



BIMA

BULLETIN OF INDIAN MEDICAL ASSOCIATION

Vol. XL XXVII No. 9 / September 2024

MUMBAI BRANCH



Forth Coming Events:-

- 01st September 2024** :- Multi Speciality CME
15th September 2024 :- Eye Donation Camp
29th September 2024 :- World Heart Day CME

Dr. Girish Lad
President

Dr. Pragji Vaja
Hon. Secretary

Dr. Rajendra H. Trivedi
Editor - BIMA

Dr. Vijay Karanjkar
Secretary-BIMA

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Editorial



The World Health Organization (WHO) has recently declared Mpox, previously known as monkeypox, a public health emergency of international concern (PHEIC). The decision follows a notable increase in cases, especially across Africa. However, Indian Health Authorities report that the risk of a significant Mpox outbreak within the country remains very low.

The last reported case of Mpox in India was in March 2024 from Kerala. Since the beginning of the outbreak in 2022 India has recorded a total of 30 confirmed cases. Indian Health Ministry has issued guidelines for airports and hospitals. The number of reported Mpox cases worldwide surged last year and has already surpassed last year's total this year. Over 15,600 cases and 537 deaths have been reported from 116 countries this year.

Monkeypox (Mpox) is a viral zoonotic disease with symptoms similar to small pox although with less clinical severity. Mpox was first discovered in 1958 in colonies of Monkeys kept for research, hence the name "Monkeypox". The first human case of monkeypox was reported from Democratic Republic of the Congo (DRC) in 1970. Monkeypox virus primarily occurs in Central and West Africa. There are two distinct genetic clades of the monkeypox virus - 1) The Central African (Congo Basin) clade and 2) The West African clade. The Congo basin clade has caused more severe disease and is more transmissible.

Natural reservoir is yet unknown. However certain rodents and non-human primates are known to be naturally susceptible to monkeypox virus. Incubation period of monkeypox virus is usually from 6 to 13 days but can range from 5 to 21 days. Period of communicability 1-2 days before the rash to until all the scabs fall off.

Mode of transmission-

Human - to human transmission is known to occur primarily through large respiratory droplets generally requiring prolonged contact. It can also be transmitted by direct contact with body fluids or lesion material or contaminated clothing.

Animal-to-human transmission may occur by bite or scratch of infected animals like small mammals including rodents (rats, squirrels) and non human primates (monkeys, apes) or through bush meat preparation.

Suspected case - A person of any age with history of travel to affected countries within last 21 days presenting with an unexplained acute rash and one or more of the following signs or symptoms.

- Swollen lymph nodes - bodyache
- Fever - profound weakness
- headache

Clinical Features -

Monkeypox is usually a self-limited disease with the symptoms lasting from 2 to 4 weeks. Severe cases occur more commonly among children and are related to the extent of virus exposure and patient health status. The case fatality ratio ranges from 0 to 11%.

Common Symptoms and Signs -

· Prodrome (0 to 5 days)

- Fever,
- Lymphadenopathy - typically occurs with fever onset
- Periarticular, axillary, cervical or inguinal
- Unilateral or bilateral
- Headache, Muscle aches, exhaustion
- Chills and/or sweats
- Sore throat and cough

· Skin involvement (rash)

- Usually begins within 1 - 3 days of fever onset, lasting for 2 - 4 weeks
- Deep-seated, well -circumscribed and often develop umbilication
- Lesions are often painful until the healing phase when they become itchy (in the crust stage)

· Stages of rash

- Enanthem - first lesions on tongue and mouth.
- Mucules starting from face spreading to arms, legs, palms and soles within 24 hours.
- The rash goes through a macular, papular, vesicular and pustular phase.
- Skin rashes are more apparent on the limbs and face than on the trunk. Notably the genitalia can be involved and can be a diagnostic dilemma in STD population.
- By 3rd day to 7th day lesions progress from papules to vesicles to pustules.
- By the end of 2nd week, they dry up and crust.
- Scabs remain for a week before falling off
- The lesions heal with hypo on hyper pigmented atrophic scars, patchy alopecia, hypertrophic skin scarring and contracture / deformity of facial muscles following healing of ulcerated facial lesions.
- A notable predilection for palm and soles is characteristic of monkeypox.

Differential Diagnosis

Varicella (Chicken pox), disseminated herpes zoster, disseminated herpes simplex, measles, chancroid, secondary syphilis, hand foot mouth disease, infectious mononucleosis, molluscum contagiosum.

Complications -

Secondary infections, pneumonia, sepsis, encephalitis, corneal involvement which may lead to loss of vision.

Management

- Patient isolation
- Protection of skin and mucous membranes
- Rehydration therapy and nutritional support
- Symptomatic treatment
- Monitoring and treatment of complications.
- Use of PPE and hand hygiene by the health workers to prevent spread of the disease
- Isolation to be continued until all lesions have resolved and scabs have completely fallen off.

Monitoring and treatment of complications

- Pain in eye or blurring of vision
- Shortness of breath, chest pain, ARDS
- Altered consciousness, seizure
- Decrease in urine output
- Poor oral intake
- Lethargy
- When above symptoms appear, the patient should be transferred to hospital.

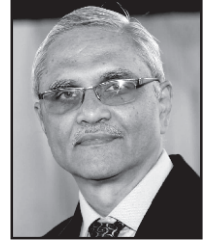
LONG LIVE IMA!

DR. RAJENDRA H. TRIVEDI

Editor

IMA Mumbai Branch

From The President's Desk



My dear brothers and sisters.

My divine love for you all.

During the month of August we celebrated Independence Day on the 15th by unfurling our national flag, the TIRANGA, and took an oath to maintain the unity and sanctity of our nation and culture.

From that day, one question is hovering in my mind; have we become independent in true sense? For growth of nation we are depending on our politicians, political party agenda, their British mode of divide and rule; running after individual wealth growth and vote banks; without giving heed to rights of common man, future of nation, culture of generations to come.

Two terms are being used off and on. 'Sabka Sath, Sabka Vikas' and 'Atmanirbhar Bharat'. Are these only slogans, to be heard and forgotten or are they our aims and objectives?

Let us try to analyse and understand them. Sabka Sath, Sabka Vikas' means if and only if everyone has the mentality of unity, togetherness and Vishwabandutwa then and then only we can expect Sabka Vikas. Be supportive to each other and not have a tendency of pulling down others. In Marathi there is a saying:

Ek Meka Sahayya Karu

Avaghe Dharu Supanth

What is Atmanirbhar Bharat. It is only made in India or made in India industrial growth? No, not at all. If you want to maintain our own self esteem then learn to maintain esteem of other cohabitant in society, then only we will grow together and each one of us will become self sufficient and potent enough to take our nation to greater heights in leaps and bounds.

The philosophical meaning of Atmanirbhar is same as In-dependence. Depend on your 'SELF'. Self is the purest soul which can never go wrong. It can never misguide you, mislead you. It will always show you a path of righteousness; devoid of all evil qualities of lust, greed, ego, hatred, jealousy.

Depending on and entrusting your inner voice is true Independence and true unfurling of Tiranga is cultivating the qualities of sacrifice and strength, peace and surrenderance and growth and prosperity of our virtues for Vikasit Bharat.

We all know that today every citizen of India is asking justice for a Doctor who has been victimized by all shabby methods of assault. All this is because of lust, greed, selfishness and loss of conscience in these culprits. This issue should be analyzed by judiciary tooth and nail and penal sentence should be given to not only make them learn a lesson but also to any human with inhuman instincts.

I am sure that judiciary will definitely do justice to all of us. I pray to Almighty, the Supreme Judge, to strengthen and potentiate our supreme court to give justice to maintain sanctity, strength and purity of Indian judiciary.

Jai Hind Jai IMA!

DR. GIRISH LAD
President
IMA Mumbai Branch

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.

ACHIEVEMENTS OF IMA

1. There is an increasing threat to the safety of doctors especially the young ones. Because of constant representation of these concerns by IMA to the state government of Maharashtra, there is now a law in place to protect the doctors and its establishments.
2. Similar efforts are being undertaken by the IMA at the central government also.
3. IMA is successful in motivating the Standing Committee in Delhi to summarily reject the NCHRH Bill (National Council for Human Resource in Health).
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.
5. There are stringent rules set forth for renewing licenses for nursing homes, firefighting provision rule, FDA regulations and PCPNDT Act etc. IMA is engaged with the concerned agencies in streamlining the process and create a hassle free environment for medical profession.

BENEFITS AVAILABLE TO IMA MEMBERS

- 1) IMA is accredited by the MCI to grant credit hour points to doctors.
- 2) Medico-legal cell help round the clock for the members.
- 3) Profession Protection Scheme (PPS) (Indemnity – 10 Lakhs) at nominal fees.
- 4) Airing your views and grievances through BIMA (Bulletin of IMA)

Social Security Schemes popular as "Make your Nominee a Millionaire", gives benefits to the next of kin of the deceased life member.

Guest room facilities available in IMA branches all over India at highly concessional rates (List Available at IMA office).

50% discount on rent of IMA Hall (renovated) and Lawns.

Discounts on purchases of new car and on car insurance renewals.

Membership is transferable all over India.

The MCI recommends that every graduate be a part of a recognized medical association and IMA fulfils this mission perfectly. IMA is a perfect platform for all the practitioners, particularly for young practitioners who are still learning the nuances of medicine and work of this profession. The best part is that the IMA membership is transferable to any part of India. We welcome you all to share your interest with us.

Single Life Membership Fees - Rs. 14,865/- + Rs. 2,676/- (18% GST) = Rs. 17,541/-

Couple Life Membership Fees - Rs. 22,289/- + Rs. 4,012/- (18% GST) = Rs. 26,301/-

Cheque to be drawn in favour of "Indian Medical Association Mumbai Branch"

DR. Girish Lad
President
(M) 98201 16391

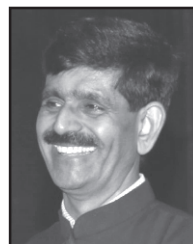
DR. Pragji Vaja
Hon. Secretary
(M) 98204 82375

Secretary Communicates

Dear Friends,

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

11th August 2024: The **2nd State Executive Meeting** of IMA Maharashtra State was held at IMA Mumbai West Branch. 16 members from IMA Mumbai Branch attended the same. Past President Dr. Anil Avhad informed the house that meeting was successful and very well attended by IMA Mumbai Branch. Various issues regarding FDA search drive, submission of amended constitution of IMA MS to Charity Commissioner Pune for approval, Report of online Election Committee were important points of discussion. The food and hospitality was very good.



15th August 2024: IMA Mumbai Branch observed **78th Independence Day** of our country by observed with great enthusiasm. President Dr. Girish Lad hoisted our National flag and delivered his presidential speech. This was followed by felicitation of Past President Dr. Ramesh C. Shah for his untiring dedication to IMA in specific and community at large. There was a musical programme on Karaoke tracks by our own members. The programme was a grand success!

15th August 2024: Blood Donation Camp was arranged by IMA Mumbai Branch at Tardeo in collaboration with Arya Nagar, Ganeshotsav Mandal and W. Railway Hospital Blood Bank on 15th August 2024. Total 45 units of blood was collected. President Dr. Girish Lad, Chairperson Blood Donation Committee Dr. Pankaj Bandarkar. Hon. Secretary Dr. Pragji Vaja, Past Presidents Dr. Anil Avad and Dr. Jitesh Mehta and Jt. Secretary Dr. Usha Shah attended the camp.

18th August 2024: “Multi Speciality CME” was organized by IMA Mumbai Branch, The eminent speakers were Dr. Zaheer Virani spoke on Kidney Transplantation: An Optimal Approach to ESRD, Dr. Sumeet Pawar spoke on Advances in Spine Endoscopy, Dr. Sachin Sanagar spoke on Minimal Invasive Cardiac Surgery, Dr. Saiprasad Lad spoke on Upper GI bleeding, Mr. Manish Mulye spoke on Building an Electric Future with Tata Motors Electric Vehicles, Dr. Alkesh Patil spoke on Prevention and treatment of Nicotine dependence and use of Tobacco and Dr. Supreet Bajwa spoke on Recent advances in hip and knee replacement surgeries.

17th August 2024:- Protest:- As per directive from IMA HQ closer of all medical services was observed in view of violence against medical health workers and recent incidence of brutal murder of post graduate student at Kolkatta. All the modern medicine doctors boycotted all the medical services accept emergency services for 24 hours starting on Saturday, 17th August 2024 morning to Sunday, 18th August 2024 morning. All our branch members participated on this protest.

25th August 2024:- Aao gaon chalen Camp was organised at village Krunje Vikramgad taluka. A team comprising of Dr. Kiran Desai, Dr. Sunita Shanbhag, Dr. Jyotika Kaku, Dr. Hemant Haldavnekar, Dr. Neela Haldavnekar and Dr. Sharad Devrukhkar. Dr Sandip Nimbalkar who is a dedicated member and has joined Aao Gaon Chalen project from this camp onward. 72 patients were examined.

Forth Coming Events:-

01st September 2024 :- Multi Speciality CME

15th September 2024 :- Eye Donation Camp

29th September 2024 :- World Heart Day CME

LONG LIVE IMA!

DR. PRAGJI VAJA
Hon. Secretary
IMA Mumbai Branch



**IMA MUMBAI BRANCH, IMA CGP MUMBAI SUB FACULTY
ANNOUNCES CME ON “Multi Speciality”**

DATE : Sunday, 1st September 2024

TIME : 9.30 am onwards

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

TOPIC	SPEAKER
Registration & Breakfast	
Welcome Address	DR. SARITA DEVI Asst. Director IMA CGP Mumbai Sub Faculty
Presidential Address	DR. GIRISH LAD President
Role of PSA and Management of cancer prostate	DR. MANGESH PATIL
Post Infections Convalescence	DR. HONEY SAVLA
Pharmacogenics can enhance patient care	DR. APARNA BHANUSHALI DR. ANIRVAN CHATTERJEE
Introduction to endoscopic skullbase surgery	DR. NISHIT J SHAH
Optimising outcomes of solid cancer with proton therapy	DR. SRINIVAS CHILUKURI
Vote of Thanks	DR. SUNIL JAIN Asst. Secretary IMA CGP Mumbai Sub Faculty
Lunch	

- 1 MMC Credit Point granted
- Registration free but compulsory

DR. GIRISH LAD
President

DR. PRAGJI VAJA
Hon. Secretary

IMA Mumbai Branch

ANNOUNCEMENT

TATA Mumbai Marathon 2025.

The above Marathon will be organised on 19th January 2025.

IMA Mumbai Branch will take part as a group entry in Senior Citizens Run (4.2kms).

Those members who are willing to take part in the Marathon are requested to contact IMA Mumbai Branch office - 7506735383

11th August 2024 : The 2nd State Executive Meeting of IMA Maharashtra State was held at IMA Mumbai West Branch



18th August 2024 - Multi Speciality CME



Speaker Dr. Aklesh Patil



Speaker Dr. Sachin Sanagar



Speaker Dr. Saiprasad Lad



Speaker Dr. Sumeet Pawar



Speaker Dr. Supreet Bajwa



Speaker Dr. Zaheer Virani

15th August 2024 : 78th Independence Day



15th August 2024 : Blood Donation Camp at Tardeo





**IMA MUMBAI BRANCH, IMA CGP MUMBAI SUB FACULTY
ANNOUNCES CME ON “Multi Speciality”**

DATE : Sunday, 29th September 2024

TIME : 9.30 am onwards

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

TOPIC	SPEAKER
Registration & Breakfast	
Welcome Address	DR. PRAGJI VAJA Hon. Secretary
Presidential Address	DR. GIRISH LAD President
Address by Chairman World Heart Day	DR. V. T. SHAH
Lighting of Lamp	All The Dignitaries
Optimizing challenges to drug therapy in HFREF	DR. TANAY PADGAONKAR
Innovation in cardiology: Leadless Pacemaker and non-surgical mitral valve repair	DR. SANJEEVKUMAR R. KALKEKAR
Heart Failure protection from Re-admission & mortality: Emerging role of SGLT2i	DR. SUNIL WANI
Risk Stratification and Management of ACS	DR. AJIT DESAI
Are we delaying in management of Structural heart disease and Advance Heart Failure?	DR. AMAT KARAD
Surgical management of heart failure	DR. ANVAY MULEY
Management of advanced heart failure	DR. AJIT MENON
Paediatric& Congenital Heart surgery in the Current Era	DR. SHIVAPRAKASH KRISHANANAİK
Vote of Thanks	DR. KAJAL AHUJA Hon. Jt. Secretary
Lunch	

- 2 MMC Credit Points Applied
- Registration free but compulsory

DR. GIRISH LAD
President

DR. V. T. SHAH
Chairman, World Heart Day
IMA Mumbai Branch

DR. PRAGJI VAJA
Hon. Secretary

Report of 2nd State Executive Committee Meeting of Maharashtra State was held at IMA Mumbai West Branch, Juhu on 11th August 2024

The 2nd State Executive meeting of IMA Maharashtra State was held at IMA Mumbai West Branch, Juhu on 11th August 2024. Meeting started with condolences followed by President's welcome speech. Point of order was raised by IMA MS Election Chairman Dr. Avinash Bhondwe. He informed that they have received a letter from one of the President Elect candidate Dr. Santosh Kulkarni objecting Dr. Santosh Khadtare's nomination for the President Elect post as he is working with Maharashtra State Government. Dr. Santosh Kulkarni also stated that election process is carried out in hurry. After discussion in the house it was unanimously agreed that Dr. Khadtare's nomination is as per our constitution and election process is going on as per timetable followed since last many years.

President informed the house regarding the case filed by Past President Dr. Kute and after long discussion by many members it was decided to accept his apology, ask him to pay all the dues of Shirdi MASTACON, withdraw the case and then consider cancellation of disciplinary action taken against him.

In view of search drive carried out by FDA after complaint by Chemists and Drugists Association Hon. Secretary informed that during the meeting with FDA officials they have promised that they will not harass modern medicine doctors.

Constitution Amendment Committee informed that they have submitted amended constitution of IMAMS to Charity Commissioner, Pune for approval.

Online Election Committee briefed about the progress of their work and informed that hopefully next election of President will be carried out online.

16 members from IMA Mumbai Branch attended the same.

**Report of Family Welfare and Vasectomy Centre Sub Committee
for the month of September 2024.**

It gives me great pleasure to submit the report of our above Centre for the period 01/08/2024 to 31/08/2024.

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 September 2024. Total no. of cases done by us till end of September 2024 are 996.

Regular updates are given to our philanthropic sponsor, President, Secretary and Managing committee of our IMA, Mumbai branch. I, as a Chairman and my sub-committee members thank all for their co-operation.

Dr. Girish Lad
President

Dr. Aspi Raimalwala
Chairman
Family Welfare and Vasectomy Centre

Dr. Pragji Vaja
Hon. Secretary

Management of sore throat

Dr. Pushkar A. Shikarkhane
MD, DNB (Med)
Consulting Physician

Many patients present to a family physician with sore throat and associated symptoms. Hence, it is important to go over various acute as well as chronic & common as well as less common causes of sore throat and their management & prevention.

Viral Pharyngitis

- It is probably the most common cause and generally has an acute presentation.
- Out of many causative viruses like Adeno, Rhino, Parainfluenza, SARS-CoV2 (COVID causing virus), RSV, Measles, Chickenpox, Herpes simplex, Infectious mononucleosis (Epstein Barr), Cytomegalovirus; of late **Influenza** is seen the most frequently.
- It can cause severe consequences like pneumonia and ARDS leading to even death especially in susceptible population i.e. elders, people with co-morbidities or pregnant women.
- In influenza, symptoms are more severe than signs. Throat may not look much affected compared to the severity of pain & irritation. It is generally accompanied by fever, but it may present as only sore throat, cough & cold. The onset of symptoms can be very acute & they come like an attack.
- Throat swab for RT-PCR or BioFire (respiratory panel) can prove the diagnosis but seldom done in family practice mainly due its prohibitive cost.
- Most viruses do not have a specific therapy except Influenza. It can be controlled well if **Cap. Oseltamivir (75mg) 1 cap 2 times a day is started early in the course & given for at least for 5 days.**
- It is difficult to differentiate viral from bacterial pharyngitis. But considering the commonality of viral infection, it is advisable to avoid frequent use of anti-bacterial agents like azithromycin or amoxycillin in management of sore throat.
- Symptomatic treatment with oral paracetamol, salt water gargles and medicated lozenges containing amylmetacresol & dichlorobenzyl alcohol are important adjuvants. Taking enough rest and drinking more fluids avoiding both extremes of temperature are important.

Prevention of respiratory viral infections

- One should always follow cough & sneezing etiquettes like using handkerchief or angle of closed elbow to cover face & nose and avoid handshakes & wash hands regularly.
- During epidemics or pandemics, it is advisable to use mask.
- It is recommended to everyone above the age of 6 months to take Tetravalent Influenza vaccine intramuscular every year.
- COVID vaccine should also be taken as per availability.
- Most importantly to improve immunity, one should have balanced diet, exercise regularly, sleep for 7-9 hours in physiological hours (11pm to 7am) and keep stress factors under control with mindfulness, chanting, meditation, Yogic practices and Pranayam (breathing practices).

Bacterial pharyngitis / Tonsillitis

- It is a less common cause of acute sore throat but it can be more severe.
- It is caused by Group A beta haemolytic streptococci (Strep pyogenes), diphtheria, pertussis or pneumococcal infection.
- Its accompanying symptoms may be difficulty in breathing or swallowing, Fever, Earache, headache, generalized body ache, malaise, drooling of saliva or blood in saliva. There may be abdominal pain due to mesenteric lymphadenitis. Jugulodigastric lymph nodes may be enlarged & tender
- It has received more importance because of its etiology in rheumatic fever & post streptococcal glomerulonephritis.
- Treatment – Penicillin, amoxycillin, macrolides (erythro, azithro) for 7-10 days

Prevention of bacterial pharyngitis

- DPT is given in pediatric age group
- TDaP vaccine (Boostrix) is important in adults especially in elders (above age 65 years) & those with comorbidities (diabetes, heart, kidney, liver failure and those with chronic respiratory diseases). It is recommended every 10 years. In the population groups, Pneumococcal vaccines – PPV13 (Prevenar)

and PSV23 (Pneumovax) should be given once in life time with a gap of one year in between these two vaccines.

- Penicillin prophylaxis for RHD patients
- No vaccine yet available for Beta hemolytic streptococcus though research dates back to 90 years. Vaccine development impeded by biological & socioeconomic reasons.

Fungal pharyngitis

- It is a rarer cause of sore throat caused by *Candida albicans* infection seen in immunocompromised patients like AIDS, diabetics and those taking high dose of steroids or antimicrobials. It presents as oral thrush (curdy white lesions in mouth & soft palate).
- For people living with HIV, improving CD4 count by taking ART regularly and for diabetics good control of sugar is important for prevention.

Allergic pharyngitis

- It is a common cause of sore throat having acute or chronic presentation with itchiness of throat, coughing, watering of eyes, sneezing.
- Allergens can be inhalational (e.g. dust, pollens, perfumes, animal dander, molds) or food related (e.g. artificial food colors).
- Treatment is with anti histaminics. Oral or topical (nasal spray) steroids may be needed depending on severity.

Prevention of allergic rhinitis

- One can keep the windows closed during pollen season or stay indoors, as much as possible. During pollen season, when pollen count is high wear sunglasses outdoors to protect the eyes from pollen shower and change clothes after spending time outdoors.
- One should avoid foods that trigger symptoms.
- Using dust-proof covers on furniture and bedding to reduce exposure to dust mites.
- Use dehumidifier and cleaning bathroom & kitchen frequently to reduce mold exposure.
- Wash hands immediately after petting dogs & cats to reduce exposure to pet dander.
- Wash pets frequently to reduce dander buildup.

Gastroesophageal reflux disease (GERD)

- It is a relatively common cause of sore throat with chronic presentation with heartburn, hoarseness of voice, chronic dry cough, feeling of lump in throat, bad breath, excess salivation as its associated symptoms.
- Treatment: Small meals, elevate head-end in sleep, not eating 2-3 hours before going to bed, avoid acidic, spicy, fatty food, carbonated & alcoholic drinks, avoid mint, chocolates. No smoking. Maintain moderate weight.
- Medication: H2 blockers, antacids, Proton pump inhibitors and prokinetics
- There is a strong link between obstructive sleep apnea, sleep deprivation & GERD. It needs to be explored & treated.

Obstructive sleep apnea (OSA)

- Waking up with sore throat or a dry mouth is one of the telltale signs of OSA.
- Snoring, choking in sleep, insomnia or hypersomnolence, daytime sleepiness, morning headache, fatigue are common associated symptoms.
- Hypertension, diabetes, cardiovascular disease, MI, CVA, dementia, Parkinsons, anxiety, depression, glaucoma, accident proneness, retardation in scholastic performance are various clinical entities caused by OSA.
- When we examine throat in any patient presenting with sore throat, we should pay attention to Mallampati Score which is the gap seen between the soft palate and the tongue. Lesser the gap, higher are the chances of the patient having sleep apnea.
- Diagnosis of OSA is confirmed by doing Sleep study. Home based level 3 test is a good screening tool.
- OSA patients are treated with Weight reduction, Myofunctional exercises and use of CPAP machine or mandibular repositioning device while sleeping.

Mouth breathing

- This can be a less common cause of chronic sore throat. Breathing through the mouth exposes pharynx

to air which has not been filtered, humidified and adjusted to body temperature thus making it more susceptible to infection.

- It can be caused by – a) Nasal obstruction – polyp, allergic or vasomotor rhinitis, turbinate hypertrophy or deviated nasal septum b) Nasopharyngeal obstruction – adenoids or tumor
- Such patients commonly have protruding teeth.
- If suspected cause should be Investigated & treated appropriately.

Chronic irritants or environmental pollution

- Factors like smoking, chewing tobacco & pan, heavy alcohol consumption, highly spiced food, smoky /dusty environment and industrial fumes can cause acute or chronic sore throat. Avoidance of cause is important for cure.

Faulty voice production

- Persons suffering from pharyngeal neurosis resorting to constant throat clearing, hawking or snorting can get sore throat due to mechanical injury.
- Certain professions needing faulty voice production can also suffer.
- Treatment of root cause is important.

Conclusions

- Sore throat is a very common symptom & viral pharyngitis its commonest cause.
- Viral pharyngitis if not treated aggressively, especially in susceptible population i.e. elders, people with co-morbidities & pregnant women it can progress to LRTI & serious consequences.
- Antiviral drug, Oseltamivir is far more useful than antibiotics commonly prescribed for the same.
- Vaccination is an important preventive strategy for viral & bacterial pharyngitis.
- Sore throat can be a telltale sign of OSA, which can be a root cause of many illnesses. Treating OSA effectively gives rich dividend.
- Boosting immunity with good quality sleep, regular exercise & stress management is the best strategy for prevention.

ANNOUNCEMENT

54th Annual Conference MIMACON 2024 OF IMA MUMBAI BRANCH

THEME – “HEALTHCARE IN 21ST CENTURY: CHALLENGES AND OPPORTUNITIES”

Venue: The ITC Grand Central, Parel, Mumbai.

Date - Sunday, 24th November 2024

Upto 31st October 2024

After 31st October 2024

Rs. 1,000 /-
(Inclusive of GST)

Rs. 1,500 /-
(Inclusive of GST)

Register early to avoid disappointment.

Tele no: 75067 35383 / 89283 48578 (M)

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

CME Accreditation will be given as per MMC rules

Early Bird Gift, Late Bird Gift, Lucky Draw, Mega Lucky at 5.30 pm

DR. GIRISH LAD
President

DR. PANKAJ BANDARKAR
Imm. Past President & Org. Secretary

DR. PRAGJI VAJA
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IMA Mumbai Branch
54th Annual Conference

54th Annual Conference (MIMACON 2024) IMA Mumbai Branch
on 24th November 2024
At
ITC Grand Central
287, Dr. Babasaheb Ambedkar Road, Parel, Mumbai 400012.

AREAWISE LIST OF DOCTORS FOR REGISTRATION

AREA	NAME	MOBILE NO.
Agripada	Dr. Kaizer Barot	9869746446
Andheri	Dr. Sudhir Patil	9820303533
Antop Hill	Dr. Kishor Chandorkar	9987266495
Bhulabhai Desai Rd.,	Dr. Akshay Sevak	9821121244
Byculla	Dr. Hozie Kapadia	9833793005
	Dr. Salim Sachani	9892631484
Cumbala Hill	Dr. Vijay Panjabi	9821061205
Dadar/ Prabhadevi	Dr. Ramesh C. Shah	9820097203
	Dr. Girish Lad	9820116390 / 9820116391
	Dr. Archana Wankhade	9987445158
	Dr. Hemant Haldavnekar	9869849030
Dharavi / Sion	Dr. Ajoy Kumar Saha	9820151272
Gamdevi Road / Kalbadevi	Dr. Jitesh Mehta	8879436443 / 9869006443
	Dr. Dinesh Prabhu	9821238757 / 07
	Dr. Kishor Gandecha	7021583842
Grant Road	Dr. Hemant Kansaria	9322232051
	Dr. Sharad Deorukhkar	9820222720
Ghatkopar	Dr. H. S. Shingan	9821287440
Girgaum	Dr. Yogesh Shah	9892160476
	Dr. Usha Shah	9322004145
Khetwadi	Dr. Jyotika Kaku	9969281689
Kurla	Dr. Anil Pachnekar	9869001873/8369224953
Lalbaug / Cotton Green	Dr. Anil Avhad	9867038430
	Dr. Pragji Vaja	9820482375
	Dr. Sunil Jain	9867466044
	Dr. Hareesh Mehta	9320258898
Lamington Rd,	Dr. Arjun Ahuja	9820118832
	Dr. Arvind Patel	9869209449
	Dr. Kajal Ahuja	9833110302
	Dr. KomalJatania	9892112827
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	Dr. Dipak Desai	9867799023
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	Dr. Sachin Patharkar	9762226203
	Dr. Girish Rajadhyaksha	9821695349
Shivaji Park	Dr. Shivkumar Utture	9820089321
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	Dr. Jitesh Mehta	8879436443 / 9869006443
Sion	Dr. Jagdish Keny	9619585111
Tardeo	Dr. Pankaj Bandarkar	9820797320 / 7738297320
	Dr. Kavan P. Lakdawala	9820162238 / 9323850639
Worli	Dr. Sarita Devi	9820257727 / 9372754982
	Dr. Dakshini Kashyap	9930266077 / 7777089473



Marching towards an AIDS-free city....

1 HIV PREVENTION

- Advocacy And Awareness Among Youth And General Population
- Targeted Intervention High Risk Groups & Migrants

HIV DIAGNOSTIC SERVICES

Through 234 Counseling and Testing Centers for

- Pregnant Women
- High Risk Groups
- General Population

2

6

U=U

- Undetectable = Untransmittable

3

HIV TREATMENT SERVICES

Free lifelong treatment to registered patients through 20 ART centres in mumbai

- Treat all
- Free drugs and viral load testing
- Counseling and follow - up

5

DIGITAL TECHNOLOGY

- Jindagi App
- Treatment Literacy Films
- Samvaad App-
- Enhanced Adherence Counseling

4

INNOVATION

- MITWAA platform for A / CLHIV
- Virtual Intervention For Hiv Screening
- Evening Clinic
- Tele SACEP
- E - Consultation

by 2030
95:95:95

95% of people living with HIV know their HIV status

95% of people diagnosed with HIV receive Antiretroviral Therapy

95% of people receiving Antiretroviral Therapy achieve Viral Suppression

Scan QR CODE For HIV Case Notification



For any other information/ collaboration, reach us at - cstmdacs@gmail.com

www.mdacs.org.in



: 022 2410 0246/47 , 022 2410 0088 / 89



National AIDS Control Organization
Ministry of Health and Family Welfare, Government of India



Mumbai District
AIDS Control Society

17th August 2024 : Protest violence against medical health workers and recent incidence of student at Kolkatta



25th August 2024:- Aao Gaon Chalen Camp at Village Krunze, Vikrangadh Taluka

