

₹15

March - April 2019 Volume 68 Number 03 - 04

ISSN 0513-3149 KOLKATA

# YOUR HEALTH

An Indian Medical Association Publication for the people to propagate Health Awareness amongst Community



Primary health care is the most efficient and effective way to achieve health for all.



World Health Organization



**Dr. Ketan Desai**  
*Former President  
World Medical Association*



**Dr. Ravi Wankhedkar**  
*Imm. Past National President  
IMA*



**Dr. Santanu Sen**  
*National President  
IMA*



**Dr. R V Ashokan**  
*Hony. Secretary General  
IMA*

## YOUR HEALTH COMMITTEE (2019 & 20)



**Dr. Nandita Chakraborty**  
*Hony. Editor*



**Dr. Kakoli Sen**  
*Hony. Secretary*



**Dr. Sushil Kr. Mandal, Dr. Purushattam Chatterjee**  
*Hony. Associate Editors*

## March - April 2019

### Immediate Past National President

Dr. Ravi S. Wankhedkar (Maharashtra)

### National President-Elect (2019-2020)

Dr. Rajan Sharma (Haryana)

### National Vice-Presidents

Dr. J. A. Jayalal (Tamil Nadu)

Dr. Pragnesh C. Joshi (Gujarat)

Dr. P. Gangadhara Rao (Andhra Pradesh)

Dr. Anil S. Pachnekar (Maharashtra)

### Honorary Finance Secretary

Dr. Ramesh Kumar Datta (Delhi)

### Honorary Joint Secretaries

Dr. Vijay Kumar Malhotra (Delhi)

Dr. V. K. Arora (Delhi)

Dr. Amrit Pal Singh (Delhi)

Dr. Pijush Kanti Roy (Bengal)

Dr. Sibabrata Banerjee (Bengal)

### Honorary Assistant Secretaries

Dr. Usha Sridhar (Delhi)

Dr. S. K. Poddar (Delhi)

### Honorary Joint Finance Secretaries

Dr. Dinesh Sahai (Delhi)

Dr. Iskandar Hossain (Bengal)

### IMA CGP (Chennai)

Dean of Studies

Dr. Sudhir Dhakre (Uttar Pradesh)

### Honorary Secretary

Dr. L. Yesodha (Tamil Nadu)

### IMA AMS (Hyderabad)

Chairman

Dr. Natwar Sharda (Madhya Pradesh)

### Honorary Secretary

Dr. Mohan Gupta (Telangana)

### IMA AKN Sinha Institute (Patna)

Director

Dr. Paramjit Singh Bakhshi (Punjab)

### Honorary Executive Secretary

Dr. Ajay Kumar (Bihar)

### JIMA (Calcutta)

Honorary Editor

Dr. Golokbihari Maji (Bengal)

### Honorary Secretary

Dr. Sanjoy Banerjee (Bengal)

### Indian Medical Journal (Delhi)

Chairman

Dr. Ravi S. Wankhedkar (Maharashtra)

### Editor-in-Chief

Dr. Vedprakash Mishra (Maharashtra)

### Your Health (Calcutta)

Honorary Editor

Dr. Nandita Chakrabarti (Bengal)

### Honorary Secretary

Dr. Kakali Sen (Bengal)

### IMA N.S.S.S. (Ahmedabad)

Chairman

Dr. Kirti M. Patel (Gujarat)

### Honorary Secretary

Dr. Yogendra S. Modi (Gujarat)

### IMA N.P.P. Scheme (Thiruvananthapuram)

Chairman

Dr. Krishna M. Parate (Maharashtra)

### Honorary Secretary

Dr. Jayakrishnan A.V. (Kerala)

### Apka Swasthya (Varanasi)

Honorary Editor

Dr. Manoj Kumar Srivastava (Uttar Pradesh)

### Honorary Secretary

Dr. Ashok Rai (Uttar Pradesh)

### IMA Hospital Board of India

Chairman

Dr. Vinod Kumar Monga (Delhi)

### Honorary Secretary

Dr. Jayesh M. Lele (Maharashtra)

### IMA Women Doctors Wing

Chairman

Dr. Mona Desai (Gujarat)

### Honorary Secretary

Dr. Neeta S. Biyani (Maharashtra)

### IMA Mission Pink Health

Chairman

Dr. Vijaya Mali (Maharashtra)

### Honorary Secretary

Dr. Vibha Tandon (Delhi)

### IMA Junior Doctors' Network

Chairman

Dr. Adit Desai (Gujarat)

### Honorary Secretary

Dr. K. M. Abul Hasan (Tamil Nadu)

### IMA Medical Students' Network

Chairman

Dr. Sreejith N. Kumar (Kerala)

### Honorary Secretary

Dr. Ajoy Kumar Saha (Maharashtra)

### IMA National Health Scheme

Chairman

Dr. Ashok S. Adhao (Maharashtra)

### Honorary Secretary

Dr. Alex Franklin (Kerala)

### IMA National Pension Scheme

Chairman

Dr. Prashant Nikhade (Maharashtra)

### Honorary Secretary

Dr. P. Gopalanathan (Kerala)

### IMA National Family Welfare Scheme

Chairman

Dr. K. Vijayakumar (Tamil Nadu)

### Honorary Secretary

Dr. V. Sasidharan Pillai (Kerala)



# YOUR HEALTH

## CONTENTS

### Editorial 4

*Dr Nandita Chakraborty*

### The Un-Trodden Path 5

*Dr. Upendranath Brahmachari*

### Interpretation of Blood Glucose Values 7

*Dr. Subir Kumar Dutta*

### Health First Campaign 9

*By Indian Medical Association - Headquarters*

### Sleep and Sleep Deprivation 13

*Dr. Tirthankar Dasgupta*

### The Accidental Hemlock Incident!! 16

*Dr. Rajashri Roychowdhury*

### Why Not ? 18

*Dr John Oommen*

### How to get The Best Out of Your Doctor 21

*Dr. D. S. Chopra gives you a few tips*

### Health Insurance - A Friend in Need 23

*Mr. Rohit Kr Sonthalia*

### QUIZ 25

*Dr. Ritesh Singh*

### Leisure Time 26





## **Dr Nandita Chakraborty** Editor, Your Health of IMA

Dear Readers,

As India prepares herself for yet another General Election, Indian Medical Association's prime concern is "Health For All". The association has recently released a Health Manifesto, which highlights the common man as the focal point of all "Health Activities of the Country".

The Magnacarta for Health - the Health Manifesto emphasizes a holistic approach to healthcare with maximum involvement from the Government.

In this issue, we have included this Health Manifesto in our endeavor to promote health in all aspects of the society. Our aim is to reach out to the country's population and work hand-in-hand with all discerning citizens to realize this goal.

We have also addressed issues like Sleep Deprivation and Accidental Poisoning, issues which can affect even a normal healthy individual. For the more knowledge seeking there are topics like the interpretation of blood sugar levels written by none other than our highly revered teacher, Professor Dr Subir Dutta.

Health insurance is a must to meet the prohibit cost of health care but which one should you opt for! We have tried to tell you. And while you decide, follow Dr John Oommen on his journey to eradicate endemic malaria in Bissamcuttack.

So happy reading and take care till we meet again.



## THE UN-TRODDEN PATH



### **Dr. Upendranath Brahmachari**

**Born on : 19 December 1873.**

**Died on :6 February 1946.**

Dr. Upendranath Brahmachari was a renowned physician and researcher. He was born in Sardanga village near Purbasthali, District Burdwan of West Bengal, India.

His father Nilmony Brahmachari was a physician in East Indian Railways. His mother's name was Saurabh Sundari Devi. His early schooling was done in Jamalpur.

He got his MB, MD and PhD degrees from University of Calcutta. In 1923, he joined as Additional Physician in the Medical College Hospital. He retired from the government service as a physician in 1927. After retirement from the government service Brahmachari joined the Carmichael Medical College in Kolkata as Professor of Tropical Diseases. He also served the National Medical Institute, in charge of its Tropical Disease Ward. He was also the Head of the Department of Biochemistry and Honorary Professor of Biochemistry at the University College of Science, Calcutta.

Dr. Brahmachari joined the Provincial Medical Service in September 1899 and was appointed as a teacher of Pathology and Materia Medica, and physician in the Dacca Medical School in 1901. In 1905, he was appointed as a teacher in Medicine and Physician at the Campbell Medical School (Nil Ratan Sircar Medical College and Hospital), Calcutta, where he carried out most of his work on Kala-azar and made his monumental discovery of Urea Stibamine. It had no painful effects and was an effective substitute for the other antimony-containing compounds in the treatment of the disease available in those days.

He is also notably remembered for his pioneering work in the treatment of dermal leishmaniasis, malaria, the old Burdwan fever, quartan fever, blackwater fever, cerebrospinal meningitis, filariasis, leprosy and syphilis.

Dr. Brahmachari played an important part in the formation of the world's second Blood Bank in Kolkata in 1939. He was the Chairman of the Blood Transfusion Service of Bengal. He was the Vice-President of the St. John Ambulance Association of the Bengal branch and also its President. He was the first Indian to become the Chairman of the Managing Body of the Indian Red Cross Society of the Bengal Branch.

He received the distinguished 'Griffith Memorial Prize' from the University of Calcutta, and was also honored with the 'Sir William Jones Medal' by the Asiatic Society of Bengal. In 1921, he was given the prestigious 'Minto Medal' by the Calcutta School of Tropical Medicine and Hygiene. In 1924, he was awarded the Kaisar-i-Hind Gold Medal, 1st Class, by the Governor General Lord Lytton. He also received the title of Rai Bahadur for his diverse works and in 1934, he was conferred a Knighthood by the British Government.

He was nominated for the Nobel Prize in the category of physiology and medicine.

He died on February 6, 1946, at the age of 72.

Contributed by  
**Dr. Purushattam Chatterjee**  
Associated Editor, Your Health of IMA



**The National President and the Hony Secretary General meet with the Office Bearers and the Staffs of Your Health, JIMA, IMA Building & IMA Bengal State at JIMA House, Kolkata on 1<sup>st</sup> March 2019.**



## Interpretation of Blood Glucose Values

**Dr. Subir Kumar Dutta**

Consultant Pathologist

Formerly Professor, Dept. of Pathology

UCM & Dean, Faculty of Medicine (C.U.)



**Diabetes mellitus is mostly diagnosed on clinical suspicion confirmed by blood Glucose estimation.**

D M is suspected in patients with polyuria, polydipsia, polyphagia and unexpected loss of weight. Sometimes it is diagnosed accidentally during routine check-up.

Blood (plasma) Glucose test is mandatory before any surgery, in pregnancy and in patients with family history of D M.

Fasting blood glucose is usually collected 8 to 10 hours after overnight fasting. Post-prandial blood glucose is collected 2 hours **after starting the meal** or glucose drinks.

**Few instructions for collecting PP Blood glucose or PP Blood Sugar-**

1. The golden test for diagnosis of D M is glucose test after 75 gms of glucose dissolved in 200-250 ml of water. If necessary lemon / orange juice may be mixed. If a patient vomits within 2 hrs ,test has to be cancelled.
2. Patients known to be diabetic must not be checked with glucose drinks.
3. DM patients must have the usual anti-diabetic drugs and prescribed diet.
4. Sometimes the PPBS value is less than the FBS. This is not non-physiological and is found in many normal persons or in DM

patients with medicines

5. Sometimes Patients come 2 hrs after heavy breakfast, this should be taken as a screening test
6. When the PPBS value is very close to 200 mgms %, it is best to repeat by a Oral Glucose Tolerance test (OGTT) where both blood and urine are tested for glucose.  
Two samples are collected-Fasting and 2 hrs after taking 75 gms glucose along with urine for glucose.
7. Blood for glucose (F or PP) must be collected in Fluoride vials, properly mixed and sent to the lab within 2 hours.
8. Blood glucose is tested from plasma by "Flexokinase" method

### Self Monitoring of Blood Glucose

Presently blood glucose can be tested by the patient himself .Blood is collected by the patient with blood gun-available at a moderate price and is minimum painless. The variation from standard method values are only 10-20% and after use for sometime it becomes closer to laboratory values. Also care must be taken for the preservation of the instrument and the strips.

### Pregnancy and Diabetes

Actually it has become a routine to test blood glucose during pregnancy.





1. During 24 to 28 weeks 50 gms of Glucose are dissolved in 200 ml of water and blood tested after 1 hr and if the value is over 130 mgms/dl, then an Oral Glucose Tolerance test (100/75 gms glucose) has to be performed.



## Diagnosis of Diabetes Mellitus and Prediabetes

Type	Fasting plasma Glucose	Plasma glucose 2 hrs of 75 gms glucose	Glycated Haemoglobin HbA1C
1. Normal	Less than 100 mgms%	Less than 140 mgms%	Less than 5.7%
2. D M (before Attack (Prediabetes)	100-125 mgms/dl (Impaired fasting glucose)		
3. DM (Prediabetes)		140-199 mgms% /dl (Impaired Glucose Tolerance)	
4. Chance of DM			5.7-6.4%
5. Diabetes Mellitus	Over 126 mgms/dl	Over 200 mgms/dl	Over 6.5%

Source : Research for the study of Diabetes in India

## SCIENTIFIC CLINICAL RESEARCH LABORATORY PVT. LTD.



ISO : 15189/NABL ACCREDITED LABORATORY

WHERE QUALITY MEETS  
COST EFFECTIVENESS

*Serving the people for over  
60 years under the leadership of  
renowned pathologist  
Prof. (Dr.) Subir Kumar Dutta*



**ALL PATHOLOGICAL  
SERVICES AVAILABLE**

## MOLECULAR DIAGNOSTICS DIVISION STARTED (PCR)

**HOME COLLECTION  
FACILITY AVAILABLE**

**SCIENTIFIC CLINICAL  
RESEARCH  
LABORATORY PVT. LTD.  
(DR. SUBIR KUMAR DUTTA)**

2, RAM CHANDRA DAS ROW,  
KOLKATA- 700013

☎ 033 22651098, 033 22658309,  
7605803833

Email : scientificlab86@gmail.com  
website: www.scrl.org.in

## Health First Campaign

By Indian Medical Association - Headquarters

### OBJECTIVE

The health sector in India has never been given the priority it deserves, leading to grossly inadequate services at levels. The allocation of meager 1.1% of GDP for health services speaks volumes about the apathy of successive governments towards this most important determinant of social and

economical progress of a nation. Health sector being one of the largest employer of the population and "the" largest employer of the female population certainly deserves more attention from policy makers.

Indian Medical Association, the national association of more than 3 lakh modern medicine doctors as direct members across the country and another 5 lakh indirect members through its wings

such as junior doctor network, medical students network, federation of medical association , women's wing etc proposes to launch a HEALTH FIRST initiative. The aim of the HEALTH FIRST initiative is to provide a holistic approach to health care sectors, having common man as focal point.

Through this initiative ,we wish to offer our services as a think-tank, support and pressure group to the government both at national and state level so as to bring health at the forefront on the agenda of political parties.

After exhaustive discussions and deliberations with multiple stake holders and experts ,Indian Medical Association have prepared a document of health issues which need urgent attention of the government & political parties.

Here are some of the points presented as "MAGNA CARTA FOR HEALTH" ie, the Health Manifesto for our country.

### MAGNA CARTA FOR HEALTH

1. Increased public expenditure in Health Care.
2. Universal Health Coverage through government funding





3. Private Public Partnership facilitated by not for profit institutions.
4. Emphasis on Primary Care and Rural Health Care
5. Structured Universal three tier reference system.-- Primary, Secondary & Tertiary care
6. No Criminalization of Medical Profession.
7. Quality public funded medical education governed by autonomous democratic regulation.

## CHARTER

1. GDP share in health care  
Increase GDP share in health care from 1.2 % to 5%. Prioritize primary & preventive health, social determinants of health, medical education and research for fund distribution. Fund allotment has to be as per the percentage of patients seeking treatment in any particular system. Bring mechanism to ensure utilization & outcome.
2. Universal health coverage- to all irrespective of socioeconomic group or geographical location.  
Attainment of universal health coverage and Sustainable Development Goals by 2025. Direct public funding for improving access , increasing infra structure and man power. Insurance based public funded programs have to be abandoned and direct government funding to be introduced. Right to health has to be embedded in the constitution.
3. Primary health care and rural health care  
Increase number of Primary Health Centers to focus on preventive and primary health care. One sub center for every 10000 population in urban and semi urban areas, 5000 in rural areas and 3000 in hilly and tribal areas. Improve infrastructure and total manpower in subcentres. Reconcieve wellness centre concept. Wellness centers, if at all established to be manned by MBBS graduates.
4. Co ordinated approach for improving Social determinants of health  
Focus on preventive and public health care  
Improve sanitation ensure safe drinking water , adequate ,nutritious & hygienic food. Ensure safe and healthy food policy by implementing stringent measures on adulteration, health tax on junk food, tobacco, alcohol etc, scientific slaughter houses, regulation of use of preservatives and pesticides, encourage safe transport and storage of food etc. Health impact assessment before starting industries and enterprises.
5. Medical education  
To start more number of medical colleges in the government sector in states lacking in medical manpower. Capping of fees of private medical colleges to make them affordable to all.  
State based health manpower assessment to ensure equitable distribution of teaching centers.  
No dilution of scientific concepts in curriculum and no traditional system of treatment should be main streamed. Maintain autonomy, democratic nature & federal structure of regulatory bodies and academic institutions. Self governance of medical and allied professionals to be ensured and representation of all States in decision making. Restore democratically elected



Medical Council of India. The concept of National medical commission is unacceptable.

Continuous quality improvement and advancement in knowledge to be provided to all health providers.

6. Medical research

Medical grants commission to be set up for funding medical education , co-coordinating medical universities and ensuring advanced research in medicine.

7. Shortage of Medical Manpower

Addressing the perceived issue of shortage of MBBS doctors in rural, tribal and hilly areas through incentive based approach with improved administration and infrastructure. Appropriate mechanism to address medical manpower shortage in some states. Govt should ensure policy initiatives to increase qualified nurses and para medical staff.

8. Reducing the Out of Pocket Health Expenditure for common man-

Regulating the price & quality of drugs, implants, equipments and consumables. Restructuring taxes ,import duties by proper implementation of laws to aid price regulation. One drug, One Price policy should be followed.

9. Safe environment for doctors

Strong Central act to prevent violence against health care providers- National Health Care Establishment Protection Act under IPC.

Better working environment for service and resident doctors to reduce present high level of stress by Good Governance policies & implementation of service rules and rights provided in the constitution. No Criminal liability in Medical Practice.

10. Steps to improve health care delivery

Proper public private partnership in health care. Private sector should be allowed to play collaborative and complementary role in health care delivery rather than those sectors playing parallel roles now.

Restructure Ayushman Bharat program with realistic package rates and ensure timely disbursement of funds. Eliminate middlemen and avoid leakage of funds from public exchequer. Primary Care Access in Insurance sector.

11. Ensure scientific and authorized health care to people

No unscientific mixing of treatment systems.

Abolish bridge course to prevent creating separate class of doctors for underprivileged section of society. No Crosspathy.

Strong policy and legislation regarding unauthorized treatments, advertising and quackery.

12. Protection of Small & Medium Nursing Homes

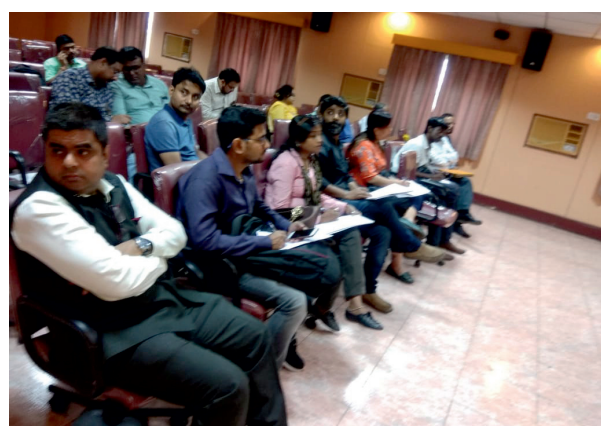
Single window clearance for Laws & Regulations for Healthcare establishments.

Better policies to ensure viability & smooth functioning of small healthcare establishments which provide 24\*7 affordable, accessible, ethical and accountable health services and are backbone in providing secondary health care. Providing incentives to small and medium scale

hospitals through concessional land allotment, tax sops and other benefits as provided for IT sector and small and medium scale industries.

13. Exemption of medical profession from Consumer Protection Act, capping of compensation in medical accidents/ negligence, fixing of premium of indemnity insurance for doctors specialty wise as in third party insurance for vehicles.
14. Involvement of stake holders  
Involvement of Indian Medical Association in formulation and implementation of Health policies by Central and state govt.
15. Social justice and elderly care  
More policy initiatives for ensuring safe and comfortable living of elderly & marginalized population (tribal, costal, women, children, disabled, mentally challenged, etc)

## **The National Press Meet of Dr. Santanu Sen, MP-Rajya Sabha and the National President of IMA on IMA END-TB Programme at Dr. B. C. Ray IMA House, Kolkata on Thursday, 28.03.2019**





## Sleep and Sleep Deprivation

### Dr. Tirthankar Dasgupta

Consultant Psychiatrist of Kolkata,  
Attached with Moner Alo Clinic



#### What is SLEEP?

There was a time when people thought that sleep was simply a time when the body and brain "shut off" for a few hours each night to rest in preparation for the next day. Research over the last 60 years has shown us that the brain remains active during sleep. Now scientists understand that neither the body nor the brain "shut down" when we sleep; in fact, they are often working even harder than they do during the day, undergoing processes to restore cells, process information, and improve health. Few characteristics of sleep can be summarized as:

- Sleep is a period of reduced activity.
- Sleep is associated with a typical posture, such as lying down with eyes closed in humans.
- Sleep results in a decreased responsiveness to external stimuli.
- Sleep is a state that is relatively easy to reverse (this distinguishes sleep from other states of reduced consciousness, such as hibernation and coma).
- Physiological changes: During sleep, however, physiological demands are

reduced and temperature and blood pressure drops.

#### Circadian Rhythm

A circadian rhythm is any biological process that displays an endogenous, entrainable oscillation of 24 hours. Much like the daily opening and closing of tamarind tree leaves, the human body follows a natural, (approximately) 24-hour pattern circadian rhythm. This rhythm is influenced by the environment (such as lightness or darkness) as well as our genetic makeup and determines our sleep patterns by releasing hormones when it's time to sleep.

#### Stages of sleep

Sleep has two main phases-REM and non-REM. We spend about a quarter of our sleeping lives in the REM phase, which is a period of vigorous brain activity, marked by vivid dreams. This stage may be responsible for consolidating information and processing memories, which is why babies (whose entire days are full of new experiences the brain needs to process) spend twice as much time in REM sleep than adults do.

Non-REM sleep has three to four distinct stages. These grow gradually deeper throughout the night

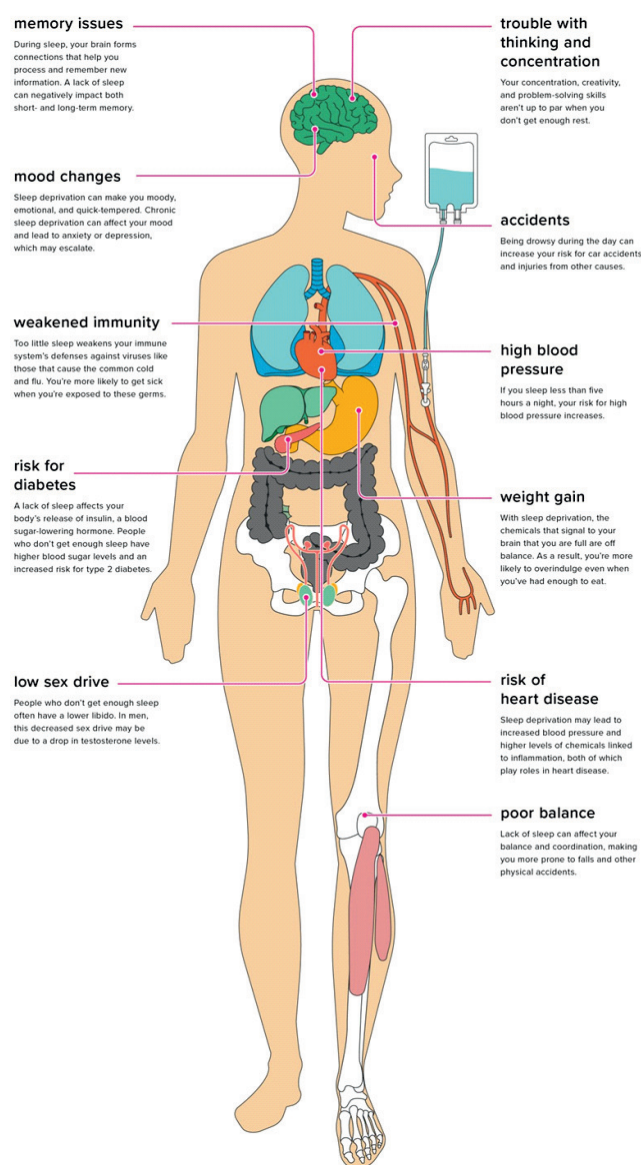
until it becomes very difficult to be disturbed from sleep. During this time, the body works to gently lower the heart rate, temperature, and breathing rate.

## The Purpose of Sleep

1. Offers the body a chance to recover from wear and tear of daily life. Many researchers have suggested the restorative effects of sleeping. This doesn't just mean that the body rests during sleep-rather; the cells busily regenerate themselves and the body temperature, heart rate, and breathing drop in order to conserve energy.
2. Facilitates learning & memory. Not only do we need rest to sustain the attention and concentration necessary to learn new tasks, but according to Harvard's Division of Sleep Medicine, sleep is a time for the brain to consolidate memories, which makes learning new things easier. People who sleep after learning how to play a video game generally perform much better in the game later than those who stay awake. Even more intriguingly, a recent study in Natural Neuroscience showed that people can even learn completely new behaviors (in this case, to associate unpleasant and pleasant odors with certain sounds) while they are completely asleep.
3. Plays a role in immune function. Our body produces special proteins called cytokines, which help our immune system fight off infection. According to the U.S. Department of Health and Human Services, more of these proteins are produced during sleep when we are sick, which is one of the reasons we may feel so tired when we have the flu. Rest gives the body the time it needs to produce these infection-fighting proteins and to restore itself to wellness.

## Sleep Deprivation

Science has linked poor slumber with all kinds of health problems, from weight gain to a weakened immune system. A review of 16 studies found that sleeping for less than 6 to 8 hours a night increases the risk of early death by about 12 percent. The threshold for sleep deprivation may be different depending on an individual's personal sleep needs, but obtaining less sleep than you need will







inevitably lead to sleep deprivation and its symptoms. The degree of severity for all of these symptoms will depend on two factors. First, you will obviously suffer more from symptoms of sleep deprivation the more time you spend awake. Secondly, the intensity of your symptoms will vary depending on your circadian clock.

The obvious signs of sleep deprivation are:

- excessive sleepiness
- yawning
- irritability
- daytime fatigue

The three elements of good quality sleep are:

**Duration-** The length of sleep should be sufficient for the sleeper to be rested and stay alert on the following day.

**Continuity-** Sleep cycles should be seamless without interruption.

**Depth-** Sleep should be deep enough or sufficiently sound to be restorative and refreshing.

Sleep hygiene, is the science conducive to, the preservation of high quality, sound and sufficient sleep. These rules aim to maintain or restore natural, refreshing and healthy sound sleep.

Environmental conditions, such as

1. temperature,
2. noise,
3. light,
4. bed comfort,
5. electronic devices

All these may modify sleep and thus play a significant role in the ability to get proper sleep-and, subsequently, in overall sleep-related wellness.

Sleep is the most precious natural resource that we are not honoring enough. We all compromise on sleep whenever there is lack of time.

Everyone seems to be focusing on exercising and dieting, not understanding the integral part of this triumvirate which is Sleep. For long lasting productivity, efficiency, and memory, good sleep is a prerequisite. The “bravado” attached to less sleep, needs to go

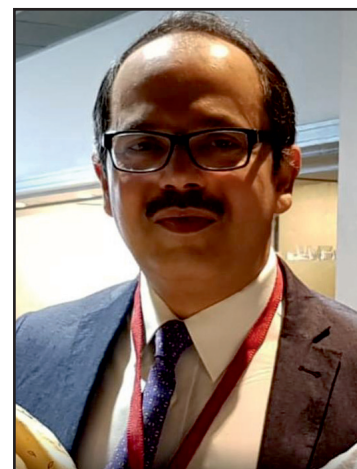
Expectations seem to be bearing heavy on sleep. When expectations from the environment and individuals are not fulfilled anxiety leads to sleep loss. Good sleep is imperative for overall mental and physical well being. Adequate sleep can help people cope and get healthier.

**Disclaimer :** The views and information expressed and provided in the Articles are the views and information of the respective authors. Your Health of IMA is not responsible for the authenticity of the contents of the Articles and Your Health cannot be held responsible or liable for any claim or damage arising out of any action or belief on the basis of the contents of the Articles.

## The Accidental Hemlock Incident!!

### Dr. Rajashri Roychowdhury

Emergency Physician working in  
Russell's Hall Hospital in Dudley, UK



Every year, some 150,000 people are brought into various Emergency Departments in the UK having been exposed to various substances which might be "poisonous!" Approximately 1 in 4 of these people have done so on purpose. They have tried to kill or harm themselves, (or very VERY rarely) tried to kill others! (Agatha Christie doesn't tend to happen in real life!) The majority are accidental, and sometimes, haven't even realised that eating that ancient piece of chocolate that they found in the back of the cushion of their sofa (mouldy, yuk!) could have harmed them in any way! Some have put bleach in their unwashed coffee cups, forgotten about it, and taken a swig from it a couple of hours later! And have come to the hospital!

#### So, what is a poison?

Anything! A few years ago, a marathon runner died when he drank too much water during the run! He had developed something called water intoxication and his brain cells have essentially drowned in the water! And what we used to read about in fairy tales IS actually true - if children (and adults) are fed too much salt, they can die from it - hypernatremia (hyper - more; Sodium - sodium; aemia - in the blood). Others might include synthetic paint and glue, notable for causing heart problems; kerosene and other

petroleum derivatives, burnt plastic and Styrofoam - they give off cyanide (among others). Let's not forget stale fish and meat and other food, the bacteria causing them to go stale cause toxins to accumulate. And let's not forget the poisonous gases - car exhaust, sleeping in a poorly ventilated room with a well-controlled fire in the corner can both build up enough carbon monoxide (tasteless and odourless) to kill!

Anything in the right dose can be a poison and can kill! Or cause serious harm.

#### So, is there anything we can do about it?

Plenty!! First, stop it happening. Keep all potentially damaging household products (soap, bleach, nail varnish, glue etc) locked away at a level where crawling children (and sometimes older kids) can't get to them. Childproof containers are good, but sometimes only children can open them!!!! I remember we had a childproof container with some tablets in it, that nobody in the house could open, except my 7 year old brother!

Still, in spite of the best preventative measures, it still does happen. What to do then? The first question is what NOT to do!!

1. Never induce vomiting by sticking a finger down their throat or making them drink a

large amount of salt water!! Specially, never do the latter! Drinking a large amount of salt water would definitely cause hypernatremia (see above) and lead to brain swelling. This is a lot more dangerous to life and is extremely difficult to treat. Be aware that the victim may be drowsy. Inducing vomiting would cause them to inhale the vomit and choke on it - essentially drown in their own vomit!

2. Likewise, never do a stomach wash!! This horrendous procedure is widely practiced in India and Sri Lanka (essentially due to entrenched ideas) and I mention it to condemn the practice. There is a wide body of evidence to prove that gastric lavage (stomach wash) does NOT remove poisons and actually may harm the patient. For the non medical reader, do not accept stomach wash as a treatment option if offered. In my 25 years of Emergency Medicine practice, I have not used this ONCE! It has all the attendant hazards of inhalational injuries to the respiratory passage and if the stomach tube is forced through, it can very well damage the oesophagus!
3. In case of an inhaled poisons, try to move the victim out into open air so that the poison is

not in contact with him any more.

4. Above all, be safe. Remember you are moving someone who may not be in a fit state to obey commands and may well be unconscious! To move a dead weight like that through a long distance (or more importantly, stairs) may well be an extremely serious undertaking. One of the first things I was taught was NEVER to attempt rescue on your own!! You will end up injured, and there will be two people to rescue instead of one!
5. Get them to an appropriate hospital with an equipped Emergency Department and an intensive care unit.
6. There are toxicology databases (we use TOXBASE in the UK) which give us a comprehensive idea about how to treat these problems. They are meant for use by professional and hospitals (government and private) should invest in subscribing to these services.
7. In the Indian context, a First Information Report needs to be lodged with the Police. This is the law of the land and must not be fought.





## Why Not ?

### Dr John Oommen

Deputy Medical Superintendent & Team Leader, Mitra  
Christian Hospital, Bissmacuttack, Rayagada District, Odisha

Recently, the alumni of St John's Medical College, Bangalore, asked me to speak to them about the journey of my last 25 years in Community Health in a beautiful, but relatively off-the-beaten-track part of India - south Odisha. It forced me to reflect and to re-visit long forgotten milestones in an all-consuming journey of life, and to reflect on lessons learnt. What have I learnt, I asked myself. Has it been worth it? And Why on earth did I do the crazy things I landed up doing? And the conclusion I arrived at was..... Why Not?

Let me share with you some of the snapshots from this journey. Maybe it will resonate with somebody out there too !

At the age of 17, when all looked black and white with no shades of grey, I was convinced that all I was and all I had was a gift from the Divine; given in trust; to be used for those who did not get the opportunities I did. Journalism and Medicine were the two options I considered in the pursuit of this adolescent vision. And hence I joined the MBBS course at CMC Vellore in June 1980, the year the University had hiccups and shifted from the 5.5 year course to the 4.5 year version. College was fun - all privileges and no responsibilities; a free space for learning life and some subject matter.

As is CMC's long-standing policy, we had to serve for two years in areas of need at the end of our course, and I landed up for a year in the Christian Hospital, Bissamcuttack in what was then Koraput District of Orissa - idealistic and wet behind the ears ! My first month there- December

1987 - shook the  
daylights out of me.  
A railway-crossing  
accident brought in  
35 patients with

severe trauma to our 120-bedded hospital, two days before Christmas. We found ourselves in the midst of an epidemic of Meningococcal Meningitis that was killing count-less people ; my guesstimate was 2000 died in three months in the neighbouring 3 districts. I was the Acting Pediatrician - 90 % acting and 10 % pediatrician. Work was challenging and fulfilling, and I knew I had found my context.

I returned to Vellore to do my MD in Community Medicine (89-92) ; got married to my wife, Mercy, who was doing her MSc in Nursing. And we returned in July 1993 to CHB, and have lived happily ever after. Looking back today, I can't believe 25 years have flown by. It's been good ; fun ; busy; exciting; scary; depressing; exhilarating - all at the same time !

Bissamcuttack is a beautiful part of our country. 62 % of the people of this block belong to the Adivasi community, the Kondhtribe; 17 % to the Dalit community, making the vulnerable the vast majority. But as everywhere else, the tail wags the dog.

I began work with the people of 38 villages, as part of the Mitra Community Health Team, walking village to village, with knapsacks full of medicines and samosas - the former to treat the sick and the latter to sustain our stomachs over the lovely long



treks. We put a notebook in each village and called it the SwasthyaPatta - the document of health. Births, Deaths and Pregnancies were recorded by volunteers. We initially asked them to record illnesses too, but the notebooks filled up too fast, so we gave up on that one. In 1995, the IMR was 201 per thousand, and the Under 5 Mortality Rate was 295. Over a third of our deaths were due to fever, probably Malaria ;and all we had to offer was DDT sprays and Chloroquine tablets ; while we were desperately trying to maintain cold chains to immunize children for diseases they didn't have anyway. We had to unlearn and relearn. We had to learn to drop our SMART objectives and listen to seemingly dumb dreams - through Community Dreaming Sessions. Our style of work changed. In 1996, we launched a People's Movement Against Malaria, using medicated mosquito nets, neem-based repellants and chloroquine. In one year, the Malaria dropped.

Soon many groups were coming to us to learn the secret. We had to set up a small training unit to respond. And so on.

By 1997, communities were dreaming bigger. The people of a hill tribe village called Kachapaju dreamt of a school of their own where their children could study, rooted in their own ethos and culture, their language and their religion ; where education would not make them look down on their parents and their roots. I didn't think it could happen, but it did. And in July 1998, the people of 16 hill-tribe villages and the Mitra team of



Christian Hospital, Bissamcuttack, together opened the Mitra Residential School, Kachapaju. Today we have 160 kids - 80 boys and 80 girls - studying in Grades 1-5, in a Kuvi-cum-Odia medium. And today, there are engineers and nurses and teachers and panchayat leaders from among the alumni, just 20 years later.

Stuff keeps happening. The ideas for Malaria control kept evolving as we had the unique privilege of holding together the art of community rootedness with the science of community malariology. Ideas emerged. Mal-Mal was the word we coined for Malaria Induced Malnutrition. In 2009, we found protecting malnourished children from malaria with chloroquine prophylaxis could reverse radically the negative growth curve of children in remote villages. In 2010, we found that mass screening of under-5 children in vulnerable villages, revealed a point prevalence of parasitemia in children of about 40 %; in some

villages it was 100 %, with or without fever. In fact, of the children positive for malaria, only 8 % had fever. If you followed the national guidelines, you would miss 92 % of the parasitemia. The experts called it Asymptomatic Malaria; we disagreed, for the symptoms of malaria could be many - failure to thrive or anemia or even poor school performance. Clearing this parasite load, released the growth potential of children and caused a sharp fall in the endemicity of malaria. We shared this data and the idea of Mal-Mal with civil society and the state. The Tata Trusts supported a network of NGOs in 4 districts to upscale this strategy, with



our technical support. By 2015, some enlightened and pro-active officers of the state endorsed the idea. They built on it far better and bigger than we could have, and in 2017, they launched the Odisha-specific innovation in community-based malaria control, with the acronym, DAMAN. Malaria crashed at a pace unprecedented in public health history, and in November 2018, at the release of the World Malaria Report in Maputo, Mozambique, our state Odisha - formerly the whipping boy of all malaria consultants, was declared a role model for the world for malaria control. The representative present there from NVBDCP, Odisha, Dr M. M. Pradhan, the passionate dynamo behind this revolution, was given opportunity to explain the how's and why's of the Odisha miracle. It has been a great privilege to see a State Government perform public health at such a high level of passion and efficiency, led by a doctor-turned administrator, the Health Secretary, Dr Pramod Meherda. We applaud silently from the margins.

Now looking back on the twists and turns of a journey in community health ; I am humbled and privileged to have been allowed to be part of something much bigger than me. The IMR in the

50 small villages we work with has decreased from 201 in 1995 to an average of 41 in the last 3 years. The female Literacy rate in the hill villages had gone up from 1.2 % in 1997, 21 % in 15 years & so on. We didn't do it. It happened. Given a choice, I would do it all over again. But now, for some personal lessons learnt on this journey :

1. Our Calling is not necessarily to Success; it is to Obedience to the Divine; to Share the Pain of our people, and to respond.
2. Dream: Dream of outcomes, not just of vehicles & start walking towards the dream.
3. Pitch your tent in the battle-field, and stick with it. Downs will come, but so will ups. It takes time for change to come.
4. However much we know about something, there is still more to learn; go deep. The most exquisite expertise is still of no use if it is not used to make a difference for people.
5. The community is the solution; not the problem. Build community capacity.
6. Be the Change you want to see.
7. Even a below-average, second-attempt-pass doctor can make a difference.



**CELEBRATION OF INTERNATIONAL WOMEN'S DAY AT IMA HEADQUARTERS IN THE PRESENCE OF DR. SANTANU SEN, MP NATIONAL PRESIDENT**



**SECRETARY, YOUR HEALTH, DR. KAKALI SEN, SPEAKING ON THE OCCASION OF WOMEN'S DAY AT KOLKATA**



## How to get The Best Out of Your Doctor

**Dr. D. S. Chopra gives you a few tips**

Renowned Physician and Cardiologist of Kolkata

### Have you ever come across the following story ?

A rich man once fell ill. Being a rich man he decided that he need not go to the doctor's chamber and wait. So he decided to give the doctor a call to his house.

The doctor on his arrival was ushered in with a lot of fanfare. The relatives then took him to the patient's bedroom.

The patient was sitting on his bed in total control of the situation - or so he thought.

The doctor approached him "Yes, what is wrong with you ?"

"ThaTis exactly what I want to know from you." pat came the reply from the rich man. He had to get the best for the money's he was spending. After all he was rich precisely because of this ability of his.

The doctor stood looking down at him for a moment and then picked up his bag.

"You have called the wrong doctor I think. Because the only doctor I know who treats his patients without them telling him of their problem is a veterinary doctor."

Well have you got the moral of the story ? Next time you see your doctor tell him about all your problems. Without a full history it may be imposible for the doctor to arrive at a diagnosis and treat you properly. But at the same time be sure you are talking sense.

Patients often tell a doctor long stories in his chamber including irrelevant details like what an astrologer had told him or how his friend had a similar malady. They are probably omiting vital details about their past medical problems. The unrelated talk has drawn away attention from the actual problem. It has also blunted the doctor's interest in your case. It is best to make a list of your complaints and talk about them one by one. Tell him about your recent problems first but don't neglect your past history either. Listen to his questions carefully and answer them as intelligently and to the point as is possible. Hiding things from a doctor is also of no use. Either he will find out anyway or it will hamper your treatment. A doctor is a proffessional man and anything you tell him in his chamber becomes a proffessional secret which he is bound to keep.

### It is very often difficult to choose a doctor

When I was young there was this class of doctors called 'family physicians'. We, as children would feel free to take all our problems to him- and believe me, even if the problem was not a medical one (like sleep lost over a pretty girl I had met in the fair), he always lent a patient ear and gave sound advice.

These days most people decide straightaway which specialist they want to see. A man may decide that his chest discomfort is definitely cardiac and visit a cardiologist ending up spending loads of money. Conversely people having genuine



advanced cardiac disease, neglect it saying that it is only 'a touch of gas'. How dangerous for both

And above all, get well soon.

patients. Perhaps if they had been in regular touch with their family physician he would have saved both their lives and money. At least an appropriate specialist would have been called to his care.

It is perhaps best to choose a person who is in close proximity to your house and can be called upon in an emergency. A good doctor is usually a busy man, but if he is too busy to attend you in your time of need, then he is certainly not good for you.

And last but not the least, make sure you understand all your doctor's instructions about medicines and diet. Often the doctor in question may have a bad handwriting. So write down a medicine chart for yourself and follow it. Lack of communication between you and your doctor may be disastrous.



*Click photographs with any type of camera & send those to us by 15.03.2019. Every quarter we will short list "Top Ten Photographs" published in our publication alongwith honouring with exciting gifts.*

**SEND TO :**

The Honorary Editor,  
Your Health of IMA  
(Email address : [yourhealthoffice@gmail.com](mailto:yourhealthoffice@gmail.com))

The Top Ten Photographs shall be honoured with exciting gifts.



## Health Insurance - A Friend in Need

### Mr. Rohit Kr Sonthalia

Professor of NISM & Founder of SFIC Group  
(SFIC Group is among the  
leading advisors in Insurance and Investments)



Medical expenses are shooting high day by day. Buying a health insurance policy for yourself and your family is important because medical care is expensive, especially in the private sector. Hospitalisation can burn a hole in your pocket and derail your personal finance system. It will become even tough, if the person who brings in the money, is now in a hospital bed. All this can be avoided by just paying a small annual premium which would lessen your stress in case of medical emergencies.

In early days health insurance policies are used to reimburse hospitalisation cost only. But the scenario has been changed completely now, a good health insurance policy would usually cover expenses made towards doctor consultation fees, costs towards medical tests, ambulance charges, hospitalization costs and even post-hospitalization recovery costs to a certain extent.

Cashless, is the most coveted word in medical insurance industry.

With cashless facility, initial worries about treatment cost could be eradicated from the peoples mind. There is no ceiling for insurance policies one can get health insurance policy from as low as Rs.50,000 to Rs.1 Crore.

It's difficult to select the best insurance policies as all insurance company provides a similar type of insurance plan. Hence some of the important

points that any Person should look before purchasing any plans are:

1. Sum Assured: You need to know that how much money you will get as support for treatment by the insurance company.
2. Cashless hospital network: Check which are hospitals nearby you place are enlisted for cashless facility by the insurance company.
3. Waiting period: As per the insurance norms, a certain period you need to wait for getting the services. It varies for different illness. Usually most of the insurance company applies waiting period of 30 day from the day of initiation of the health insurance policy. If any claim falls during the waiting period, the insurer has the right to reject the claim for any hospitalization, except in the case of any emergency.
4. Exclusion list: A few diseases like HIV related issues, Dental problems, are not covered by health policies and fall under the category of policy exclusions.
5. Renewable Clause: It is important to see how many years the plan proposes to protect you. It makes no sense if you are covered by a plan during your youth only to be left without a coverage when you need it the most-during your old age.



6. Coverage of pre-existing: To make the most of your health insurance policy, you must understand whether its covering the pre-existing illness or not, if any.
7. Pregnancy Cover: Now check wheather your policy covers maternity issues or not. Most policies have a waiting period of 3 to 4 years for this cover.
8. Claim settlement record: Always choose insurance company with good claim settlement record. Always ask for company's claim settlement ratio before purchasing their health plans and save yourself from unnecessary harassment in future.

Apart from all these always look for an able agent.

The person must be knowledgeable enough about different products. Who can always fight his clients claim is also important. The service of an agent is crucial at the time of crisis of a person.

### How to get benefit

- Put all information categorically
- Full declaration of past disease -treatment / hospitalization (if any) should be disclosed.
- Special health related information like Obesity, Hypertension, Diabetes etc should be disclosed as most Insurance companies have an extra premium for such cases.

At the end of the day none of us want that you should fall sick, but if you do this should be a soft cushion to fall back upon financially.

### Guest House of IMA at Kolkata (Fully AC)

One Deluxe Single Bedded Room.....	Rs. 800.00 per day
Two Deluxe Double Bedded Room.....	Rs. 700.00 per bed per day
Three Triple Bedded Room.....	Rs. 600.00 per bed per day
Two Four Bedded Room.....	Rs. 600.00 per bed per day

<b>Facilities :</b>	<ul style="list-style-type: none"> <li>• Lift</li> <li>• Security</li> <li>• Cold &amp; Hot Water</li> <li>• Car Hire facility</li> </ul>	<ul style="list-style-type: none"> <li>• Colour TV with Cable connection</li> <li>• Telephone</li> <li>• Pantry</li> <li>• Luxury Rooms with Granite flooring</li> </ul>
---------------------	---	--

**Complimentary :** Bed Tea, Breakfast

### FOR BOOKING

Please transfer the money in our Bank Account under intimation to us as follows:

**Name of Account:** "IMA Calcutta Building Account"

**A/c No.** 058601000020565

**IFS CODE :** IOBA0000586

**Indian Overseas Bank, Dharamtolla Street Branch**  
141/1-A, Lenin Sarani, Kolkata- 700013, W.B.

**Contact:** Dr. Santosh Kumar Mandal, Hony. Jt Secretary, IMA HQ  
Sir NRS IMA House, 53, Sir NRS Sarani, (Creek Row), Kol 14  
Phone : (033) 2225 7010, Mobile - 9434188743 / 9732029436 / 9432960446 (Mr. A. S. Das), E-mail : imahq.kolkata@gmail.com

## IMA Days to Remember

15th January	IMA Community Services Day	1-7th August	World Breast Feeding Day
30th January	Anti Leprosy Day	12th August	International Youth Day
8th March	International Women's Day	25th August-	Eye Donation Fortnight
24th March	World TB Day	8th September	
31st March	Measles Immunization Day	1st October	Blood Donation Day
7th April	World Health Day	1st October	International Sr.Citizen Day
17th April	International Hemophilia Day	2nd October	IMA Anti Quackery Day
7th May	World Asthma Day	10th October	World Mental Health Day
12th May	International Nurses Day	16th October	World Food Day
15th May	International Family Day	10th November	World Immunization Day
31st May	World No Tobacco Day	14th November	World Diabetes Day
5th June	World Environment Day	15th November	World Quality Day
26th June	Anti Drug Abuse Day	17th November	National Epilepsy Day
1st July	Doctors Day	25th November	International Women Safety Day
11th July	World Population Day	1st December	World AIDS Day
15th July	World Plastic Surgery Day	3rd December	International Handicapped Day

**26th January & 15th August is being celebrated in all over the Branches of IMA in India**

# Quiz

Dr. Ritesh Singh

1. Aphasia means difficulty in: taste/ breathe/ swallow/ speak (choose one)
2. What do you mean by 'Xerostomia'?
3. Miosis refers to pupillary constriction: True/ False
4. What does edema mean?
5. Which type of cell is found in the brain?
6. What is osteoporosis?
7. What do the suffixes -dynia or -algia means?
8. Which medical term describes the scraping away of skin or mucous membrane by friction?
9. What is the largest organ of the body?
10. What is the largest bone of the body?
11. What does AIDS stand for?
12. How many bones do babies have when they are born?
13. What is the only part of the body that can't heal and repair on its own?
14. How many bones are in human skull?
15. What is the only bone in the body not attached to another bone?
16. When Columbus returned to Europe in 1493, he brought with him a deadly variety of what disease?
17. The world's oldest medical text is about \_\_\_\_\_ years old.
18. In 1844, dentist Horace Wells of Connecticut was the first to successfully use an anaesthetic to extract teeth. What was the anaesthetic?
19. What drug, discovered in 1943, was the first to be effective against tuberculosis?
20. Which medical term describes blood in urine?



## SEND YOUR ANSWERS

To,  
The Honourary Editor,  
Your Health of IMA

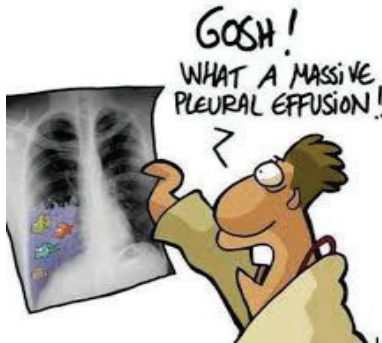
(Email address : [yourhealthoffice@gmail.com](mailto:yourhealthoffice@gmail.com))

The first three correct respondents shall be honoured with surprise gifts.

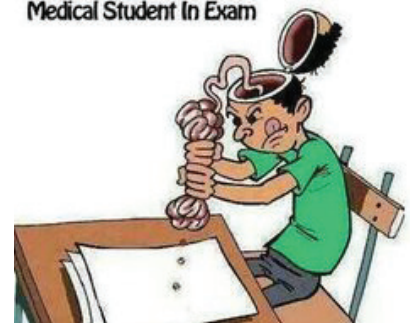


# Leisure time

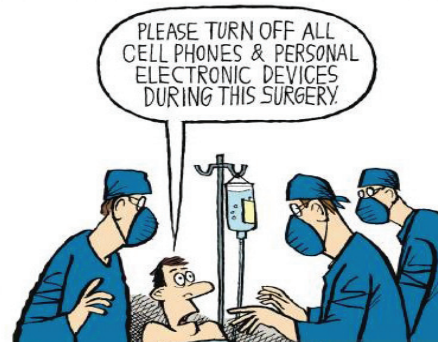
YOUR HEALTH, MARCH - APRIL, 2019



Medical Student In Exam



"My doctor told me to avoid any unnecessary stress, so I didn't open his bill."



## **COMMITTEE 2019-20**

National President, IMA	- Dr. Santanu Sen
Imm Past National President, IMA	- Dr. Ravi S Wankhedkar
Hony Secretary General, IMA	- Dr. R. V. Asokan
Hony Finance Secretary	- Dr. Ramesh Kumar Datta
Hony Editor	- Dr. Nandita Chakrabarti
Hony Secretary	- Dr. Kakali Sen
Hony Associate Editors	- Dr. Sushil Kumar Mandal, Dr. Purushattam Chatterjee
Hony Jt. Secretaries, HQ (Ex-Officio)	- Dr. Vijay Kumar Malhotra, Dr. V. K. Arora, Dr. Amrit Pal Singh, Dr. Pijush Kanti Roy, Dr. Sibabrata Banerjee
Hony Jt. Finance Secretaries, HQ (Ex-Officio)	- Dr. Dinesh Sahai, Dr. Iskandar Hossain

## **All India Advisory Board**

Dr. Sudipto Roy, Dr. S. Arul Rhaj, Dr. A. K. Marthanda Pillai, Dr. G. K. Ramachandrappa, Dr. Ajay Kumar, Dr. V. Agarwal, Dr. M. Abbas, Dr. Ashok Adhao, Dr. Tapan Deka, Dr. K. Vijayakumar, Dr. M. M. Naik, Dr. O. P. Tewari, Prof. Sukumar Mukherjee, Dr. Tapan Biswas, Dr. Sahajanand Prasad Singh, Dr. Nirmal Maji, Dr. Samaram, Dr. Surajit Ghosh, Dr. A. Pachnekar, Dr. Asim Kumar Sarkar, Dr. Dhiman Kahali, Prof. (Dr.) Rajen Pandey, Dr. Arvind Jain, Dr. B. Meheta, Dr. D. D. Chowdhury, Dr. M. Bhaskaran, Dr. Saroj Sahoo, Dr. D. N. Misra, Dr. Subhas Chakraborty, Dr. Rajib Gon Chowdhury, Dr. K. E. Paulose, Dr. Susil Kumar Mandal, Dr. A. Franklin, Prof. (Dr.) Dipanjan Banerjee, Dr. Manab Kumar Ghosh, Dr. Pijush Kanti Roy, Prof. Debabrata De, Dr. S. R. Bhowmick, Dr. Ajay Kumar Singh, Dr. Maya Rani Ghosh, Dr. Sudeb Kumar Sinha, Prof. (Dr.) G. M. Malik, Dr. Dilip Dutta, Dr. Chandan Banerjee, Dr. Sarbari Dutta

**Website In-Charge**  
**Dr. Minakshi Gangopadhyay**

## ***Be a Subscriber of Your Health***

● <b>Life Member for IMA Members</b>	<b>Rs.</b>	<b>2,000/-</b>
● <b>Life Member for Non IMA Members</b>	<b>Rs.</b>	<b>3,000/-</b>
● <b>1 Year</b>	<b>Rs.</b>	<b>200/-</b>
● <b>2 Years</b>	<b>Rs.</b>	<b>400/-</b>
● <b>3 Years</b>	<b>Rs.</b>	<b>500/-</b>
● <b>Corporate Membership (Annual)</b>	<b>Rs.</b>	<b>1,000/-</b>

## **FOR SUBSCRIBING**

Please transfer the money in our Bank Account under intimation to us as follows:

Name of Account : "Your Health of IMA"

Account No.058601000020876

IFS CODE : IOBA0000586

Indian Overseas Bank, Dharamtolla Street Branch, 141/1-A, Lenin Sarani, Kolkata- 700013, W.B.



## Estd. 1952

Date of Publication : 2nd day of each calendar month  
**March - April 2019**



**SIR NILRATAN SIRCAR IMA HOUSE**  
**53, SIR NILRATAN SIRCAR SARANI, (CREEK ROW)**  
**KOLKATA-700 014**

**Tel. : (033) 2236-4200, Fax : 2236-4200**  
**E-mail : [yourhealthofima@gmail.com](mailto:yourhealthofima@gmail.com)**  
**Website : [www.yourhealthofima.org](http://www.yourhealthofima.org)**



**World Health  
Organization**

Printed by : Dr Minakshi Gangopadhyay at Modern Graphica, 41, Gokul Boral Street, Kolkata-700 012  
Published by her on behalf of the Indian Medical Association, Sir Nilratan Sircar IMA House,  
53, Sir Nilratan Sircar Sarani, (Creek Row), Kolkata-700 014, INDIA  
Hony. Editor : Dr Ashok Kumar Chatterjee, Hony. Secretary : Dr Minakshi Gangopadhyay