killers including Tuberculosis, Diphtheria, Pertussis, Tetanus and Poliomyelitis. Measles vaccination was introduced in 1985 and the Programme was renamed as Universal Immunisation Programme. Since then the immunisation programme has undergone sea change.

Newer vaccines have been added to the programme thus increasing the spectrum of disease prevention. In recent times, Hepatitis B, Hemophilus influenza B (HiB), Rota Virus Vaccine

(RVV), Japanese Encephalitis Vaccine and Pneumococcal Vaccine (PCV) have been introduced into the Universal Immunisation Programme (UIP).

As a result of good immunisation programme we have been able to bring an end to Poliomyelitis in the country. WHO South Asia Region in 2013 resolved to eliminate Measles and control Congenital Rubella syndrome by 2020. Following upon that India decided to introduce Rubella vaccination into the UIP. The combined Measles Rubella Vaccine is being introduced in the country in a phased manner since 2017.

The vaccine is being introduced through Measles Rubella Vaccination Campaign targeting children from 9 months to less than 15 years of age for one additional dose of MR Vaccine. The purpose of campaign is to create herd immunity in the total vulnerable population and thus minimise the chances of circulation of viruses. Several states have already carried out the campaign successfully covering more than 95% of the eligible children. Punjab started preparing for the MR Campaign in December 2017. It was planned to vaccinate nearly 70,00,000 children between 9 months to less than 15 years of age. Various



government departments including, Women and Child Development, Education, Rural Development, Local Government have played an important role in making the campaign successful. Lions' Club and other NGOs have also come forward to assist in reaching every child.

Professional bodies Indian Medical Association and Indian Academy of Paediatrics have played an important role in advocacy of the parents regarding the Measles Rubella Vaccination Campaign. With the culmination of MR Vaccination Campaign in the state, MR Vaccine will become a part of the routine immunisation programme with two doses being given at 9 months and 15-24 months of age thus replacing the current two doses of Measles vaccine being given at the same age.

Dr. Gurinder Bir Singh,
MD, DNB, MNAMS,

Assistant Director-cum-State
Immunisation Officer, Punjab,
Chandigarh

Arrest Of Doctors – Guidelines.

Arrest of doctors under 304/304 A CPC is becoming alarmingly common, though there are clear guidelines by the Hon'ble Supreme Court Of India in this regard. A perusal of the same would suggest that many of the cases need not have been registered in the first place.

Following are the excerpts from **Jacob Mathew vs State Of Punjab & Anr on 5 August, 2005. Hon'ble Supreme Court Of India.....**

....In order to hold the existence of criminal rashness or criminal negligence it shall have to be found out that the rashness was of such a degree as to amount to taking a hazard knowing that the hazard was of such a degree that injury was most likely imminent a clear distinction exists between "simple lack of care" incurring civil liability and "very high degree of negligence" which is required in criminal cases.... In civil proceedings, a mere preponderance of probability is sufficient, and the defendant is not necessarily entitled to the benefit of every reasonable doubt; but in criminal proceedings, the persuasion of guilt must amount to such a moral certainty as convinces the mind of the Court, as a reasonable man, beyond all reasonable doubt....

...."The practitioner must bring to his task a reasonable degree of skill and knowledge, and must exercise a reasonable degree of care....

.... Guideline - re: Prosecuting medical professionals....As we have noticed hereinabove that the cases of doctors (surgeons and physicians) being subjected to criminal prosecution are on an increase. Sometimes such



prosecutions are filed by private complainants and sometimes by police on an FIR being lodged and cognizance taken. The investigating officer and the private complainant cannot always be supposed to have knowledge of medical science so as to determine whether the act of the accused medical professional amounts to rash or negligent act within the domain of criminal law under Section 304-A of IPC. The criminal process once initiated subjects the medical professional to serious embarrassment and sometimes harassment. He has to seek bail to escape arrest, which may or may not be granted to him. At the end he may be exonerated by acquittal or discharge but the loss which he has suffered in his reputation cannot be compensated by any standards....

.....Many a complainant prefers recourse to criminal process as a tool for pressurizing the medical professional for extracting uncalled for or unjust compensation. Such malicious proceedings have to be guarded against.....

..... A private complaint may not be entertained unless the complainant has produced prima facie evidence before the Court in the form of a credible opinion given by another competent doctor to support the charge of rashness or negligence on the part of the accused doctor. The investigating officer should, before proceeding against the doctor accused of rash or negligent act or

omission, obtain an independent and competent medical opinion preferably from a doctor in government service qualified in that branch of medical practice who can normally be expected to give an impartial and unbiased opinion applying Bolam's test to the facts collected in the investigation.

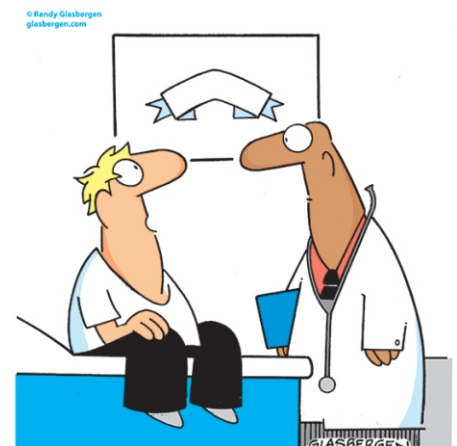
A doctor accused of rashness or negligence, may not be arrested in a routine manner (simply because a charge has been levelled against him). Unless his arrest is necessary for furthering the investigation or for collecting evidence or unless the investigation officer feels satisfied that the doctor proceeded against would not make himself available to face the prosecution unless arrested, the arrest may be withheld....

It is thus amply clear that the doctors are protected against routine arrests and every doctor should study this landmark judgement which can come to the rescue in unfortunate times.

Dr. Sanjeet Singh Sodhi

MD, DM (Card)

Senior Consultant Cardiologist,
Mohali.



"I already diagnosed myself on the Internet.
I'm only here for a second opinion."