

TRAINING OF AYURVEDA HOUSE SURGEONS IN MODERN MEDICINE

The recent Government order to give training to Ayurveda House Surgeons in Modern medicine is against the Medical Council of India norms and is an unwanted and unjustified move.

Indian Medical Association opposed this Government order because Medical Council of India has time and again clarified that training of Ayurveda and Homoeopathy students or internees in Modern Medicine is not permissible. Even for those who have passed MBBS degree he or she has to get first a temporary registration in Modern Medicine from the Medical Council to do their internship.

The Travancore Cochin Medical Council gave the following statement after receiving complaint in this regard from the Kerala State Branch of IMA:-

“As per Section 25(2) of the Indian Medical Central Council Act, 1953, only a medical graduate with MBBS degree will get Provisional Registration to undergo internship in a Modern Medicine Hospital. Those who have passed BAMS cannot be given Provisional Registration by the Travancore - Cochin Medical Council in Modern Medicine, and hence they are not eligible to do internship in any of the Modern Medicine Hospitals.”

The Medical Council of India as given the following reply for our representation:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council defined Western Medical Science as under :-

“Western Medical Science” means the western methods of Allopathic medicine, Obstetrics and surgery, but does not include the Homoeopathic or Ayurvedic or Unani system of medicine.”

As per Supreme Court verdict in CA No. 8856 of 1994 “A person who does not have knowledge of a particular system of medicine but practices in that System is a Quack and a mere pretender to medical knowledge or skill.

“25(1) A citizen of India possessing a medical qualification granted by a medical institution outside India included in Part II of the Third Schedule, who is required to undergo practical training as prescribed under sub section 3 of section 13, shall, on production of proper evidence that he has been selected for such practical training in an approved institution, be entitled to be registered provisionally in the State Medical Register and shall be entitled to practice medicine in the approved institution for the purposes of such training and for no other purpose.

A person who has passed the qualifying examination of any University or medical institution in India for the grant of a recognized medical qualification shall be entitled to be registered provisionally in a State Medical Register for the purpose of enabling him to be engaged in employment in a resident medical capacity in any approved institution, or in the Medical Service of the Armed Forces of the Union, and for no other purpose, on production of proper evidence that he has been selected for such employment.

So the committee appointed by the Supreme Court and Medical Council of India decided that Ayurveda House Surgeons who being Ayurvedic graduates, are not the graduates trained in Western Medical Science and hence could not be allowed to be posted in Modern Medicine Hospitals for training in Allopathy.

WOMEN'S WING ACTIVITIES MAY 2007

Mrs. Mumtaz Khalid gave a talk on the diet for elderly in Indiavision and Dr. Iisamma on High Risk Pregnancy. Mrs. Gracy B. Varghese gave financial help to the poor; Dr. Maria gave old clothes to the poor. Dr. Sheela Mohan gave meals to the inmates of providence home and Asadeepam.



Dr. Maria Varghese and Dr. Santha George attended a meeting of 'Sakhi' at Collectors office and Dr. Rosily Devassia attended a meeting on 'Consumerism the root cause of all Evil' conducted by family unit.

Dr. Surya conducted awareness class on Hepatitis 'A' to Kudumbasree workers.

Cooking class on various pineapple pudding preparations were held at Mrs. Beena Abraham's residence.

There will be a class on personal grooming and make up by Modicare on 30th June at Dr. Rosily Devassia's residence.

Dr. Rosily Devassia
Secretary

July 1st Doctors Day

We will be celebrating Doctors Day on July 1st, Sunday at old IMA Hall, Warriam Road at 8.00 p.m. On that special day we will honour two of our senior doctors for their services to humanity and IMA. Please do come and attend the same.



IMA COCHIN Newsletter

No.48 JUNE 2007

PRESIDENT'S NOTE



Dear Colleagues,

The monsoon is really on its full might and strength. Alongwith that we also got lot of medical disasters as we have all read in the newspapers.

Luckily our Cochin city has been spared by the viral diseases like chikkun gunya and dengue, although our city is one of the worst in cleanliness. But it may break out at any time. The eastern part of Ernakulam district is worst affected. So all of us come forward to help our brethren.

With warm regards,
Dr. V. Benny Thomas

Medical Hazards in the Wild



Dr. George Thomas, Cardiologist who presented the paper sitting with the audience.

THE MONSOON THREAT DISASTER CALL FOR ALERT

More than 1 million people in the state are affected with Chikkun gunya, Dengue, Lepto-spirosis and other fevers during the last one month. Nearly more than 150 people died already.

Please extend your support for the treatment of the affected and for preventive measures.

Indian Medical Association's support so far is of great help.

SECRETARY'S COLUMN

Dear friends,

The months of June & July are tough months for everybody. The medical calamities are at its peak. The viral fevers are really raging their war in our State. A timely help by our Medical profession is of immense help to control the Disease. Our IMA has done a wonderful job last year during the epidemic. Although no official request has come from the District Authorities to IMA to control the menace, we are still helping our brethren in all the possible ways. The society needs our help. So please carry on with your good work.



With warm regards,
Dr. Augustine Thomas Mampilly

JUNE MONTHLY MEETING

Date : 27.6.2007 (Wed.)
Time : 8.00 p.m.

VENUE :
CENTENARY HALL
RAMAVARMA CLUB

SCIENTIFIC SESSION

PRACTICAL OPHTHALMOLOGY FOR CLINICAL PRACTITIONERS

Dr. Manuel John

MS, DO, DNB, M.Phil, PGDMLE

Meeting sponsored by

ALEXANDER EYE CENTRE

PADIVATTOM, COCHIN 682 024

Hon. Treasurer
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A PRACTICAL APPROACH TO HYPERTENSION

Dr. George Thomas (Siloam Clinic, Panampilly Nagar) discussed a clinical classification of hypertension based on an international publication (see box). The present classifications have many drawbacks and do not consider the treatment outcomes that can give valuable insights. So treatment outcomes and the qualitative aspects are used in this classification.

The key to the clinical classification is the definition of 'normal' BP. The normal value could be different based on the clinical circumstance. Hypertension is defined as any value above this. The principle of this classification is to find out the intensity of treatment required to bring down the BP to normal or target level.

In this classification there is a category of 'low normal' where the BP is lower than normal in perfectly healthy adults who require no treatment. 'High normal' can be controlled by life style modifications. This class will also include drug-induced hypertension, which can be controlled by stopping the offending drugs.

'Mild to moderate hypertension' requires medication for control. This includes patients with risk factors like diabetes. For convenience, this class is arbitrarily sub-classified into 'mild' and 'moderate'. 'Mild hypertension' can be controlled with one anti-hypertensive medication. This is consistent with the sequential drug monotherapy. 'Moderate hypertension' requires 2 or more anti-hypertensive drugs for control.

'Severe hypertension' includes cases where optimum therapy fails to achieve adequate BP control. This is after excluding all the factors of inadequate response to treatment. Optimum therapy would strike a balance between therapeutic effect and side effects. Similarly patients with target organ damage (TOD), malignant hypertension and patients presenting with hypertensive emergencies come in this category.

By following this classification it would become mandatory for the physician to look for the qualitative aspects of hypertension like hypertension causing drugs, risk factors and target organ damage. The classification is very adaptive and universal. It can be used for various age groups and etiologies. It is also future-proof. In contrast to the present classifications, patients under treatment are *ipso facto* included in this classification.

The drawbacks in this classification are similar to the existing numerical classifications. Usage algorithm: Evidence based value for 'normal BP' is determined for the particular category of patients. BP readings are taken as recommended. If the value

is greater than the 'normal BP' then the patient has hypertension. Look for target organ damage. If present, the category is 'severe'. Similarly if the presenting symptom is hypertensive emergency or urgency then too the category is 'severe'. If TOD or hypertensive emergency / urgency is absent, look for cardiovascular risk factors. If present, the category is 'mild to moderate'. Institute drug treatment. If no risk factors present, try life style modification. If successful, the category is 'high normal'. If not successful try one drug. If the BP gets controlled then the category is 'mild'. If not, add additional medications till control achieved or side effects occur. If the BP gets controlled the category is 'moderate'. If not controlled then again the category is 'severe'. This classification of hypertension is minimally dependant on the numerical values. Higher values may turn out to be more benign and lower values may need more powerful treatment regimes. As the classification less dependant on numerical values it provides a simple, practical and qualitative classification of hypertension. For details search Google with key words 'Clinical Classification of Hypertension' for the top site or email the speaker at dr.georgethoms@yahoo.com.

CLINICAL CLASSIFICATION OF HYPERTENSION

Rule : Normal BP is to be defined : For example for adults > 18 years this is defined as a BP of 120 mm Hg systolic and 80 mmHg diastolic.

Low normal - Requires no treatment

High normal - Requires lifestyle modification only. May involve withdrawal of hypertension causing medications. Exclude secondary hypertension.

Mild to moderate - Requires antihypertensive drug for control. Includes patients with risk factors for whom drug therapy is recommended.

a) **Mild hypertension** - Requires only one antihypertensive drug for control.

b) **Moderate hypertension** - Requires 2 or more antihypertensive drugs for control.

Severe hypertension - Inadequate control with optimum therapy and / or

- Presence of target organ damage and / or
- Hypertensive emergencies / urgencies.

IMA OFFICE STAFF

It has come to the notice of the Secretary that many of our members are utilising the services of IMA Staff for their personal work. The TA expenditure has become exorbitantly very high, which IMA cannot afford. So hereafter please don't call IMA Staff for your personal service. They are meant only for the official purpose as directed by the Office bearers. Please do co-operate. Otherwise IMA will be forced to charge the TA and other expenditures from the concerned doctors.

OBITUARY



Dr. Jose Maliakal expired on 14th June at the age of 62 while on duty in the early morning hours at RCM Hospital, Tripunithura. A graduate of JIPMER, Pondichery, who passed out in 1972, he worked mainly in Cherupushpam Hospital, A.P. Varkey Memorial Hospital and RCM Hospital. He is survived by his wife Molly Jose and children Jimmy, Geethu and Anu.

SOCIAL SECURITY SCHEME

Unfortunately during this year five of our members passed away, namely Dr. O.M.K. Namboothiripad, Dr. P.M. Kuriakose, Dr. Joy Thomas, Dr. Celine K. Abraham and Dr. Jose Maliakal. Except Dr. Celine, nobody else had Social Security Scheme coverage. Make it a point to enroll yourself in SSS and PPS. So that it may be of great help for your family.

Secretary hands over SS Scheme Fraternity contribution of Rs.5.3 lakhs to the bereaved family members of Dr. Celine Arabaham.



Anti Quackery Movement

It is unfortunate note that doctors of Modern Medicine are giving shield of support for quack doctors even inside the City of Cochin as per complaints received from the public to Cochin IMA. It is a shame that doctors are practicing this shielding technique for the simple reason of big money offered to them. The criminal negligence arising from this type of activity is a very serious offence. So please inform your friends who are involved in such activities either to stop it or face the dare consequences.

Please help IMA in its anti-quackery movement.

Mega Medical Camp

The proposed IMA multi-specialty camp will be held at Nayarambalam Church premises in Vypeen Island on 22nd July 2007 from 10 am to 12:30 pm. There will be Hb estimation, Diabetic Detection, Hypertension Detection and Blood Donation Camp. Those who volunteer to take part in the Camp, please contact the Secretary. Also donate medicine for the camp.

IMA Charity Fund

So far we are able to collect Rs: 8,500/- from our generous members. We are in need of more money in case of emergency needs. This money will be utilized also for the forthcoming medical camp.

IMA Educational Assistance

Many of our members offered their help in a big way for those who are financially finding it difficult to continue their studies in professional colleges especially in Modern Medicine. This gesture is following the request of your Secretary the last

clinical meeting. Three of our members already offered to pay for the expenses of any medical graduate who is really in need. If you know anybody who needs help please contact the Secretary.

Cardiac Scan for Doctors & Family

Cochin IMA has got great pleasure in arranging a Cardiac Scan programme for all the doctors of Cochin IMA and also for their family in various hospitals in Cochin City at a concessional rate. A minimal test of lipid profile, BP estimation and Treadmill Test will be the least screening programme.

The discussion has already started in this regard and the response of the Cardiologists and hospitals is very good. Let us also protect ourselves.

Cochin IMA & National Safety Council

We together conducted a Seminar about the chemical disaster management for doctors at TCC Guest House on June 2nd, 2007 at 5 PM. Dr. Abraham Varghese, Chief Medical Officer of Binani Zinc presented the main Management Scheme, in the case of a chemical disaster. Out of 30 hazardous chemical factories in Kerala, 20 are situated in and around Cochin. So we are sitting on a Chemical volcano and the seriousness is double fold. The District Collector Sri A P M Mohammed Hanish, IAS inaugurated the Session presided over by the Managing Director of TCC Dr. Sukumaran Nair. The DMO (H) Ernakulam Dr. K.T. Remani and Deputy DMO also participated. On behalf of Cochin IMA, Secretary Dr. Augustine Mampilly also spoke on the occasion, highlighting the needs of the public to be educated for the smooth running of the Disaster recovery programme, especially not crowding and blocking the roadways and the Disaster Team to reach the site of Disaster. Those who are interested please join the Disaster Team.

MAY 2007

Total 1677 units of blood were collected and 3285 units of blood and its components issued. Patients in 78 hospitals were beneficiaries. 8 blood donation camps were conducted.

Dr. K. Narayanan Kutty
Secretary

WELCOME NEW MEMBERS

Dr. Soji Paul Arakkal
Dr. E.V. Alex
Dr. Molly alex
Dr. M.V. Cherman
Dr. Asghar Majeed
Dr. A. Karthik Rao
Dr. Bindumol
Dr. Jaquiline Bobby
Dr. Rashin Poulouse
Dr. Sara Jacob
Dr. Harikumar
Dr. Biju Pankappilly

IMA MEDICINE BANK

Working Hours :
10.00-2.00 p.m.

Medicines donated by :

Dr. K.K.R. Warier
Dr. George P. Abraham
Dr. Poulouse Chacko
Dr. vanaja Tharian
Dr. Sujith Vasudevan
Dr. Jeeson C. Unni
Dr. Bhaskarakumar Warriar
Dr. Mary Muthachen

Dr. N. Gopalakrishnan
Convener

PPS & SSS NEWS

Join PPS, SSS I, II & National

For enrollment call

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