Volume XVI, No. 1, Tezpur
September - November, 2019

Assam State Branch

IMA CALLING

An Official Publication of
Indian Medical Association,
Assam State Branch

Obituary

We condole the death of

Dr. Amitava Dey, Dr. Munindra Dutta, Dr. Sushil Ozah, Dr.Nurul Amin, Dr.Dinesh Sarmah, Dr.Paranab Baruah, Dr.Umesh Das, Dr.Jadav Sarmah, Dr. J.P Hazarika, Dr. H. N. Konwar, Dr. N. Sonowal, Dr.Jiten Gohain, Dr. Pradip Hazarika, Dr. Ratul Sarmah, Dr. Nabashyam Das, Dr. N. Goswami, Dr. P. Barman, Dr. Rohini Borkotoky, Dr. Lalit Saikia, Dr. G.Basumatary, Dr. P.K. Choudhury, Dr. Subhashis Sen, Dr. Dipu Marme and Phulwama Martyrs, Dr Lakhi Pr Bora (Bokakhat), Dr Keshab Narayan Deb Sarma, Dr Sumit Garodia and Nandini Garodia (Sibsagar), Dr Sankar Ch Das, Dr Harish Ch Sarma, Dr M K Das (Dhubri), Mrs Kalyani Kotoky Hazarika Wife of Dr Naba Kr Hazarika, Dr Rabin Bori (Pasighat) and other known and unknown noble souls.

ASSAM STATE BRANCH

IMA CALLING

Volume XVI, No. 1 Tezpur September - November, 2019

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

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Indian Medical Association
Assam State Branch

Dr. Satyajit Borah
State President

Message

Violence on health professionals has emerged as the most disturbing occupational hazard in this age old noble profession. The recent incident of killing of one of our most honest and sincere colleagues Dr. Deben Dutta in his office chair while on duty has shaken the whole country. Dr. Dutta devoted all his life serving the downtrodden tea community of the state, even after his retirement, and he lost his life in the cruel hands of few rascals he nurtured hitherto in the most barbaric way. This shocking reward from a civilised society can never be acceptable nor imaginable. IMA Assam State Branch took immediate action and organised a statewide protest in a planned manner in collaboration with other fraternity organisations like AMSA, Medical College Teachers' associations etc. The protest also received wide support from other organisations and there was a vast array of concerns on safety of doctors and violence in health establishments in the print and electronic media. The IMA National leadership also swung nto action and a strong delegation led by the National President Dr. Santanu Sen along with the state leadership reached Jorhat, the epicenter of the tragedy. The National President visited the family of Late Dr. Dutta at Teok from where aired IMA's demands in strongest of words; he even set a deadline of 24 hours to the State's Chief Minister. Hours later the Assam Chief Minister came out with an official announcement condemning the incident, announcing a high level enquiry and an assurance of a fast-track trial of gruesome crime. The IMA also took the issue to national level and 3rd September was observed by IMA as a Nationwide Solidarity Day; black badges were worn by the doctors and candle light prayer meetings were organised in many places all over the country. IMA could also take the issue beyond the national platform when the World Medical Association also sent a strong protest note condemning the heinous incident. IMA has achieved an initial victory out of this strong united movement and it has succeded to send a clear message to the society that there is a strong and unified medical fraternity. However IMA has still been continuing its fight for the safety and security of doctors specially in the tea gardens of the state where such incidents are on rise in the recent time. IMA will also be monitoring the situation closely and more drastic step will have to be taken if the situation demands.

IMA ASB Calling has been an important official publication of the State Office and it has successfully echoing IMA's vision and action as an official mouthpiece. In addition it has served as an academic platform to share their professional skill, learning and experiences. I am happy to learn that with the efforts of hardworking and sincere physician Dr. Pradip Kr. Sarma, with support of the Secretary of Publications Dr. Piyush Agarwala an edition of the journal will come to hands of the members very soon.

Long live IMA,
Long live IMA ASB Calling

(Satyajit Borah)
State President
IMA Assam State Branch

Shun Violence

Editorial

Violence against healthcare professionals is a global phenomenon and it is increasing. Till last about three decades, medical profession was considered the most noble of professions. But the eulogy is receding. More than 75% of doctors face violence during their practice. Studies attribute this increased incidence of violence to commercialization of medicine, poor government investment, adverse media reports, high medical expenses, and lack of trust in doctors and hospitals. (1) Other causes may be frustration due to overcrowding, long waiting periods, and a feeling that doctors are not paying adequate attention to their patients. While violence in the West is mainly resorted to by patients, in India, the situation is different as most of the incidents of violence are perpetrated by family members, neighbours, and political leaders. (2)

Healthcare in India is heavily dependent on doctors, and there is a lack of paramedical staff. Doctors are perceived as owners of the health-care system; but in reality, they are just one of the team members. (2) As doctors are easily accessible, they bear the brunt of patients' and attendants' frustration.

No sooner than the pan-indian agitation against the brutal assault on doctors in Kolkata wanes, there committed lynching of a septuagerian doctor in a tea estate in our state. The farrago of dread, doubt, anguish created by such act among the stakeholders of health creates insalubrious milieu. In despondency, the silver lining is the cooperation and coordination of the medical fraternity and some social organizations to fight this menace. The State Government has decided fast track court for the trial of the incident. To prevent violence against doctors, Central Government is hoped to bring a stringent law. Notwithstanding legal sanction, awareness among public and sensitive media reporting, like, not demonizing the doctors, may pave the road for good patients-doctors relation. In addition, in clinical practice, effective patient–doctor communication involving receiving an explanation for the occurrence of the symptom/sign, likely duration of treatment, the lack of unmet expectations, and empathy are associated with overall patient satisfaction with the services. Statistics from a recent Indian study of 151 doctors, evaluating workplace violence, suggested that only six of them had received some formal training in effective communication and five of these doctors belonged to psychiatry department where it is a part of the curriculum. This suggests that there is an urgent need for improving the communication between the patient and doctor by imparting training to the current generation of doctors.(3)

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Dr. Pradip Kr. Sarma
Editor, IMA Calling

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CHANGING SCENARIO OF ONCOPATHOLOGY

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Oncopathology is the special branch of Pathology that deals with diagnosis of cancer. The diagnosis of cancer involves the analysis of tissues and cytology specimens obtained through several procedures, such as surgical biopsy, endoscopic biopsy, core or aspirational needle biopsy, venipuncture, spinal tap, pleural or ascitic tap, scraping of tissue surfaces and collection of exfoliative cells from urine and sputum. The conventional histopathology based on assessing morphology of tissue/cell with light microscopy has remained as the standard diagnostic method of cancer for many years. The use of special staining procedure, enzyme histochemistry and electron microscopy have added valuable adjuncts to light microscopy in cancer diagnosis expanding the primary micro-anatomic evaluation of tissue/cell to include biochemical and sub-cellular ultra-structural features. But by this world of mechanization with introduction of many advanced sophisticated technologies like Immunohistochemistry, flow cytometry, in–situ hybridization (FISH, CSH), PCR, RT-PCR, mass spectrometry, microarray, etc. for cancer diagnosis have opened new avenues in the field of oncopathology. Immunohistochemistry, immunophenotyping, cytogenetics, analysis of DNA content, molecular genetic assays, etc. have been added as valuable adjuncts to light microscopy in cancer diagnosis. Let us discuss the changing scenario of oncopathology from conventional histopathology to recent advances.

Immunohistochemistry

Immunohistochemistry (IHC) is a well-established technique (immunoperoxidase staining, immunofluoroscence, etc.) nowadays for cancer diagnosis. When IHC is complemented with light microscopy, it facilitates determination of specific tumour types in many instances. The IHC technique is based on detection of specific antigenic determinants in the cells of tissues by use of polyclonal and monoclonal antibodies directed against them. 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. 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 presence of micro metastatic disease in bone marrow and lymph node is suggested by the detection of epithelial proteins in these samples. 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.

Flow cytometry immunophenotyping

Over the decade, flow cytometry immunophenotyping has evolved as an indispensable tool in the diagnosis of hematologic malignancies. Flow cytometry is the measurement (metry) of cellular (cyto) properties as they are moving in a fluid stream (flow). Immunophenotyping is the analysis of heterogeneous populations of cells for the purpose of identifying the presence and proportions of the various populations of interest. Antibodies are used to identify cells by detecting specific antigens expressed by these cells, which are known as markers. Many CD markers are used as immunological cell markers for diagnosis of hematologic malignancies in flow cytometry immunophenotyping. Flow cytometric analysis of CD antigens in haematological malignancies can serve to characterise disease type more specifically. For example TdT is only expressed in T cells that reside in the thymus and a limited number of bone marrow cells. The majority of cases of ALL and lymphoblastic lymphoma express TdT. Therefore, if TdT cells are found in the peripheral blood or cerebrospinal fluid, one can identify them as malignant cells. The majority of B-lineage ALL cells expresses TdT, CD19 and CD10 with a smaller number expressing CD34. Any combination of these markers (all of which are found on normal cells in the bone marrow) with the addition of certain aberrant markers such as CD13, CD33, or CD15 may uniquely identify the ALL cells from normal bone marrow or peripheral blood cells. CD markers like CD15 and CD30 for Hodgkin's disease, CD20 for B-cell lymphoma, CD3 for T cell lymphoma, and CD23 for CLL are also used for diagnosis. Benign lymphoid hyperplasia can be distinguished from indolent non-Hodgkin's lymphoma using staining with kappa and lambda antibodies, which detect light chain restriction in the latter. Moreover, CD10 (CALLA) for renal cell carcinoma, CD117 (KIT) for GIST and mast cell tumours can be used. It is seen that most of the CD markers are expressed on more than one cell type. Therefore, flow cytometry staining strategies have led to methods for immunophenotyping cells with two or more antibodies simultaneously. By evaluating the unique repertoire of cell markers using several antibodies together, each coupled with a different fluorochromes, a given cell population can be identified and qualified.

Tumour marker

Tumour marker is one of the recent advances in the field of oncopathology. Measurement of tumour marker levels, when used along with other diagnostic tests, can be useful in the detection and diagnosis of some type of cancers, to select patients who may benefit from specific treatments, to predict prognosis and response to therapy (if measured serially during the treatment, a decrease or return to normal in the level of tumour marker may indicate a favourable response to treatment while a rising level may indicate that the cancer is growing) and finally to monitor patients after primary therapy (follow up care to check for recurrence)

Tumour markers are biologic or biochemical substances produced by tumours and secreted into blood, urine, other body fluids or body tissues of some patients with certain types of cancer in higher than normal amounts. A tumour marker may be produced by tumour itself, or by the body in response to the presence of cancer or certain noncancerous conditions. Tumour markers can be detected by various methods including antigen-antibody based techniques (ELISA, RIA, precipitin test, ELFA, flow-cytometry, immuno histochemistry etc.), spectrophotometry, chromatographic techniques and molecular genetic methods. Some examples of the most commonly measured tumour markers are presented in Table1.

Tumour Marker	Half-life	Malignancies	Non-malignant Conditions	Conditions
AFP (Alpha feto protein)	5-7 days	Hepatoblastoma, non-seminomatous germ cell tumour (NSGCT) testis, nondysgerminomatous germ cell tumour of ovary, hepatocellular carcinoma (HCC), others like gastric, pancreatic and lung.	Cirrhosis, hepatitis	Levels >1000ng/ml in large HCC, while 40% with small resectable tumours have normal levels. 40% of patients with NSGCT have elevated AFP. Levels of AFP along with alfa-hCG and LDH help in risk stratification of germ cell tumours of testis.
B-hCG (Human chorionic gonadotropin)	18-48 hrs	Choriocarcinoma, hydatidiform mole, testicular germ cell tumours, others like bladder, prostate and kidney.	Hypogonadism	High levels (>103mIU/ml) in choriocarcinoma and H-mole. Used for risk stratification of gestational trophoblastic neoplasms.
CEA (Carcino embryonic antigen)	2 weeks	Colorectal cancers, others like breast, stomach and Cholangiocarcinoma. Also in liver metastases, ascites and pleural effusion for malignancy.	Smokers, fatty liver, hepatitis	Used to follow up the colorectal cancers rather than diagnose.
CA-125	6 days	Epithelial ovarian cancer	Pregnancy, menstruation, endometriosis, ascites, pleural effusion	Levels> 500 U/ml are mostly found in ovarian cancers. Sensitivity of detection in advanced disease is almost 90%while only 50% in stage 1 disease. More useful in the follow-up of patients.
PSA(Prostate specific antigen)	3 days	Prostate cancer	Prostatitis,BEP,prostatic manipulation	Mainly used for screening, though role is controversial.

Table 1: Selected important tumour markers

Tumour markers can be used to screen asymptomatic individuals in the general population, to assist in early and specific diagnosis in suspected cases. However, in most instances tumour marker levels alone are not sufficient to diagnose cancer as it may show false elevation in non-neoplastic conditions as many tumour markers are proteins, over expressed not only by cancer cells, but also by normal tissues e.g. CA-125 is also elevated in conditions like endometriosis and non-malignant ascites besides epithelial ovarian cancer. Some tumour markers may be elevated in more than one type of cancer, thereby decreasing the diagnostic accuracy e.g. elevated CEA levels are found in multiple malignancies of gastrointestinal origin. Also, many markers share cross-reacting epitopes with products of normal tissues, which leads to errors in their quantitative estimation. Further, tumour marker levels are not elevated in every person with cancer- especially in the early stage of disease. The field of tumour marker is ever

expanding with many new candidate markers (SC6-Ag for pancreatic cancer, Y-Box-binding Protein-1 for neuroblastoma, adhesion molecule L1 in oesophageal adenocarcinoma, etc.) either in clinical use or under active evaluation. Therefore, American Society of Clinical Oncology (ASCO) guidelines state that standard use of a tumour marker in routine clinical practice should only be recommended if the marker reliably adds to the clinician's judgment during clinical decision-making, resulting in a more favourable clinical outcome such as increased survival, improved quality of life and/or reduced cost.

Molecular Oncology

Molecular study is another recent advance in the field of oncopathology where distinctive abnormalities of genetic structure and gene expression of the cancer cell are studied. It helps in establishing a definitive diagnosis and classification of tumours based on the recognition of complex profiles ('fingerprints') or unique molecular alteration that occurs in specific tumour types.

At molecular level, a cancer cell may be distinguished from its normal counterpart by abnormalities in structure or expression of certain genes. These abnormalities, directly or indirectly, result in disturbance of cell cycle regulation and induce dysregulated growth in cancer cells. Solid tumours are characterized by multiple specific and non specific changes, while lymphomas and leukemias are distinguished by highly specific cytogenetic and molecular genetic rearrangements. These changes are being analyzed on chromosomes, DNA or RNA and are finger printed by molecular techniques.

(A) **Chromosome analysis: -** Chromosomal aberrations are frequently encountered in malignant cells and are often distinctive of a specific tumour type. Chromosomal alterations can be of varied types. These include duplications (addition of chromosome), deletions (loss of whole or parts of chromosomes), segmental amplifications (random reiteration of segments or extra fragments), translocations (exchange between chromosomes) and inversions (reversal of orientation). Analysis of chromosome abnormalities in solid tumours has historically been laborious using tissue sections. In haematological malignancies, individual abnormalities can be easily analyzed on bone marrow aspirate samples. Banding analysis of metaphase chromosome has been the traditionally performed method for detection of chromosome abnormalities. The time required for culture and analysis varies; average turn around time is 2 to 3 days for bone marrow, 4 to 7 days for blood and upto 3 weeks for solid tissue biopsies.

The technique of Fluorescence in situ hybridization (FISH) is applicable to interphase cells and more sensitive compared to conventional cytogenetics. It involves hybridization of conjugated probes to chromosomes, and visualization of the probe by fluorescent microscopy. Comparative genomic hybridization (CGH) is a newly described method that globally assays for chromosomal gains and losses in genomic complement. These newer advanced techniques are increasingly been used in addition to conventional cytogenetics to properly discern various chromosomal abnormalities in tumour samples nowadays.

(B) **DNA and RNA analysis: -** Not all mutations in cancer genes are apparent at cytogenetic level, so it has become increasingly important to identify genes themselves (oncogenes, tumour suppressor genes, DNA repair genes and regulators of apoptosis) and relevant changes within their structure. Molecular methods detect signature nucleotide sequences within the repertoire of the nucleic acid content of a cell and hence enable us to distinguish between benign and malignant cells. Cellular DNA is analyzed using Southern Blot (SB) procedure or Polymerase Chain

Reaction (PCR). Messenger RNA (mRNA) detection of genes and their products is done by the techniques like northern blot, reverse transcription-PCR (RT-PCR) and in situ hybridization. Few relatively newer techniques (like microarray) have emerged as a powerful tool for DNA and RNA study.

Relatively newer technique microarray allows measurement of differential expression of a distinct gene complement in different histo-morphological types and grades of a particular tumour. This method can also profile the degree and type of genes which are activated or suppressed at a given point of time in a spectrum of malignancies. DNA microarray technology is a promising approach that allows both qualitative and quantitative screening for sequence variations in the genomic DNA of cancer cells. Tissue arrays, array-CGH, mutation array (high-density oligonucleotide arrays for mutational analysis) are new concept of oncopathology. Relevance of cancer markers identified by genomic or proteomic analysis in the diagnostic, prognostic, and therapeutic of cancer can be evaluated with tissue microarrays or tissue chips. This consist of a set of small cylindrical sections (600 μm in diameter, 5 μm thick) acquired from formalin-fixed tissues and arrayed on a glass slide. Typical tissue microarrays contain 500 to 1,000 sections. They are used in large-scale screening of tissue specimens for *in situ* detection of DNA, RNA, and protein targets or to survey gene amplification. IHC of arrayed tissue allows measurement of protein levels and has become a mainstay in a two-phase strategy with microarray based gene expression profiling. Indeed, tissue arrays may become a validation tool used in a second analysis to focus on individual targets differentially expressed in cancer by global methods.

Disease	Marker	Method
CML	t(9;22) (q34;q11) [BCR/ABL]	SB, RT-PCR, FISH
CLL	Trisomy 12	FISH
ALL	t(9;22) [BCR/ABL] t(1;19) [E2A/PBX] t(8;14), t(2;8), t(8;22) t(4;11)	RT-PCR, FISH SB, FISH RT-PCR, FISH
AML M2 M3 M4 Eo	 t(8;21) [AML1/ETO] t(15;17) inv 16 [MYH11/CBFb]	 SB, RT-PCR, FISH
NHL all cases	Antigen receptor gene rearrangement	SB, PCR
Follicular NHL	t(14;18) [BCL2/IGH]	SB, PCR
Burkitt's lymphoma	t(8;14), t(2;8), t(8;22) [MYC; IGH/IGK/IGL]	SB, FISH
Ewings family of tumours	t(11;22) [FL11/EWS]	SB, FISH
Neuroblastoma	MYCN amplification	SB, FISH
Breast cancer	HER2/NEU/ERBB2 amplification	SB, FISH
Bladder cancer	TP53 mutation	PCR
Head & neck cancers	TP53 mutation	PCR
Colon	KRAS mutation	PCR

Table 2: Selected molecular genetic markers (Genes are represented in capital letters within parentheses)

In conclusion, I will say that the basic cytology and histo-morphology should form the foundation stone for diagnosis of cancer. The diagnosis of cancer relies primarily on invasive tissue biopsy, as non-invasive diagnostic tests are generally insufficient to define a disease process of cancer. Cytology and histopathology in expert hands are highly efficient diagnostic tests for cancer. Histopathology is still a gold standard for diagnosis of cancer. The conventional histopathology based on light microscopy, however, has recently been complemented with immuno histochemistry and molecular diagnostics. Molecular medicine has led to the discovery and application of molecular tumour markers, which make histology more accurate and additionally help to prognosticate cancer. The application of ancillary techniques should be carefully weighed and performed only when there is therapeutic relevance. Economic restraints and availability of these recent methodologies of oncopathology should not compromise on patient therapy but judicious use of these is the need of the hour.

EPILEPSY CARE

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Epilepsy is a common neurological disorder affecting nearly 50 million people worldwide.It is considered to be a public health problem .AGlobal Campaign against epilepsy was launched together by WHO, International legue against epilepsy (ILAE) and the International Bureaue For Epilepsy(IBE) in 1977.India counts for10 to 20% (5 to 10 million) of global burdenof epilepsy and it has been a mammoth challenge of providing care to people with epilepsy (PWE).In India, epilepsy care is provided by primary physicians, general practisoners, pediatrician, pschychiatrists, neurosurgeones, neurologists and epileptologists,despite which, the treatment gap remains as 30 to 80 %.The reason being inadequacy in health care resources like inadequate number of trained proffessionals as per demand, investigative modalities and social stigma attached to the disease discouraging the PWE(Patients With Epilepsy)to receive any treatment.So a large proportion of people suffering from epilepsy in India still remains untreated. Guidelines for the management of Epilepsy in India (GEMIND) was introduced by combine effort of Indian Epilepsy Society and Indian Epilepsy Association in 2008 for the first time.It has been accepted and regarded as "Standard of Epilepsy care" in India at primary and secondary level of health care.

Diagnosis of epilepsy is essential for starting the appropriate treatment and improving the quality of life.Detail clinical history from the patient known as seizure semiology and the care givers or the eyewitness, is very important for correct diagnosis.A video of the event helps for diagnosis.Clinical classification of epilepetic seizures or epileptic syndromes is extremely important for appropriate treatment. Failure to classify leads to inappropriate treatment and persistence of seizures.

Investigative tools for supporting clinical diagnosis of epilepsy.

- Electroencephalogram(EEG)
  EEG records electrical activity from the brain.It helps in diagnosis, classification of seizure types.It is also useful for predecting seizure recurrence after the first seizure.
  Video EEG-It involves continuous video and synchronised EEG recording usually more than 24 hours with documentations of at least 3 or more events. It is also done for shorter time period when events are frequent.Video EEG is a gold standard test for diiferential diagnosis of types of sizures, specially when non epileptic events or pseudo seizures are suspected. Long term VEEG is carried out in centers having the expertise and infrastructure to perform this procedure.
- Neuro imaging is another modality of important investigation in diagnosis of epilepsy.CT scan is performed as the initial investigation of epilepsy followed by MRI, taking in consideration of different types of epilepsy.Advanced epilepsy protocols and newer imaging modalities like fMRI,

SPECT,PET are performed in special centes.

What is comprehensive epilepsy care centre?

Majority of people with seizures can be managed by primary physician but 30 pc or so have difficult to control seizures and donot respond to standard treatment, require the next level of care at an epilepsy centre.

What is done in comprehensive epilepsy care centre?

An evaluation at a specialized center typically begins with Video EEGMonitoring to record the seizures. As mentioned earlier this testing can confirm the diagnosis of epilepsy, types of epilepsy, response to treatment. VEEG monitoring is the key to proper epilepsy management in an epilepsy center. Yet there can be many differences in how this test is done and interpreted. The specialist's experience, technical support in EEG monitoring is important to consider .Infrastructure including quality of EEG machine with video camera to perform EEG-video monitoring which runs for twenty four hours is another important area of the monitoring unit.

These centers helps the patient and caregivers to understand what they can expect from the treatment of that particular type of epilepsy, what is the importance of taking regular medication, how to lead a quality life with epilepsy.Some other tests likeNeuropsychological tests , Psychodiagnostic tests are also done in the center to look in to the impact of epilepsy on a persons mental health , cognition, memory, intelligence etc.

What can people learn from an evaluation at an epilepsy center?

In general, if a person has uncontrolled epilepsy, an evaluation at a specialized center can determine the following:

- The diagnosis of epilepsy was correct or not.
- The diagnosis of epilepsy was correct but the medication regimen may need some change.
- The person has medically intractable epilepsy and medications will not work. In this case, options other than medications should be considered.
- The most effective non-drug treatment is, by far, is resective surgery; that is removing the area of cortex that is generating the seizures after it is identified. Most often this area is in the temporal lobe.
- Other options include the ketogenic diet, neurostimulation, vagus nerve stimulation radio frequency abalation and other types of surgery.

To conclude, Epilepsy care is a multi modality approach. The aim is to offer a seizure free quality life to the patients and happiness to the care givers.

INTROSPECTION

Dr. Apurba Kumar Bhattacharya

During our childhood days, whenever we thought of a doctor, the picture of a gentleman well-dressed holding a bag and Stethoscope in his hand came to our mind. The man with the 'White coat' was regarded as God by many and by others" Next to God". In the past, whatever they said the others used to follow. But sadly nowadays, things have changed a lot. The patients consult two or more physicians at a time for the same disease, even search "Google" before going to the hospital and sometimes get confused if the opinion varies. In the meantime, the disease advances or complications starts. This creates difficulties in management to the treating doctors; finally being at the receiving end the doctors and the health professionals suffer the damage caused to the health institutions.

During the school days, while writing the Essay of "My Aim in life", most of us wanted to be Doctor to serve the humanity, while after completing the MBBS course and starting the carrier in the rural service, we understand the reality, and see the real picture of our villages, health centre infrastructure, the road conditions and difficulty in referring serious patients, power failures and the frustration starts, whatever they dreamt during the childhood never comes true!

I still remember the days when I worked in a remote village after Post graduation with inadequate communication and ambulance services and was forced to do whatever I can do there and satisfy the people, it was more than thirty years back. But I have been hearing the same story from some of our students now, the authority should examine where the problem lies, why the doctors are not interested to go to the villages, why are they opting for resignation and voluntary retirement…..otherwise the medical service in the rural areas will not improve and patients suffer. Adding to woes are the incidents of violence in clinical establishments, which is rising since the last five years. In Assam, apart from the Medical Colleges and District hospitals, Private Hospitals and Nursing homes are the main target of the hooligans causing damage to the health establishments and the clinicians (treating doctors) and the health workers. Tea garden Hospital doctors are also the target of the workers' and violent mob even in situation ,where the doctor or the health worker have no act of negligence . The rise of the incidents of violence is alarming for all of us, creating lack of interest in service of the sincere workers. The Government and the media person must understand the gravity of the situation and act upon this issues, bringing the culprits to the notice of the police and media channels not only thinking of their TRP ….

In the present MBBS syllabus, the students are not taught of personal communication technique, specially breaking bad news or on legal aspects of our profession though the new syllabus is likely to include it .Due to paucity of time sometimes some of our professional colleagues fails to interact with the patients and attendants thereby creating a gap in between. Many of the acts of violence are caused by the third party who is not related to the patient and attendant. During the last three years ,in our state the

act of violence in Clinical Establishments are increasing, many health institutions vandalized, senior doctors and health professionals grievously injured ,FIR lodged , only some of them are registered under Assam Medicare Service Persons and Medicare Service Institution(Prevention of Violence and Damage to Property) Act, 2011. It is seen that many of the cases are not registered under this act and most of the cases are pending in the court. Most important matter is that due to the ignorance of the knowledge of provision of this Act, the cases are not registered properly by the concerned Police station and the culprits are not booked and leads to frustration of the victims. The Assam Medicare Service Persons and Medicare Service Institution (Prevention of Violence and Damage to Property) Act, 2011 prohibits violence against Medical Service Person and damage to property of Medicare Service Institution. Any member of the public committing the above offence shall be punished with imprisonment for a term of 3 (three) years with a fine of Rupees Fifty thousand. The offence is cognizable and non bailable. Many states have enacted laws to prevent violence in clinical establishments. In the last month ,Arunachal Pradesh government also enacted a law against violence in clinical establishment. The central government is in the process of enacting act againt violence after the protest of the incident of West Bengal.

In our country, total 22,496 available posts of Medical officers in the rural areas are there, of which 4,149 are occupied and 18,347 are vacant. Of the vacant posts in different departments, 4,554 are in Paediatrics, 4170 in Obstetrician & Gynaecology, 4,760 of Physicians and 4,866 of Surgeons.

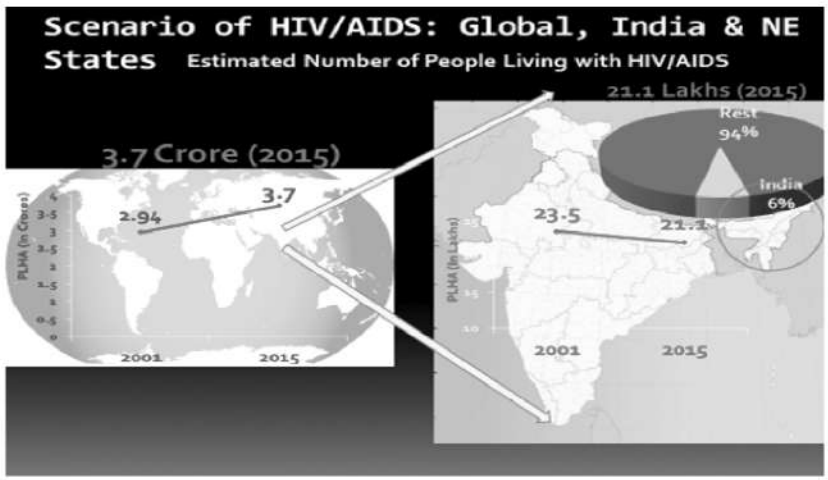
The Government hospitals in Assam make around 44 percent of total requirement of doctors and health officer's. The standard doctor-patient ratio of WHO (World Health Organization in Assam is lopsided-1:1,800. The situation is no better in the strength of faculty members in the State medical colleges that are far from meeting the MCI norms. Such shortage, it seems is the mother of all problems, including doctor attendant clashes, often leading to unpleasant situation. At present, civil hospitals in the state have 2,083 doctors and health officers against the requirement of 4,667 (The Sentinel, July 3rd). There is need to increase the number of post of Specialists in our state with incentives to those who are working in the rural areas.

It is high time for all concerned to look into the matter of health service, shortage of doctors and their frustration , violence in clinical establishments and formulate National health policy to improve the health parameters and fulfill the dream of our Late President Dr. A.P.J. Abdul Kalam to make our country "a developed country".

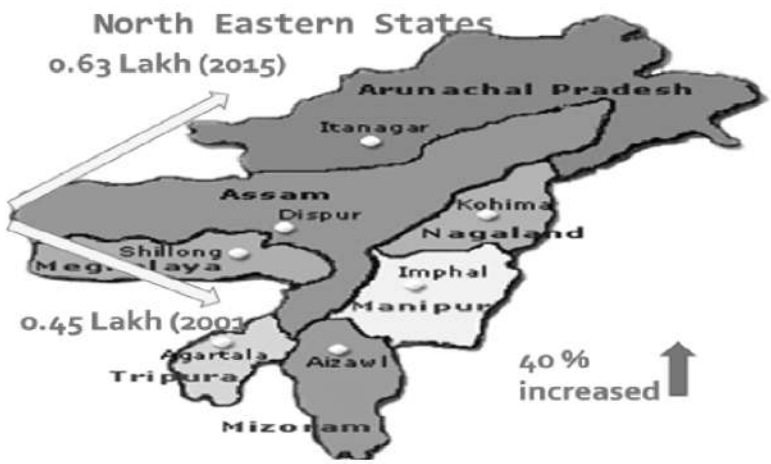
EPIDEMIOLOGICAL SCENARIO OF HIV/AIDS: GLOBAL, INDIA & NORTH EASTERN STATES

Dr. (Maj) D J Borah
MBBS (Gau), MPH (SCTIMST), PGDMLS (SCHC),
PGDHIVM (STM)
Former Regional Coordinator (Care Support &Treatment), National
AIDS Control Organization (NACO)

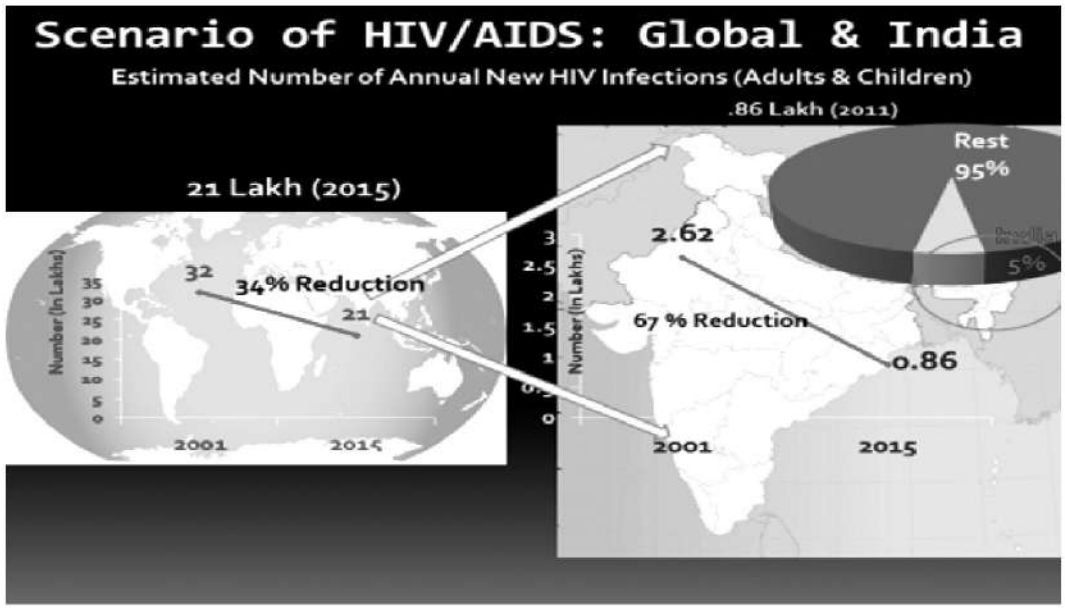
HIV/AIDS have become an endemic disease in the world since its first detection in 1981 in Los Angeles among homosexuals in USA. In India, the first case was detected in a Female Sex Worker in Chennai in 1986 and since then HIV/AIDS has emerged as one of the most dreaded killer disease till the advent of the Anti Retro Viral drugs. The HIV prevalence (Adult & Adolescents) came down from 0.38 in 2001 to 0.22 in 2017.



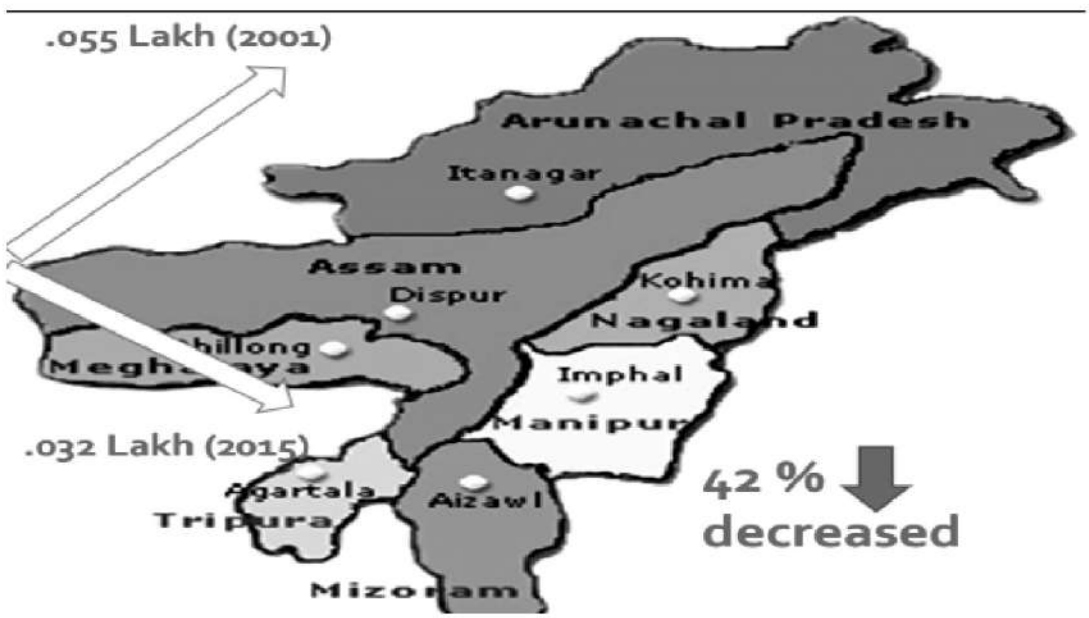
Globally, the burden of HIV increased from 2.94 crores in 2001 to 3.7 crores in 2015. However, it decreased from 2.3 million in 2001 to 2.11 million in 2015. The NE States contributed 6 % of total burden of HIV in India.



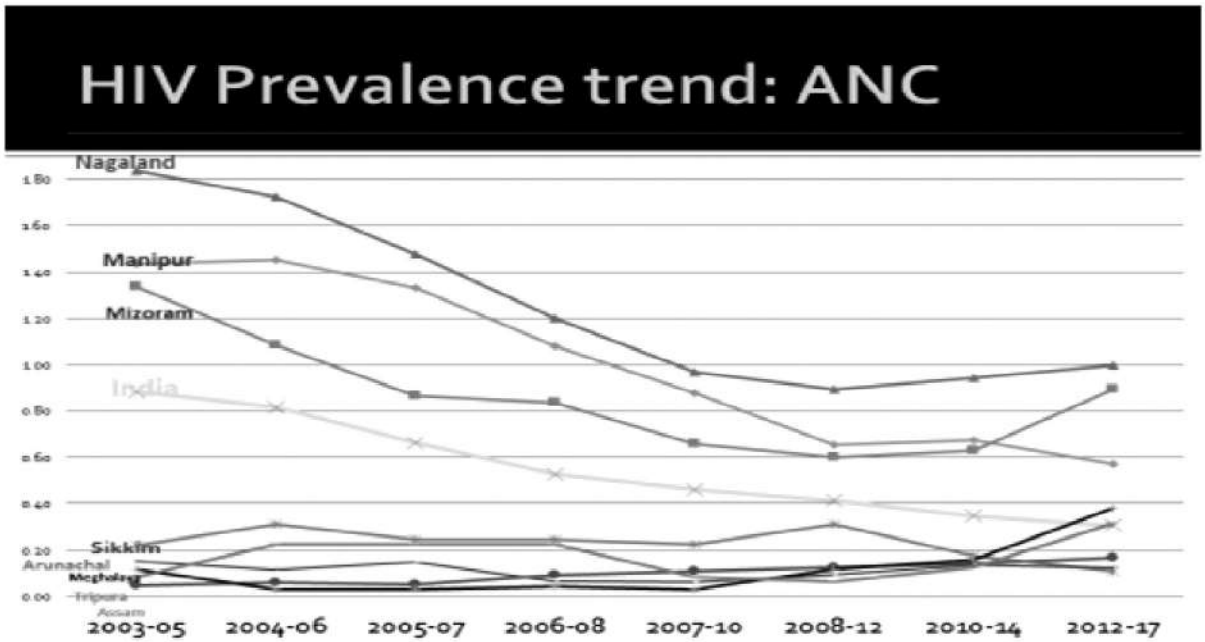
On contrary, the prevalence of HIV increased from 0.45 lakhs in 2001 to 0.63 lakhs in 2015 in the NE states which contributed 40% increase.



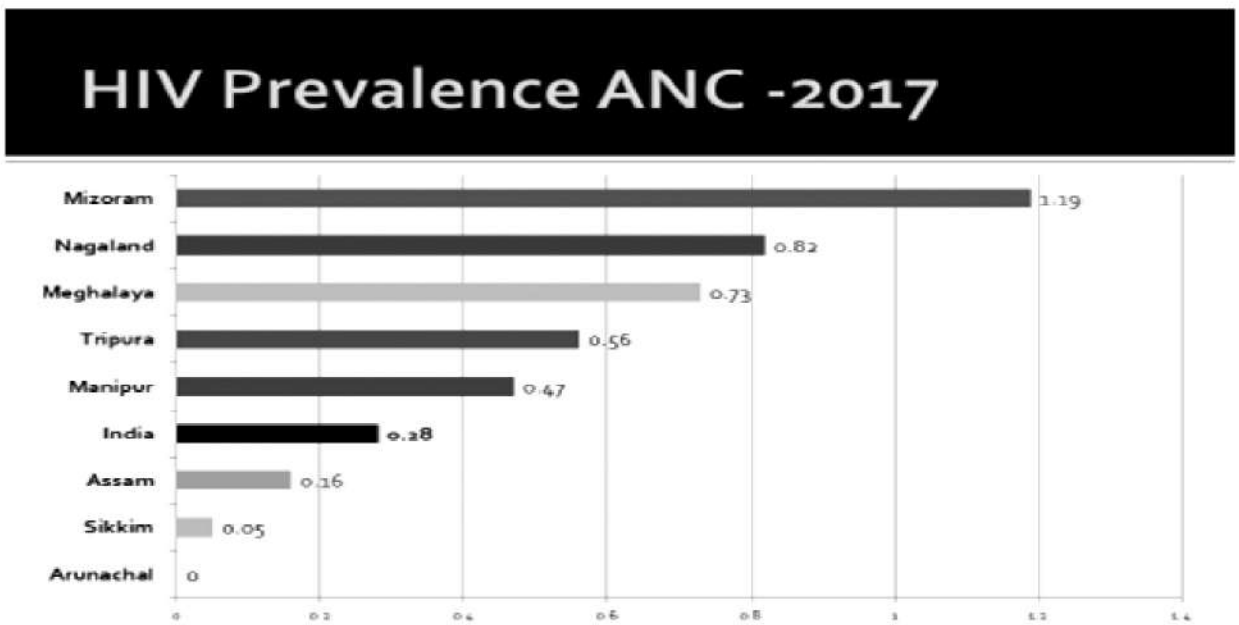
Globally, there is 34 % reduction in new infections of HIV from 2001 to 2015 and the incidence drop down by 67% in India which is a robust outcome. The NE states contributed 5% of new infections in India. It has been possible because of collective efforts made by all State AIDS Control Societies and its employees, civil society organizations and all the stake holders involved in culminating this disease.



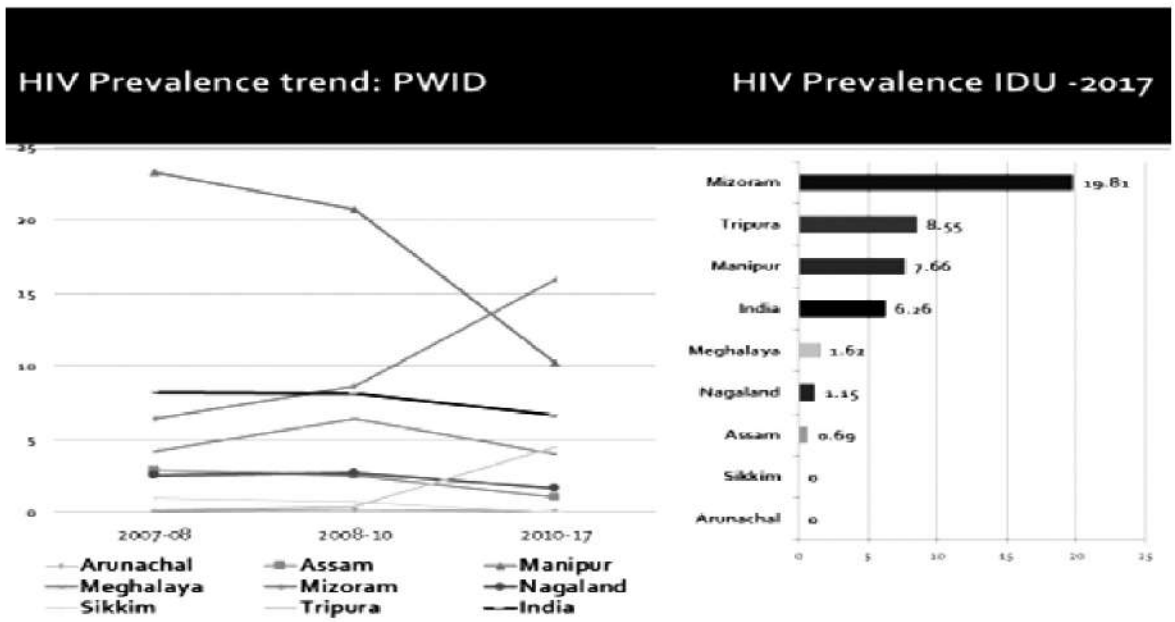
However, in NE States, the incidence came down by 42% only.



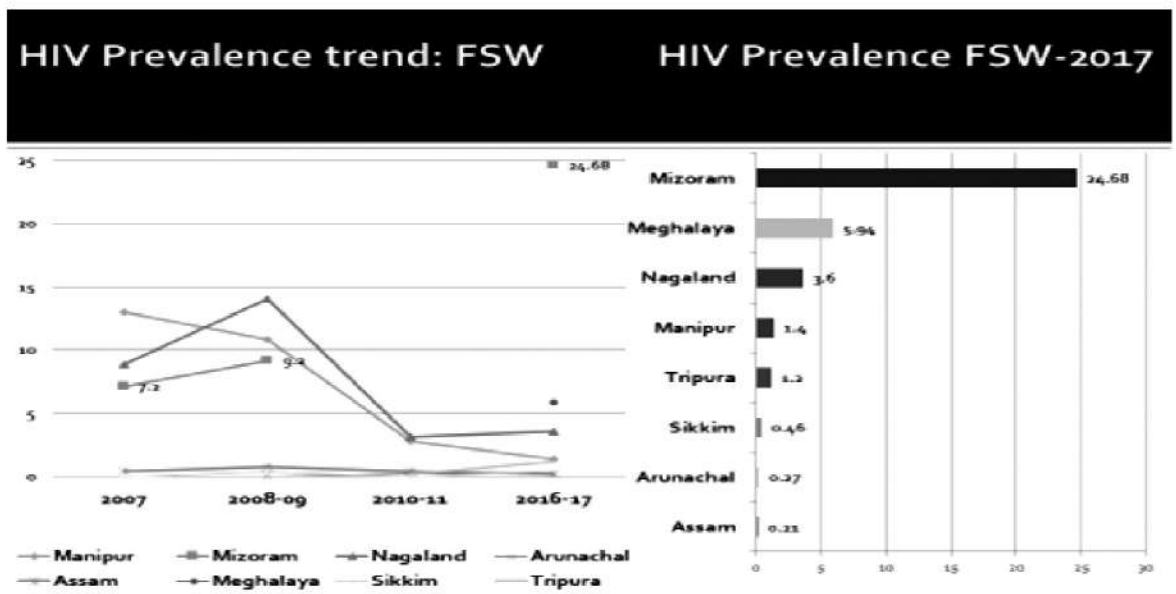
The ANC HIV prevalence is quite distressing among NE states in comparison to national average of 0.28



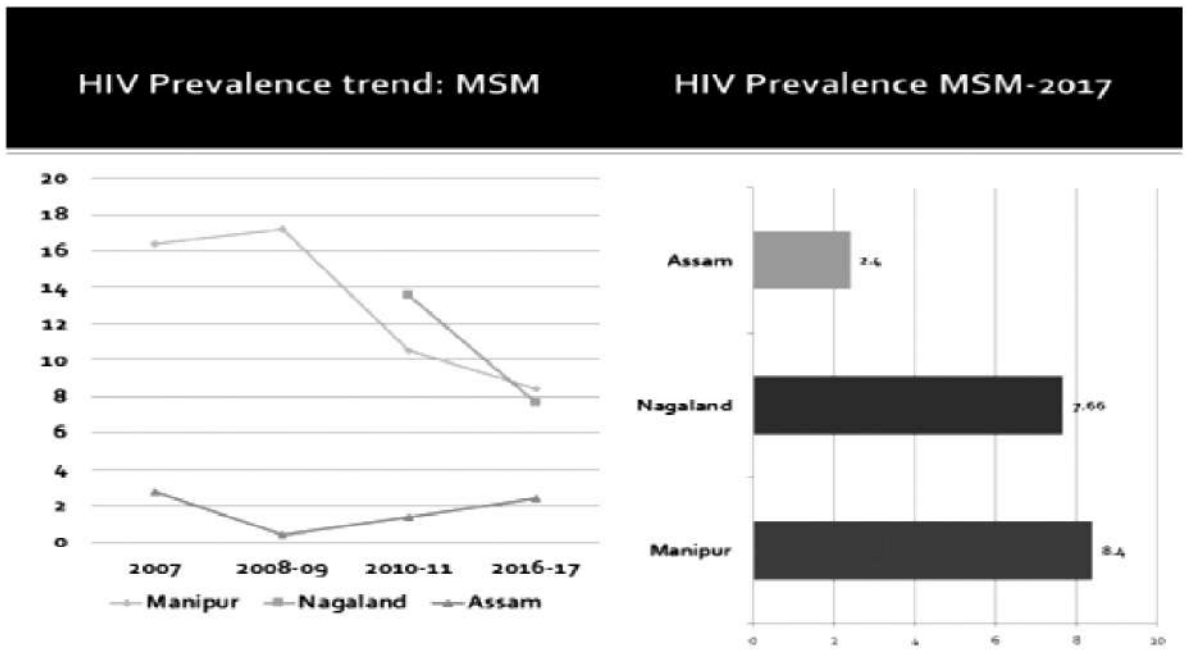
The five NE states have shown ANC HIV prevalence far higher than national average which is really a worry of concern. Mizoram tops at a prevalence of 1.19.



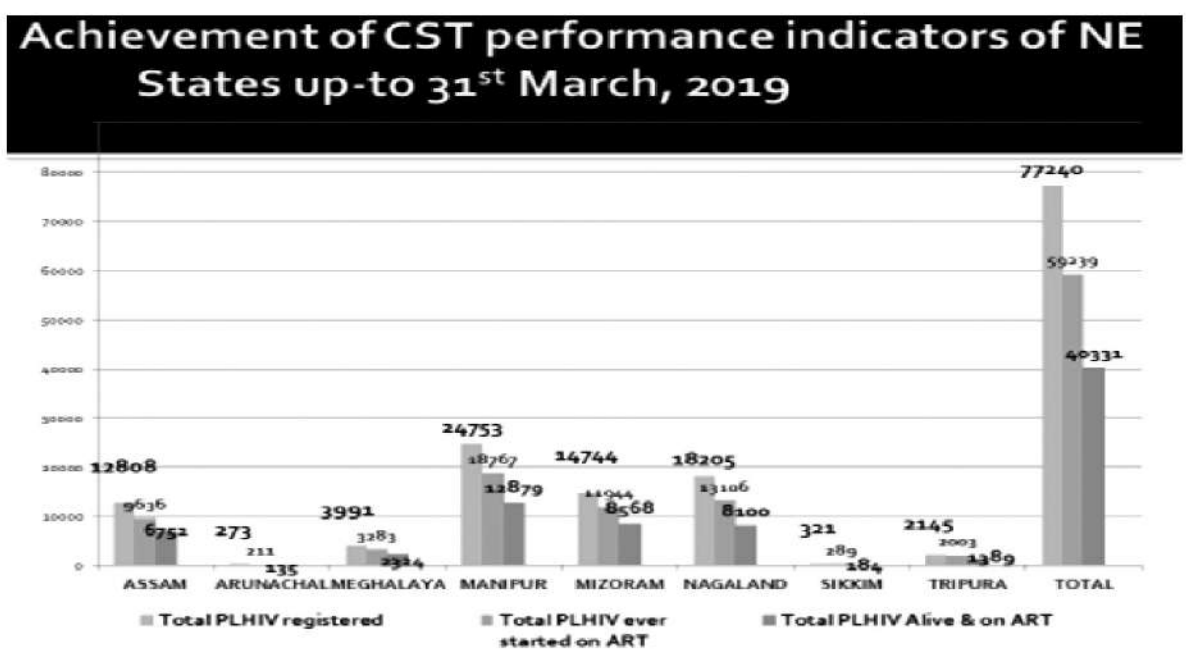
The HIV prevalence among the people who inject drugs was quite high in three NE states (Mizoram, Tripura and Manipur) than the national average. Assam, Nagaland and Meghalaya is also showing increasing trend. The reason is being easy accessibility of both injectable and oral drugs in NE states and the youth (male and female) are mostly indulged in it. The driver of epidemic is IDU and HIV transmits through heterosexual transmission.



The HIV prevalence among the FSWs in NE states is quite alarming. Mizoram tops with prevalence of 24.68 which is very high. Other NE states also show increasing trend.



The HIV prevalence among the MSM (Men having sex with Men) is quite alarming in Manipur, Nagaland and Assam among the NE states.



There are total 77240 HIV clients registered across the eight NE States and out of those clients, 59239 were initiated on ART and out of those on ART, 40331 were alive and on ART till March 2019.

Healthcare providers along with the policy makers need to plan and implement a robust programmes to routinely assess the HRQoL in a systematic way to facilitate a holistic management of HIV.

তোমাৰ সঁহাৰিৰে আকৌ এবাৰ মই ...

ডাঃ শিখা শর্মা
গুৱাহাটী

মই ভবা নাছিলো
আকৌ দেখিম বুলি
এই শুৱনী ধৰাখনি
মৃত্যুৰ কোমল পৰশে
মোক প্ৰায় লৈছিল আঁকোৱালি
তোমাৰ সঁহাৰিয়ে
মোক প্ৰাণৰ পৰশ দিলে
তোমাৰ নয়নজুৰিৰে
দেখিলো আকৌ সুন্দৰ পৃথিৱী
তোমাৰ হৃদয়ে
মোৰ বুকুত থিতাপি ললে।
তোমাৰ এটি সঁহাৰিয়ে
বিকল বৃক্কক লৈ
মৃত্যুলৈ ক্ষণ গণি থকা
মোৰ আশাক আকৌ জীপাল কৰিলে
অকামিলা যকৃতটোৱেও মোক
এন্ধাৰৰ গান শুনাইছিল
তোমাৰ অকল্পনীয় সঁহাৰিয়ে
মোক পোহৰৰ গান শুনালে
তোমাৰ সঁহাৰিত অভিভূত
মই আৰু মোৰ আপোনজন
তোমাৰ উশাহেৰে
আকৌ এবাৰ প্ৰাণ ভৰি ললো
চিনাকী মাটিৰ গোন্ধ
অনুভৱ কৰক সকলোৱে
তোমাৰ সঁহাৰিক
অংগদান মহাদান
জগতে জানিলে সকলোৰে কল্যাণ।

A PAGE FROM YESTER YEAR'S DIARY

Dr. Sikha Sarmah Goswami

The National Woman Indian Medical Association Leader Summit was held for the first time in New Delhi on 13th and 14th October 2018 at IMA house New Delhi in collaboration with IMA HQ and IMA Woman Doctor's Wing.

It was a beautiful programme with the women doctors from every state of India in one platform. From Assam four lady doctors of WDW IMA ASB participated in the Summit. They were Dr. Sikha Sarma, Secretary, Dr. Manjima Baishya Ganguli. Joint Secretary, Dr. Bijuli Goswami, Joint Secretary and Dr. Pritirekha Saikia, member of the Wing.

The programme started with a welcome address and introduction followed by wonderful cultural evening where each state performed their programme. The Assam team performed Bihu dance and it was loved by all.

On 14th October, there were scientific sessions, interaction between the state Chairpersons and Secretaries and an award giving ceremony. Honourable national President, national Secretary and national Finance Secretary were also present and encouraged the Woman Doctors Wing. It was a memorable experience being present in the Summit.

From Honorary State Secretary's Desk

I am pleased that the mouth piece of IMA Assam "***IMA Calling***" is to be published after a very long gap. I take this opportunity to express my sincere thanks and gratitude to all of you for all the support, cooperation and affection I received during my tenure as the Hon. State Finance Secretary, IMA ASB for 2017 -2019. It reaffirms the faith and confidence of the members of IMA Assam on me as well as the responsibility bestowed upon me. I am overwhelmed by the support and solidarity; I have received from all our members.

Here I but forward some of the activities of IMA, Assam State.

Membership Growth

We have enrolled 32 new Members since last SWC, at Nagaon, 18 SLM & 7 CLM. (Dispur 6, Direct 5, Bongaigaon 4, Nalbari 4, Dibrugarh 3, Tezpur 3, Nagoan 3, Digboi 2, and Sibsagar 2), and approval of one new Local Branch by HQ – Rangia.

Annual membership has been stopped by IMA HQ, so I request all the local branches of IMA ASB to request their annual members to apply for Life membership at the earliest.

Medimeet 2019, 34th Biennial Conference at Nagaon.

The 34th Biennial Conference of IMA Assam State Branch was organized from 22nd to 24th March 2019 at Nagaon, hosted successfully by IMA Nagaon Branch. The State Council Meeting took a resolution to request each member of the state through the local branches to offer a minimum contribution of Rs. 1000 as the initial contribution for IMA ASB land development. This is our earnest request to all Branch Presidents and Secretaries to take early action on the matter.

Meetings Attended/ Conference Attended

- Dr. Satyajit Borah, Dr. Hiranmay Adhikary, Dr. Hemanga Baishya and Dr. G S Gogoi
- attended the ***221st CWC meeting*** held on 6th & 7th April 2019 at Puri.
- Dr. Hemanga Baishya and Dr Atul K Kalita attended the ***Action Committee***
- ***Meeting*** on Bridge Corse & Mid Level Practitioners held on 11th May 2019 at IMA HQ, N Delhi.
- Dr. Rajumani Sarma attended the ***IMA MSN*** - **National Council meeting** held on
- 2nd June 2019 at IMA HQ, N Delhi. Rajesh Ranjan Baishya of GMCH and Arnab Goswami of AMCH, the 2 student leaders represented IMA MSN Assam State Branch in the meeting.
- Dr. Hiranmay Adhikary and Dr. Hemanga Baishya attended "***Delhi Andolan***" on
- 29th July, 2019. Staging NMC bill protest in front of AIIMS and later protest in front of Nirman Bhawan, N Delhi.
- Dr Manjima B Ganguly, Dr Bimala Deka, Dr Bijuli Goswami, Dr Sikha Sarma &

Dr Manjula Hazarika from IMA WDW ASB actively participated in the ***National EVECON &WIMALS 2019***, held at Goa on 22nd & 23rd June, 2019.

Dr Bijuli Goswami from Assam State received the Women Empowerment award at the Inauguration function of conference.

WORLD HEALTH DAY (07/04/2019)

World Heath Day was observed by different IMA Branches all over Assam. Branches who have shared photographs in whatsapp are Sibsagar, Dispur, Nagaon, Tinsukia. Dr Hemanga Baishya attended the IMA Awareness Rally at PURI along with other National Leaders, with slogan "Health for All".

SAFE MOTHERHOOD DAY (11/04/2019)
Women Doctors Wing IMA ASB observed National Safe Motherhood Day along with IMA Dispur Branch at ESIC Hospital, Guwahati. IMA WDW Cachar Branch organised a Public Awareness Programme. Barpeta Road Branch in association with Dronacharya Academy , New Belguri, Barpeta also observed National Safe Motherhood Day.

Menstrual Hygiene Awareness Week - May 24-31, 2019
IMA Tinsukia, IMA Cachar & IMA DISPUR along with IMA WDW and IMA MPH ASSAM conducted programs.

WORLD NO TOBACCO DAY (31/05/2019) was observed by Morigaon, Kokrajhar &Tezpur Branch.

Violence on Doctor - It is painful on our part to express our serious concern at the recent assault on the Medical Officer of Dikom TE, Dr. PC Thakur, a senior member of Indian Medical Association, and Vice President of IMA Tinsukia Branch.
As a mark of protest against the culprits involved in the incidence and showing our solidarity, we requested all our fraternity members to wear BLACK BADGE and also observe one hour sitting demonstration on 11th May 2019.
I thank all our members all over the state for the peaceful protest. I also thank the print and electronic media for supporting us and spreading the message to the general public.
IMA ASB condemned the assault on Dr. Naba Kr Bailung, of Umrangshu on 19/05/2019 and similar incidence of assault on doctor at N Lakhimpur on 17/06/2019.

All India Protest Day against Violence on Doctors (14/06/2019)
Was observed all across the state by wearing Black Badges and casework from 10 AM to 12 Noon. This was followed by submission of memorandum to the Prime minister through respective DC. Delegation from IMA Assam State Branch submitted a memorandum to the Prime minister through DC, Kamrup.

24 hrs Nationwide Strike (17/06/2019)
The State Office of IMA ASB extends sincere thanks and gratitude to all the local branches, leaders and each IMA member for the successful agitation programme. All doctors in government/ private/ public sector/ organised private sector participate in the strike. Non-emergency services of all government/ public sector/ private/ corporate hospitals and clinics remained closed. Routine diagnostic services also remained suspended during this period. A great show of unity and solidarity against violence on doctors all throughout the state.
Both print and electronic media covered the programme. Dr Satyajit Borah & Dr Hemanga Baishya participated in TV talk shows representing IMA.

Doctors Day (01/07/2019) the theme this year is "**Violence in Health Care**"
Doctors day was celebrated all over the state – reported from Dibrugarh, Golaghat, Digboi, Barpeta Road, Dhubri, Pathsala, Jorhat Medical College, Sibsagar, Bongaigaon, Duliajan, Dhekiajuli, Nalbari, Morigaon, Cachar, Gohpur & Kokrajhar.
Dr D C Borbora participated in a TV talk show representing IMA.
Burn NMC **Bill, 2019 (25/07/2019)**
Local Branches of IMA ASB symbolically burning the NMC Bill as nationwide agitation against NMC Bill, 2019.

24 hrs Nationwide Strike (31/07/2019) to oppose the NMC Bill, 2019
Was observed in Bongaigaon, Mangaldoi, Nagaon, Dergaon, Tezpur, Nalbari, Tinsukia, Gohpur and partly in other districts.

Flood Relief and Health camps were organized by Tinsukia, Gohpur, Mangaldoi, Bongaigaon, Nalbari, Tezpur branches and also WDW along with IMA ASB.

Chief Ministers Relief Fund Assam
IMA Assam State Branch contributing Rs. 2 lakh to Chief Minister's Relief Fund dedicated to the people in distress. IMA Nalbari donated Rs 1 lakh & IMA Hojai Rs 32000.

Branch Activity Reporting- I thank Honorary Secretaries of Kokrajhar, Sibsagar and Nagaon for sending quarterly activity report for 1st Quarter 2019 (Jan – March 2019). And Tezpur, Kokrajhar and Duliajan Branch for sending quarterly activity report for 2nd Quarter 2019 (April – June2019).

CME activities by Local Branches- Cachar, Mangoldoi, Tinsukia, Tezpur Dispur, Pathsala, Rangia shared their CME photographs in whatsapp.

SIMACON 2019 was held successfully by Sibsagar Branch.

A **Press Meet** was held by IMA Sibsagar on 7th August 2019 in tune with IMA's nationwide call against the NMC Bill, 2019. All the branches of IMA Assam State Branch was prepared for the Nationwide 24 hrs Total Withdrawal of Medical Services from 8 August 6 am to 9 August, but on 7th August IMA HQ defers its call for withdrawal of services to a later date.

NATCON 2019- The 94th National Annual Conference of IMA, is on 27th & 28th December, 2019, at Biswa Bangla Convention Centre, Kolkata.

IMA ASB website in functional, please visit ***www.imaasb.org*** and give your feedback

With these few words, I conclude my brief report and solicit your continued guidance and co-operation in continuing my responsibility as the Hon. State Secretary of the IMA ASB in the days to come.
Long Live Indian Medical Association!

(Dr. Hemanga Baishya)
Hony. State Secretary, IMA-ASB

151 SWC Meeting 2019

Awareness Campaign 2019

Consultation and review meeting 2019

Awareness Campaign 2019

Menstrual Hygiene Day 2019

Mission Pink 2019

Protest against violence against Assault on Doctors

World Environment Day 2019

Report of the Convener, IMA Women Doctors' Wing, ABS

Dr. Bijuli Goswami
Convener IMA WDW ASB

Warm regards from IMA WDW ASB. The following activities have been done.

1. On 8th June anaemia Screening and follow up was done in Parijaat Academy, Pamohi from IMA WDW with MPH under guidance of Dr Manjima B Ganguly and Dr Sikha Sarma. We revisited the school after 3 months for follow up, where 55 adolescent girl students were given Iron preparation for anaemia. On blood test, 60 percent girls showed improvement of anaemia and remaining non improvement students were sent to Guwahati Medical college for detailed evaluation and management.

2. We all actively participated in Zerotolerance Movement of violence against doctors and hospital from 10th June. We gave memorandum to P.M through D.C Kamrup metro along with our IMA State President and Secretary on 14/06/2019.We all unitedly withdrew from non emergency services of all government and non government hospital on 17/06/2019.

3. From IMA WDW Assam, Dr Manjima B Ganguly, Dr Bimala Deka, Dr Bijuli Goswami, Dr Manjula Hazarika and Dr Sikha Sarma went to Goa to attend EVECON 2019 on 22nd and 23rd June. We participated in WIMALS, Sceintific session, Inagaural Parade and cultural event. Dr Bijuli Goswami received the Women Empowerment Award there.

INDIAN MEDICAL ASSOCIATION
COLLEGE OF GENERAL PRACTITIONERS
ASSAM STATE BRANCH FACULTY

DR. SATYAJIT BORAH **President – IMA ASB**	**DR. DIPAK CHANCHAL BORBORAH** **Sr. Vice President**	**DR. HEMANGA BAISHYA** **Hony. State Secy., IMA ASB**
DR. RAJUMONI SARMAH **Hony Finance Secy., IMA ASB**	**DR. HEMENDRA KR. BORAH** **Director of Studies, IMA, CGP ASB Faculty**	**DR. JAGADIS BASUMATARY** **Hony. Secy., IMA CGP ASB**

No.: IMA/CGP/ASB/Faculty/2019-21/ 3 Dated Tezpur, the 18th May'2019

To

The Hony. Secretary,
IMA- ASB

Sub : **Quarterly (1st Quarter) report of IMA CGP Assam State Faculty..**

Dear Sir,

Greetings from the IMA CGP Assam State Faculty. We have the pleasure to submit the quarterly report of IMA-CGP Assam State Faculty for your kind information and request to placed before the SWC meet.

TOTAL LIFE MEMBER OF THE COLLEGE

1. Total – 467 (Old List – 374 + New – 93) 21 New form given to the members of the different Local Branch to enrolled as Life Member of the College.
2. Two new sub faculty all ready formed. **Tinsukia and Hojai** waiting for formal inauguration.
3. Official Letter to the Hony. Secretary H.Q with copy to the concerning office bearer of H.Q. and State send along with Rs. 1,000.00 (Rupees One Thousand) only in chaque as faculty fee of the college as per constitution.
4. Proposed activities to be done during the session 2019-21 also informed.
5. List of persons for formation of Board of the State Faculty CGP IMA Assam State Faculty to be submitted in the coming SWC for approval.
6. Both Director and Hony. Secretary attend 1 (one) hour sitting demonstration with wearing of Black Badge along with the other office bearer of the concerning branch for assaulting Dr. P.C. Thakur as par direction of the IMA-ASB as state office bearer.

This is for your kind information.

Yours sincerely,

Dr. Hemendra Kr. Borah
Director, IMA-CGP
Assam State Faculty

Dr. Jagadis Basumatary
Hony Secretary, IMA-CGP
Assam State Faculty

Memo No. IMA/CGP/ASB/Faculty/2019-21/ 4 Dated Tezpur, the 18th May' 2019

Copy for favour of information to :

1. The President IMA ASB.

Sd/-
Dr. Hemendra Kr. Borah
Director, IMA-CGP
Assam State Faculty

Sd/-
Dr. Jagadis Basumatary
Hony Secretary, IMA-CGP
Assam State Faculty

Indian Medical Association : Assam State Branch

KOKRAJHAR Branch : Quarterly Activity Report

Quarter: January-March ☐ April-June ☐ July-September ☑ October-December ☐ 2019

A. Membership Activity

Life Membership as on last quarter : _____ Single 35 Couple 01

Addition of Life Members in this quarter : _____ Single X Couple X

Annual Membership as on last quarter : _____ Single X Couple X

Addition of Annual Members in this quarter : _____ Single X Couple X

B. Administrative Activity

Annual General Body Meeting : held on (if any) ONE, on 15-06-2019

Executive Meetings held on : _____

Society Registration No. _____

PAN (Income Tax Permanent Account No.) _____

Last Income Tax Return filed on : _____

C. **Service Activity** : write briefly in order – Date/ Activity/ Place/ Nature of Service/ No. of service hours/ No. of members participated/ No. of beneficiaries

Example : April 7/ World Health Day/ Town Hall/ Public awareness meeting/ 3.5 hours/ 21/ 164 school students and general public

1. MAY 31/World No Tobacco Day/RNB civil Hospital, Kokrajhar/
2. Public awareness meeting/2 hours/31/150 Hospital staff
3. including GNM student & staff Nurse & general public.
4. JULY 01/ Doctor's Day/ Pani Restaurant Hall/30/3 hours/

D. **Academic Activity**: write briefly in order – Date/ Program/ Subject/ No. of academic hours/ Faculty/ No. of member participated

Example: May 2/ CME/ Present Status of Management of Childhood Diarhhoea/ 2 hrs./ Prof. M. Chanda, New Delhi & Prof. JN Sarma, Shillong/ 55 members + 4 nonmembers

1.
2. NIL
3.

E. Journal/ Mouth piece published :

F. Doctors' Assault/ Violence in health establishments issues & steps taken :

G. Any CPA/ medico-legal issues : NIL

H. Any other Activity:
IMA Strike on 17-06-2019

Name of the Branch President: DR A. K. BRAHMA Signature/ Date: _____

Name of the Branch Secretary: DR D. BHOWAL Signature/ Date: 20/7/2019

Hony. Secretary
IMA Kokrajhar Branch

The report should be sent/ emailed to the Hon. State Secretary by 20th day of January, April, July & October

Indian Medical Association : Assam State Branch

KOKRAJHAR Branch : Quarterly Activity Report

Quarter: January-March ☑ April-June ☐ July-September ☐ October-December ☐ 2019

A. Membership Activity

Life Membership as on last quarter : _____ Single 35 Couple 01

Addition of Life Members in this quarter : _____ Single X Couple X

Annual Membership as on last quarter : _____ Single X Couple X

Addition of Annual Members in this quarter : _____ Single X Couple X

Indian Medical Association Kokrajhar Branch

B. Administrative Activity

Annual General Body Meeting : held on (if any) NIL

Executive Meetings held on : _____

Society Registration No. _____

PAN (Income Tax Permanent Account No.) _____

Last Income Tax Return filed on : _____

C. **Service Activity** : write briefly in order – Date/ Activity/ Place/ Nature of Service/ No. of service hours/ No. of members participated/ No. of beneficiaries
Example : April 7/ World Health Day/ Town Hall/ Public awareness meeting/ 3.5 hours/ 21/ 164 school students and general public

1. Nil
2.
3.
4.

D. **Academic Activity**: write briefly in order – Date/ Program/ Subject/ No. of academic hours/ Faculty/ No. of member participated
Example: May 2/ CME/ Present Status of Management of Childhood Diarhhoea/ 2 hrs./ Prof. M. Chanda, New Delhi & Prof. JN Sarma, Shillong/ 55 members + 4 nonmembers

1. March 23/CME/Joint Replacement surgery of Hip & Knee/3 hours
2. Dr Samarjit Khanikar, MS (ortho), NH Hospital, Guwahati/
3. 21 members.

E. Journal/ Mouth piece published :

F. Doctors' Assault/ Violence in health establishments issues & steps taken :

G. Any CPA/ medico-legal issues : NIL

H. Any other Activity:

Name of the Branch President: DR A.K. BRAHMA Signature/ Date: _____

Name of the Branch Secretary: DR. D. BHOWAL Signature/ Date: 18/11/2019

Hony. Secretary
IMA Kokrajhar Branch

The report should be sent/ emailed to the Hon. State Secretary by 20th day of January, April, July & October

Indian Medical Association : Assam State Branch

NAGAON Branch : Quarterly Activity Report

Quarter: January-March ☑ April-June ☐ July-September ☐ October-December ☐ 201__

A. **Membership Activity**

Life Membership as on last quarter : 131 Single 16 Couple Life members.

Addition of Life Members in this quarter : 1 Single NIL Couple Life member.

Annual Membership as on last quarter : NIL Single NIL Couple NIL

Addition of Annual Members in this quarter : NIL Single NIL Couple NIL

B. **Administrative Activity**

Annual General Body Meeting : held on (if any) NIL

Executive Meetings held on : NIL

Society Registration No. RS/NG/254/4/19 of 2017-18.

PAN (Income Tax Permanent Account No.) AABA/12154D.

Last Income Tax Return filed on : NO.

C. **Service Activity** : write briefly in order – Date/ Activity/ Place/ Nature of Service/ No. of service hours/ No. of members participated/ No. of beneficiaries

Example : April 7/ World Health Day/ Town Hall/ Public awareness meeting/ 3.5 hours/ 21/ 164 school students and general public

1. MEDIMEET-2019/ Nagaon/ 22nd, 23rd and 24th March/132 participants
2. SWC Meeting on 22nd/CME on 23rd, 24th March/ No. of CME-17
3. Inaugural Session on 23rd March/ cultural function 23rd March.
4. SWC meeting 24/2/2019.

D. **Academic Activity**: write briefly in order – Date/ Program/ Subject/ No. of academic hours/ Faculty/ No. of member participated

Example: May 2/ CME/ Present Status of Management of Childhood Diarhhoea/ 2 hrs./ Prof. M. Chanda, New Delhi & Prof. JN Sarma, Shillong/ 55 members + 4 nonmembers

1. Feb-5/ Management of Head Injury/ 2 hrs/ Dr. Abdim Ali MCH, Guwahati,
2. participants 25.
3.

E. Journal/ Mouth piece published :

F. Doctors' Assault/ Violence in health establishments issues & steps taken : NIL

G. Any CPA/ medico-legal issues :

H. Any other Activity: In aid of IMA HOUSE Nagaon, "Bordoloi Chilla theatre" was invited which was held on 10th, 11th, 12th Feb'19 at Nehrubali of Nagaon, organised by IMA Nagaon Branch.

Name of the Branch President: Dr. A.K. Salima Signature/ Date:

President IMA Nagaon Branch

Name of the Branch Secretary: Dr. A.K. Goswami Signature/ Date:

Secretary IMA Nagaon Branch

The report should be sent/ emailed to the Hon. State Secretary by 20th day of J... October

Indian Medical Association: Assam State Branch

Sibsagar Branch : Quarterly Activity Report

Quarter: January-March ■ April-June ☐ July-September ☐ October-December ☐ 2019

A. Membership Activity

Life Membership as on last quarter : 115 Single _____ Couple _____

Addition of Life Members in this quarter : Nil Single Nil Couple Nil

Annual Membership as on last quarter : Nil Single Nil Couple Nil

Addition of Annual Members in this quarter : Nil Single Nil Couple Nil

B. Administrative Activity

Annual General Body Meeting : held on (if any) 16.3.2019

Executive Meetings held on : 7.2.2019. 4.4.2019

Society Registration No: Applied for

PAN (Income Tax Permanent Account No: AABAI0247F

Last Income Tax Return filed on :

Service Activity : write briefly in order – Date/ Activity/ Place/ Nature of Service/ No. of service hours/ N of members participated/ No. of beneficiaries

1. 22nd Feb 2019/ Donation of blankets and bed sheets to fire victims of Sibsagar//15 Members attended / People benefited

2. 23rd March 2019/Mega Health Camp at Tuli Nagaland/ Tuli Nagaland/ medical Camp with free medici Distribution including Ultrasound and pathological investigations with ECG/ 23rd march 2019/ / 8 Ho Service/11 members/789 patients.

C. **Academic Activity**: write briefly in order – Date/ Program/ Subject/ No. of academic hours/ Faculty/ No. member participated

1. 16th March / CME/ fluid management in critically ill patients/1 hour/Dr. Phonidhor Go Anaesthesiologist Sibsagar Civil Hospital/ 56 members had attended.

D. Journal/ Mouth piece published : Nil

E. Doctors' Assault/ Violence in health establishments issues & steps taken: Seminar amongst members proposed public Awareness meeting Doctor Patient relationship in association with district administration 21st Feb 2019.

F. Any CPA/ medico-legal issues : Nil

G. Any other Activity: Nil

Name of the Branch President: Dr. Arun Madhab Baruah Signature/ Date: _____ 30/4/19

Name of the Branch Secretary: Dr. Anjana Sarmah Signature/ Date: _____ 30/4/2019

Indian Medical Association : Assam State Branch

_TEZPUR___Branch : Quarterly Activity Report

Quarter: January-March ☐ April-June ☑ July-September ☐ October-December ☐ 201___

A. Membership Activity

Life Membership as on last quarter : _____ Single _136_____ Couple _43_____

Addition of Life Members in this quarter : _____ Single _2_____ Couple _____

Annual Membership as on last quarter : _____ Single _____ Couple _____

Addition of Annual Members in this quarter : _____ Single _____ Couple _____

B. Administrative Activity

Annual General Body Meeting : held on (if any) _30/03/19_____

Executive Meetings held on : _24/04/19 & 14/05/19

Society Registration No *RS/SPR/242/B/50 OF 2004-05*

PAN (Income Tax Permanent Account No.) AAAAI6758G

Last Income Tax Return filed on : JULY 2018

C. **Service Activity** : write briefly in order – Date/ Activity/ Place/ Nature of Service/ No. of service hours/ No. of members participated/ No. of beneficiaries
Example : April 7/ World Health Day/ Town Hall/ Public awareness meeting/ 3.5 hours/ 21/ 164 school students and general public

1. April 12/ World Health Day/ IMA House/ Public Awareness Meeting/ 1 Hour/ 15/ 55 general public

D. **Academic Activity**: write briefly in order – Date/ Program/ Subject/ No. of academic hours/ Faculty/ No. of member participated
Example: May 2/ CME/ Present Status of Management of Childhood Diarhhoea/ 2 hrs./ Prof. M. Chanda, New Delhi & Prof. JN Sarma, Shillong/ 55 members + 4 nonmembers

1. April 27/CME/Phenotype based Asthma Management/Minimally Access Cardiac Surgery/ 2 hrs/ Dr. KR Sharma, Ghy, Dr. JP Kalita, Ghy/ 40 members
2. May 11/ CME/ Management of Chronic Pancreatitis/ 1.5 hrs/ Dr. B J Baruah, GMC/ 60 members

E. Journal/ Mouth piece published :

F. Doctors' Assault/ Violence in health establishments issues & steps taken : Black Badge & Sitting Protest on 11/05/2019

G. Any CPA/ medico-legal issues :

H. Any other Activity:

Name of the Branch President: Dr. Atul Kumar Kalita Signature/ Date: 18/5/19

Name of the Branch Secretary: Dr. Angarag Bhagawati Signature/ Date: 18/5/19.

The report should be sent/ emailed to the Hon. State Secretary by 20th day of January, April, July & October

Indian Medical Association : Assam State Branch

DULIAJAN Branch : Quarterly Activity Report

Quarter: January-March | April-June ✓ | July-September | October-December | 2019

A. **Membership Activity**

Life Membership as on last quarter : Single 40 Couple 06

Addition of Life Members in this quarter : Single / Couple /

Annual Membership as on last quarter : Single / Couple /

Addition of Annual Members in this quarter : Single / Couple /

B. **Administrative Activity**

Annual General Body Meeting : held on (if any) /

Executive Meetings held on : /

Society Registration No. /

PAN (Income Tax Permanent Account No.) AAAAI3944C

Last Income Tax Return filed on : /

C. **Service Activity** : write briefly in order - Date/ Activity/ Place/ Nature of Service/ No. of service hours/ No. of members participated/ No. of beneficiaries
Example : April 7/ World Health Day/ Town Hall/ Public awareness meeting/ 3.5 hours/ 21/ 164 school students and general public

1. /
2.
3.
4.

D. **Academic Activity**: write briefly in order - Date/ Program/ Subject/ No. of academic hours/ Faculty/ No. of member participated
Example: May 2/ CME/ Present Status of Management of Childhood Diarhhoea/ 2 hrs./ Prof. M. Chanda, New Delhi & Prof. JN Sarma, Shillong/ 55 members + 4 nonmembers

1. /
2.
3.

E. Journal/ Mouth piece published : NA

F. Doctors' Assault/ Violence in health establishments issues & steps taken : NA .

G. Any CPA/ medico-legal issues : NA .

H. Any other Activity: NA

Name of the Branch President: DR. P. P. BARUA Signature/ Date: 26/8/19

Name of the Branch Secretary: DR. NILOTPAL SAIKIA Signature/ Date: 26/08/19

The report should be sent/ emailed to the Hon. State Secretary by 20th day of January, April, July & October

Tribute to Dr. Deben Dutta and Fight for Justice

Tribute to Dr. Deben Dutta and Fight for Justice

ACHIEVEMENT

Dr. Hiranya Borah awarded with IMA ASB Cultural Award of Session 2017-19 MEDIMEET held at Nagaon in March 2019

Dr. Bijuli Goswami was awarded withWomen Empowerment Award at National EVECON 2019 in Goa

Literary Excellence Award - 2019
Awarded to Dr. Rana Mukut Keot.