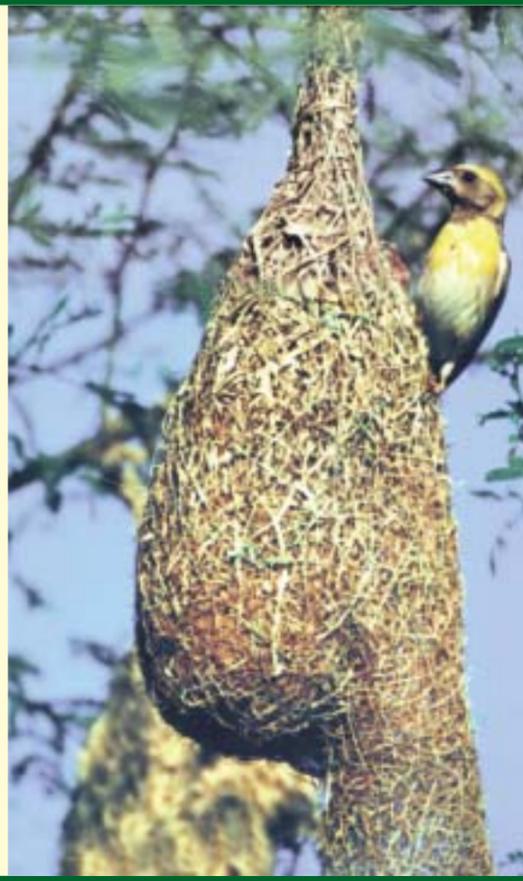


Welcome
to the launching pad of
IMA House
on 3rd January

Let us build our own nest...



The World's fastest
Cardiac & Whole Body CT
installed at

- Mayo Clinic
- New York University Medical Center
- German Heart Center and
- Bombay Hospital

Now, comes to **IRIS, Kochi**

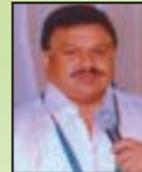


INSTITUTE OF RADIOLOGY & IMAGING SCIENCES PVT. LTD.
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IMA COCHIN
No.42 DECEMBER 2006 *Newsletter*

PRESIDENT'S NOTE



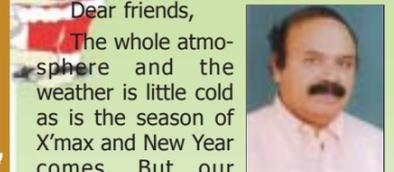
Dear Colleagues,
It is the cherished hope of Cochin IMA for such a healthy and wealthy new complex for our prestigious branch. We are fast approaching the kick off of the new project.

I earnestly solicit the full support of IMA brotherhood.

With warm regards,
Dr. V. Benny Thomas



SECRETARY'S COLUMN



Dear friends,
The whole atmosphere and the weather is little cold as is the season of X'max and New Year comes. But our hearts are thumping hard with blood pressure and warmth of blood and the pulse rate increasing at higher speed and higher levels, to comply with the cherished hope of our IMA complex.

Please do associate wholeheartedly in our gigantic project.

With warm regards,
Dr. Augustine Thomas Mampilly

A dream of medical fraternity in Cochin is all set to be a reality soon. Indian Medical Association, Cochin Branch is spreading its wings to newer and wider horizons, with the launch of IMA House project. You are cordially invited to be a part of this spectacular moment.

The project when completed will have 86000 sq.ft. building in a 67 cent plot right at the heart of Cochin City, just behind Jawaharlal Nehru International Stadium, Kaloor. Flanked by palatial residential complexes and top class apartments, IMA House will have offices of all speciality associations along with state-of-the-art business centre, equipped to handle all office jobs. "Club Lagoon" - exclusively for Doctors, will have all amenities at par with any top level club in the country. Convention Centre with 1000 capacity, exhibition halls, guest suites, preview rooms, home theatre, library etc. will be the added attractions of this complex. "Prime Enclave" - Studio Apartment complex will be available of first-come-first-served basis to 18 privileged lucky doctors.

Launch Date : 3rd January, 2007 (Wednesday)
Venue : Avenue Centre, Panampilly nagar
Time : 7.45 p.m.

Dr. C.K. Chandrasekharan (President, IMA Kerala State), Dr. V.U. Seethi (National Vice President, IMA), Dr. Babu Raveendran (Imm. Past Vice President) and Dr. R. Ramesh (Secretary, IMA Kerala State) will grace the occasion.

Please do come and be a part of the history

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MONTHLY MEETING

Please note the change in time

- **Date : 3.1.2007 (Wed.)**
- **Time : 7.45 p.m.**
- **Venue : Avenue Centre, Panampilly Nagar**

SCIENTIFIC SESSION

GERIATRICS

- Chairperson : **DR. GEORGE PAUL** MRCP
HOD, Dept. of Geriatrics, AIMS
Introduction to Geriatrics (10 mts.)
- MANAGEMENT OF HYPERTENSION IN ELDERLY**
Speaker : **DR. P.V. JOY** PGDGM, Chief Medical Officer
Cochin Port Trust Hospital (10 mts.)
- APPROACH TO A GERIATRIC PATIENT**
Speaker : **DR. MARIA VARGHESE**
Welcare Hospital (10 mts.)

Meeting sponsored by
General Physicians Association

Wish you Merry Xmas and a Happy New Year

Women's
ing

BHS GUIDELINES - 2006 ON TREATMENT OF HYPERTENSION

DR. A. JABIR MD, DM, Cardiologist, Lisie Hospital, Ernakulam

Hypertension is the most common preventable cause of cardiac death. About 25% of the world adult population are hypertensives. 60% of those 60 years is hypertensives.

European society of hypertension classifies hypertension as follows.

	Systolic	Diastolic
Optional	<120	<80
Normal	120-129	80-85
High Normal	130-139	85-89
Stage I Hypertension	140-159	90-99
Stage ii	160-179	100-109
Stage iii	>180	>110

Isolated Systematic Hypertension >140 / >90

The treatment of hypertension should be never based on a Single Value. The diagnosis should be confirmed with repeated measurements over weeks. Hypertension should be treated with life style modification and Pharmacological therapy to reduce Cardio vascular death, Myocardial infarction, Stroke, Cardiac failure and even Dementia. Treatment should be started early if the BP> 180/100, in the presence of target Organ damage, Diabetes mellitus, Renal failure and cardio vascular disease. The ultimate goal of BP control is reduction of total cardiovascular disease. Many patients require two or more drugs to control hypertension.

The major first line agents in hypertension include beta blockers, calcium channel blockers, ACE inhibitors, Angiotension receptors blockers, Diuretics and Alpha blockers. Betablockers and diuretics have been considered as the first line agents by JNCV11. Now we have data available which question the role of Atenolol as the initial hypertensive agent. This data is basically from the Meta analysis published in Lancet and the ASCOT BPLA trial. The meta analysis looked in to the outcome of treatment of hypertension treated with Atenolol compared with placebo and also with other anti hypertensive agents. In the placebo controlled trials Atenolol did not improve the outcome when compared to placebo despite good BP control. When compared to other drugs cardiovascular mortality and stroke rate was higher in the Atenolol treated group. Other drugs were better than atenolol in improving the outcomes. ASCOT BPLA is a recently concluded randomized controlled trial involving a fairly large number of patients. Patients were randomized to two treatment groups. One group received



initially amlodipine and perindopril was added if BP not controlled with amlodipine alone. The other group received Atenolol initially and thiazide was added if was not adequately controlled with atenolol monotherapy. The total mortality was higher in atenolol group. New onset diabetes was more in those who received atenolol and thiazide group. There are some more data about calcium channel blockers from trial like VALUE and CAMELOT. Amlodipine offers excellent BP control with outcome similar to Valsartan in VALUE trial. Amlodipine even produced regression of atherosclerosis in the CAMELOT trial. Cardio protection offered by

calcium channel blockers was better than Valsartan in the Value trial. Losartan has to be found better than atenolol in LVH regression, stroke prevention and cardio protection in the LIFE trial. So the data from the recent trials in treatment of hypertension revealed -

- a) Atenolol is an inferior drug regarding the outcome in the treatment hypertension.
- b) New onset diabetes is much more in those who are treated with atenolol. Thiazide if given along with atenolol further increases the incidence of diabetes mellitus.
- c) Atenolol is very poor in stroke protection.
- d) Calcium channel Blockers offers good stroke protection and cardiovascular protection.
- e) ARBS are good in stroke protection and LVH regression.

Based on the above data British Hypertension Society has modified its 2004 guidelines.

Those above the age of 55 years should be started on calcium channel blocker or diuretic as the first lien agent. Calcium channel blocker may be added to ACEI or ARB if BP not controlled with monotherapy. In CCB or diuretic group ACEI /ARB should be added to control the BP if adequate BP control is not achieved with monotherapy. Beta-blocker or alpha blocker may be added if a fourth agent is required. Atenolol is not a preferred initial agent for treatment of hypertension.

It is not the control of BP alone that is important. Total cardiovascular protection is the final aim. So the associated risk factors should be optimally managed.

COCHIN CLINICAL SOCIETY

Last Meeting was held at Lakeshore Hospital.

First meeting of 2007 is at Hotel Wyte Fort, Cochin at 8.00 p.m. on 11th January.



MAGIC BOX

The Magic box is a very innovative concept to save money everyday. The box will be given to each and everyone. You can put small sums of money everyday in the magic box. This is a compulsory saving for yourself and IMA.

SCHEME NO: I

Suppose you put Rs:100/- everyday, at the end of a month it will be Rs:3,000/-. In 30 months it will be nearly one lakh. If 300 members put together it will be a staggering sum of Rs:3 crores.

SCHEME NO: II

Another group of people saving Rs:50/- per day at the end of the month it will be Rs:1,500/-. At the end of 30 months it will be Rs:45,000/-, suppose 450 people join the scheme that will be whopping sum of Rs. 2 crores.

Together Scheme No. I & II can generate nearly 5 crores. This may appear as an utopian scheme. If we all work together, this is quite an achievable target. Other sources of income from the specialities, club membership - IMA members from Cochin and neighboring branches, NRI doctors, institutional membership, bridge loan & long term loan etc. etc. This is the most important buffer amount on which our project can be successfully completed. This money is not a donation for IMA Cochin.

We have devised a method by which all the money you save will come back to you, in the form of hall rentals, convention centre rentals & number of other methods. If somebody can save about Rs: 1 lakh in 30 months time, subsequently he can avail the facilities (sell it to anybody) for 2-3 days. So that the whole money is plowed back to the members, suppose we are saving Rs:30/- per day you may get about one day rental amount Rs:30,000/- or Rs:35,000/-

CLUB MEMBERSHIP

You must be knowing about the international standard IMA Family Club is coming up within the IMA House.

One of the most important sources of income is club membership. Every member should be part of the club complex. A number of people from our branch as well as from neighboring branches have shown great interest to join the club.

A large number of NRI friends whom we contacted have shown great enthusiasm towards this project. I am sure everyone of Cochin IMA will have good overseas contact. We can send the information and we have to catch hold of at least 500 members to join the prestigious club. This may not happen in a day or two. But sustained effort will bear fruit in the near future.



NOVEMBER 2006
Total 1542 units of blood were collected and 3149 units of blood and its components issued. Patients in 80 hospitals were beneficiaries. 8 blood donation camps were conducted.
Dr. K. Narayanan Kutty
Secretary

WELCOME NEW MEMBERS
Dr. Mohammed Saheed
Dr. Muthukoya K.I.
Dr. Sreenathan
Dr. Mohammed Ali K.B.
Dr. Thankachan Vattacheril
Dr. Suma Maria Jacob
Dr. P. Radhalakshmy
Dr. Mohammed Alli

IMA MEDICINE BANK
Working Hours : 10.00-2.00 p.m.
Medicines donated by :
Dr. Jeeson C. Unni
Dr. P. Ramakrishnan
Dr. Sreenivasa Kamath
Dr. Sujith vasudevan
Dr. K.K.R. Warriar
Dr. Varghese Cherian
Dr. N. Krishna Iyer
Dr. N. Gopalakrishnan
Convener

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