



BIMA

BULLETIN OF INDIAN MEDICAL ASSOCIATION

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MUMBAI BRANCH



Our forthcoming Programmes:

- | | |
|---|---|
| ◆ 16 th June 2024 : MAHA GERICON Conference 2024 | ◆ 01 st July 2024 : Blood Donation Camp |
| ◆ 23 rd June 2024 : Monsoon Related Diseases CME | ◆ 07 th July 2024 : Doctors' Day Celebration |
| ◆ 27 th June 2024 : Diabetes Webinar | ◆ 12 th July 2024 : Blood Donation Camp |
| ◆ 30 th June 2024 : International Yoga Day | ◆ 14 th July 2024 : Monsoon Marathon |

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President

Dr. Pragji Vaja
Hon. Secretary

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Editor - BIMA

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World No Tobacco Day Street Play at Parel Naka, Mumbai - 31st May 2024



World No Tobacco Day Street Play at Worli Naka, Mumbai - 31st May 2024



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Editorial



(As per statement given by Dr. R. V. Asokan National President IMA HQ).

IMA's Advocacy Agenda: Prioritizing Health Policy Reforms for Universal Healthcare Access

Universal Health Care (UHC):

IMA recognizes Universal Health Care (UHC) as an entitlement to Health security. The state has an obligation to provide appropriate medical care but also to address all the health determinants including drinking water and sanitation. The entitlement should be for a basic Health package for every citizen in primary, secondary and tertiary care. Universal Health care should be ensured primarily by the public sector supplemented with strategic purchase from the private sector. Universal Health Care should move from an aspirational goal to an entitled provision.

Health Financing:

IMA advocates a tax-based system of Health financing. Contributory Health insurance offers incomplete coverage and restricted services. General revenues should be the source of UHC. Increased allocation of financial resources for Health is the most important component. The allocation varying from 1.1 to 1.6 % GDP together by the various Governments is one of the lowest in the world. Moreover, the expenditure incurred on Health determinants like drinking water, sanitation should be provided for separately. Thus, the minimum allocation for Health alone should be around 2.5% of the GDP. Despite numerous policy pronouncements prioritizing health, the governments in India at the Centre and state levels have historically underfunded the public health sector, resulting in poor health outcomes and rising inequity in access to health care. India's overall health spending (public and private) is currently estimated to be 3.8% of its GDP, lower than the LMIC average of health spending share of GDP of around 5.2%. India's health system is overwhelmingly financed by out-of-pocket (OOP) expenditures incurred by households (around 63% of all health spending) (NHSRC, 2018; RBI, 2019). Government funding, provided by both the Central and state governments, currently constitutes approximately one-third of all

health spending, with states accounting for nearly two-thirds of total government health expenditure. Sustained underfunding of public sector facilities, and the rapid growth of private sector has contributed to rising OOP costs on health care for households. Of this, a significant share, almost two-thirds of OOP expenses, are for purchasing outpatient care, especially medicines. Because households bear the burden of the high OOP health expenses in India, more than 55 million people are impoverished each year on account of expenses for ill health.

Accreditation is better option:

The advice of the Planning commission committee to choose accreditation for healthcare institutions as the choice for regulation was ignored. The Clinical Establishment Act in the current form is proving to be a burden on small and medium hospitals. Cases of misuse of power are being reported. If registration and quality are the aims the goals will be better served by insisting on accreditation rather than regulation. There is a strong case for exemption of small and medium hospitals from the clutches of the current CEA.

Anti-Microbial Resistance:

AMR is emerging as a major threat in the communicable diseases front and has to be tackled with urgency. Anti-Microbial resistance (AMR) is global, regional, and national priority. It increases morbidity and mortality, and results in economic losses. The rates of AMR in the 3 sectors – human, food animal, and environment – have been rising disproportionately in India in the past decades. The responsible use of antibiotics is a fundamental and effective strategy in containing AMR; however, misuse, overuse, and inappropriate use of these medications contribute significantly to the development and spread of antibiotic-resistant bacteria. AMR containment needs a multi-stakeholder response to raise AMR awareness, training, and capacity development of health professionals, strengthening of infection prevention and control, operational research, and surveillance of AMR, as well as antimicrobial consumption/use and healthcare associated infections. IMA can play a pivotal role in promoting behavioral change through continuous medical education, peer support, and fostering of responsible anti-microbial use within the healthcare community, and reduction of spread of infections in health care settings.

Quality of Drugs and related issues:

The Mashelkar Report of 2003 noted, “The problems in the regulatory system in the country were primarily due to inadequate or weak drug control infrastructure at the State and Central level, inadequate testing facilities, shortage of drug inspectors, non- uniformity of enforcement, lack of specially trained cadres for specific regulatory areas, non-existence of data bank and non-availability of accurate Information. There is much less quality control on the manufacture of medication except perhaps among those recognized as GMP (Good Manufacturing Practice) companies. Quality assurance of the drugs manufactured in the country is a top priority. Similarly, GST on drugs and medical equipment levied at 5% to 18% needs a reconsideration considering the fact drugs form the substantial portion of out-of-pocket expenditure.

IMS – Indian Medical Services:

The COVID pandemic has exposed the vulnerability of the healthcare system in our country. It has also brought to fore the grave paucity of professionalism in health management right from the Sub-District Office level. As such, this mandates towards an acute need for change in the health administration of the country. IMA has proposed to the Government to revive the ‘Indian Medical Services’ discontinued in 1948. An All-India cadre of doctors would be more sensitive to the needs of the patients and clinicians. It is pertinent to note that ‘Law and Order’ is a state subject in the schedule appended to the Constitution of India but there is an All India Indian Police Service which is in vogue.

National Medical Commission:

1,08,915 MBBS graduates come out of 706 medical colleges of India posing huge challenge for quality maintenance in our medical colleges. IMA desires that NMC should rise to the expectations and trust invested in it. NMC should be sensitive to the issues of young doctors, their career and unemployment. Moreover, the National Medical Commission Act, 2019 needs to be amended to suitably incorporate a provision thereunder for supporting medical education through accruable developmental funds intune with the provision included at Section 12(B) of the University Grants Commission Act, 1956 governing Higher Education so as to make National Medical Commission a Commission in the truest and realistic sense by vesting it with financial disbursement authority.

In order to invoke quality centricity in all levels of medical education a robust and outcome based analytical accreditation system through Autonomous Accreditation and Ranking Board of the NMC needs to be rolled out immediately in the teeth of recognition granted to it by World Federation of Medical Education vide its Notification dated 20th September, 2023 for a period of 10 prospective years and avail much desired Global parity in the context of the material reality that India turns out to be the largest producer of trained health manpower.

It is also mandated that institutionalized mechanism in the form of Academic Staff Colleges for full time faculty development programme through structured refresher courses for medical education needs to be evoked for fulfilling international parlance on the said count.

Healthcare violence:

Violence on Doctors and Hospitals is a national shame. 23 State legislations have been ineffective due to absence of a Central Law.

The Central Government deemed it fit to bring amendments to the Epidemic Diseases Act 1897 during Covid period. Airport and Airline staff are protected by a Central Law. Hospitals should be declared as safe zone. Doctors and nurses deserve to be protected during normal times as well and certainly deserve to be treated as equivalent to airline staff.

Health Manifesto:

In a Parliamentary democracy the only way to raise our concerns is to sensitise the common man and create a public opinion. Health of the nation deserves to be an important election issue and IMA strives to streamline its concerns into a Health Manifesto. IMA rededicates itself to the health of our people and to work with the Government to achieve affordable Universal Health Care for everyone.

Priorities:

- ◆ Tax funded universal healthcare with basic package for all citizens.
- ◆ Direct funding of Government Hospitals and human resources with strategic purchase from private sector.
- ◆ 5% GDP resources to be allotted by the Governments to Health.
- ◆ Re-envision PMJAY to cover OPD care and cost of drugs.
- ◆ Direct patients transfer, copayment and reimbursement models will sustain Health insurance model.

DR. RAJENDRA H. TRIVEDI

Editor

IMA Mumbai Branch

Report of Family Welfare and Vasectomy Centre Sub Committee for the month of May 2024

It gives us a great pleasure to submit the report of our above Centre for the period 01/05/2024 to 31/05/2024.

With the help of all dedicated IMA staff, the Centre is running smoothly and to our satisfaction.

We have performed 31 (Thirty One only) vasectomies in the month of May 2024. Total no. of cases done by us till end of May 2024 are 904.

Regular updates are given to our philanthropic sponsor, President, Secretary and Managing committee of our IMA, Mumbai branch. We thank all for their co-operation.

DR. GIRISH LAD
President

DR. PRAGJI VAJA
Hon. Secretary

DR. ASPI RAIMALWALA
Chairman
Family Welfare and Vasectomy Centre

Report of Aao Gaon Chalen May 2024

Aao Gaon Chalen team visited village Sonale on 26th May 2024. The team comprising of Dr. Kiran Desai, Dr. Hemant Haldavnekar, Dr. Jyotika Kaku, Dr. Neela Haldavnekar and Dr. Sharad Deorukhkar.

A total of 85 patients were examined and were given medicine Morbidity pattern was as follows:

Diabetes Mellitus 7, Anemia - 7, Hypertension - 2, Conjunctivites - 2, Anal Fissure - 1, Skin infection 5. One child was referred to Wada hospital for suspected TB.

All patients were given health educational talk and appropriate medicines.

DR. GIRISH LAD
President

DR. PRAGJI VAJA
Hon. Secretary

DR. KIRAN DESAI
Chairperson

DR. SUNITA SHANBHAG/DR. DINESH PRABHU
Co- Chairpersons

Aao Gaon Chalen & Rural & Community Health Sub-Committee

From The President's Desk

My dear Brothers & Sisters,

I have been fortunate enough to become president of IMA Mumbai Branch, for the year 2024-2025 with blessings and best wishes from all of you. The Installation Ceremony was held on 7th April 2024, the World Health Day. WHO slogan for this year is **'My Health My Right'**. 'Health' is a term used by all of us quite often. But what is health? Health is perfect wellbeing. Health is interpreted as physical health but in true sense health includes various aspects of living & measures for livelihood.



Physical Health is well being of all our organs of the body, free of disease; in perfect working condition. This can be judged and assessed by various examination techniques & investigative profiles. But that is not all. One needs to analyse every human in various other shades of health i.e. mental health, financial health, spiritual health-the Holistic Health Approach. All these are interlinked and give rise to aberrations of physical health as a result of which a person falls sick but remains undiagnosed in true sense.

The concept of psychosomatic link of sickness is being accepted worldwide, in last few years. The way you think, so you become. So **"think positive, be positive"**, is the key to wellbeing. Healthy mind - Healthy body is like saying **"Man Changa to Kathoti Me Ganga"**.

Mind is influenced by many factors intrinsic & extrinsic. Extrinsic factors do not depend on us but Intrinsic factors are in our control. For this ability to sustain inspite of adversity needs support of other aspects of health i.e. Virtues of dedication, determination, devotion, duty consciousness & above all discretion. Literacy adds virtues to your ability & poise. Educate yourself & others, to have our society of learned citizens. Knowledge makes your virtues 'Glow' to optimum level to develop 'Pink Health'. (Not Knowledge from Whatsapp or Google university) but knowledge from University of wisdom.

Poverty for a long time, will fetch all sorts of sickness, mental & physical so help one and all to become financially self-sufficient. Earning money is the beginning, growing money is intermediate Journey & utilizing money for social cause is the final goal of Journey; Take all with you in the Journey of Generosity.

Adopt the concept of **'Vasudhaiv Kutumbakam'**. To understand and execute this in our day to day life, we must develop our spiritual health, we all originate from the divine soul and have come here for Journey towards the same soul. This is world Brotherhood concept. Imbibe it. Develop love for all on the basis of **'Attachment with detachment is a True divine love'**. Live like a drop of water, over a leaf of Lotus; it just rolls without any adherence.

Nature is the Best healer and depicts the virtue of generosity. It desires love and gives love in reciprocation manifold. **'Ekoham Bahusyam'** One seed gives one tree which gives us back fruits to relish & Seeds in abundance to generate further trees. To respect this Nature we follow World Environment Day on 5th June by planting a sapling as a token of participation in nature's basket.

Philosophy without action is Hypocrisy. We at Indian Medical Association do serve medical literacy through CMEs & conferences. We serve community & needy strata of society by various projects like Mission Pink Health, Aao Gaon Chalen, Blood Donation Drive, Safe Motherhood Week projects.

So let us all work together to make Holistic Health, a dream come true.

Jai Hind ! Jai IMA !

DR. GIRISH LAD
President
IMA Mumbai Branch

**IMA MAHARASHTRA STATE GERIATRIC CONFERENCE
GERICON 2024**

Organized by IMA Mumbai Branch

Date: Sunday 16th June 2024

Venue: IMA House, IMA Chowk, 16. K. Khadye Marg, Haji Ali, Mumbai – 400034

Time: 8.00 am to 5.10 pm

Time	Topic	Speaker
8.00 am to 9.00 am	REGISTRATION AND BREAKFAST	
9.00 am to 9.30 am	INAUGURATION CEREMONY	
9.30 am to 9.55 am	Acute Coronary Syndrome	Dr. Parin Sangoi
9.55 am to 10.20 am	Psychiatry Update: Dementia, Depression	Dr. Dean Creado
10.20 am to 10.45 am	Importance of Geriatric oncology in day today practice and developments	Dr. Jyoti Bajpai
10.45 am to 11.10 am	Patient - wise Selection of IOL	Dr. Neha Dholakia
11.10 am to 11.35 am	Longevity Medicine- Diabetes Reversal - Lifestyle Diseases Management.	Dr. Purnima Mhatray
11.35 am to 12.00 noon	Sinus, Snoring and Sleep Apnea - Mother of all diseases	Dr. Vikas Agarwal
12.00 noon to 12.25 pm	My Tool kit to treat knee pain in 2024	Dr. Anoop Dhamangaonkar
12.25 pm to 12.50 pm	Behavioral and Psychological changes in Dementia	Dr. Prashant Chaudhari
12.50 pm to 1.15 pm	Role of Micronutrients in Diabetes Mellitus	Dr. Girish Rajadhyaksha
1.15 pm to 2.15 pm	LUNCH	
2.15 pm to 2.40 pm	Impact of High Protein Foods on Blood Sugar Levels	Dr. Kavita Gupta
2.40 pm to 3.05 pm	Recent advances in cardiac surgery and surgical treatment of heart failure -	Dr. Upendra Bhalerao
3.05 pm to 3.30 pm	Financial Wellbeing	Mr. Debashish Mohanty
3.30 pm to 3.55 pm	Minimally Invasive Cardiac Surgery (MICS) - Where do we stand?	Dr. Mangesh Kohale
3.55 pm to 4.20 pm	When to refer to Nephrologist	Dr. Rushi Deshpande
4.20 pm to 4.45 pm	Various Aspects of Will	Adv. Shivprasad Page
4.45 pm to 5.10 pm	Laser Surgery for Oral and Breast Cancer - A Complete Shift in Management	Dr. Rusy Bhalla
5.10 pm	Vote of Thanks	

Registration is Free but compulsory

Rs. 100/- for 2 MMC Credit Points

Register early to avoid disappointment. 7506735383 (M) / 8928348578 (M)

Email: ima_mumbai1@rediffmail.com / ima_mumbai@yahoo.com

CME Accreditation will be given as per MMC rules

Early Bird Gift upto 8.45 am

Late Bird Gift

Lucky Dip after every Lecture

Mega Lucky Draw at 5.10 pm

Attractive Delegate gift

Secretary Communicates

Dear Esteemed Members,

IMA Mumbai Branch had following activities during the month of May 2024.

We hope this message finds you in good health and high spirits. I wish to inform you that due to the scorching heat of May and the Lok Sabha Elections 2024(our center was been designated as a polling booth) So, we could not organize more scientific or non-scientific activities for the month of May.



I am excited to announce that next month we have an extensive lineup of events planned. June will be a month full of engaging and informative activities, ensuring that we continue our mission of professional development and community services like: World Asthma Day, Public Awareness programme at Dharavi and Blood Donation camp without interruption.

26th May 2024: Aao Gaon Chalen team visited village Sonale. The team comprising of Dr. Kiran Desai, Dr. Hemant Haldavnekar, Dr. Jyotika Kaku, Dr. Neela Haldavnekar and Dr. Sharad Deorukhkar. A total of 85 patients were examined. All patients were given health educational talk and appropriate medicines.

31st May 2024: On the occasion of **World No Tobacco Day** IMA Mumbai Branch had organized unique public awareness programme. Dr. Kishor Khushale Chairman World No Tobacco Day along with many celebrity artists performed musical street play at the most prominent and crowded spots of Mumbai.

1. At Diamond Mansion Building Footpath, Worli Naka Near Shivsena Shakha, opposite Best bill Collection Centre, Mumbai - 400018 at 3.30 pm.

2. F South BMC Ward Office footpath, Near Hotel Kirti Mahal, Parel at 4.30 p. m. Many spectators vowed to stop consuming Tobacco. President Dr. Girish Lad, Hon. Secretary Dr. Pragji Vaja and Chairperson World No Tobacco Day Dr. Kishor Kushale delivered speech to enlighten the crowd about ill effects of tobacco in any form. The programme was graced by Vice President Dr. Arvind Patel, Hon. Jt. Secretary Dr. Kajal Ahuja, Past Presidents Dr. Anil Avhad, Dr. Sujatunnisa Attar and Dr. Ajoy Saha. Dr. Mangala Gomare and Dr. Sarita Devi also attended the programme. They appreciated the efforts of IMA Mumbai Branch in arranging this unique street play.

Our forthcoming programmes:

- 16th June 2024 : MAHA GERICON Conference 2024
- 23rd June 2024 : Monsoon Related Diseases CME
- 27th June 2024 : Diabetes Webinar
- 30th June 2024 : International Yoga Day
- 01st July 2024 : Blood Donation Camp
- 07th July 2024 : Doctors' Day Celebration
- 12th July 2024 : Blood Donation Camp
- 14th July 2024 : Monsoon Marathon

LONG LIVE IMA!

DR. PRAGJI VAJA
Hon. Secretary
IMA Mumbai Branch



ANNOUNCEMENT

INDIAN MEDICAL ASSOCIATION, MUMBAI BRANCH

Celebrating

International Yoga Day

Sunday 30th June 2024

Venue: IMA House, IMA Chowk, 16 K. Khadye Marg, Haji Ali, Mumbai - 400034.



DR. GIRISH LAD
President

DR. KISHOR GANDECHA
Chairperson, International Yoga Day
IMA Mumbai Branch

DR. PRAGJI VAJA
Hon. Secretary

ANNOUNCEMENT



INDIAN MEDICAL ASSOCIATION MUMBAI BRANCH

"DOCTORS DAY CELEBRATION"

FELICITATION OF DISTINGUISHED DOCTORS

&

"CME"

Sunday 7th July 2024 at 9.00 am onwards

Venue: IMA House, IMA Chowk, 16 K. Khadye Marg, Haji Ali, Mumbai - 400034.

DR. GIRISH LAD
President

DR. HOZIE KAPADIA
Chairperson
Doctors Day Celebrations Committee

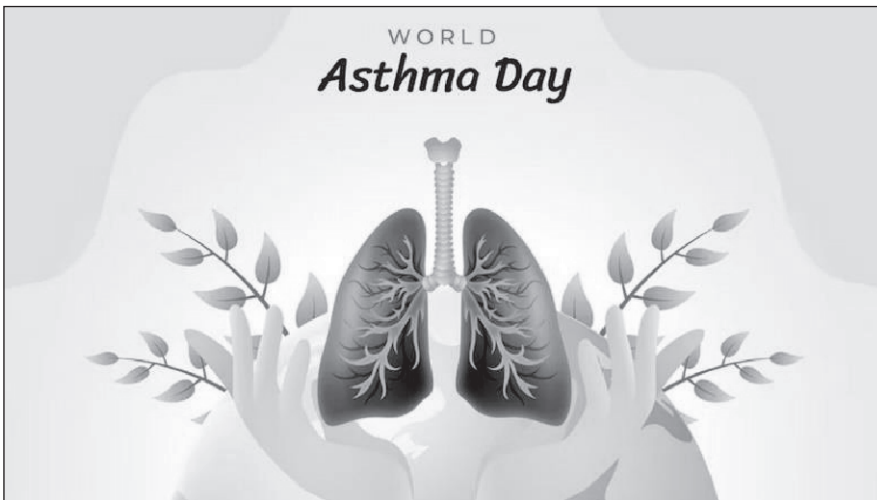
DR. PRAGJI VAJA
Hon. Secretary

Chronic Bronchial Asthma: A Case Study of Recurrent Symptoms, Pulmonary Function Abnormalities, and Therapeutic Management

Authors : Dr. Rajendra Tatu Nanavare 1, Dr. Dipak Vinayak Chaudhari 2,

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2.Medical Officer Unit 4, Department of Medical, Group of TB Hospital Sewri Mumbai, Maharashtra, India.



Abstract:

This case study examines a 40-year-old male presenting with recurrent respiratory symptoms consistent with bronchial asthma exacerbation, including breathlessness, cough, and chest tightness. With a history of similar episodes over five years, the patient was diagnosed with Bronchial Asthma. Investigation revealed an elevated eosinophil count, mild obstruction in pulmonary function tests, and significant post-bronchodilator reversibility in Forced Expiratory Volume₁ (FEV₁). Despite a normal CT chest, prompt treatment with antibiotics, bronchodilators, steroids, and inhalers yielded positive outcomes. This case underscores the importance of early diagnosis, appropriate investigations, and tailored therapy in managing bronchial asthma effectively. Comprehensive management, including ongoing symptom monitoring, pulmonary function testing, and patient education, is essential for long-term control. Collaboration between patients, healthcare providers, and communities is crucial for optimal asthma management and improved quality of life.

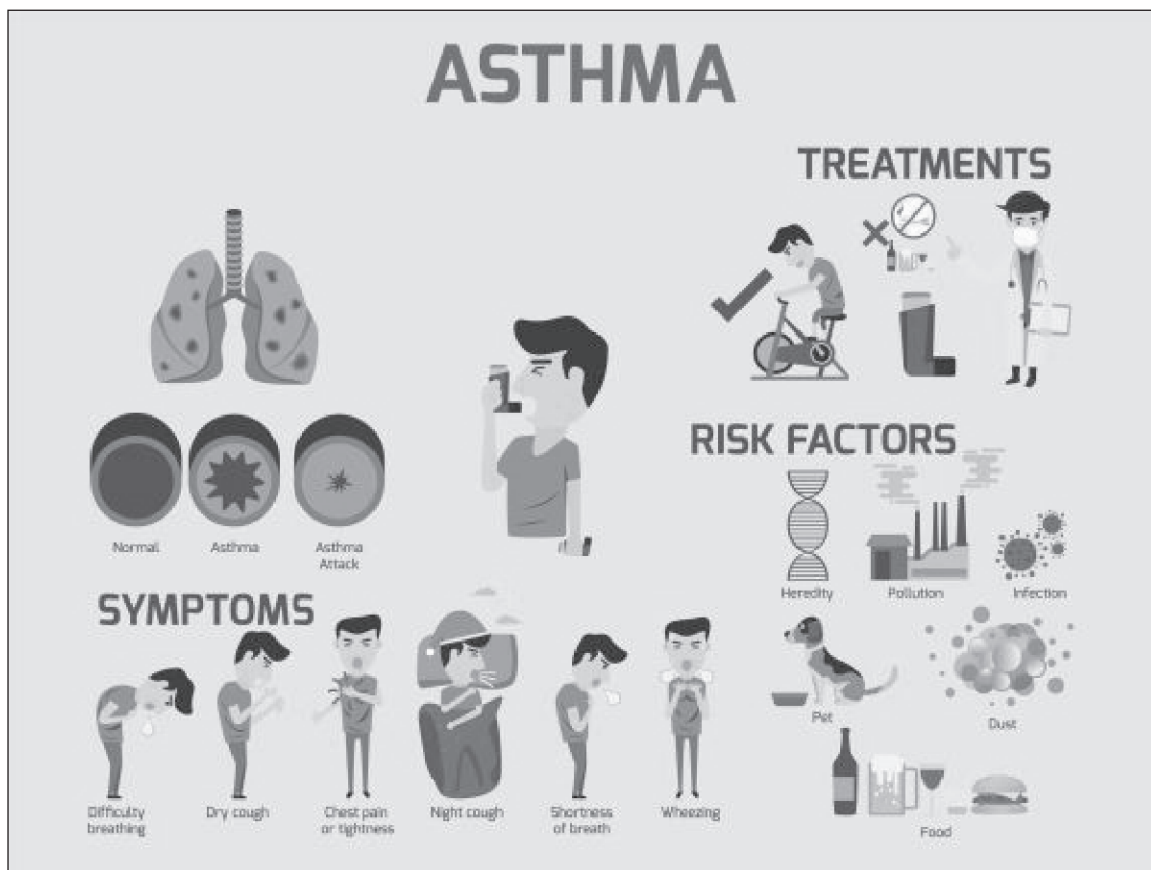
Introduction:

Asthma is a common chronic lung disease in which the airways (bronchi) become inflamed and are abnormally sensitive to certain triggers. Asthma can affect people of all races and ages, and although there is no known cure, there are many ways to control it. The

symptoms of asthma include coughing, shortness of breath, wheezing and chest tightness. (1)

Asthma afflicts more than 350 million people worldwide and is the most common chronic disease of childhood (2). The prevalence of asthma has been rising for the past three decades [4]. Additional research is needed to better understand the earliest origins of asthma, the causes of exacerbations, and reasons for its rising prevalence in many countries (3). Elimination is a distant vision.

Definition of Bronchial Asthma: Asthma is a disease characterized by episodic airway obstruction and airway hyperresponsiveness usually accompanied by airway inflammation. In most cases, the airway obstruction is reversible, but in a subset of asthmatics, a component of the obstruction may become irreversible. In a large proportion of patients, the airway inflammation is eosinophilic, but some patients may present with differing types of airway inflammation, and in some cases, there is no obvious evidence of airway inflammation. (4)



Epidemiology of Asthma: (5)

The prevalence of asthma varies widely among countries/geographical regions and also within countries with different geographies and socioeconomic strata 6,7. The Indian Study on Epidemiology of Asthma, Respiratory Symptoms and Chronic Bronchitis in Adults (INSEARCH) estimated the national burden of asthma at 17.23 million with an overall prevalence of 2.05% (8). The recent Global Burden of Disease (GBD, 1990–2019) estimated the total burden of asthma in India as 34.3 million, accounting for 13.09% of the global burden (9). It also attributed that there were 13.2 per thousand deaths due to asthma in India (9). Asthma accounted for 27.9% of disability-adjusted life years (DALYs) in the Indian population (9). On the whole, India has three times higher mortality and more than two times higher DALYs compared to the global proportion of asthma burden. The

disproportionate mortality and morbidity can be explained by global studies with uniform methodology.

Types of Asthma: (10)

Asthma is broken down into types based on the cause and the severity of symptoms.

Intermittent: This type of asthma comes and goes so you can feel normal in between asthma flares.

Persistent: Persistent asthma means you have symptoms much of the time. Symptoms can be mild, moderate or severe. Healthcare providers base asthma severity on how often you have symptoms. They also consider how well you can do things during an attack.

Asthma has multiple causes:

Allergic: Some people's allergies can cause an asthma attack. Allergens include things like molds, pollens and pet dander.

Non-allergic: Outside factors can cause asthma to flare up. Exercise, stress, illness and weather may cause a flare.

Asthma can also be:

Adult-onset: This type of asthma starts after the age of 18.

Pediatric: Also called childhood asthma, this type of asthma often begins before the age of 5, and can occur in infants and toddlers. Children may outgrow asthma. You should make sure that you discuss it with your provider before you decide whether your child needs to have an inhaler available in case they have an asthma attack. Your child's healthcare provider can help you understand the risks.

In addition, there are these types of asthma:

Exercise-induced asthma: This type is triggered by exercise and is also called exercise-induced bronchospasm.

Occupational asthma: This type of asthma happens primarily to people who work around irritating substances.

Asthma-COPD overlap syndrome (ACOS): This type happens when you have both asthma and chronic obstructive pulmonary disease (COPD). Both diseases make it difficult to breathe.

Pathology, Pathophysiology and Pathogenesis of Asthma

Asthma is a chronic inflammatory condition of the airways characterized by episodes of wheezing, breathlessness, chest tightness, and coughing.

- 1. Pathology:** Asthma involves inflammation of the airways, which leads to narrowing and obstruction of airflow. This inflammation is characterized by an infiltration of various immune cells, including eosinophils, mast cells, T lymphocytes, and macrophages. Structural changes such as airway remodeling, including thickening of the smooth muscle layer and increased mucus production, may also occur over time.
- 2. Pathophysiology:** The pathophysiology of asthma involves a complex interplay of genetic, environmental, and immunological factors. Triggers such as allergens, respiratory infections, exercise, cold air, and irritants can activate the immune response in susceptible individuals, leading to airway inflammation and hyperresponsiveness. This inflammation causes the airway walls to swell and produce excess mucus, leading to narrowing of the airways and symptoms of asthma.
- 3. Pathogenesis:** The exact pathogenesis of asthma is not fully understood, but it is believed to involve a combination of genetic predisposition and environmental factors. Genetic susceptibility may contribute to abnormalities in the immune system and airway structure, while environmental factors such as allergens, pollution, and respiratory infections can trigger or exacerbate asthma symptoms by inducing airway inflammation and hyperresponsiveness.

Overall, asthma is a complex and multifactorial condition with a wide range of contributing factors, making it challenging to fully understand and treat.

Clinical Manifestation: (11).

Asthma is characterized by repetitive episodes of wheezing, dyspnea, chest constriction, and coughing. Mucus may be expelled from the lungs via coughing but is often difficult to expel. Following an asthma attack (exacerbation), it may appear purulent due to elevated levels of eosinophils, a type of white blood cell. Symptoms typically worsen during nighttime and early morning or in reaction to physical exertion or cold temperatures. Some individuals with asthma seldom encounter symptoms, usually triggered, while others may react frequently and readily, enduring persistent symptoms.

Asthma diagnosis typically relies on observing symptom patterns, gauging the effectiveness of treatment over a period, and conducting spirometry lung function tests. The categorization of asthma is determined by the frequency of symptoms, the measure of forced expiratory volume in one second (FEV1), and the peak expiratory flow rate. Additionally, asthma can be classified as either atopic or nonatopic, with 'atopy' denoting a predisposition to develop type 1 hypersensitivity reactions, such as allergies. Essentially, this classification system helps healthcare professionals to better understand and manage the condition, tailoring treatment approaches accordingly based on individual patient characteristics.

Yes, that danger cannot be overlooked. Inadequately managed asthma exacerbates over time, and the pulmonary capacity of individuals with untreated asthma diminishes compared to those without asthma. Recent advancements in asthma therapy haven't undergone sufficient long-term observation to conclusively determine whether treated asthma leads to accelerated lung function decline as individuals age. Nonetheless, the consensus among most asthma specialists is that consistent, preemptive asthma management can halt the progression of asthma and safeguard pulmonary function.

Preventive Measures: (11)

Creating an asthma management strategy with your healthcare provider empowers you to regulate your condition rather than allowing it to dictate your life. This personalized plan should enable you to:

1. Engage in physical activities without experiencing asthma flare-ups.
 - This means being able to exercise or play sports without the fear of triggering asthma symptoms like coughing, wheezing, or shortness of breath.
2. Participate fully in exercise and sports.
 - You should be able to enjoy physical activities to the fullest extent without limitations imposed by asthma, allowing you to maintain a healthy lifestyle.
3. Enjoy uninterrupted sleep without asthma disturbances.
 - A well-controlled asthma plan ensures that you can sleep soundly through the night without being awakened by coughing fits or breathing difficulties.
4. Attend school or work consistently.
 - With asthma well-managed, you can attend school or work regularly without frequent absences due to asthma exacerbations.
5. Maintain optimal lung function.
 - The goal is to keep your lungs as clear as possible, allowing for easy breathing and preventing the buildup of mucus or inflammation that can obstruct airflow.
6. Minimize or eliminate side effects from asthma medications.
 - By tailoring your treatment plan, you can reduce the risk of experiencing adverse effects from asthma medications, ensuring comfort and safety while managing your condition.

7. Avoid emergency visits or hospitalizations.

- With a comprehensive asthma management plan in place, the aim is to prevent severe asthma attacks that necessitate emergency medical care or hospitalization, promoting stability and peace of mind."

long-term outlook:

The outlook for adult asthma, in terms of long-term expectations, is not as widely understood as that of chronic obstructive pulmonary disease (COPD). While it's possible for asthma to go into complete remission, this occurrence is uncommon and typically seen in severe cases and older individuals. Certain asthmatic patients may experience lasting damage to lung function, especially if they smoke. This impairment can become permanent and have lasting effects on respiratory health.

Study Type: Observational Retrospective case study.

Case Study

40 years male patient history of Breathlessness and Cough with chest tightness for 15 days. History of repeated episode of above symptoms since last 5years and he has been diagnosed as Bronchial Asthma. Investigation CBC eosinophils count increased 8.6, CT chest no significant abnormality detected, Pulmonary Function test : Mild Obstruction, Significant Post Bronchodilator reversibility in Forced Expiratory Volume1FEV1 and small airways and advised for DLCO. Patient responded to Antibiotics, Bronchodilator and Steroids, inhaler steroids and Bronchodilator give.

Discussion: 40-year-old male with a history of bronchial asthma, presented with breathlessness, cough, and chest tightness for 15 days. This exacerbation is consistent with asthma symptoms. The history of repeated episodes over the past 5 years suggests chronicity.

The elevated eosinophil count in the CBC indicates an allergic component to the asthma exacerbation, which is common in asthma exacerbations. The normal CT chest suggests no structural abnormalities such as pneumonia or pneumothorax.

The pulmonary function test showing mild obstruction and significant post-bronchodilator reversibility in FEV1 indicates reversible airway obstruction, which is characteristic of asthma. DLCO testing would help assess gas exchange and lung function further.

The patient's positive response to antibiotics, bronchodilators, and steroids supports the diagnosis of asthma exacerbation. Inhaler steroids and bronchodilators are indicated for long-term management to prevent future exacerbations.

In summary, this case highlights a typical presentation of bronchial asthma exacerbation in a middle-aged male with a history of recurrent episodes. Proper management with medications targeting inflammation and bronchoconstriction is essential for controlling symptoms and preventing future exacerbations. Long-term follow-up and patient education on trigger avoidance and proper medication use are crucial for optimal asthma control.

In conclusion, the case study illustrates a 40-year-old male with a history of bronchial asthma experiencing an exacerbation characterized by breathlessness, cough, and chest tightness. The patient's history of recurrent episodes over the past 5 years, along with elevated eosinophil count and pulmonary function test findings consistent with asthma, supports the diagnosis. The absence of significant abnormalities on CT chest suggests no structural lung disease. Prompt treatment with antibiotics, bronchodilators, and steroids resulted in symptom improvement. Long-term management with inhaler steroids and bronchodilators is essential to prevent future exacerbations. This case underscores the importance of proper diagnosis, treatment, and long-term management in optimizing outcomes for patients with bronchial asthma.

Summary:

The patient, a 40-year-old male, presents with a history of breathlessness, cough, and chest tightness for 15 days. He has a history of repeated episodes of similar symptoms over the past 5 years and has been diagnosed with Bronchial Asthma. Investigations revealed an

increased eosinophil count in the CBC, while CT chest showed no significant abnormalities. Pulmonary Function Test indicated mild obstruction with significant post-bronchodilator reversibility in Forced Expiratory Volume1 (FEV1) and small airways, with a recommendation for DLCO testing. The patient responded well to antibiotics, bronchodilators, steroids, and inhalers.

Message

1. Community Message:

"Understanding bronchial asthma is crucial for our community's health. If you experience symptoms like breathlessness, cough, or chest tightness, it's essential to seek medical attention promptly. Early diagnosis and proper management can significantly improve your quality of life. Let's raise awareness and support those affected by asthma in our community."

2. Clinical Message:

"In this case study, a 40-year-old male with a history of bronchial asthma presented with recurrent respiratory symptoms. Key findings included increased eosinophil count, mild obstruction in pulmonary function tests, and significant reversibility post-bronchodilator therapy. Treatment with antibiotics, bronchodilators, steroids, and inhalers led to a positive response. Clinical vigilance, appropriate investigations, and tailored therapy are vital in managing bronchial asthma effectively."

3. Way Forward:

"The case underscores the importance of comprehensive management in bronchial asthma. Moving forward, continued monitoring of symptoms, regular pulmonary function testing, and DLCO testing as recommended will help assess disease progression and treatment response. Emphasizing patient education, adherence to medication, and avoidance of triggers are essential for long-term control. Collaborative efforts between patients, healthcare providers, and the community are pivotal in achieving optimal outcomes in managing bronchial asthma."



WHY BECOME A MEMBER OF INDIAN MEDICAL ASSOCIATION (IMA)?

Dear colleagues,

Indian Medical Association (IMA) is the largest and the fastest growing non-government organization (NGO) of over two and half lakhs health care providers. It spans across the country and has over 1800 branches. It attracts a variety of physicians from MBBS doctors, specialists and super specialists from urban, sub-urban and rural India and a wide age span. The primary mission of IMA is to unite the medical fraternity under one banner and ultimately advance the medical science for the betterment of the masses. Simultaneously, it seeks to safeguard the interest of the medical fraternity in this ever changing milieu of medical profession.

In the light of this ever changing field, Medical Council of India (MCI) has recently recognized the importance of continuous medical education (CME). It has now become mandatory that the medical fraternity comply with the CME credit hours regulation to renew their medical registration. IMA is accredited by the MCI to grant credit hour points to doctors and has taken the onus of advancing this complex field by hosting regular conferences, CME's which are very well received.

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2. Similar efforts are being undertaken by the IMA at the central government also.
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4. The draconian CEA (Clinical Establishment Act) was strongly opposed by IMA. IMA was successful in drafting a Maharashtra specific CEA which is both doctor and patient friendly.
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U=U

• Undetectable = Untransmittable

2

6



3

5

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4

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