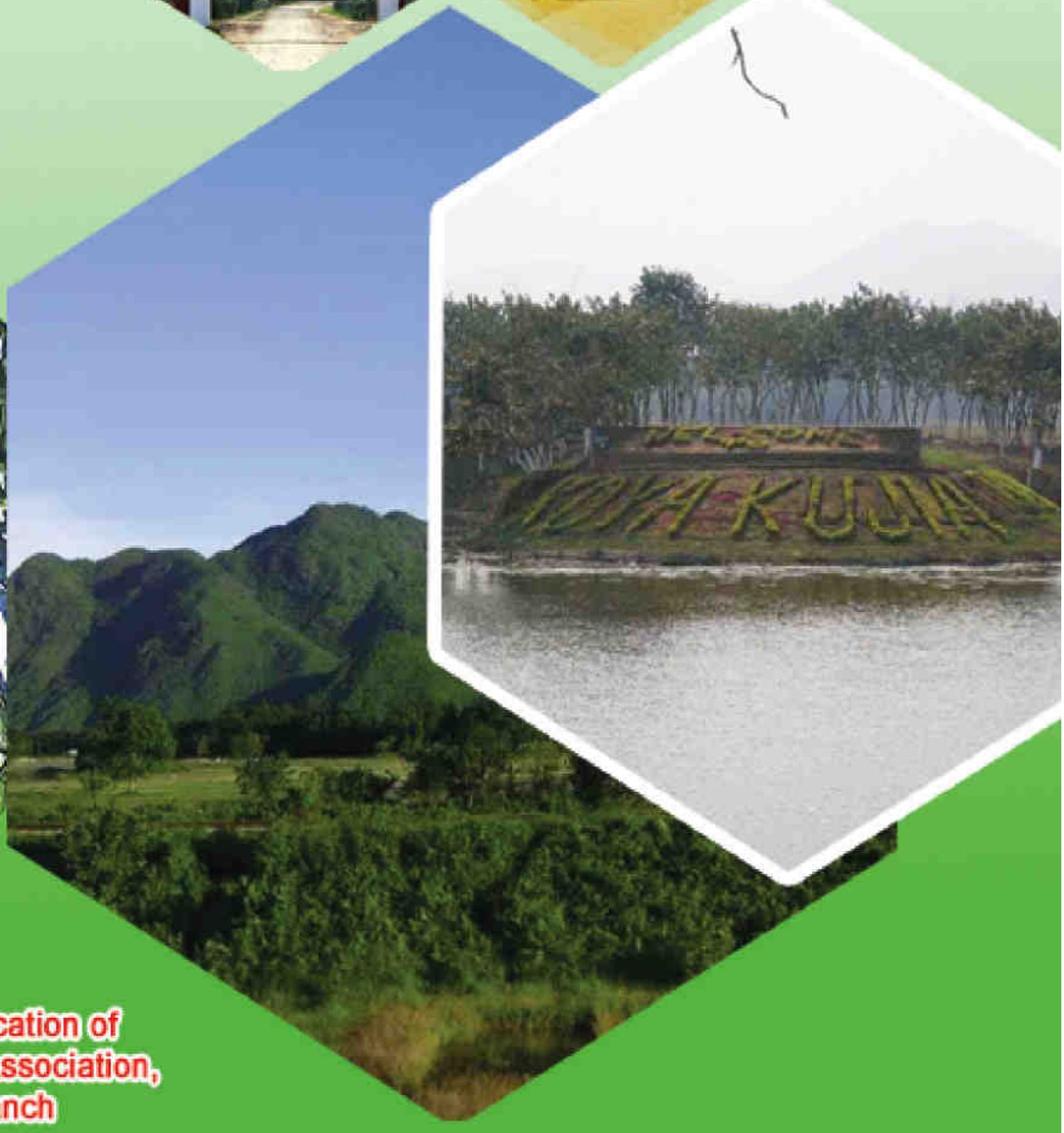
IMA CALLING

Volume XIX, No. 1, Tezpur
January - March, 2021

Assam State Branch



An Official Publication of
Indian Medical Association,
Assam State Branch

Obituary

We pay homage to the following COVID Martyrs of Assam

Name	Place
DR. DIMBESWAR GOGOI	Dibrugarh
DR. HAHAN IQBAL AHMED	Guwahati
DR. PRADIP KUMAR SHARMA	Tinsukia
DR. GMS CHOUDHURY	Dibrugarh
DR. AMAL MACHARY	Kokrajhar
DR. DWIJESH CHANDRA SARMA	Barpeta Road
DR. APURVA RAJKONWAR	Dibrugarh
DR. TULIKA GOSWAMI	Guwahati
DR. HARINARAYAN MAZUMDER	Dhemaji
DR. SHANKAR MAZUMDER	Maligaon
DR. PRANAB KUMAR DAM	Dibrugarh
DR. KANU KRISHNA BORDOLOI	Bokakhat
DR. RATAN KUMAR KOTOKEY	Dibrugarh
DR. ANIL TAMULY	Dibrugarh
DR. KANAK CHANDRA CHANGMAI	Sivsagar
DR. S. R. MORE	Nagaon
DR. HIRANYA KUMAR GOGOI	Guwahati
DR. SUBARN KUMAR JALAN	Tinsukia
DR. BEDANIDHI SHARMA	Biswanath Chariali
DR. PRAMOD DEKA	Mangaldoi
DR. BIKASH CHOUDHURY	Guwahati
DR. ASWINI DUTTA	Jorhat

ASSAM STATE BRANCH

IMA CALLING

Volume XIX, No. 1 Tezpur January - March, 2021

MEDIMEET 2021 ISSUE

ওঁ সর্ব্বে ভবন্তু সুখিনঃ
সর্ব্বে সন্তু নিৰাময়াঃ।
সর্ব্বে ভদ্রানি পশ্যন্তু।
মা কশ্চিৎ দুঃখভাগ্ ভবেৎ।।

Journal cum Official Mouthpiece of Assam State Branch of Indian Medical Association

For private circulation only.

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Assam State Branch

Dr. Satyajit Borah
State President

aao ghar chalen...

The medical practice is one which we build up over a time with lots of effort, patience, perseverance and hardships. It is quite natural that we try to satisfy each of our patients and when the list of appointment or surgery or whatever procedure we practice, gets longer and longer, we get an immense satisfaction. Unknowingly our working hours get stretched and many of us continuing till late in the night. After all it is a service, and we are serving the sufferers, the people in pain.

Most of us, the doctors never bother about our working hours and I have seen my colleagues working for 12 to 14 hours a day! Or more!! Even on Sundays many of us have a full working day, few even going for outreach clinics or surgical practice. Being a Consultant practitioner for many years, most of us think taking a weekly off or weekend is a financial loss or luxury. But we rarely ponder to think why a person or a patient, for a very trivial or elective, non-emergency issue is coming to us in an odd hour or on a Sunday. Isn't it because the time suits him/ her most, after doing his/ her own work without an interruption for even a medical advice or consultation or treatment!

I personally asked few people in other professions; had there been a provision, how many of them would do overtime in their offices for the convenience of other people? And there were hardly any, who are willing to work for more than seven or eight hours for some extra money, unless there is some extra need at some point of time. But we, the doctors got trapped in the habit of working more and more hours, or became workaholics without even realizing it! Do we really need that extra money or do we need that extra pleasure out of working more! Or it gives us a sense of achievement in the success in our professional carrier, where the success of a physician is often judged by the number of patients he/ she sees, the number of surgery he/ she does, the number of hours he / she works, and how difficult it is to get his/ her appointment.

But isn't this extra exercise is taking a toll on the health of the physician and his/ her private and social life? Many of us don't even remember when we last enjoyed a movie with the family! When we last went for a family shopping! Or even an eat-out!! Like all our fellow men, doesn't someone in our home also keep waiting for us! Can we think of going back home a little early!! Otherwise time is probably not far away that we start a movement for ourselves... ***aao ghar chalen!***

(Satyajit Borah)
State President
IMA Assam State Branch

Message from desk of Hon. State Secretary,
IMA Assam State Branch

I am very glad to know that the mouth piece of IMA Assam "***IMA Calling***" is to be published during the Medimeet 2021, Bongaigaon.

After a very successhul State Conference, 34th Medimeet 2019 at Nagaon, a new set of office bearers took charge under the leadership of young and dynamic State President Dr. Satyajit Borah. Our state has been able to get national recognisation and portfolios. Covid pandemic affected the whole world and so did us, we lost some of our near and dear ones. But we also learned a lot. Work from home, digitalisation, webinar & virtual meeting are the new normal we have apapted.

The 35th Assam State Medical Conference of IMA (Medimeet 2021) has been organized by the Bongaigaon Branch with a three day program from 19th to 21st March 2021. I believe it will be another successful Medimeet as the organisers have put all efforts in making the conference a success even in this difficult time. I congrulate the organizers and wish them all the success.

I also take this opportunity to wish the Editorial Board of IMA Calling a grand success.

Dr. Hemanga Baishya
Hon. State Secretary,
IMA Assam State Branch.

Editorial

Let's talk about suicide

Suicide is a major public health problem worldwide and occurs throughout the lifespan. Close to 800000 people die due to suicide every year. In India, as per the National Crime Records Bureau, suicidal death increases by 3.4% in 2019 as compared to 2018. As per the report, suicide rate in Assam is 6.9 per Lakh as compared to the national average of 10.4 per Lakh. But for many reasons, suicide remains under reported. It is estimated that for each adult who died by suicide there may have been more than 20 others attempting suicide. The most vulnerable are the 15-29 year old, the elderly, and persons with special needs.

Suicidal behaviour, in most cases, is the final outcome of a process that is influenced by the interaction of genetic, psychological, environmental and situational factors. While the link between suicide and mental disorders is well established, many suicides happen impulsively in moments of crisis. As majority of suicidal patients have problems with relationships, work, school and lack effective social networks, treatment needs multidisciplinary approach. Talking about suicide is uncomfortable, but it helps. With effective and evidence–based interventions, many a time, suicide and suicidal attempt can be prevented. Policy preventing easy availability and accessibility of means can also prevent suicidal death.

Training of medical practitioners helps quality care of and attitude towards patients with suicide attempt and prevention of suicidal death. Indian Medical Association may play a pivotal role in this matter.

National Mental Health Policy lays stress on suicide prevention and the National Mental Health Programme and Health and Wellness Centres put efforts to provide quality care in the community itself through the primary health centre. But, in view of the gravity of the problem, a comprehensive suicide prevention programme is the need of the hour.

Here, I would like to take the opportunity to thank all the esteemed members of IMA ASB for giving me the opportunity to serve as the Editor of the prestigious IMA Calling. I express my gratitude to Dr. Satyajit Bora, Hon. President, IMA ASB, and Dr. Hemanga Baishya, Hon. Secretary, IMA ASB for their time to time valuable suggestion. I thank all the respected members of the Editorial Board of IMA Calling for their help and support in bring out this Medimeet-2021 issue of IMA Calling.

Dr. Pradip Kr. Sarma
Editor, IMA Calling

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A Period of Change : Adolescence

Dr. Mauchumi Saikia Pathak
Prof. of Biochemistry
Tezpur Medical College

Introduction :

Adilescence is a critical phase in the life of an individual that is characterized by rapid physical and biological changes leading to sexual and reproductive maturity and development of adult mental prcesses. Traditionally it is considered as the period of transition from childhood to adulthood, when a person is "no longer a child, and not yet an adult". The term 'adolescence' is derived from Latin 'adolescere' meaning 'to grow to mature'.

A universally accepted definition of the concept of adolescence is yet to be formulated. However the World Health Organisation (WHO) defines adolescence both in terms of age (spanning the ages between 10 and 19 years) and in terms of a phase of life, marked by special attributes. These attribute include.

- Rapid but uneven physical growth and development
- Physical, social and psychological maturity
- Sexual maturity and the onset of sexual activity
- Desire for experimentation
- Development of adult mental processes and adult identity
- Transition from total socio-economic dependence to relative independence

Understanding adolescence - the Indian context :

The ancient text of "Dharamashastra" recognized the crucial nature of adolescence and prescribed specific codes of conduct for the phase. These codes are deeply rooted in the Indian psyche and continue to influence cultural practices towards adolescents in a powerful manner. The terms Kumara and brahamchari that refer to the stage of celibacy and apprenticeship acquisition of knowdedge especially describes the period of adolescence.

The actual interpretation of the word adolescence' and the meaning that it conveys on a socio cultural platform varies across societies and cultures. For instance in the West, it may be considered as an extended period of education and traning for adult roles, while in the Indian context, the experience of such as phase is limited. This may be explained by factors such as a delay in the onset of puberty (due to poor nutritional status) and prevalence of early marriage (signifying adulthood). Thus in contemporary India adolescence is comparatively a new term. However with changing times, the approach has changed and adoleseemts amd adolescence related issues are gaining more and more importance.

Adolescents aged 10-19 years constitutes 21.4% of the total population of India, which is a considerable proportion. (National Youth Policy 2000). The adolescent period is unique with its unique challenges and problems, which require to be specially addressed. Therefore, a Working Group on Adolescents was set up to provide inputs to the Tenth Five Year plan of India.

Changes during adolescence :

Adolescence is the transitional phase between childhood and adulthood, which is characterized by chages in the body, mind and behaviour. These chages can be broadly grouped into two categories namely :

1. Physical changes.
2. Psychological and behavioural changes.

Physical changes :

A salient trait of the adolescence is the onset of puberty. Puberty is the process by which adolescents develop physical and sexual maturity, along with reproductive ability. Puberty in boys comes later

than in girls. The first signs of pubertal process are an incresed rate of growth in both weight and height. This process usually begins in girls by approximately 10 years of age. By the age of 11-12 years many girls are notoceably taller than their male classmates, who do not experience a growth spurt, on average until their 13th year. Another important phenomenon associated with puberty in girls is menarche - the onset of menstruation, which occurs on an averge of 11-14 years or earlier. In males, it is the first ejaculation. The following table provides a list of the main physical changes occurring during adolescence.

Table 1: Physical changes in boys and girls during adolescence

Girls	Boys
1. Increase in height.	1. Increase in height.
2. Development of fatty and subcutaneous tissue, causing the skin to develop a smooth and soft texture.	2. Increased appearance of aene. Development of muscle and increase in muscle mass.
3. Broadening of hips.	3. Broadening of shoulders.
4. Growth of hair in armpits and pubic area.	4. Growth of hair in pubic area, armpits and appearance of facial hair and moustache
5. Voice becomes shrill and high pitched.	5. Deep masculine bass voice. Enlargement of the larynx (Adam's apple).
6. Appearance of breast bud and enlargement of breast.	6. Increase in size of the penis.
7. Menarche (onset of menstruation)	7. Occasional erection of penis, nocturnal emissions and ejaculation.

Psychological and behavioural changes :

A distinetive trait of adolescence in the capacity of the adolescent to think in abstract and logical terms. This is the time when an individual seeks for an identity distinct from parents. There is development of independent thinking. This is reflected in the form of a number of behavioural changes. This is the time when adolescents experiment with a variety of behaviours and lifestyles, both positive (e.g. exercise, good eating habits etc.) and negative (e.g. use of tobacco, drugs and alcohol). Habits and behaviours are picked up which have lifelong impact. Some of these psychological and behavioural changes are listed here.

Table 2: Psychological and Behavioural Changes in Adolescents

1. Cognitive maturation	- increased capacity for abstract and critical thought - increased ability to draw to draw logical conclusions and find solutions to problems - capacity for insight and judgement - moral values and reasoning, moral dilemmas - "right" or "wrong" - capacity to develop hypotheses, create idealistic scenarios and hopes and dreams for the future.
2. Emotional changes	Adolescence is frequently associated with heightened emotionality, easy arousability and irritability, aggressiveness and impulsiveness and frustration and depression.
3. Body image	Body image is "the way a person pictures his or her body". Due to rapid physical chanfges occurring in an adolescent, there is a increased consciousness and interest in one's own body. The body image can bring in a sense of fun, pride, shyness or unhappiness. A 'poor body image' may be responsible for a determental behavioural outcome. e.g. Girls may consider themselves overweight and fat though they are actually not and may go on a severe diet or refuse to eat completely, leading to anoresia nervosa.

4. Self esteem	It is a conglomerate measure of one's sense of self worth. Its mostly based on one's perception of positive physical appearance, perceived success and achievements as well as perception of how one is valued by peers, family members, teachers and society in general.
5. Socialization and interpersonal relationships	- a comfort level is achieved with one or several adolescent peers and the group may 'stick together' or hang out', spending most of the free time together. - friendships deepen and become more individualised; personal secrets are shared with a friend than with a family member. - romantic relations or 'love affairs' are forged. - peer influences and media influences are powerful - increased interest in world affairs, politics and government.
6. Experimentation and taking behaviour	- exploring one's capabilities and potential and experimenting with a variety of behaviour and lifestyle is an integral part of adolescent related changes. - reasonable risk taking is a necessary endeavour, leading to confidence in formig new relationships, competence in sports and other social situations. - but, certain experimentations and rish taking can result in severe negative consequnces like drug and alcohol use, unsafe sexual pracices, reckless driving and self injurious behaviour.
7. Adolescent sexual behaviour	- Sex is a basic drive and sexuality, an integral part of human life. Sexual interest, exploration, expression and experimentation are critical components of adolescent development in both boys and girls. There is an increase in sexual desires and sexual activities (e. g. masturhation).
8. Use of computers and the intenet	- The present generation of adolescents are increasingly using the internet in myriad ways, which includes instant messaging, sharing videos and photos, chartoons, online games, social networking sites and obtaining information. On the upside of the are accessibility to information and knowledge and ease of communication. While on the downside are phychological concerns, physical inactivity and lack of excersise, wastage of time and instances of online harassment.

Hormonal changes during adolescence :

The various changes occuring during adolscence are largly controlled by the endocrine system and the hormones that it releases. The endocrine system is a multiogram system of the body that is made up of glands that release chemicals called hormones in blood. Hormones are substances that regulate the activity of different body cells and organs. The endocrine glands that mainly regulate the adolescence related changes include the pituitary, the hypothalamus and the gonads (testis in males. ovaries in females). together, they constitute the hypothalamic-pituitary-gonadal axis.

Table 3 : Endorine glands in adolescence

Endocrine glands	**Functions**
1. Pituitary	Also known as the master gland, the pituitary controls much of the endocrine system. It is the size of the pea and located in the base of the brain. Growth hormone (GH). Luteinizing hormone (LH) and Follicle stimulating hormone (FSH) released by the pituitary are responsible for a number of physiological changes occurring during adolescence.

2. Hypothalamus	Hypothalamus is the part of the brain that stimulates the pituitary to secrete the necessary hormones. It produces releasing hormones and inhibitory hormones that in turn control the production of pituitary hormones.
3. Gonads (testis in males ovaries in females)	Gonads are the reproductive organs that synthesize the gameters. They also secrete sex hormones like testosterone (in males) and estrogen and progesterone (in females) that are responsible for various physical changes and sexual maturation in adolescents.

Table 4 : Hormones in adolescence

Hormone	Effect
1. Growth hormone (GH)	GH is responsible for the pubertal growth spurt. It increases growth of the skeletal frame. Bones grow both in length and thickness in response to GH. GH also promotes soft tissue growth and increases the muscle bulk.
2. Luteinizing hormone (LH)	The frequency and amplitude of L.H release increase as puberty progresses. In males, LH controls the amount of testosterone produced by the tests. While in females. LH controls the amount of progesterone produced by the overies. Moreover, in females there is an abrupt rise in the LH levels during ovulation that is responsible for the release of nature ovum from the ovaries.
3. Follicle stimulating hormone (FSH)	In males, FSH stimulates the enlargement of the testis and controls spermatogenesis (sperm production). while in females, FSH regulates maturation of the ovum. Besides, FSH controls the amount of estrogen produced by the ovaries.
4. Testosterone	Testosterone is the male sex hormone, responsible for the distinguishing characters of the masculine body, viz. Facial hair, typical male pattern voice, acene formation, increased muscle mass and so on. It also enhances the size and strength of the bones.
5. Estrogen	Estrogen is the female sex hormone, Female traits like soft and smooth skin, enlargement of the breast, female pattern of hair distribution, high pitch voice, etc. are a result of estrogen. Estrogen also causes early fusion of the bone ends (epiphysis) with the shafts thus being responsible for a somewhat less height of females than their male counterparts. Moreover, estrogen along with progesterone influences the changes occurring in the uterus and other organs of the female reproductive tract during the menstrual cycle.
6. Progesterone	Progesterone, another female sex hormone in indispensible for successful pregancy. Along with estrogen, it regulates the menstrual cycle in females. And in addition to that, it induces secretory changes in the breast.

Conclusion :

The changes of adolescence are inevitable because they are universal and part of a natural process. It is a difficult time for young people. the challenges are unique and so are the problems. A friendly, patient, fact based and non judgement approach by the family and the society to guide the adolescent can go a long way in helping him or nor cross this trying phase: enabling him or her to acquire the necessary skills behaviour and mental temperament to handle various challenges in the ensuing adult life.

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Ethical Dilemma of being a Student, Teacher and a Practitioner

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We all desire to be healthy and a healthy world is a happy world. The concept of 'health' is overarching and there are many areas where there can be conflict of interest of various agencies or individuals. The interaction of Governmental agencies, voluntary bodies, professional agencies, citizens, health workers, service seekers in the realm of policies and laws of land, international development, traditional knowledge and faith-custom related matters make a complex web dealing matters of health. Advancement of technology, globalization and changing societal value is adding more threads into this complex web. For an accepted non controversial level of interaction between these factors all that is warranted is mutual respect and self regulation among all. Here comes the role of Ethics. Ethics is collection of moral standards for an individual or a group of individual. Ethics is not governed by court of law but by conscience. The change in values with time will definitely make it dynamic too. The current pandemic has raised many questions and we have been put in moral dilemma lots of times.

We get lots of disturbing news regarding patient-doctor conflict, student-mentor matters, academic issues, issues of corporate engulfment, professional bodies' conflict with government on certain issues etc. Many matters have taken precious lives and caused damage to properties. Some issues have put blots on the image of the profession too. In this area we all have roles both as 'first party' and 'second party' and in some cases as 'third party' too. It directly affects us every moment yet we discuss this area very less. And more importance can be given for making us better equipped and this perhaps may prove to be beneficial in the long run. Indian Medical Association (IMA) being the oldest and largest professional body certainly has a definite role. We need more debate and sharing of experiences with the newer professionals and IMA local bodies can be very instrumental in this regard. Again the range of activities of IMA UNESCO Bioethics collaboration may just be a start up initiative.

When we discuss about ethics in medical field we mostly have literature on doctor patient relationship paradigm. Many countries including India have certain codes of conduct e.g. Professional conduct, Etiquette and Ethics Regulations 2002 by Medical Council of India. Some professional bodies have also advised branch specific codes e.g. Indian Psychiatric Society. Patient and public expect a doctor to be clinically competent, ethically proficient, compassionate, professional and trustworthy. This issue has been debated with from the days of Charaka, Hippocrates, Hammumurabi etc. The complexity and uncertainty of health problems and their solutions along with the facts unspoken from Evidence Based Medicine and the recent trends of legal culpability have put all of us in difficult situations. We all have certainly spent many sleepless nights introspecting how to deal with these situations effectively. Definitely for a better outcome efforts are needed from all sectors involving service providers, users, legislators, various groups of trade and academia.

Beneficence, Justice and Autonomy are the three fundamental principles of ethics. Ethics in Research too revolve around these principles and ICMR Guideline 2017 has elaborated these aspects. Jagsi 2004 advocated that a less talked about area of ethics in medical education too can be discussed by applying these principles. But we are yet to have a definite code of ethics in this area of medical education. This has become more pertinent in the time of commercialization of the whole education sector. I remember staying in a campus of a big private university for few days as guest of one of a faculty way back in 2008. The dynamics of spending capacity of the students and teachers were reverse there. I could smell the influence of administration in the conduct of academic programs and evaluation. Ethical dilemma must have troubled many although these cannot be generalized. There are allegations of partisan behavior in public funded institutions too. Moral Judgment Interview is based on Kohlberg's theory of moral development, which suggests that people develop sequentially through stages of moral reasoning; for example, from being motivated by threats of punishment, to a belief in the golden rule, to a sense of obligation to follow the law, to a personal commitment in the validity of universal moral principles. This moral reasoning is precondition for ethics in medicine and this can be cultured collectively through multipronged efforts. One of such effort can be selecting appropriate students through assessment on morality. Morality or being righteous has genetic component besides the adaptive component from experiences from environment. The assessment will be definitely tough to develop. Appropriate education and social upliftment policies may be helpful for improving overall morality in student community. The current trends are not very encouraging at least in our country and the impact of the new Education Policy cannot be commented at least in next two decades. Parents should be empowered with appropriate guidance for cultivating morality in future generation. A second way is to provide effective ethics training during medical school and residency training. The new Undergraduate Medical Education Regulations 2017 have tried to address it though a module of AETCOM (attitude, ethics and communication). But the desired competence even for the medical teachers will take time. Disclosure of bad news, informed consent, confidentiality, dishonesty, research ethics, end-of-life care, resource allocation etc will need special emphasis. A stronger continuous evaluation process for ethics will be helpful further strengthening ethics in the medical field. For a country like India this will remain a challenge forever even with technological advances. Another important effort will be appropriate resource allocation in the whole sector. As a student I felt that even though some may act with high moral values there may be situations in which he may be forced to indulge into unethical practices. I can cite one example. In many medical institutes the resource allocation is scarce to match with advances in medical field. This may force some to take help from some business agencies and unknowingly a different relationship may start growing very prematurely. Health care and education are basic right. Government should take appropriate step to make it properly resourced. These sectors are good avenues for business and can provide lots of employment and thus help a lot. It must be recognized as the Government's responsibility for appropriately helping the growth of this sector without affecting the affordability for common people. A consumer oriented advocacy from appropriate sectors is desired in this regard. Almost 100 years ago Abraham Flexner placed medical education on a firm scientific and clinical foundation. A Flexner-like commission on strengthening the role of ethics in medical education is the need of the hour.

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"Comprehensive Epilepsy Care Centre and Medically Refractory epilepsy"

(Commemorating with Epilepsy Awareness day, March 26)

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Epilepsy, a chronic disorder characterized by recurrent unprovoked epileptic seizures, affects people of all ages. Epilepsy is a common health problem, which carries along with it a variety of medical, social, psychological and economic burden. Epilepsy affects every sphere of the individuals life, cutting across age, gender, social differences. Major areas of education, employment, marriage, child bearing and social functioning are often affected and the overall quality of life is hampered due to the uncertain nature of the illness and its consequence. Management of Epilepsy includes correct diagnosis, educating the patient and care givers about the disorder, prescribing appropriate antiepileptic drugs and finally careful follow up. Two key factors are responsible for maintaining the quality of life of persons with epilepsy are, are, freedom from seizures and psychosocial acceptance.

Prevalence rate of epilepsy is 5/1000. Incidence rate 50/100,000/year. Prevalence rate of epilepsy in developing countries is reported to be twice that in the developed world, this may be also related to misdiagnonosis, inclusion of symptomatic seizures, single seizure, febrile seizure and inactive epilepsy. Regional factors such as cerebral cysticercosis, hot water epilepsy, rice eating epilepsy might have influence the prevalence rate reported in some studies. Out of all epilepsy patients, 20% of patients with active epilepsy would be resistant to AED treatment. Nearly half of the patients with refractory epilepsy would be potential candidates for epilepsy surgery. Some important issues encountered among patients with refractory epilepsy may be due to incorrect or imprecise diagnosis, inappropriate AED therapy, inadequate polytherapy, frequent AED adverse effects and their erroneous interpretations leading to refractoriness. Non availability and non affordability of AEDs is a major contributing factor for treatment gap. Refractory nature of the disease may cause significant physiological problems, disturbed family life, educational and occupational under achievements, frequent hospital admissions, inability to cope with economic burden, poor quality of life. 20 – 30 % 0f patients with epilepsy do not achieve any substantial remission and continue to have epileptic seizures, regardless of treatment with all AEDs. They have chronic epilepsy and constitute the unfortunate patients with intractable or refractory epilepsy, medically unsatisfactorily controlled epilepsy, or pharmacoresistant epilepsy.

The aim of Comprehensive Epilepsy Care (CEC) centre is to develop cost effective comprehensive epilepsy care programs, in different part of the developing countries. There are many centers for comprehensive epilepsy care in India including centers in All India Institue of Medical Science (AIIMS, Delhi), National Institute of Mental Health and Neuroscience, Karnataka, Christan Medical College,Vellore etc etc .

A survey done by NESSAN (National Epilepsy

Surgery Support Activity Network) group in 2021, shows that there are more than 30 such centers established in India in last five to ten years. R. Madhavan Nayar Center(RMNC) for Comprehensive Epilepsy Care in Sri Chitra Tirunal Institute For Medical Science And Technology (SCIMST), Trivandrum, Kerela is the largest centre catering to the diagnosis, treatment, awareness and overall welfare of people with epilepsy. GNRC hospital, Guwahati, Assam has started comprehensive epilepsy care centre in 2011. The word comprehensive care when translated into epilepsy care, indicates cost-effective implementation of medical, surgical, psychosocial and occupational management of individual patients with epilepsy. It also includes education of primary and secondary care physician about the current trends in the management of epilepsy, enhancement of public awareness about epilepsy in order to dispel the prevailing misconception. Comprehensive epilepsy care requires team work with input from doctors working in different disciplines with non medical specialists. It is a collective contribution of each and every one of them in the successful implementation and maintenance of the program. Neurologist, Neurosurgeons, Neurophysiologist, Neuroradiologist, Psychologist, Psychiatrists, Speech Therapist, Medicosocial Workers, trained Technicians, trained Nurses constitute a coordinated team in the comprehensive epilepsy care program. Comprehensive care is not only writing medication for epilepsy patients but it includes the following.

- to provide the patient / family members/care givers with required information
- needed to enhance their knowledge.
- to dispel misconceptions about epilepsy,
- to ensure compliance with treatment.
- to minimize the effect of this chronic disorder on their daily activities
- to promote optimal quality of life.
- Medical management of epilepsy
- Surgical management of epilepsy with presurgical evaluation, stereotactic
- procedures
- Non surgical management of epilepsy like VNS etc
- Surgical treatment of epilepsy should not be the last option after all combinations

of AED has been tried. The natural history of studies of epilepsy have shown that most patients who are destined to achieve satisfactory seizure control will do so within 2 years of onset of epilepsy. It is uncertain whether early AED therapy modifies the natural history. If after two years of appropriate trials with AEDs the patient is medically refractory, referral to a comprehensive epilepsy care centre for epilepsy surgery can be considered.

During presurgical evaluation of refractory epilepsy, in a CEC centre, findings of all tests, as per protocol, are discussed in a Patient Management Conference (PMC), in presence of all the team members. In PMC, team members try to find out most ideal candidate for epilepsy surgery including type of surgery needs to undertake in each case. Inputs from all the members of the team is very important and it contributes immensely in success of surgical out come. Risk and benefit of the surgery is discussed with caregivers thoroughly. Surgical management of refractory epilepsy in selected 2 candidates were done successfully in 2015, 26th March at GNRC hospital, first time in north east region. Both the candidates are seizure free without any medicine after five years of surgery.

Proposed Noninvasive protocol for evaluation of patients with intractable partial epilepsy (SCTIMST)

- Review the history, past AED treatments, seizure frequency and previous EEGs,MRI.
- Medical and neurologic examination
- 16-channel EEG recording, awake and sleep
- Neuropsychologic evaluation
- Psycho-social evaluation
- Psychiatric evaluation
- Visual field testing
- MRI with protocol for hippocampel volume loss of sclerosis
- Ictal VEEG recording (3-5 days)
  Intracaritid amobarbital (WADA)/f MRI(functional MRI), PET(Positron emission tomography) testing for language and memory distribution.

Important steps for presurgical evaluation of patients with refractory epilepsy in a CEC

Objectives of presurgical evaluation_

- Establish the diagnosis of epileptic seizure
- Define the electro-clinical syndrome
- Delineate the lesion(s) responsible for the seizure(s)
- Evaluate the past AED treatments and make sure that an adequate medical treatment
- had been provided.
- Select ideal surgical candidates with optimal electro-clinco-radiologic correlation.
- Ensure that the surgery will not result in disabling neuro-psychologiacl deficits.
- Epilepsy research with the resected tissue
- Theraputic trials

The conclude, the objective of Comprehensive epilepsy care centre is to properly evaluate a patient with epilepsy with the standard protocol and establish the diagnosis of epilepsy, syndromic classification of epilepsy, followed by medical management with appropriate AED. Localization of seizure focus in refractory epileptic patients through the advancement of technology of VEEG to study seizure semiology and ictal onset zone, stereo EEG which is stereotactic placement of invasive electrodes in some special cases, correlating the findings with CT scan and MRI findings, non invasive evaluation of language and memory area by fMRI is done. A team approach is the vital requirement, along with dependable infrastructure and advanced technical support, to find out the most ideal candidate for surgery and thereby improve post surgery outcome. Some social issues related to epilepsy will
have to be taken care of through educating the patients and care givers. Trial with Relaxation technique, diet management also helps people with refractory epilepsy.

Comprehensive care of epileptic patients is need of the hour. It is the most appropriate comprehensive care system to offer overall support to people with epilepsy (PWE) and care givers. Let us work together for a future with better hope for these unfortunate victims of chronic epilepsy residing in this part of the world.

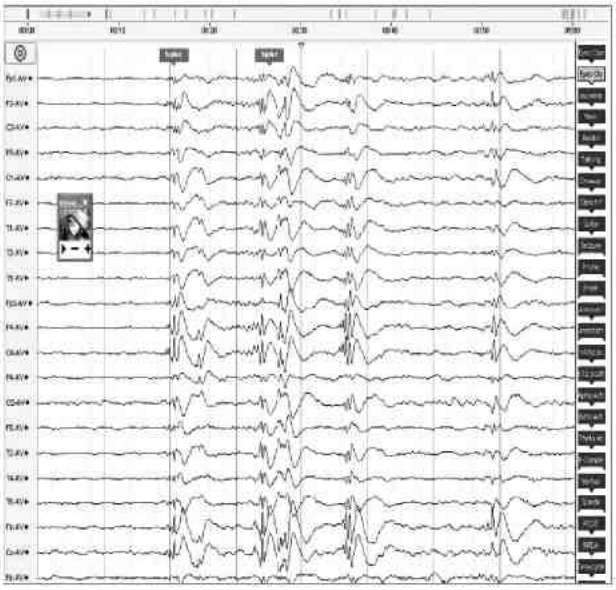

Fig1. EEG-Generalised .synchronous, spike and slow activity in Ideopathic generalized
epilepsy. (CEC, GNRC)

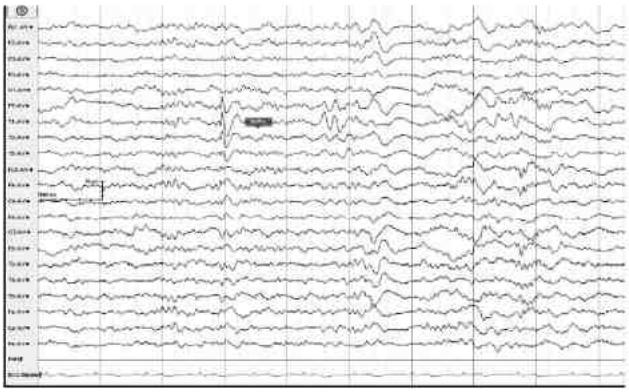

Fig2. EEG-Focal anterior and mid temporal spikes in symptomatic focal temporal
epilepsy.(CEC,GNRC)

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Biopsy-the science of seeing life

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A biopsy is a medical process that involves the sampling of cells or tissues taken from the body of a living subject in order to examine it microscopically by a pathologist. The term biopsy is of Greek origin-*bio* meaning life, and *opsia* meaning 'to see'. French dermatologist Emest Besnier introduced the word "biopsy" to the medical community in 1879.

Biopsy can diagnose diseases, determine the extent of disease and the adequacy of surgical removal. It can determine whether a lesion is benign or malignant, and can help differentiate between different types of cancer and its spread. Biopsies can help to identify many other conditions such as inflammatory conditions, kidney disease, infectious disease, metabolic disease, rejection of transplantation organ, causes of infertility, etc. In most cases, a biopsy is done to diagnose a problem or to help determine the best option of therapy. If a condition has already been diagnosed, a biopsy can be used to measure how severe it is or what stage it is at.

The various sites of biopsy usually done are-bone marrow biopsy, gastrointestinal tract biopsy (during endoscopic procedure, if a suspicious lesion is detected, a small pincer is inserted through the flexible endoscope and a small portion removed for microscopic evaluation), pancreas biopsy (needle core biopsies or aspirates through the duodenum and stomach), lung biopsy, liver biopsy, prostate biopsy (transrectal and transurethral),the nervous system (brain biopsy, nerve biopsy, meningeal biopsy), urogenital system(renal biopsy, endometrial biopsy, cervical conization) and others like breast biopsy, lymph node biopsy, muscle biopsy, skin biopsy etc.

There are several types of biopsy procedures (biopsy techniques). Some biopsy procedures involve removing a small amount of tissue with a needle while others involve surgically removing an entire lump or suspected tumor. Biopsies may also be performed using imaging guidance such as ultrasound, computed tomography (CT), MRI and endoscopy guided for deep and smaller masses which cannot be easily accessed. (1) Surgical biopsy – Here a surgery is performed. A small or whole of the tumor is excised and removed for histopathological examination. This is a more extensive procedure and may require hospital stay. When an entire lump or suspicious area is removed with a rim of normal tissue (to evaluate cancer free border), the procedure is called an "excisional biopsy". When only a sample of tissue is removed with preservation of the histological architecture of the tissue's cells, the procedure is called an "incisional biopsy'. In some cases, a sample can be collected by devices that "bite" a sample. (2) Needle biopsy – A fine needle is used to remove cells and cell clusters from the tumor or growth. This is called fine needle aspiration cytology (FNAC). In this technique, the cells and cell clusters are obtained without preserving the histological architecture of the tissue cells by application of suction through a needle attached to a syringe. (3) Vacuum assisted biopsy — thicker, hollow needle removes cores of tissue with a single insertion of a vacuum assisted probe. (4) Brush biopsy- biopsy in which cells or tissue are obtained by manipulating tiny brushes against the tissue or lesion in question (e.g., through a bronchoscope) at the desired site. (5) Cone biopsy- Here an inverted cone of tissue is excised, as from the uterine cervix. (6) Core biopsy- biopsy with a large hollow needle

that extracts a core of tissue. (7) Endoscopic biopsy- removal of tissue by appropriate instruments through an endoscope. (8) Percutaneous biopsy- biopsy in which tissue is obtained by puncture of a tumor, the tissue within the lumen of the needle being detached by rotation, and the needle withdrawn. (9) Punch biopsy- biopsy in which tissue is obtained by a punch. (10) Shave biopsy biopsy of a skin lesion in which the sample is excised using a cut parallel to the surface of the surrounding skin. (11) Stereotactic biopsy- biopsy of the brain using stereotactic surgery to locate the biopsy site. (12) Sternal biopsy biopsy of bone marrow of the sternum removed by puncture or trephining.

Many biopsy procedures are performed in an ambulatory ("outpatient") setting and can be obtained by direct visualization, or during an endoscopic procedures of the GI tract and elsewhere; when a suspicious lesion is detected, a small pincer is inserted through a fiberoptic endoscope, and a small portion removed for microscopic evaluation. Most biopsies will only require local anaesthetic, which means that won't need to stay in hospital overnight. However, a general anaesthetic may be needed for surgery, in which case may have to stay in hospital overnight. Most types of biopsy procedures are painless, although this depends on where from body the sample is taken. One may experience a dull ache which can be treated with painkillers on the advice of doctor or surgeon.

After a biopsy is performed, the sample of the tissue that was removed from the patient is sent to the pathology laboratory. When the laboratory receives the biopsy sample, they record the gross morphological feature of the tissue along with history and clinical information of the patient. Then the tissue is fixed, processed in various solvents, embedded in paraffin and an extremely thin slice of tissue is removed from the block and attached to a glass slide. Any remaining tissue is saved for use in later studies, if required. The slide with the tissue attached is treated with dyes (commonly H&E) that stain the tissue, which allows the individual cells in the tissue to be seen more clearly. The slide is then given to the pathologist, who examines the tissue under a microscope, looking for any abnormal findings.

The pathologist then prepares a biopsy report, which is an important medical document that describes, as thoroughly and concisely all the relevant gross and any abnormal or important microscopic feature of the biopsy tissue. The usual biopsy report is composed of five major fields, such as history including clinical finding of the patient, precise gross description of the biopsy tissue, brief microscopic findings, morphologic diagnosis which must include the organ for indexing purpose SNOMED (Scientific Nomenclature in Medicine) code and additional note or comment if any. This report is sent to the physician who originally performed the biopsy on the patient for taking further decision about the patient management.

When a specimen of excisional biopsy is evaluated, in addition to diagnosis (specially cancer tissue), the amount of uninvolved tissue around the lesion, the surgical margin of the specimen is examined to see if the disease has spread beyond the area biopsied. "Clear margins" or "negative margins" means that no disease was found at the edges of the biopsy specimen. "Positive margins" means that disease was found, and a wider excision may be needed, depending on the diagnosis. So this procedure serves both diagnostic and therapeutic function. In contrast to a biopsy that merely samples a lesion; a larger excisional specimen called a resection may come to a pathologist, typically from a surgeon attempting to eradicate a known lesion (cancer) from a patient. Examination of the full excisional specimen would confirm the exact nature of the cancer (sub classification of tumor and histologic "grading") and reveal the extent of its spread (pathologic staging).

Some special methods like use of special stains, cytochemistry, enzyme histochemistry and immuno-histochemistry may be required to confirm a diagnosis. Sometime instead of using routine H&E stain, we can use certain special stains to demonstrate certain specific substance/constituents of the cells/ tissue like Sudan Black B, PAS, von kossa, masson's trichrome etc.

Immuno-histochemistry (IHC) is the application of immunologic techniques to the cellular pathology. The technique is used to detect the status and localization of particular antigen in the cells of the biopsy tissue (paraffin-embedded tissue) by use of specific polyclonal and monoclonal antibody directed against them which then help in determining cell lineage specifically and has added objectivity, specificity and reproducibility to surgical pathologist's diagnosis. The common immunohistochemical panels used are cytokeratin for epithelial malignancies, leucocyte common antigen (LCA) for lymphomas, S-100 protein for neural and neuroectodermal differentiation, HMB-45 for malignant melanoma, desmin and vimentin for tumours exhibiting muscle and mesenchymal differentiation respectively. IHC also helps in metastatic tumours of unknown primary to direct further therapeutic decisions by delineating the origin of the tumour. The technique has been greatly supported by the increasing number of commercially available antibodies. Everything from surface receptors to intracellular matrix components to hormones can now be determined with relative ease. IHC is of paramount importance in unclassified tumours such as undifferentiated tumours, small round blue cell tumours and lymphoid malignancies in particular. When IHC is complemented with light microscopy, it facilitates determination of specific tumour types in many instances. Besides diagnosis, IHC is helpful in assessing prognosis in many cancers. IHC has been utilized extensively to determine estrogen, progesterone and Her-2 neu receptor status in breast cancer in predicting response to therapy. Antibodies directed against the proteins involved in the regulation of cell cycle like cyclin D1 and E have been reported to be of prognostic significance in breast cancer and squamous cell carcinoma of head and neck.

Less commonly, other techniques—e.g., immunofluorescence, and electron microscopy —may be required to establish a diagnosis. Immunofluorescence technique is employed to localize antigenic molecules on the cells of the biopsy tissue by microscopic examination. This is done by using specific antibody against the antigenic molecule forming antigen –antibody complex at the specific antigenic site which is made visible by employing fluochrome which has the property to absorb radiation in the form of ultraviolet light so as to be within the visible spectrum of light in the microscopic examination.

Time required to get a report of biopsy depends on urgency of the disease and type of disease. However, this is difficult to predict because further tests may be needed in difficult cases after the first examination of the sample. Nowadays a different processing method called Cryostat or frozen section is used when a biopsy is carried out during surgery. This eliminates all the steps of tissue processing and paraffin-embedding. Instead the tissue is frozen to ice at -25 degree centigrade which acts as embedding medium and then sectioned. Sections are ready for staining. This means the result is often available within minutes, which enables the appropriate treatment to be given while the surgery is in progress.

Wounds and Wound Healing

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A wound is a break in the integrity of the skin or tissue, often which may be associated with disruption of the structure and function.

Wounds are classified based on type, depth of wounds and surroundings contamination.

A. Rank and wakefield classification :

1. Tidy wounds - Wounds like surgical incision and wounds caused by sharp object. It is incised, clean healthy wound, healing by primary intention after primary suturing.
2. Untidy wounds - They are due to crushing, tearing, avulsion, devitalized injury, multiple irregular wouns, vascular injury, burns. Wound dehiscence, infection, delayed healing are common, fracture of underlying bones may be associated. Liberal excision of devitalized tissue and allowing to heal by secondary intention is the main stay of management. Secondary suturing, skin graft or flap graft may be needed.

B. Classification based on type of wound :

a. Clean incised wound - is a clean cut wound with linear edge.
b. Lacerated wound - Ragged edges with devitalisation of some part of tissues. Wound debridement and primary suturing is the tratment.
c. Bruising & Contusion - Minor soft tissue injury with discoloration and haematoma formation without skin break.
d. Haematoma - It may be subcutaneous, intramuscular, sub-fascial, intra-articular. Small haematoma will get absorbed sponteneuosly. Large haematoma needs time to absorbed. Initially compression bandaging will help to stop further bleeding and subsequently needs aspiration. If it gets infected it should be drained under general / regional anaesthesia adequately. Often haematoma after few days contains only reddish plasmatic fluid which can be drained with wide bore needle.
e. Closed blunt injury - Caused by blunt object without break of skin.
f. Puncture wounds & biles.
g. Abrasion - The epidermis of skin is rubbed off exposing dermis and dermal nerves. It heals by epithelisation.
h. Crush injury - It is caused by war wounds, road traffic accident, machinery injury etc. resulting muscle ischaemia, gangrene, loss of tissue.
i. War wounds and gunshot injuries
j. Injuries to bones and joints may be open or closed.
k. Injuries to Nerves - either clean cut or crush.
l. Injuries to veins and arteries
m. Injuries to Organs - may be penetrating or blunt injuries.
n. Penetrating Wounds - commonly due to stab injuries.

C. Classification based on Thickness of the Wound :

1. Superficial Wound - involving epidermis and dermal papillae.
2. Partial Thickness Wound - Involving deep dermis and hair follicle shafts and sweat glands are left behind.
3. Full Thickness Wounds - with loss of enire skin and subentaneous tissue, skin edge are normally apart.
4. Deep Wounds - it extends deep to deep fiscia into muscles or deeper structures.
5. Complicated wounds are associated with injury to vessels and nerves.
6. Penetrating Wounds - normally penetrates into either natureal cavities or organs.

D. Classification based on Involvement of Structures:

1. Simple wounds - are one involving only one organ or tissue.

   ii) Combined wounds - involved mixed / multiple tissues.

E. Classification based on age of wounds :

   a) Acute wound (Fresh) - upto 8 hrs. of trauma.
   b) Chronic wound (old) - after 8 hrs. of trauma

F. Surgical wounds - may be clean or contaminated.

G. Ulcer - is also a type of wound. An ulcer is a break in the continuity of the covering epithelium, either skin or muscous membrane due to molecular death. It is again classified clinically - spreading, healing and callus ulcer.

Pathologically - specific ulcer - like tubercular, syphilitic, actinomycosis, meleney's ulcers etc.

Malignant Ulcer - like carcinomatous, rodent, melanotic ulcer etc.

Non specific Ulcer - like traumatic ulcer/pressure sore, infective, tropical, basins, diabetic ulcer, due to leukemia, polycythemia, jaundice, collagen disease, lymphoeduna, cortisol ulcer etc.

Management of wound -

I. Wound is examined and classified as per the type of wounds.

II. If it is in vital area, then
   The airway should be maintained.
   The bleeding, if present, should be controlled.
   Intravenous lines are to be started
   Oxygen, to be given if there is respiratory deficiency.
   Assessment of deep injuries like fracture of bones and injury to organs are to be done.

III. If it is incised wound then primary closure (suturing) is done after thorough cleaning using appropriate anaesthesia.

IV. If it is lacerated wound thorough debridement and primary suturing is done.

V. If it is crushed or devitalized wound. Proper debridement by excising all devitalized tissues the edema is allowed to subside for 2-6 days. Then delayed primary suturing is done.

VI. If it is devitalized wound after debridment leave the wound to granulate completely and to fill the gap. After granulation is complete if the wound is small secondary suturing is done. If the wound is large a split skin graft is used to cover the gap.

VII. If the wound is with huge edema and tension, fasciotomy is done so as to prevent the development of compartment syndrome.

VIII. Vascular and nerve injuries are dealt with accordingly.

IX. Internal injuries like intracranial, intrathoracic, intraabdominal injuries has to be dealt with accordingly by appropriate specialities.
   Judicious use of antibiotics, fluid and electrolyte balance has to be maintained. Blood transfusion if necessary. Tetanus toxoid, anti tetanus globulin (ATG) injection if indicated has to be given.

Principles of Wound Suturing :

1. Proper cleaning of wound areas and asepsis has to be maintained.
2. Any foreign body in the wound should be removed.
3. Skin closure is to be done withour tension.
4. Primary suturing should not be done if there is edema, infection, devitalized tissue, haematoma etc.
5. Always look for associated deeper structure like vessels, nerves, tendons etc. and to be addressed accordingly.
6. Wound should be widened by extending the incision, whenever needed to have proper evaluation of deeper structures.
7. Untidy wound should be made tidy and clean before suturing.
8. Skin cover by graft/flap - may be immediate or delayed.
9. Judicious use of antibiotics, analgesics and fluids.
10. Suture wound should be inspected after 48 hrs.
11. Sutures are removed after 7 days onward as per case is concerned.
12. Normal saline is the ideal solution for washing/ cleaning the wound thoroughly.

Wound Healing :

Wound healing is a complex process to achieve anatomical and functional integrity of disrupted tissue by various components like neutrophils, macrophages, lymphocytes, fibroblasts collagen. During the process of wound healing different stages of pathways took place - haemostasis →matrix synthesis→maturation →remodeling epithelialisation →wound contraction (by myofibroblasts)

Types of Wound Healing :

1. Primary Healing (First Intention) -

It occurs in a clean incised wound or surgical wound. Wound edges are approximated with sutures. Predominantly wound heals by epithelial regeneration and very minimal fibrosis. Wound heals rapidly with complete closure. Scar will be linear, smooth and supple.

2. Secondary Healing : (Second intention) -

The wound with extensive tissue loss like in major trauma, burns and wound with sepsis heals very slowly with fibrosis. It leads into a wide scar, often hypertrophied and contracted. It may lead to disability. Re-epithelialisation occurs from remaining dermal elements or wound margins.

3. Tertiary Wound Healing or Delayed Primary Closure-(Healing by third intention)

After wound debridment and control of local infection, wound is closed with sutures or covered using skin graft. Primary contaminated or mixed tissue wounds heal by teritiary intention.

Stages of Wound Healing :

- Stage of inflammation
- State of granulation tissue formation and organization. In this stage due to fibriblastic activity synthesisation of collagen and ground substance occurs.
- Stage of epithelialisation
- Stage of scar formation and resorption.
- Stage of maturation.

Phases of Wound Healing :

Wound heals in different phases - starting with inflammatory phase→ proliferative phase→ remodeling phase (maturation phase) which begins at six weaks and last for two years.

Vascular response → blood congulation/Thrombosis→Inflammation →new tissue formation →epithelialisation →wound contraction →remodeling.

Factors affecting Wound Healing :

Local factors :

- Infection
- Presence of necrotic tissue & foreign body
- Poor blood supply
- Venous or lymph stasis
- Tissue tension
- Haematoma
- Large defect or poor apposition
- Recurrent trauma
- Site of wound e.g. - wound over joint and back
- Underlying disease like - osteomyelitis and malignancy
- X-ray irradiated area
- Tissue hypoxia locally reduces macrophage and fibro blast activity

General Factors -

- Age, obesity, smoking
- Malnutrition
- Vitamin deficiency (Vit.C, Vit.A)
- Anaemia
- Malignancy
- Uraemia
- Jaundiee
- Diabetes and other metabolic diseases
- HIV and other immuno suppressive diseases
- Steroid and cyto toxic drugs
- Neuropathies of different causes.

Wound management is a very tricky and complex process which needs a very careful assessment and accurate utilization of medical knowledge and best appropriate method to be instituted which is deemed to be fit in an individual patient with wound for better result with subsequent least morbidity.

MANAGEMENT OF HAEMORRHOIDS

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Heamorrhoids derived from greek word Haimorrhoids haim- blood, rhein - to flow, is an ambiguous term that refers to the symptoms. Heamorrhoids also called Piles, are varicose veins of anus and rectum. Some specialists believe that there is a hereditary predisposition to their formation. All healthy individuals have some amount of haemorrhoids if submucosal swelling or vascular cushions that lie in the submucosal surface of the anus.

Pathophysiology : Vascular cushions are complex vascular network. There are three vascular cushions primerily composed of a plexus of anterio venous communications suspended in a connective tissue and smooth muscle. Three cushions are situated in left lateral (3 O'clock), right anterior (11 O'clock) and posterior (7 O'Clock) of anal canal. Anal canal is around 4 cm long. The upper border is marked by the dentate line which mark the change from rectal epithelium to squamous epithelium of the anus. The lower border is marked by anal verge which marks the line demarcating hairy skin of perineum.

During disease process the fragmentation of connective tissue lead to vascular cushion to descend. This problem occurs with old age, passing of hard stool, during straining, diminished venous flow, during pregnancy and portal hypertension. The cushion impaired venous return along with strining lead to engorgement, pain, swelling. Some time erosion of epithelium lead to inflammation and bleeding which is anteriolar.

Presentation : Heamorrhoids can originate from tissue above or below dentate line making them internal or external heamorrhoids. They are further classified as degree of prolapse. The first degree may bleed but do not prolapse, second degree heamorrhoids prolapse but reduce spontaneously. Third degree heamorrhoids prolapse and require manual redction. Fourth degree heamorrhoids prolapse and are incarcerated.

Heamorrhoids become symptomatic when enlarged, infected, thrombosed, prolapse with bleeding. Thrombosis is painful, bleeding is bright red and not mixed with stools. Anal itching reflects dermatitis secondary to microscopic faecal matter.

Diagnosis : Digital rectal exmintion will help diagnosis of third degree piles. Proctoscopy will diagnose first and second degree piles as they empty on rectal pressure by finger. The presence of Red flag symptoms (old age, darker bleeding, change of bowel habit), systemic symptoms should be suspected for serious pathology which require further investigations.

Differential diagnosis : These include perianal haematoma which are covered by skin, Anal fissure that can cause bright red bleeding on passage of stool. Anal prolapse, rectal prolapse, inflammatory bowel syndrome, rectal carcinoma may occur, Fresh bleeding may be due to amoebic proctitis which is common in tropics.

Complications : Secondary anaemia is most serious complications; may require blood transfusions. Strangulation of piles is a painful condition wherer the pile mass is congested and remain outside the anus. Infection, ulceration of piles may lead to perianal suppura-

tion and fistula. Piles may be thrombosed and fibrosed in later stage.

TREATMENT OPTION :

(A) General health checkup : Thorogh health check up should be done and treated accordingly. Patient should be treated for anaemia if any by medications or by blood transfusion in severe cases.

(B) Non surgical approach : Usually treatment should not be undertaken in asymptomatic cases. Initially patients should be advice to take dietary fibre, plenty of water, green leafy vegetables for regular bowel movement. Where dietary fibre cannot be increased, pharmacological agents such as isphagula husk are useful. Adequate fluid is essential to prevent bulk-laxatives becoming constipatory. But these are contraindicated in bowel obstruction or faecal impaction. Various topital ointment may provide short term relief. They cannot change the underlying pathology. Complications requiring hospitalization of banding procedures are few but potentially serious due to bleeding, local sepsis and urinary retention. Usually banding is the most effective outpatient procedure. Injection of phenol with arachis oil or phenol with almond oil are used in it and in second degree piles to produce thrombosis and fibrosis. But success rates are poor (28%). Nowadays 3% Sodium tetradecyl sulphate (Asklerol) solution is injected as a sclerosing agent in some centres with good results. This agent damages the layer of blood vessels leading to platelet aggregation. This will lead to an occluded vessel and then it is finally replaced with connective tissue.

(c) Surgical approachs : Surgical intervention (10%) is reserve for those who suffer with interoexternal piles, piles with copious bleeding, prolapse piles and thrombosis. Haemorrhoidectomy, post operative pain and anal stenosis in the elderly. Day care surgery is not widely advocated due to lack of nursing care. Other procedures include stapled haemorrhoidopexy but it is not so effective. Emergency enucleation of the thrombose piles may give rapid pain relief. Some types of haemorrhoids are succesfully removed by freezing with special instruments.

Post operative complications : Retention of urine is a common problem after operation. Reactionary and secondary haemorrhage within 48 hrs may require blood transfusion in some cases. Anal stenosis may occur which require anal dilatation in 10-12 days to prevent stenosis. Portal pyaemia may occur but uncommon.

Post operative care : Patients should be admitted for 2-3 days for better nursing care. Appropiate antibiotic should be prescribed and analgesic. Solid foods should be restricted for 1-2 days. Enema is necessary on third day. Dressing are changed with povidone Iodine solution (10%) daily. After discharge, hip bath with (10%) povidone Iodine should be advice twice daily till recovery. Anal sphinter should be dilated on 10-12 days.

Conclusion : Haemorrhoids is a common problem in medical profession specially in elderly. Initially treatment is not be undertaken in asymptomatic cases. Long term outcome are improved with fibre supplimentation. Life style factors, adequate fluid intake are most important. Bowel often needs a little exercise to stire it back to normal activity. Never neglect the normal physiological demand to empty your bowel even if you are busy. Self medication is always inadvisable. Determining the exact medical and sur-

(Courtesy from various journals, books and newsletter etc.)

গর্ভাৱস্থাৰ মহৌষধ "ফলিক এচিড"

ডা ঃ ৰাজীৱ লোচন শর্মা
প্রসূতিৰোগ বিশেষজ্ঞ,
ইষ্ট এণ্ড নার্চিংহোম, গুৱাহাটী

'ফলিক এচিড'। এই দুটি শব্দ গর্ভৱতী মহিলা এগৰাকীৰ বাবে ভগৱানৰ দান স্বৰূপ। গর্ভাৱস্থাৰ সময়ত ব্যৱহাৰ কৰিব লগীয়া ইয়াৰ উপকাৰিতা অনেক। গর্ভাৱস্থাৰ আগৰে পৰাই তথা গর্ভাস্থাৰ গোটেই সময়জুৰি ইয়াৰ ব্যৱহাৰে মহিলা গৰাকীৰ গর্ভধাৰণৰ সক্ষমতা বৃদ্ধি কৰে। মহিলা গৰাকীৰ ৰক্তহীনতা দূৰ কৰে আৰু আটাইতকৈ ডাঙৰ কথাটো হ'ল বিকলাংগ শিশুৰ জন্মৰ হাৰ ৰোধ কৰে। এনে বিকলাংগ শিশুৰ জন্মৰ হাৰ কমাৰ ফলত নৱজাতকৰ মৃত্যুৰ হাৰ কমে। তলত ফলিক এচিডৰ বিষয়ে বিতংকৈ আলোচনা কৰোঁ আহক।

'ফলিক এচিড' এবিধ পানীত দ্রবীভূত হোৱা ভিটামিন। ইয়াক ভিটামিন বি নাইন নামে�ৰেও জনাজাত। শৰীৰৰ কোষৰ বৃদ্ধি তথা গঠনৰ বাবে ই অপৰিহার্য্য। কোষৰ ভিতৰত থকা ডি এন এ ই গঠন কৰাত সহায় কৰে। শিশু এটিৰ বিভিন্ন অংগ-প্রত্যংগ গঠনত ইয়াৰ ভূমিকা অগ্রগনীয়। গর্ভাৱস্থাৰ প্রথম তিনিমাহৰ ভিতৰত শিশু এটিৰ অংগ-প্রত্যংগ সমূহৰ বিকাশ ঘটে। এনে অৱস্থাত ফলিক এচিডৰ অভাৱে বিভিন্ন ধৰণৰ বিকলাংগ শিশুৰ জন্ম দিয়ে। উদাহৰণ স্বৰূপে মূৰৰ বিসংগতি, ৰাজহাঁড়ৰ বিসংগতি, হৃদযন্ত্রৰ বিসংগতি আদি।

ফলিক এচিডৰ উৎস ঃ আমি খোৱা বিভিন্ন ধৰণৰ খাদ্যত ফলিক এচিড পোৱা যায়। উদাহৰণ স্বৰূপে, সতেজ শাক-পাচলি, মাহজাতীয় শস্য, পালেং শাক, ব্রক'লি, কবি, বীট, আঙুৰ, কণী, কাঁঠফুলা, গোমধান, মাংস আদি। ইয়াৰোপৰি চাউল, আটা আদিতো ফলিক এচিড অতিৰিক্ত ভাৱে মিহলোৱা হয় যাতে মানুহৰ দেহত ফলিক এচিডৰ অভাৱ নঘটে।

গর্ভাৱস্থাত ইয়াৰ প্রয়োজনীয়তা ঃ সাধাৰণতে গর্ভাৱস্থাৰ আগৰে পৰাই আৰম্ভ কৰি, গর্ভৱস্থাৰ গোটেই ৯ মাহ জুৰি তথা গর্ভাৱস্থাৰ পাছলৈও ফলিক এগৰাকী গর্ভৱাতী মহিলাই দৈনিক ব্যৱহাৰ কৰিব লাগে। এইটো দেখা গৈছে যে ৫০ ভাগ গর্ভাৱস্থাই পৰিকল্পনা অবিহনে আৰম্ভ হয়। ইয়াৰোপৰি বহুতো গর্ভৱতী মহিলাই তিনিমাহ মান যোৱাৰ পাছতহে চিকিৎসকৰ ওচৰলৈ পৰামর্শ বিচাৰি আহে। এনে মহিলাৰ যদিহে শৰীৰত ইতিমধ্যে 'ফলিক এচিডৰ' অভাৱ ঘটিছে, তেনেহ'লে বিকলাংগ শিশুৰ জন্মৰ হাৰ অতিকে বেছি হয়। এনে অৱস্থাত গর্ভস্থ শিশুটিৰ লগতে মাকজনীৰো স্বাস্থ্যৰ অৱনতি ঘটে। সেয়েহে যি সকল মহিলাই গর্ভধাৰণৰ কথা ভাৱে তেওঁলোকে আগৰে পৰাই নিয়মিত ফলিক এচিড সেৱন কৰিব লাগে।

গর্ভাৱস্থাৰ আগেয়ে ৪০০ মাইক্র'গ্রাম, গর্ভাৱস্থাৰ প্রথম তিনিমাহত ৪০০ মাইক্র'গ্রাম, পাছৰ ফালে ৬০০ মাইক্র'গ্রাম আৰু স্তনপান কৰোৱাৰ সময়ত ৫০০ মাইক্র'গ্রাম ফলিক এচিড খোৱাটো দৰকাৰী।

'ফলিক এচিড'ৰ অভাৱত হ'ব পৰা বিসংগতি সমূহ ঃ

১) 'ফলিক এচিডৰ' অভাৱত গর্ভৱতী মহিলাগৰাকী ৰক্তহীনতা, প্রি ইক্লেম্চিয়া (গর্ভাৱস্থাত হোৱা উচ্চ ৰক্তচাপ) ষ্ট্রোক আদিত আক্রান্ত হ'ব পাৰে। ৰক্তহীনতাত ভোগা মহিলাগৰাকীৰ লক্ষণ সমূহ এনেধৰণৰ, ভোক নলগা, দুর্বল ভাৱ, শেতাপৰা, পাতল পাইখানা হোৱা, মূৰৰ বিষ, খিংখিঙীয়া স্বভাৱ আদি। 'ফলিক এচিড' নিয়মিত ভাৱে সেৱন কৰিলে এইবোৰ নাইকীয়া হয়।

২) গর্ভজাত শিশুটিৰ 'স্নায়ুতন্ত্র' সম্পর্কীয় বিসংগতি (এন.টি.ডি) ইয়াৰ ভিতৰত ৰাজহাড়, মূৰ, আদিৰ বিসংগতি উল্লেখযোগ্য। ৰাজহাড়ৰ বিসংগতিৰ ভিতৰত 'স্পাইনা-বাইফিডা', মূৰৰ বিসংগতি ভিতৰত এনেন্ কেফালি আদি।

৩) গর্ভস্থ সন্তানৰ ফাঁটা ওঁঠ, ফটা মুখ (পেলেট), কম ওজনৰ সন্তান কেতবোৰ ফলিক এচিডৰ অভাৱত হোৱা বিসংগতি।

প্রতি ১০০০ শিশুৰ এজনেই 'ফলিক এচিডৰ' অভাৱত হোৱা স্নায়বিক বিসংগতিৰ চিকাৰ হয়। 'ফলিক এচিডৰ' ব্যৱহাৰে ইয়াৰ প্রাদুর্ভাৱ যথেষ্ট পৰিমানে কমায়।

ফলিক এচিডৰ কু-ফল ঃ

অতিমাত্রা ফলিক এচিডৰ ব্যৱহাৰে উপকাৰতকৈ অপকাৰহে কৰা দেখা যায়। এনে মাতৃৰ সন্তান মেদবহুলতা, 'ডায়বিটিজ' অটিযমৰ (শিশুৰ মানসিক ৰোগ) কৰা হ'ব পাৰে।

সামৰণি ঃ

গর্ভাৱস্থাৰ মহৌষধৰ ফলিক এচিড প্রতি গৰাকী গর্ভৱতী তথা গর্ভধাৰণ কৰিবলৈ বিচৰা মহিলাই নিয়মিত ভাবে খাব লাগে। শাক-পাচলি, ফলমূল যিমানে খালেও গর্ভাৱস্থাৰ সময়ত অতিৰিক্ত 'ফলিক এচিডৰ' দৰকাৰ হয়। সেয়েহে কমেও ১ মিলিগ্রাম ফলিক এচিড প্রতিদিনে প্রতিগৰাকী গর্ভৱতী মহিলাই খোৱাটো বাঞ্ছনীয়। তেনে কৰিলেহে গম পাব 'ফলিক এচিডৰ' মহিমা কিমান।

WITH MALICE TOWARDS NONE AND NULL- Part- II

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Caveat: The following write-up does not contain any strict scientific content, rather much more imaginary fiction than documentary and hence the reader's discretion is highly solicited. Moreover, it will be highly appreciated if it is read in a relaxed and unassuming manner in agreement with the above heading, describing the intention of the author.

THE TRIUMPH……

Hip hip hooray!!

Yes, Dr Jeffrey Punch and Dr John Bromberg, having performed the first successful liver transplant from a living donor, might have exclaimed thus.

But the important point of contention today is not "thus". But that, during the same time, yes 1996 it is, another bunch of young bloods, positioned 14,000 kms away from Ann Arbor Michigan and newly christened as "houseman" in the department of Medicine of Gauhati (not Guwahati) Medical College had also exclaimed "thus". The occasion being, successful discharge of a patient after a prolonged and tumultuous sojourn in the ward.

This young thin built man of about 25 years was admitted to our medicine ward with the "popular" and vague complaints of "weakness", loss of energy etc and was equally and energetically treated with "colored" saline and "Encephabol"- the big bottle encased in a yellow pack akin to the tonic "Elixirs"(resembling both in phenotype and probably potency too!), which was the latest "in thing" during the time which us housemen had been smart enough to quickly learn from the Neurologists.

Accordingly, referral call was sent to the Neurology department. It is a treat to your eyes, I must say, to witness the seasoned Neurologist examine his patient. Wielding the plastic white stick, pointed at one end with a circular wheel shaped hammer respectfully bowing slightly downwards on the other, gracefully moving from head to toe, like a magic wand in hand, in a fashion reminding one of the sinuous and smooth harmonious moves of the great Zubin Mehta. That history taking is a great art is another aspect to be learned from this speciality. So, after an arduous history taking and an equally arduous examination of revealing the powers of his muscles and much hammerings of the joints not to mention about what the unaccustomed observer may interpret as 'tickling the nerves to your wits end', no clues as to the offending culprit could be found. In the end the consultant, ordered injection Decadron, and injection Neurobion. In the passing, having noticed the yellow bottle in the bedside table the consultant nodded towards me with approval.

By the way, one elderly village man in a nearby bed, was observing the scene with great interest. Having been ravaged by a similarly frustrating malady, he took me into his confidence and enquired as to from where we had brought that "Ojah" who could so swiftly and efficiently perform such a ritual reminding him of the Ustad 'BOR' Ojah of their neighbouring village who was famous for driving away offending spirits taking residence in the brains of usually hapless maidens, in somewhat similar fashion with his paraphernalia of roots, brooms and

branches of medicinal trees etc. He went on further to add whether we could arrange one sitting with him.

In the meantime, notwithstanding and enduring the above, the hapless man found it difficult to make movements- being unable to walk, progressing to inability to sit, then to talk and then to swallow. He was confined to his bed staring monotonously up towards "HIM", with us housemen trying to boost his spirit and nutrition with RT feedings, enemas and what not. He presented a singularly peculiar sight- motionless, emotionless as if in some deep trance what Wodehouse would have aptly described as "an Indian fakir contemplating the infinite"!

What can a poor houseman do with such tight situation as it is, but to send a repeat referral to the Neurology. After much deliberation with their team the patient was labelled to have been suffering from something of the sort of "Adrenal Leucodystrophy" or to that effect. I cannot vouch for my memory today, with so much of water having flowed beneath the Saraighat since then, but doubt whether a name of such brevity would exist for a problem of such magnitude. I presume the tail must have ended somewhat like "...simplex occulta atrophica multiplex congenita " or so on so forth.

It defies my imagination as to how could the Adrenal, an innocent and innocuous tiny abdominal organ, that too so deeply seated if I am not wrong, whom we always knew to be the familiar shy, happy and good 'ol neighbourhood boy whom we had never seen to go astray and produce a disease till now, should rise up to the occasion, start to march north and conquer its Everest, the brain !

But to confirm it was decided, to call the Neuro-surgeon for a biopsy of the 'confused' brain which we rightly interpreted to be that in possession of the patient.

And came the loving Registrar dada (of Neuro-surgery), with his usual slow, steady and confident typical strides at his customary 11:55 pm and wrote, 'send to Neuro-surgery OT at 9 am.' And so we did and so did later in the afternoon the patient returned adorning that part of his anatomy which we had all till then presumed to harbour his present malady- with the white "Gandhi" skull cap which was the signature for any patient bold enough to enter that OT. But peculiarly enough following the day of surgery he started to show signs of faint twitchings in few of his muscles.

After evening rounds, during juicy Housesurgeon's adda in the open tea stall in front of Casualty Department the case came up for enquiry by the young enthusiastic lot. A naughty friend, being neurologically wiser by virtue of having worked in such a centre revealed to us that it is basically 3D's- Diagnosis, Discussion and Discharge. Another, with his brain being afflicted with similar wicked malady as the previous one quipped "/Death". From the recent experience a latest contribution as to the 5th D was suggested i.e. Decadron!

We eagerly waited for arrival of the biopsy report which was not to be for the next 3 weeks or so. Meanwhile, like the pharmacological principle of drug tolerance, the continuous bland behaviour of the patient became monotonous for us all and failed to attract much of our focussed attention.

Thence the film slowly changed its tune from Shakespeare's "Tragedy" to "Comedy" and like the bare tree adorning new and fresh light green tender leaves, signature of the arrival of spring, the patient also started to make small short meaningful movements of his muscles. Then the progress continued with him becoming able to produces 'facies', smile, turn his head, sit in bed, able to swallow, and then one fine morning found him standing in front of the Nurse's station. Now, this confounding habit persisted with him, standing continuously in front of the Nurse's station staring with complete disregard to his surroundings, intently towards people of the fairer gender working in that arena. Theories abound amongst us as to explain the behaviour. There were suggestions that as in the case of the duodenum, being the beginning of the small intestine, which was the first to recover after a bout of paralytic ileus, so does

the evolutionally ancient part of the brain, harbouring the Limbic system, recovers first, should it go for a deep slumber, giving rouse to amorous emotions on the way! Though initially it had produced enough food for juicy addas with making fun of each-other amongst the ladies' folk, slowly it became a cause for much chagrin. But with the grace of God gradually he came back to his senses and one day all of us considered him to be fit enough for discharge and that 'they lived happily thereafter', the typical fairy tale formula was not be. Because as we were discussing his successful recovery with showering of praises on Neurology should the Registrar of Neuro-surgery materialize from nowhere in the scene. Now having overheard the thanksgivings upon his medical counterpart he demanded in the highest laryngeal decibel - Rupnayan!! This is not fair! Is it not following the surgery (that the procedure was a biopsy was another matter altogether- the Midas touch was what was actually meant) that the patient started to make movements the very next day? What more documentary evidence could one ask for! The actual credit should have been duly and respectfully accorded to the Triumph of Neurosurgery only and nothing more nothing less!

Hence "thus" once again Hip hip Hooray!

Neuro-surgery zindabad, zindabad zindabad!!!

PS: Did I forget to tell you that after a long 3 weeks of intense deliberation over the tiny specimen, a brilliant diagnosis of "Normal brain tissue" was what the biopsy report had read.

NB: Though the central theme of the write-up was an actual experience of the author, yet figment of imagination must surely have crept in, as the view through his demented binocular, into his junior residency days, two and a half decades hence, have now become quite foggy.

ডাঃ জাহানাৰা বেগমৰ প্ৰতিভা

ডাঃ শিখা শৰ্মা
গুৱাহাটী

পেচা আৰু নিচা-জীৱনৰ দুটা ভিন্ন স্বাদৰ অভিজ্ঞতা। এই দুটি ভিন্ন অভিজ্ঞতাৰে নিজৰ জীৱনক অৰ্থবহ তথা সুন্দৰকৈ সজাই লোৱা নাৰী গৰাকীয়ে হ'ল আজিৰ লেখাটোৰ মধ্যমণি; আমাৰ সকলোৰে চিৰ পৰিচিত শ্ৰদ্ধাৰ ডাঃ জাহানাৰা বেগম। তেজপুৰ চহৰৰ এগৰাকী সুচিকিৎসক হিচাপে খ্যাতি লাভ কৰা জাহানাৰা বাইদেউ এগৰাকী বিখ্যাত নাট্যশিল্পী তথা অভিনেত্ৰী হিচাপে অসম তথা ভাৰতত স্বীকৃতি লাভ কৰিছে। আজিৰ লেখাটিত তেখেতৰ শিল্পী জীৱনৰ বিষয়ে আলোচনা কৰা হ'ব।

মঃ মহবুবৰ ৰহমান আৰু শ্ৰীমতী জোৎস্না ৰহমানৰ সুকন্যা জাহানাৰা বেগমৰ জন্ম শিলচৰ চহৰত হয়। পিতৃৰ চাকৰি সূত্ৰে অসমৰ বিভিন্ন ঠাইত থাকিব লগা হোৱা বাবে তেখেতে পঢ়া-শুনাও অসমৰ বিভিন্ন স্কুলত কৰিব লগা হয়। পিচলৈ গুৱাহাটী চিকিৎসা মহাবিদ্যালয়ৰ পৰা তেখেতে চিকিৎসা বিজ্ঞানৰ ডিগ্ৰী লাভ কৰে। ডাঃ গোপেন্দ্ৰ মোহন দাসৰ লগত প্ৰেম বিবাহ হোৱাৰ পিছত তেওঁলোকে নিগাজীকৈ তেজপুৰ চহৰত থাকিব লয়।

ডাঃ জাহানাৰা বেগমৰ তেজত লুকাই আছে শিল্পী সত্বা। সেয়েহে মাথো তিনি বছৰ বয়সতে পিতৃয়ে লিখা নাটত একক অভিনয় কৰি তেখেতৰ নাট্য জগতত পদাৰ্পণ কৰি সেই যাত্ৰা আজিও অব্যাহত ৰাখিছে। পিতৃৰ নাটৰে অভিনয় জীৱনৰ পাতনি মেলা তথা পিতৃৰ পৰা পোৱা শিক্ষা আৰু অনুপ্ৰেৰণাৰ বাবে তেখেতে পিতৃক তেখেতৰ গুৰু ৰূপত অভিহিত কৰিছে। হাইস্কুলীয়া জীৱনতো অভিনয় কৰি বহুৱাৰ শ্ৰেষ্ঠা অভিনেত্ৰীৰ সন্মান লাভ কৰা জাহানাৰা বেগমে মাথো পোন্ধৰ বছৰ বয়সতে আব্দুল মজিদৰ "চোৰ" নাটকৰ মুখ্য চৰিত্ৰত কৰা অভিনয়ৰ যোগেদি পূৰ্ণাংগ নাটকত অভিনয় জীৱনৰ পাতনি মেলে। তেখেতে এতিয়ালৈ অতি কমেও পচপন্নখন নাটত অভিনয় কৰিছে। তেখেতৰ দ্বাৰা অভিনীত কেইখনমান উল্লেখযোগ্য নাট হ'ল –

নিউ আৰ্ট প্লেয়াৰ্চ "ৰূপালীম"। এই নাটত তেখেতে মুখ্য চৰিত্ৰত অভিনয় কৰিছে।

প্ৰগতিশিল্পী সংঘৰ দ্বাৰা নিবেদিত নাট "মৃত্যুঞ্জয়" দীপক সংঘৰ পৰা ইন্দ্ৰ বনিয়া দেৱে পৰিচালনা কৰা নাট।

ইয়াৰ লগে লগে তেখেতে কটন কলেজত পঢ়ি থকা সময়তো বিভিন্ন প্ৰতিযোগিতাত পুৰস্কাৰ লাভ কৰে।

জন্মগত অভিনয় প্ৰতিভাৰে সমৃদ্ধ ডাঃ জাহানাৰা বেগমে গুৱাহাটী চিকিৎসা মহাবিদ্যালয়তো একেৰাহে পাঁচ বছৰ শ্ৰেষ্ঠা অভিনেত্ৰীৰ সন্মান লাভ কৰে। তেখেতৰ দৰে এই সন্মান হয়তো তেখেতৰ পৰৱৰ্তী কোনো অভিনেত্ৰীয়ে লাভ কৰিব পৰা নাই। ইয়াৰ সমান্তৰাল ভাৱে অনাতাঁৰ কেন্দ্ৰটো অডিচন লাভ কৰি তেখেতে 'আইদেউৰ বুলনি'কে আদি কৰি বিভিন্ন শিতানত বহু নাটৰ অনাতাঁৰ অভিনয় কৰে। দূৰ্গেশ্বৰ বৰঠাকুৰ, ঈশান বৰুৱা, ধীৰু ভূঞা আদিৰ দৰে খ্যাতনামা নাট্য শিল্পীৰ সৈতে অনাতাঁৰ অভিনয় কৰি

তেখেতে যথেষ্টা অভিজ্ঞতা অর্জন কৰে। গুৱাহাটীৰ অনাতাঁৰ কেন্দ্ৰৰ ওপৰিও তেজপুৰ অনাতাঁৰ কেন্দ্ৰটো তেখেতে অভিনয় কৰে।

অভিনয় তেখেতৰ প্ৰাণ বুলি ক'লেও ভুল কোৱা নাহয়। সেইবাবে তেখেতে ২০০৯ চনত জে বি প্ৰডাকচন নামে এটি ঘৰুৱা নাট্য সংগঠনৰ জন্ম দিয়ে। এই কামত তেওঁক সম্পূৰ্ণভাৱে সহযোগ কৰে তেখেতৰ স্বামী ডাঃ গোপেন্দ্ৰ মোহন দাসে। জে বি প্ৰডাকচনৰ জন্মলগ্নতে তেখেতসকলে অৰুণ শৰ্মা নাট সমাৰোহৰ আয়োজন কৰে। ২০১৩ চনত জে বি প্ৰডাকচনে চন্দ্ৰধৰ গোস্বামী নাট সমাৰোহৰ আয়োজন কৰে। ২০১৬ চনত ডাঃ জাহানাৰা বেগমে নিজা উদ্যোগত কিৰণময়ী মঞ্চাভিনেত্ৰী বঁটা প্ৰদান কৰে।

তদুপৰি ২০১৮ চনত ভাকততে পোন প্ৰথম বাৰৰ বাবে হোৱা থিয়েটাৰ অলিম্পিক নাট সমাৰোহলৈও জে বি প্ৰডাকচনে আমন্ত্ৰণ লাভ কৰে। ১৯৯৩ চনত গ্ৰীচ চহৰত প্ৰথমে থিয়েটাৰ অলিম্পিক আৰম্ভ হয়। ২০১৮ চনত ভাৰতত হোৱা এই নাট সমাৰোহত জে বি প্ৰডাকচনে ৫ মাৰ্চ ২০১৮ তাৰিখে কলিকতাত "উৰ্মিমালাৰ মৰল" নামৰ নাট মঞ্চস্থ কৰে।

ডাঃ জাহানাৰা বেগমৰ কেইখনমান বিশেষ নাট — আধে অধুৰে – এই নাটখন ১৯ বাৰ মঞ্চায়ন হয়।

সহৰো কে ৰাজহংস – ৭ বাৰ মঞ্চায়ন হয়।

ৰবীন্দ্ৰনাথ ঠাকুৰৰ মালঞ্চ ৬ বাৰ মঞ্চায়ন হয়।

তেখেতে গিৰীশ কানাৰ্ডৰ ব্ৰকেন ইমেজ নাট খনৰ অনুবাদ, পৰিচালনা কৰাৰ ওপৰিও অভিনয়ো কৰে।

বৰ্তমান তেখেতে বাৰটল্ড ব্ৰেখটৰ "মাদাৰ কাৰজে" "এ উইমেন এল'ন," মহেশ এলকুনচাৰৰ "ফ্লাৱাৰ অফ ব্লাড" আৰু অনুৰাধা শৰ্মা পুজাৰীৰ "একান্ত এনিশা" আদি নাটৰ কাম হাতত লৈছে।

নাট্য জগতৰ সফলতাই তেখেতক ৰূপালী পৰ্দালৈ আকৰ্ষণ কৰে। ২০০২ চনত তেখেতে "গুণগুণ গানে গানে"ৰ মাজেদি প্ৰথম বাৰৰ বাবে চলচিত্ৰ জগতত প্ৰৱেশ কৰে। ২০১৫ চনত "কেকটাছ" ছবিত অভিনয় কৰে। ২০১৭ চনতো তেখেতৰ বাবে এটি উল্লেখযোগ্য বছৰ। এই বছৰতে তেখেতে "সীমা দ্য আনটোল্ড ষ্টৰী"ত অভিনয় কৰি শৈলধৰ বৰুৱা সোঁৱৰণী জুৰীৰ বিশেষ বঁটা লাভ কৰাৰ ওপৰিও প্ৰাগ চিনে এৱার্ড অনুষ্ঠানত শ্ৰেষ্ঠা সহ অভিনত্ৰীৰ বঁটা লাভ কৰে।

২০১৭ চনতেই তেখেতে ডাঃ গোপেন্দ্ৰ মোহন দাসৰ প্ৰযোজনা, মঞ্জুল বৰুৱাৰ পৰিচালনাত ড০ ৰীতা চৌধুৰীৰ গল্পৰ আধাৰত নিৰ্মিত "কানীন" চিনেমাখনৰ মুখ্য চৰিত্ৰত অভিনয় কৰি সকলোৰে পৰা প্ৰশংসা লাভ কৰে তথা গুৱাহাটী আন্তৰ্জাতিক চলচিত্ৰ মহোৎসৱত চিলভাৰ কেমেৰা এৱার্ড লাভ কৰে।

ইয়াৰোপৰি ডাঃ জাহানাৰা বেগমে চাৰেণ্ডাৰ, তেজ, ভোগজৰা আদি টেলিভিশন ফিল্মটো অভিনয় কৰে।

কেইদিনমান আগতে তেখেতে মঞ্জুল বৰুৱাৰ পৰিচালনাত আৰু ডাঃ গোপেন্দ্ৰ মনোহৰ দাসৰ প্ৰযোজনাত অনুৰাধা শৰ্মা পূজাৰীৰ কাহিনীৰে "অনুৰ" নামৰ চলচিত্ৰ খনত মুখ্য চৰিত্ৰত অভিনয় কৰে। এই চিনেমাখনে নবেম্বৰত মুক্তি লাভ কৰিব।

এগৰাকী সফল অভিনেত্ৰী হোৱাৰ ওপৰিও তেখেত এগৰাকী নিপুণ আবৃত্তিকাৰো। তেখেতৰ কণ্ঠত বহু কবিৰ কবিতাই প্ৰাণ পাই উঠিছে।

ডাঃ জাহানাৰা বেগমৰ তেজৰ কোষে কোষে শিল্পী সত্বা এটি লুকাই আছে। অভিনয় তেখেতৰ উশাহ, তেখেতৰ জীৱন। তেখেতৰ জীৱন প্ৰাপ্তিৰ প্ৰাচুৰ্য্যৰে ভৰি পৰক। ❐

কলংকিত অধ্যায়

ডাঃ বিমলা ডেকা

দূৰৈত হিলৈৰ শব্দ শুনি ভাবিলোঁ।
এয়া চাগে লৰা ধেমালিৰে কৰা ফটকা ফুটুৱাৰ শব্দ,
কিন্তু ওচৰত এয়া কি ?
ইয়াত দেখো নাই ফটকৰ জুই আৰু ভয়তে
লৰি ঢাপৰি কৰা ল'ৰা-ছোৱালীৰ কিৰীলিও,
নাই কোনো চিনাকি
বাখৰ পো�ৰা গোন্ধ আৰু ফুটি ফুটি
অত তত চিটিকি পৰা বাখৰৰ টুকুৰা।
আছে মাথোঁ আধা পোৰা কেঁচা মঙহৰ গোন্ধ,
চিটিকিছে আধা পোৰা কেঁচা মঙহৰ টুকুৰা আৰু আছে যন্ত্রনাৰ আর্তনাদ।
ভাবিলে দূৰু দূৰুকে কপি উঠে হৃদয়।
মানুহ ইমান হিংসৃ হ'ব পাৰে নে,
ইমান নির্দয়ী হ'ব পাৰে নে ?
সন্ত্রাসবাদীওতো মানুহ!
সিহঁতৰ অন্তৰে নাকান্দে নে ?
পশুতক চেৰ পেলোৱা,
পাষাণ হৃদয় কেতিয়াও কোমল নহয়নে।
বহু হেৰুৱালোঁ। চকুপানী টুকি কি পালোঁ?
পালোঁ মাথো ধিক্কাৰ, গৰিহণা
তেজেৰে ৰাঙলী হোৱা লজ্জাজনক ভাবে
৩০ অকটোবৰৰ দিনটো পৃথিৱীৰ ইতিহাসত লিখা
ৰ'ল অসমৰ "কলংকিত অধ্যায়" ৰূপে।

কবিতাটো ২০০৮ চনৰ ৩০ অক্টোবৰত গণেশ গুৰিত হোৱা বিস্ফোৰণত মৃত্যু হোৱা নিৰীহ লোকসকলোলৈ শ্রদ্ধা নিবেদন কৰি ৰচনা কৰা। এই কবিতাটো Aian literacy society of Asian art, cultural and literature য়ে Bhaasha 2020 অসমীয়াৰ নামেৰে দিল্লীত অনুষ্ঠিত কৰা অসমৰ পটভূমিত ঘটা ঘটনাৰ ওপৰত নিজে লিখা কবিতা পাঠৰ অনুষ্ঠানত পাঠ কৰা হৈছিল।

"কোৱেন্টাইন"

ডাঃ অপূর্ব কুমাৰ ভট্টাচার্য্য
যোৰহাট মেডিকেল কলেজ

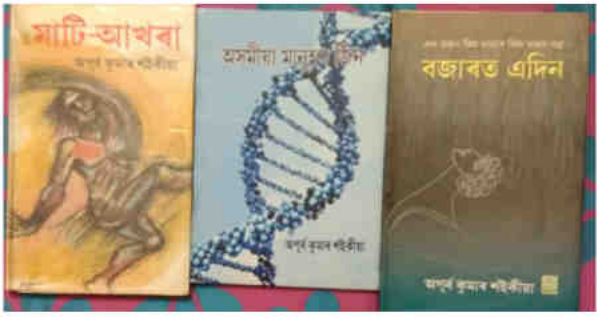
মই আজি কেইদিনমান ধৰি আৱদ্ধ
এটি বন্ধ কোঠাত,
আগৰ দিনত আছিল বনবাস,
আজিৰ যুগত কোঠাবাস
স্নানাগাৰ সংলগ্ন কোঠা,
ঘৰৰ আন ব্যক্তিৰ প্ৰৱেশ নিষেধ,
সময়ত কলিং বেলটো বাজি উঠে
দুৱাৰৰ বাহিৰত থৈ যায়
আহাৰৰ থাল খন
পূৱা - দুপৰীয়া বা নিশাৰ আহাৰ
সময়ত নিজকে অস্পৃশ্য যেন লাগে
লগৰ ভ্ৰাম্যভাষটোৱে মোৰ লগৰী,
আৰু যোগাযোগৰ একমাত্ৰ সম্বল
অত্যন্ত মানসিক চাপ,
কি বা আহে পলাফল,
কোভিদ পৰীক্ষাৰ ফলাফল
পজিটিভ নে নিগেটিভ,
সেইযে হাইস্কুল শিক্ষান্ত পৰীক্ষাৰ
ফলাফল দিছিল আৰু
আমি দৌৰি গৈছিলোঁ
আসাম ট্ৰিবিউন কার্যালয়লৈ
ফলাফলৰ আশাত,
মন মোৰ উগুল থুগুল
যদিহে আহে পজিটিভ
আৰু ভর্তি হ'ব লাগে চিকিৎসালয়ত
পামনে বিচনা চিকিৎসালয়ত,
ৰোগী হেনো ভৰি আছে এইকেইদিন
সকলো ৱার্ডবোৰত,
কি হ'ব নাপাওঁ যদি বিচনা
কটাইছো নিদ্রাহীন নিশা
অকলশৰে কোৱেন্টাইন কোঠাত।

Another feather in the Cap

ডাঃ অপূর্ব কুমাৰ শইকীয়া
মুখ্য চিকিৎসা বিষয়া, এ এছ আই চি মডেল হস্পিটাল,
খানাপাৰা, গুৱাহাটী (ভাৰত চৰকাৰৰ শ্ৰম আৰু নিয়োগ বিভাগ)

বিষয় বস্তুৰ বৰ্ণাঢ্য আৰু নিজা লেখন-শৈলীৰে গল্পকাৰ ডাঃ অপূর্ব কুমাৰ শইকীয়া অসমীয়া সাহিত্যৰ এজন বিশিষ্ট গল্পকাৰ। বিশিষ্ট চিকিৎসক হোৱাৰ উপৰিও ডাঃ শইকীয়াই কেইবাখনো কিতাপ প্ৰকাশ কৰি অমীয়া সাহিত্যক চহকী কৰিছে। তেখেতৰ উল্লেখযোগ্য কিতাপ কেইখনমান হ'ল - ব্যর্থ নায়ক (লয়াছি বুকষ্টল), বিষয় ঃ প্ৰেমৰ সংবিধান (ৰেণু প্ৰকাশন), মাটি আখৰা (ক্ৰান্তিকাল প্ৰকাশন), বজাৰত এদিন (বাণী মন্দিৰ), লিংগমুক্ত পৃথিৱীৰ সাধু এটা (আঁক-বাক প্ৰকাশন), বেংছতা (আঁক-বাক প্ৰকাশন), অসমীয়া মানুহৰ জিন (এক্সেল প্ৰিন্টার্ছ, প্ৰবন্ধ সংকলন), চ'তৰ উৰহী (পাঞ্চজন্য প্ৰকাশন), গ্ৰন্থ সম্পাদনা ঃ দেশী-বিদেশী গল্প সম্ভাৰ (অসম সাহিত্য সভা) ডাঃ শইকীয়াক 'বেংছতা' গ্ৰন্থৰ বাবে ২০২০ চনৰ সাহিত্য একাডেমী বঁটাৰে সন্মানিত কৰা হয়। ডাঃ অপূর্ব কুমাৰ শইকীয়াৰ এই সাফল্যত আমি চিকিৎসক সমাজ উৎফুল্লিত আৰু গৌৰৱান্বিত।

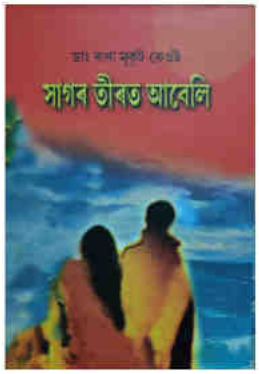
তেখেতে এতিয়ালৈকে লাভ কৰা বঁটা সমূহ হ'ল - নগাঁও জিলা সাহিত্য সভাই অসম ভিত্তত পতা গল্প প্ৰতিযোগিতাৰ শ্ৰেষ্ঠ গল্পকাৰৰ বঁটা, যাদৱ শর্মা সোঁৱৰণি বঁটা (বজাৰত এদিনলৈ, শ্ৰেষ্ঠ গ্ৰন্থৰ বাবে), অন্তর্লিপি সাহিত্য বঁটা, ইণ্ডিয়ান মেডিকেল এছ'চিয়েচনৰ লিটাৰেৰী এক্সেলেন্স বঁটা, মৰমলেণ্ড বছৰটোৰ শ্ৰেষ্ঠ সাহিত্যিকৰ বঁটা, সাহিত্য একাডেমী (নতুন দিল্লী)ৰ কথা-সন্ধি সন্মান, অসম সাহিত্য সভাৰ অম্বিকাগিৰী ৰায়চৌধুৰী বঁটা (শ্ৰেষ্ঠ সৃজনীশীল সাহিত্যগ্ৰন্থ, চ'তৰ উৰহীলৈ)।

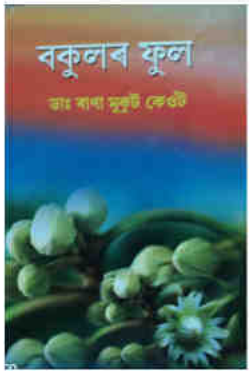


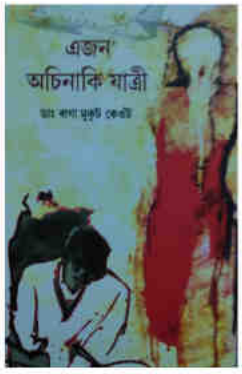
Another feather in the Cap

In recognition of his Contribution towards Assamese Cinema and Theatre, Dr. Hiranya Borah was awarded ***Silpi Pension*** by Govt. of Assam on the 15th August 2020. We are very proud of Dr. Borah. Congratulation!

We are proud of Dr. Rana Mukut Keot for his contribution towards Assamese Literature. In addition to his regular health related column in assamese news papers, he has written books on various field of literature. Very inspiring!







Report :

Report of the IMA-CGP, Assam State Faculty under Assam State Branch, IMA of the Association Year 2019-2021

1. Status of IMA CGP ASF

i) Date of Establishment

In the year 1981, during the Annual Conference of IMA Assam State Branch held at Oil City, Digboi.

ii) Up-to-date Membership strength

Total Life members – 448 Nos. (From Jan. 2018-Nov. 2019, Total 43 Nos. of New Life Members were enrolled.)

2. CME Organised – Total 9 Nos.

Zoom Meeting : 2 Nos. (Virtual)

3. General – 5 Nos.

Organised by Tezpur Branch IMA Clinical Society in association with Tezpur Sub-Faculty CGP.

4. END TB CME – 2 Nos.

Organised by Tezpur Branch Clinical Society in association with Tezpur Sub-Faculty CGP.

Community Service : -

Health Camp : - 2 Nos. in flood affected villages.

5. Opening of the Bank Account No. New Bank Account has been opened

Bank : Union Bank
Maidangaon, Guwahati- 781028
IFSC : UBIN0539465
A/c No. : 394602011009352

6. Journal of the faculty

For the first time in the history of IMA CGP Assam State Faculty under Assam State Branch after inception of IMA CGP Assam State Faculty in the year 1981, officially published its quarterly journal "CGP NEWS" on 8th September'2019 in the 152nd SWC Meeting held at Bongaigaon.

7. SWC Meeting : -

1. 153rd SWC meeting was attended at Majuli on 24/11/2019. In this SWC meet second issue of 'CGPNEWS' was released.
2. 154th SWC meeting held at Nalbari IMA House on 04/10/2020 was presented in brief the activities of CGP over video conferencing.

8. NATCON :

Attend NATCON-2019 at Kolkata from 27th December to 29th December'2020 along with other CGP and ASB members and actively took part in the entire event as Central Council Member. 15 Nos. CGP members attend the 'NATCON'.

On 08-02-2020 Attend '5th N.E. CONCLAVE' at Shillong, Meghalaya with Dr. A.K. Kalita, President, Tezpur Branch.

Same day morning – attend End TB CME at Morigaon as Guest of Honour.

Attend another End TB CME at Dhekiajuli PHC as Guest Speaker.

9. **ZONAL MEETING OF CGP HQ**

Attend all Zonal meeting (three nos.) through video conferencing.

10. **Followings are the categories received recognition and appreciation**

i. LIFE TIME ACHIEVEMENT FOR

a. **Dr. Hiranmoy Adhikary**, Past President of IMA ASB and Dean CGP for IMA Dr. Jyotiprasad Ganguli Memorial Award.

b. **IMA Dr. C.L.Jagga** Award for best Faculty of IMA CGP.

"**Assam State Faculty"**

2. APPRECIATION CERTIFICATE CATEGORY

1. **IMA CGP Life Membership Enrolment 2019-2020** to IMA Assam given on 08-11-2020 virtual IMA CGP Conference – Chennai.
2. Best State Chapter IMA Assam for **CGP NEWS JOURNAL** given on 08-11-2020 virtual IMA CGP H.Qs conference, Chennai.
3. **IMA CGP Honorary Fellowship (FCGP) Conferred during its VIRTUAL NATIONAL GPCON – 2020 held on 8th November'2020 conference of IMA CGP at Chennai** to
   a. **Dr. Hiranmoy Adhikary**, Bangaigaon Branch. He was Dean, CGP – 2020
   b. **Dr. Hemendra Kumar Borah**, Tezpur Branch, Director of Studies, Assam State Faculty.
   c. **Dr. Nayan Kumar Phukan**, Life Member of Tezpur Branch, CGP.

My special thanks goes to **Hony. Secretary, IMA CGP, Assam State Faculty, Dr. Jagadish Basumatary** for meticulous and systematic editorial works of this 'CGP NEWS' amidst his extensive '**COVID DUTY**' as Head of the Department of Critical Care, Anaesthesiology Department of Tezpur Medical College Hospital during the entire COVID-19 pandemic period.

Lastly congratulation and greetings to all Awardee from the IMA CGP Assam State Faculty for their recognisable and appreciable works during the COVID-19 pandemic period

Long Live IMA!!!
Long Live CGP!!!

(Dr. H.K. Borah)
Director of Studies
IMA, CGP, Assam State Faculty

Report :

IMA-AMS, (Indian Medical Association-Academy of Medical Specialities)

The IMA, Academy of Medical Specialities was formed in the year 1979, by the visionaries of Indian Medical Association. The aim is to provide a forum for the Specialists of all branches to discuss academics of multidisciplinary interests. The main objective of IMA-AMS is to update the recent advances in all specialities for better Clinical judgment in their practice. It will also motivate specialists to activity participate in all activities of Indian Medical Association. At the beginning its Head Quarters Office was functioning from IMA House New Delhi. It has been shifted permanently to Hyderabad with effect from 1st April, 2008 and is located in IMA Building at Hyderabad, Telangana.

The membership of Academy of Medical Specialities is open to all life memebers of IMA who have speciality qualification in any discipline of medicine. The fellows of College of General Practitioner who have passed FCGP examination are also eligible to become members of Academy of Medical Specialities as they have specialized in the field of family medicine. The Academy of Medical specialities also awards Fellowship to the senior members of the profession. The Academy also proposes to organize training programmes in different field of medicine and also conduct AMS Certification course.

The total number of members of IMA-AMS is 17,149 till 30th November, 2020 in India from 25 (twenty five) States, one direct branch and one overseas branch. Two members from Direct Branch and 58 members from Overseas Branch. The highest members of AMS is 2835 from Kerela State Branch. Assam State Branch has 249 AMS members out of which six newly inducted members during the year 2019-20.

We expressed our dissatisfaction and honest submission that IMA, AMS, Assam State Branch failed to do as we pledged except inducting few new members to the wing. We planned and organized an one day credit point CME last year on 22nd March, 2020 along with State Council meeting but unfortunately that had to be cancelled due COVID-19 Lockdown. We are very much hopeful that glory of IMA and IMA AMS of Assam State Branch will be at per in the coming days to come.

Long Live IMA.

Dr. Lakshewar Bhuyan
Chairman - IMA AMS ASB

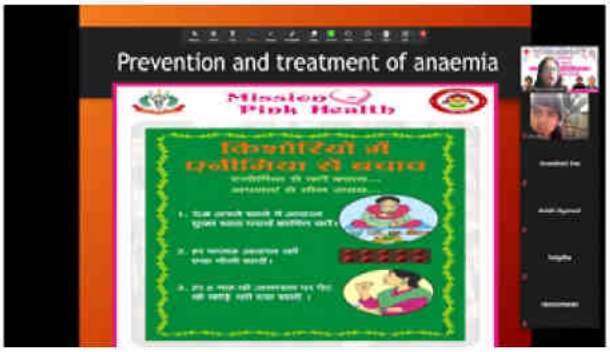
Report :

IMA MPH ASSAM STATE BRANCH

A SERIES OF PROGRAMME ACROSS DIFFERENT DISTRICTS OF ASSAM (24 JAN TO 30 JAN)

1) **DATED-24/01/2021-** AN AWARENESS PROGRAM ON THE OCCASION OF "NATIONAL GIRL CHILD WEEK" WAS ORGANISED AT MAYONG HIGHER SECONDARY SCHOOL .DR SIKHA SHARMA JOINT SECRETARY IMA ASSAM AND TEAM MEMBER OF NATIONAL MPH SPOKE ON SAVE GIRL CHILD AND SELF DEFENCE.DR MANJIMA BAISHYA GANGULY NORTHEAST COORDINATOR OF MPH NORTH EAST AND PRESIDENT OF DISPUR IMA SPOKE ON ANEMIA IN ADOLESCENT GIRLS .DR APURBA KR.BHATTACHARYA ASSOCIATE PROFESSOR JMC DELIVERED A LECTURE ON NUTRITION IN ADOLESCENT GIRLS.DR ANISH GANGULY ,MAXILLOFACIAL SURGEON,FELLOW ORAL ONCOLOGY,BBCI SPOKE ON ORAL HYGEINE AND THROAT CANCER.THE PROGRAME WAS FOLLOWED BY A GOOD INTERACTIVE SESSION AND ENDED WITH LIGHT REFRESHMENT .

2) **DATED-26/01/2021:** AN AWARENESS PROGRAM ON THE OCCASION OF NATIONAL GIRL CHILD WEEK, DR. SUNITA AGARWALA, EXECUTIVE MEMBER OF IMA MPH ASSAM ADRESSED THE STUDENTS OF MAHARISHI VIDYA MANDIR STUDENTS, LALMATI, GUWAHATI THROUGH A WEBINAR AND DELIVERED TALK ON THE TOPICS OF ANEMIA PREVENTION,MENSTRUAL HYGIENE,EXERCISES ,SELF CARE AND CERVICAL CANCERVACCINATION. THE PROGRAME WAS GRACED BY THE PRINCIPALOF MVM SCHOOL MRS. PANCHALI ROY AND OUR IMA MPH ADVISOR DR SHIKHA SHARMA.TIPS ON SELF DEFENCE WAS ALSO SHARED WITH THE STUDENTS AS WELL AS POSTERS OF SAVE THE GIRL CHILD WERE DISPLAYED. THE WEBINAR WAS FOLLOWED BY AN INTERACTIVE SESSION WITH AROUND 40 GIRLS WHO GOT ENLIGHTENED ABOUT VARIOUS ADOLESCENT HEALTH ISSUES.



3) **DATED-28/01/2021:** AN AWARENESS PROGRAM ON THE OCCASION OF NATIONAL GIRL CHILD WEEK WAS CONDUCTED BY DR.JYOTISMITA PATHAK EXECUTIVE MEMBER OF MPH ASSAM ADRESSED THE STUDENTS OF SALT BROOK ACADEMY SCHOOL, MADHUSHREE GIRLS HOSTEL DIBRUGARH AND EDUCATED THEM ON SELF DEFENCE,EXERCISES ABD HYGIENE, MENTAL HEALTH IN ADOLESCENCE AND PREVENTION OF ANEMIA AND NUTRITION. THE SESSION WAS FOLLOWED BY A GOOD INTERACTION WITH THE GIRLS WITH NEARLY 40 GIRLS.

4) **DATED-28/01/2021:** A WORSHOP ON ADOLESCENT HEALTH WAS CONDUCTED ON THE OCCASION OF NATIONAL GIRL CHILD WEEK BY DR MONIKA DEB FROM SILCHAR, CONSULTANT OBGYN AND EXECUTIVE MEMBER OF IMA MPH ASSAM AT SISTER NIVEDITA GIRLS HIGH SCHOOL. DR MONIKA DEB INTRODUCEDTO THE CROWD THE MISSION OF PINK HEALTH THEREBY DR. DEVANJANA DUTTA MAJUMDAR, CONSULTANT OBGYN EXPLAINED ON EXERCISES, DR. SHARMISTHA BHATTCHARYA CONSULTANT OBGYN GAVE TIOS ON SELF DEFENCE, DR. HAIMANTI CHOUDHARY, OPTHALMOLOGIST ENLIGHTENED ON SAVE GIRL CHILD, ALOKA BANERJEE,CONSULTANT OBGYN EDUCATED THE GIRLS ON MENSTRUAL HYGIENE, DR. SMITA DUTTA GUPTA, CONSULTANT PATHOLOGIST GAVE A PREVIEW ON ANEMIA.THE WORKSHOP WAS FOLLOWED BY AN INTERACTIVE SESSION WITH THE GIRLS.

5) **DATED-29/01/2021-** A WORKSHOP WAS ORGANISED ON THE OCCASION OF NATIONAL GIRL CHILD WEEK BY DR PRERNA KESHAN, CHAIRPERSON IMA MPH ASSAM AT TINSUKIA, HINDI GIRLS HIGH SCHOOL, PARBATIA. AROUND 300 STUDENTS TOOK PART IN THE WORKSHOP WHERE THEY WERE TAUGHT ABOUT SELF DEFENCE,IMPORTANCE OF EXERCISES,NUTRITION AND ANEMIA, MENSTRUAL HYGIENE AND SELF CARE. AT THE END OF THE SESSION THE GIRLS WERE GIVEN LIVE DEMONSTRATION OF SELF DEFENCE TECHNIQUES AND AROUND 20 POSTERS OF SAVE GIRL CHILD WERE GIVEN TO BE PASTED AROUND IN DIFFERENT CORNERS OF THE SCHOOL. THE WORKSHOP WAS GRACED BY THE PRESENCE OF IMA BRANCH PRESIDENT DR ANIL BORKOTOKY, IMA BRANCH SECRETARY AND STATE JOINT SECRETARY DR PRASANT KR. AGARWAL. AT THE END OF THE WPRKSHOP AROUND 300 GIRLS AND SCHOOL STAFF WERE DISTRIBUTED WITH PACKETS CONTAIINING SANITARY NAPKINS, MASKS,HYGIENE WASH AND HAND SANITISERS. THE SCHOOL AUTHORITY WAS HANDED OVER WITH AN EMERGENCY FIRST AID BOX .

6) DATED 29/01/2021- AN AWARENESS DRIVE WAS CONDUCTED ON THE OCCASION OF NATIONAL GIRL CHILD WEEK BY DR RITA DATTA CONSULTANT PEDIATRICIAN AND EXECUTIVE MEMBER MPH ASSAM AT TWO SCHOOLS IN CHABUA NAMELY PARAG0N AND LITTLE ANGEL SCHOOL INVOLVING AROUND MORE THAN 270 STUDENTS.THE MAIN HIGHLIGHT OF THE PROGRAM WAS THAT IT WAS CONDUCTED WITH AROUND 80 BOYS ALONG WITH 190 GIRLS. TOPICS SUCH AS EXERCISES, MENSTRIUAL HYGIENE, ANEMIA, SAVE GIRL HILD WITH SENSITISATION ON SELF DEFENCE.

7) **DATED -30/01/2021:** AN AWARENESS CAMP WAS CONDUCTED ON THE OCCSSION OF NATIONAL GIRL CHILD WEEK BY DR JYOTISMITA PATHAK AT GRAHAM BAZAAR GIRLS HIGH SCHOOL, DIBRUGARH AND AROUND 55 GIRLS PARTICIPATED IN THE SESSION EDUCATING THEM ON SELF DEFENCE, EXERCISES AND SAVE THE GIRL CHILD.

8) **DATED-30/01/2021:** AN ADOLESCENT HEALTH AWARENESS DRIVE WAS CONDUCTED AT TEZPUR ON THE OCCASION OF NATIONAL GIRL CHILD WEEK BY DR. SUMITA G HAZARIKA, CONSULTANT OBGYN AND EXECUTIVE MEMBER MPH ASSAM AT TEZPUR KOLIABOR HIGHER SECONDARY SCHOOL.AROUND 130 GIRLS PARTICIPATED AND GOT ENLIGHTENED ON SELF DEFENCE, EXERCISES AND SAVE THE GIRL CHILD SENSITISATION AS WEEL AS MENSTRUAL HYGIENE, ANEMIA AND NUTRITION.A FREE HEM0GLOBIN DETECTION CAMP AND DISTRIBUTION OF IRON TABLETS FOLLOWED.

তিনিচুকীয়াত ৰাষ্ট্ৰীয়
কন্যা সন্তান সপ্তাহ উদ্‌যাপন

ঋষি কুমাৰ
নেৱাৰৰ
বিয়োগ

राष्ट्रीय बालिका सप्ताह : तिनसुकिया में जागरूकता कार्यक्रम आयोजित

Feb 7th : IMA MPH Assam State Branch joined in the relay hunger strike on the day assigned the 7th of February at Dibrugarh during the SWC meeting .The MBBS students of AMCH were sensitised on the hazards of MIXOPATHY and they were told that the protest is to protect their future and to save the patients interests.IMA ASB MPH Chairperson Dr Prerna Keshan along with Hony secretary IMA DIBRUGARH BRANCH ,Dr Bedanta Bhuyan along with other seniors sensitized them .Media buzz was covered for public sensitisation .Slogans against mixopathy were chanted loud and clear to penetrate the message to the common people .

Feb 14th :IMA MPH with IMA Dispur branch took charge of the relay hunger strike along with IMA ASB. IMA ASB state President Dr Satyajit Borah, IMA ASB HSS DR Hemenga Baishya, IMA MPH Advisors Dr Sikha Sarma and Dr Manjima Baishya Ganguly along with many state leaders were present in the hunger strike.

Mar 08th : **INTERNATIONAL WOMEN'S DAY**

A Health camp was organised by IMA MPH Assam Nalbari Branch in which
Dr Dipti Choudhary spoke on breast cancer along with check up of the patients.

Another program by IMA MPH was organised at Guwahati.A literary competition was organised among lady doctors ,nurses and para medical staff of ESIC Model Hospital.The topic was "Woman;The beautiful creation of God".More than 15 participants joined in the competition. Awards were presented by Dr Manjima B.Ganguly and Dr Sikha Sarma.

Biswanath branch organised an awareness program on Ca Cervix on the day.

IMA MPH ASB Chairperson Dr Prerna Keshan organised two awareness camps and spoke on different aspects of female health and hygiene and enlightened the mass on awareness regarding cervical and breast cancer. The first program was at Hilika T.E with participation from more than 300 tea garden female workers. Thereafter the second awareness program was organised with Northern Frontier Railways.

Regards
Dr. Prerna Keshan
CHAIRPERSON
IMA MPH

Report :

This is a brief report from Honorary Secretary of IMA Tezpur Branch for the organizational period 2020 – 21.

Membership strength

a. Couple life members 42
b. Single life members 139

Celebration of calendar days:

a. Independence Day was celebrated at the premises of IMA house Tezpur abiding by all the physical distancing and hygiene protocols on 15th of August 2020. The National Flag was hoisted by branch President Dr. Atul Kumar Kalita.
b. Lokabondhu Day was observed on 04-09-2020. Tribute was paid to Dr. Bhubaneswar Barooah and a virtual meeting was held.
c. Republic Day was celebrated on 26th January 2021. Branch President Dr. Atul Kumar Kalita unfurled the Tricolour.

Agitation Program

Relay Hunger strike was observed by the members of IMA Tezpur Branch on 10th and 11th February 2021 at the premises of IMA Tezpur Branch. National President Dr. J A Jayalal graced the venue with his presence on 11-02-2021 and addressed the members as well as media. President IMA ASB Dr. Satyajit Borah, HSS IMA ASB Dr. Hemanga Baishya and HFS IMA ASB Dr. Rajumoni Sharma accompanied National President.

Social and Community Services

a) Masks were provided to the members from 3M at a concessional rate for the members. A total number of 300 masks are being provided so far.
b) A counselling centre for Covid patients was inaugurated on 4th September 2020.

CME

Only one CME was held due to Covid 19 pandemic situation, but many of our members participated in various webinars and online workshops.

CME was held on 20-02-2021 on Liver Transplant and Invasive Cardiology. Speakers were Dr. Naganathan and Dr. Rituparna Baruah.

Executive meetings:

a) An ECM was held on 29-09-2020 to discuss about midterm AGM and other matters.
b) An ECM was held on 03-11-2020 to discuss about Dharmashestra & Kurukshetra and other matters.
c) An ECM was held on 04-12-2020
d) An ECM was held on 28-01-21

Other Activities:

a) One web camera was purchased.
b) Dr. Hemendra Kumar Borah was awarded Honorary Fellowship of IMA CGP.

GBM

a) AGM was held on 23-07-2020 virtually.

SWC meeting

a) Branch President Dr. Atul Kumar Kalita attended the SWC at Nalbari.
b) Members from IMA Tezpur Branch namely, Dr. H K Borah, Dr. Hiranya Borah, Dr. Laksheswar Bhuyan and Dr. Mihir Kumar Sen attended SWC at Dibrugarh. Dr. Laksheswar Bhuyan was declared elected as VP IMA ASB in that meeting.

I hereby take the opportunity to thank all the members of IMA Tezpur Branch for helping in all the works.

Long Live IMA Tezpur Branch
Long Live IMA ASB
Long Live IMA

Dr. Angarag Bhagawati
Honorary Secretary, IMA Tezpur Branch

Report :

ASSAM WDW IS A VIBRANT ORGANISATION UNDER IMA ASB

It has been conducting various activities under the chairman ship of Dr. Manjima Baishya Ganguly and secy Dr. Bijuli Goswami.

It has represented Assam in Delhi WIMALS CONFERENCE and also in National Conference at GOA.

It has conducted various programmes on many occasions such as WORLD HEALTH DAY., on ORGAN Donation awareness,and International Women"s Day. It has organised several programmes and CMES for women in particular not forgetting entertainment for women doctors. Under MISSION PINK HEALTH a parallel association for adolescent girls more than five camps for detection and treatment of adolescent girls have been carried out in various schools. The WDW has branches all over ASSAM out of which Cachar, Tinsukia Bishwanath branches are doing active work.

Dr. Manjima Baishya Ganguly
MBBS MD FMAS

Report :

Report of IMA Nagoan Branch

Following activities and programmes has been successfully implemented in Ngaon District under the Banner of our esteemed organization IMA

1. During covid pandemic period we have collected RS 50000 from IMA members and donated to CMS relief fund on 12 th April 20 . In addition IMA Nagaon Branch donated relief amongst villagers and Tea gardene workers during covid pandemic which has been appreciated by all
2. After prolonged struggle we have successfully vacated IMA land from encrochers and we have already started expansion of existing building to initiate a novel steps to open Free OPD set up for needy.
3 IMA implemented protest action against Mixopathy as decided by Central Committee IMA.
5. IMA NAGAON Branch successfully implemented Relay Hunger Strike against Mixopathy from 1st feb to 14 th Feb where large numbers of our members were mobilized.
6. IMA NAGAON BRANCH INITIATED massive Covid 19 vaccination program amongst its members and maximum members were vaccinated on 4 th Feb and 8 th March .
7. IMA NAGAON BRANCH arrange one free Camp for mass where a Lung function Test and Blood glucose test has been conducted on 8 th March
9. Members ship Drive ... Nagaon IMA branch carried membership enrollment and significantly completed 1 couple and 2 single Doctors for lifetime.

Regards
Dr. Purnananda Borah
Secretary
IMA Nagaon Branch.

Report :

Report of IMA TINSUKIA
(From December 2020 to Feb 2021)

Dec 8th 2020: Our members had a sit in demonstration against the CCIM order poaching on the surgical discipline of Modern Medicine ,in a small group of around 20 members following the Covid protocol. The members assembled in a prominent area in front of Bust of Lokabandhu Bhubaneswar Borooah from 8am to 10 am. It was well highlighted in all news channel and newspaper.

Dec 11th 2020 : We had a withdrawal of Non essential Non Covid services of all discipline from 6 am to 6 pm against the Mixopathy.

Dec 23rd 2020 : We had an incident in one of the oldest private nursing home of Tinsukia and few members immediately reached the Nursing home. The local administration was informed and we had an immediate response with deputation of security to avoid any unwanted incidence. The matter was resolved with discussion.

Jan 29th 2021 : MPH Tinsukia observed "The National Girl Child Week" and organized an awareness camp and workshop at Hindi Girls High School. It was attended by over 300 adolescent girls and teachers and DR Prerna Keshan spoke on various aspects of adolescent health. All girls were also given packets containing sanitary napkins ,mask, sanitizer and hygiene wash.

Feb 8th & 9th 2021 : IMA Tinsukia observed the relay hunger strike on both days from 8am to 8 pm with participation from more than 60 members.

Feb 13th 2021 : IMA Tsk had a CME in Association with NMO from 7pm onwards in which Past National President of NMO and a medicolegal adviser of National reputation DR M.C.Patel spoke on various aspects of legal issues in clinical practice. It was attended by more than 50 members.

Feb 18th 2021: IMA Tsk had a CME in association with Apollo Hospitals in which their eminent speakers from Chennai. Kolkata and Guwahati enlightened the members on different topics.

Dr. Prasant Kumar Agarwal
Hon. Secretary, IMA Tinsukia Branch

IMA BENEVOLENT FUND
to help its members in times of Crisis

OBJECT

The object of Benevolent Fund is to provide financial support and assistance in the relief of severe but temporary financial hardship in unforeseen circumstances outside the control of the individual member or his/her dependents as detailed below:

(a) To help dependents of a member of Indian Medical Association on his/her death or on his inability to continue as an earning member because of crippling, an incapacitating disease, accident or ageing;
(b) To help a member to educate his/her children;
(c) To help a member in sickness or under other special circumstance;
(d) To help a member individually or collectively, in case of natural calamities like floods, earthquake or manmade disasters etc and
(e) To help a member to meet expenses in case of his or her daughter's marriage.
(f) To help a medical student facing financial hardship to pursue his/her studies (Medical Student Education Grant).
(g) To help a Local Branch in difficult areas or a weaker branch to build IMA House.

Note – 1: The help may be given as an outright grant particularly in case of (a) above, or as a loan on terms laid down by the Committee of the Indian Medical Association particularly in case of (b),(c),(e) (f) and (g) above.
Note-2: For the purpose of this scheme, the term "Dependent of Members" means non-earning parents, wife, minor sons and unmarried daughters (legitimate children)
Note-3: The benefit of the scheme shall be available to such members only who had continuous membership of the Indian Medical Association for not less than five years, or those young members who join the Association within the first two years of their becoming eligible for membership of the Association and who die or are incapacitated within five years of qualification.
Note -4: The medical students who avails the Medical Student Education Grant shall give an undertaking that he will become the Life Member of IMA as soon he becomes eligible.
Note -5: The Local Branches in difficult areas or Weaker Branches can avail financial assistance for building IMA House in their area.

APPLICATION PROCEDURE

Application in prescribed form for grant and/or loan is to be submitted to the Local Branch which shall scrutinize, recommend and forward to the State Branch. The State Branch shall consider such application in its Benevolent Fund Committee and forward the same along with recommendations to the Honorary Secretary General. In exceptional circumstances the application can be sent directly to the State Branch or to the Honorary Secretary General. Such direct applications to Honorary Secretary General should be recommended by any of the Past National President or Past Honorary Secretary General or current National Office Bearers.

AMOUNT AND LIMIT OF DISBURSEMENT

1. The actual amount of disbursement shall depend upon the amount at the disposal of a State Branch and the number of claims.
2. The limit of the grant shall be Rs. 100000.00, but in exceptional circumstances, it may be raised to Rs. 200000.00 subject to its not exceeding 25% of State share.
3. In case of Medical Student Education Grant, the limit shall be Rs.100000.00, but in exceptional circumstances, it may be raised to Rs. 200000.00 in the entire course.
4. The limit of loan in case of building IMA House

INDIAN MEDICAL ASSOCIATION, FORM NO.IMA/BF/1

(FORM OF APPLICATION BY MEMBERS FOR GRANT /LOAN)

IMA BENEVOLENT FUND SCHEME

I, Dr._____(Name in block letters)

Address: _____

Hereby apply for

(1) A grant of Rs._____ (Rupees _____)
On account of my inability to continue as an earning member of the family

(2) I am eligible for the benefit applied for by virtue of my being a member of _____ (Name of local branch of IMA) of _____ State.

Undertaking:-

(a) Date of joining IMA _ _/_ _/_ _ _ _

(b) My children are earning/not earning/not able to support me.

(c) I have no other source of income except my medical practice.

(d) I solemnly affirm that the particulars given by me above are correct and if proved otherwise in future the money will be paid back.

(e) Bank balance Rs._____

(f) If a retired Government servant, I am getting Rs. _____as pension.

(Signature of Applicant)

(For use of Local Branch, I.M.A)

This is to certify that Dr. _____ is a member of good standing.

*He/She joined the association on_____ and has been a member of the association for the preceding continuous period of not less than 5 years.

*He/She joined the association within 2 year of qualifying and has been a member of the IMA for continuous period of 5 years. (Strike out whichever not applicable)

(Signature of President/Hony. Secretary)
_____Branch, IMA
(Name of the Local Branch)

(For State /Terr.Branch (IMA)

1. The Membership of Dr._____ is confirmed as certified by the President/Hony Secretary of _____Local Branch.

2. Out of quota of the_____ State / Territorial branch he is recommended a grant of
   Rs._____(Rupees_____)/
   a loan of
   Rs._____(Rupees_____)

Signature of President/Hony. Secretary
(Name of State/Terr. Br)

Dated.....

FORE USE OF HEADQUARTERS OFFICE IMA

Recommended for payment of Rs._____(Rupees _____)
as grant / loan by the committee of management

Dated.....

(Hony. Secretary General, IMA)

1. All application for grant of loan from the IMA Benevolent Fund Shall be made on the From No. IMA/BF/1
2. The application shall bear the signature of two Guarantors who shall be members of the association and who shall be responsible for the repayment of the loan if the applicant fails to make the entire payment or any of its installments interest accrued.
3. The loan shall be available on an interests of 5% per annum and interest shall be paid after the last installment of the principal has been made
4. The loan may be paid back in installments which may number maximum 20 and the first installment being due not later than 12 months after the receipt of the loan
5. It shall be responsibility of the state branch to collect the monthly installment from member and forward to the headquarters office on due date.

... ...

Congratulation

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB Dr. Daityari Das Memorial Award

for Best Overall Performance of a Local Branch

for the Association Year 2019-21

is presented to

IMA Dispur Branch

(Dr. Satyajit Borah) *State President*

(Dr. Hemanga Baishya) *Hon. State Secretary*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB Dr. M.R. Roychoudhury Memorial Award

to the Best Adjudged Local Branch President

for the Association Year 2019-21

is presented to

Dr. Sankar Kumar Das of Bongaigaon Branch

(Dr. Satyajit Borah) *State President*

(Dr. Hemanga Baishya) *Hon. State Secretary*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB Dr. J.K. Gogoi Memorial Award

to an Individual Member for Best Membership Drive

for the Association Year 2019-21

is presented to

Dr. Jyoti RanjanThakur of Jorhat Branch

(Dr. Satyajit Borah) *State President*

(Dr. Hemanga Baishya) *Hon. State Secretary*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB Dr. Sarifuddin Ahmed Memorial Award

for Best Lokabandhu Day Programme

for the Association Year 2019-21

is presented to

IMA Tinsukia Branch

(Dr. Satyajit Borah) *State President*

(Dr. Hemanga Baishya) *Hon. State Secretary*

Congratulation

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB Dr. K. Medhi Memorial Award

to the Best Adjudged Local Branch Secretary

for the Association Year 2019-21

is presented to

Dr. Prasant Agarwal of Tinsukia Branch

(Dr. Satyajit Borah) *State President*

(Dr. Hemanga Baishya) *Hon. State Secretary*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB Award for

Best Doctors Day Programme

for the Association Year 2019-21

is presented to

IMA Nalbari Branch

(Dr. Satyajit Borah) *State President*

(Dr. Hemanga Baishya) *Hon. State Secretary*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB Special Award

for successfully organizing

Medimeet 2019 at Nagaon

is presented to

IMA Nagaon Branch

(Dr. Satyajit Borah) *State President*

(Dr. Hemanga Baishya) *Hon. State Secretary*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB Dr. Mahmood Hussain Special Award

to a Local Branch for Best Scientific Activity

for the Association Year 2019-21

is presented to

IMA Dispur Branch

(Dr. Satyajit Borah) *State President*

(Dr. Hemanga Baishya) *Hon. State Secretary*

Congratulation

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

Literary Excellence Award : 2019-21
is presented to
Dr. Bijuli Goswami of Nalbari Branch
for her commendable contribution in the field of literature.

(Dr. Satyajit Borah) *State President* | (Dr. Hemanga Baishya) *Hon. State Secretary* | (Dr. Bimala Deka) *Secy, Literary, Cultural & Sports*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

Cultural Excellence Award : 2019-21
is presented to
Dr. Jahanara Begum of Tezpur Branch
for her commendable contribution in the field of culture.

(Dr. Satyajit Borah) *State President* | (Dr. Hemanga Baishya) *Hon. State Secretary* | (Dr. Bimala Deka) *Secy, Literary, Cultural & Sports*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

Sports Excellence Award : 2019-21
is presented to
Dr. Anindita Priyadarshini Das of Duliajan Branch
for her commendable efficiency in the field of sports and adventure.

(Dr. Satyajit Borah) *State President* | (Dr. Hemanga Baishya) *Hon. State Secretary* | (Dr. Bimala Deka) *Secy, Literary, Cultural & Sports*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB Dr. M.N. Hatikakoti Special Award
to a Local Branch for Best Membership Drive
for the Association Year 2019-21
is presented to
IMA ASB Direct Branch

(Dr. Satyajit Borah) *State President* | (Dr. Hemanga Baishya) *Hon. State Secretary*

Indian Medical Association
Assam State Branch
MEDIMEET 2021
35th State Conference, Bongaigaon : 20th March 2021

IMA ASB
Lifetime Achievement Award
is presented to
Dr. Suren Gogoi of Tezpur Branch
in recognition of his precious contribution towards medical profession and fraternity & for his selfless service to the society.

(Dr. Satyajit Borah) *State President* | (Dr. Hemanga Baishya) *Hon. State Secretary*

EVENTS IN SNAPSHOT

EVENTS IN SNAPSHOT

Assam Visit of Hon. National President Dr. J.A. Jayalal

EVENTS IN SNAPSHOT