

INDIAN MEDICAL ASSOCIATION



VIJAYAWADA
&
BEZWADA MEDICAL ASSOCIATION

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VOLUME I

Vaartha Vedika

NO. 2

PRESIDENT

EDITOR

HONY. SECRETERY

Dr. R. VENKATESWARA RAO Dr. B. MALLIKARJUNA RAO Dr. C. S. N. VITTAL

President's Desk

After we assumed office, many of our members helped us in more than one way. It is a pleasant surprise to know about the unknown talents in our members. A few of them do not appreciate the fact themselves.

If they recognize their true potential in the extra-professional fields and utilize them to the maximum extent, they benefit themselves as well as their patients and our Association.

We appreciate and thank all the members for their help.

Editor's Pen

This is the second issue of the newsletter of this IMA year. During the month of January 2001, we printed "Code of Medical Ethics" and circulated to all our members. We are sure the members have gone through the booklet.

As requested in the earlier issue, we need articles for our "Vaartha Vedika". They can be academic articles, non-academic articles, jokes, poems, limericks, brain teasers, medical quizzes, Spot the diagnosis etc. All these will be gratefully acknowledged.

Finally I would like to thank Parke-Davis (I) Ltd. for helping us in bringing forth this issue.

— *Dr Mallik*

RECENT ADVANCES IN INTERVENTIONAL RADIOLOGY

Apparao Mukkamala M.D

Chairman, Department of Radiology, Hurley Medical Center. Clinical
Professor of Radiology, Michigan State University

ACUTE CHOLECYSTITIS

The initial study of choice in suspected acute cholecystitis depends to a very great extent on the clinician's level of diagnostic confidence. The majority of patients with right upper quadrant pain should initially undergo sonography.

When the diagnosis is tentative and the right upper quadrant surgery is indicated:

Step 1: Sonogram.

Step 2: Nuclear Technetium-99m-Hepatobiliary Iminodiacetic acid scan.

When acute cholecystitis is strongly suspected and Cystic duct patency is the primary issue:

Step 1: Nuclear Technetium Hepatobiliary Iminodiacetic Acid scan.

Step 2: Sonogram.

SMALL BOWEL OBSTRUCTION

Small bowel obstruction is common. Eighty percent of all obstructions occur at the level of small bowel, and 80% of these result from adhesions or hernias. The clinical and radiographic diagnosis can be difficult. SBO must be differentiated from ileus.

Step 1: Plain radiographs

Supine upright and decubitus films of the abdomen are essential. Plain films for SBO have high false positive and false negative rates.

Abdominal films of patients with life-threatening closed loop obstruction can even be normal.

If plain films are equivocal for obstruction or if the site of obstruction must be better defined before therapy, barium studies are essential.

All barium studies are contraindicated if there is free intraperitoneal air visible on plain films.

When the obstruction is in the distal small bowel or colon :

Step 2: Barium Enema

When the colon has been exonerated by a barium enema or the initial plain films indicate obstruction in the small bowel:

Step 3: Oral Barium Studies.

BILIARY TRACT OBSTRUCTION

Step1: Ultrasound

US is the best initial exam because it visualizes the intrahepatic ducts, gallbladder and common bile duct and is less costly than CT. If the sonography reveals normal ducts, the workup usually ends.

If Ultrasound reveals dilated intrahepatic or extrahepatic ducts, obstruction is likely.

If clinical evidence suggests obstruction despite a normal sonogram:

Step1: Nuclear Tc-99m Hepatobiliary Iminodiacetic acid scan

If ultrasound reveals dilated ducts without a cause:

Step2: Computed tomography

Step3: Endoscopic Retrograde Cholangiopancreatography or Percutaneous Transhepatic Cholangiography.

APPENDICITIS

The diagnosis is confidently established preoperatively about 80% of the time by the history, physical exam, and laboratory values without imaging.

In the other 20%, particularly in the elderly, women of childbearing age, infants, and young children, the diagnosis of appendicitis is often difficult.

If the diagnosis of appendicitis is equivocal:

Step1: Plain Abdominal Film, supine and erect. If the patient is an infant or young child, a pregnant woman, or a woman of childbearing age, US is next when plain films are negative or equivocal. For other patients or when perforation is likely, CT is appropriate.

Step2: Ultrasound- Appendicolith may be non-calcified; they are more frequently seen on US than on plain film.

Step 2b: Computed Tomography- CT is the test of choice to evaluate patients [other than infants, young children, pregnant women, and women of childbearing age] when the diagnosis of appendicitis is equivocal.

Preoperative differentiation between phlegmon and abscess is desirable.

ACUTE GASTROINTESTINAL BLEEDING

IN THE ADULT

When endoscopy defines a bleeding source, emergency imaging is usually unnecessary.

Massive or life-threatening GI hemorrhage, not immediately treated surgically should be studied by angiography. When endoscopy fails to find a bleeding source, nuclear imaging is often useful to document active bleeding as a precursor to angiography. Angiography may be invaluable for therapy or more precise localization before surgery, once nuclear imaging has confirmed ongoing hemorrhage. If nuclear imaging reveals no active bleeding, neither will angiography. In chronic bleeding, angiography does not define an active bleeding site but locates abnormal vascular patterns, such as Angiodysplasia, arterio – venous malformation and neoplasm. Endoscopy and barium exams of the upper and lower GI tract identify the majority of lesions responsible for chronic bleeding. Sigmoidoscopy should precede all barium exams, but the BE and UGI series come before other more demanding forms of endoscopy.

Enteroclysis is the barium study of the small bowel. It involves less risk than colonoscopy and gastroscopy and if available may be considered after negative BE and UGI studies.

PULMONARY EMBOLISM

Step 1: Chest radiograph

The chest film in patients with suspected pulmonary embolism is virtually always normal or nonspecific.

The chest x-ray is nonetheless necessary because it excludes other causes of symptoms, like rib fracture, pneumothorax, etc.

A chest film is required for accurate lung scan interpretation.

Step 2: nuclear lung scan

Perfusion: Nonradioactive areas indicate poor perfusion. A normal perfusion study excludes pulmonary embolism.

Acute embolism is probable when there is a perfusion deficit, normal ventilation, and a normal radiograph, unless the area is very small.

Angiography for definite confirmation of acute embolus may be justified if anticoagulation is contraindicated or if clinical evidence favors another cause of reduced perfusion.

Where perfusion and ventilation deficits coincide and the chest film shows no parenchymal disease, the probability of pulmonary embolism is low.

Matching ventilation and perfusion deficits reported as low probability do not completely exclude superimposed emboli, and about 18% of such low-probability scans will have associated emboli.

The matching of multiple areas of poor perfusion and ventilation is often imprecise. Then the scan becomes indeterminate.

The study does not satisfactorily answer the question of whether an embolus exists.

Because the risk of embolus [variously described as 30% to 70%] in these studies is higher than in a low-probability scan, the decision to use angiography rests with the physician.

Ventilation:

Xenon-133 can establish whether areas of poor ventilation coincide with areas of poor perfusion.

Congruent areas of poor perfusion and ventilation are called a match. Because pulmonary vasospasm occurs wherever local alveolar hypoxia exists, any condition which decreases ventilation may decrease perfusion as well.

Accordingly, for intelligent interpretations of an abnormal perfusion lung scan, one must also perform a ventilation scan, to see if the areas of poor perfusion coincide with areas of poor ventilation.

Step 3: Spiral CT of the Chest with contrast

Pulmonary emboli are seen as filling defects in the pulmonary vessels.

Step 4: Pulmonary angiogram

Angiography is reserved for patients whose V/Q scans are non-diagnostic or are seriously discordant with clinical suspicion.

AORTIC INJURY IN BLUNT CHEST TRAUMA

Step 1: plain radiography

A normal AP or PA film effectively excludes aortic injury and ends the imaging workup.

If the original AP film is abnormal and a PA film is unfeasible, or the PA film is abnormal, angiography is necessary.

Step2: Angiography

The angiogram, normal or abnormal, ends the workup.

If the AP or PA film is equivocal CT of chest with intravenous contrast may be useful for further evaluation of the mediastinum.

Step3: Computed tomography with intravenous contrast enhancement.

A normal CT effectively excludes aortic laceration.

The real value of CT is to exclude mediastinal hematoma and/or aortic contour abnormalities in the large number of plain chest films that are equivocal, avoiding some angiograms.

BLUNT ABDOMINAL TRAUMA

In the clinically unstable patient: Emergency life-saving surgery takes precedence, delay for diagnostic imaging may be inappropriate.

In the clinically stable patient:

Step1: Computed Tomography

CT of the abdomen with intravenous contrast material is the central study in blunt abdominal trauma.

Step2: Plain film of Abdomen and Pelvis

Normal plain films do not eliminate the need for further imaging.

CT is the definitive study for blunt abdominal trauma.

Plain films of abdomen, pelvis and chest are helpful and should not be skipped.

Other specific exams can be directed to sites of suspected injury, based on the initial CT findings:

HIDA scan for bile leak, angiography for injury of the Renal vasculature, retrograde Urethrography and Cystography for urethral or bladder trauma, UGI series for duodenal hematoma, and Gastrografin Enema for Colonic laceration are specific investigations.

Uterine Myomas - Bleeding

Most Common Pelvic growth in Females 50 – 80%

Most common indication for hysterectomy

30% of the admissions to GYN service

500,000 – 600,000 hysterectomies in the US

(Cost of 4M)

30% attributable of fibroids

Management Options

- .. Hysterectomy
- .. Medical therapy
- .. Myomectomy
- .. Endometrial ablation
- .. Myolysis
- .. uterine artery embolization

Anesthesia /pain relief

IV Sedation (VERSID and MORPHINE)

Local Anesthesia

Osteoarthritis

1. It is a chronic disease with no permanent cure. It is arthrosis rather than arthritis.
2. Try paracetamol - high doses, then NSAIDs. Other modalities like physical and occupational therapies, weight reduction, and reassurance are equally important.
3. The less we treat, the more merrier it will be.
4. Intra articular injection of synthetic synovial fluid though costly, gives good relief for 6 months
5. Intra articular injections like triamcinolone and hyaluronidase is viewed cautiously now-a-days

IMA BMA Family get together

The members of IMA and BMA with their families spent a memorable evening of Bhogi, 13th January, 2001 at our association hall.

What made the evening a memorable one was the entertainment programme presented by the members of the Sri K.Chaitanya Vidya vihar (SKCV) Family which consisted of rehabilitated street children.

The programme started with a patriotic song-dance sequence "I Love my India". Later a most moving depiction about the plight of the street children was enacted. This was followed by "Song of an AIDS cursed child" rendered by Mr. Ashok. There was a hilarious skit about the pranks of a rural youth visiting a cinema which left the audience in peels of laughter. Finally again a Rajasthani Folk dance was presented. On the whole the presentation was well organized.

Later Mrs. Bhakti Manihara explained about the SKCV trust and its ideology and programmes. Our member Dr Sudhamayi then spoke about Yoga. Members were then treated to a delicious Dinner.

This was followed by Tambola game where members had immense fun.

Felicitations

On 18th February 2001 Indian Medical Association Vijayawada and Bezwada Medical Association felicitated Dr B Soma Raju, renowned Cardiologist on being conferred "Padmasree" by Government of India.

Dr. Soma Raju was presented citation by Dr M A Saleem and our President Dr R Venkateswara Rao, honoured him with a shawl. Many of our members honoured Dr Somaraju with floral bouquets, shawls and speeches.

Dr. G. Sham Sundar, Vice-Chancellor, NTR Medical & Health University and Governing Council Member, ASI and Dr. R A Sastry, Professor and HOD, Dept. of Surgery, NIMS, Hyderabad were the guests of Honour.

Thus spake the wise

Second marriage:

The triumph of hope over experience.

- Samuel Johnson

Prophylactic antibiotics in Surgical Practice

This article deals with prevention of sepsis in clean and clean-contaminated procedures, the most common examples being Hernia repair and Hydrocoel (clean), Cesarean section, Hysterectomy and Appendectomy without perforation (clean-contaminated). The vast majority of surgical procedures done in our hospitals come under these categories. The tendency of most of the surgeons is to start antibiotics preoperatively and continue the same drugs for the first post-operative week and continue oral antibiotics when the patient is discharged home. This tendency is termed by some authorities as “antibiotic overkill”.

We will examine the evidence for shortening the period of antibiotic use in these cases. Antibiotic prophylaxis means the administration of antibiotics or antimicrobial drugs to patients who do not have evidence of an established infection.

A surgical incision exposes normally sterile tissues to a non-sterile environment. Some contamination occurs with any operation. Bacteria start multiplying as soon as they enter the wound. Following the closure of the wound, its environment is sealed by local intravascular coagulation and the events of early inflammation.

For the antimicrobial to act, it should be present in the tissues before the arrival of the microbes. The first two to three hours is called the “golden period”. So it is ideal to give the first dose of antibiotic just before the patient is shifted to the operation theatre.

Single dose Prophylaxis:

Strachen and colleagues in 1977 performed the first prospective controlled trial, which investigated the proper duration of antibiotic prophylaxis in biliary surgery. A single pre-operative dose of cefazolin was compared with a regimen of cefazolin given for a period of five days after operation. The infection following a single dose was 3%. That following multiple doses for five days was 5%.

Similar findings were seen even in colonic operations.

A single dose is as effective as multiple dosing and is preferable because it is less likely to alter antibiotic resistance patterns of bacteria in a hospital.

The principles of antibiotic prophylaxis are:

1. Use an antibiotic with efficacy against bacteria likely to contaminate the wound.
2. Use full dose of the chosen antibiotic.
3. Administer antibiotic pre-operatively at a time such that effective tissue concentration will have been achieved when intra-operative contamination

occurs.

4. If the operation is prolonged beyond 3 or 4 hours, give another dose. Otherwise single dose prophylaxis is effective in most clinical situations.

Ref:

1. Strachen C J et al. Prophylactic use of Cephazolin against sepsis after cholecystectomy. B M J 1977 -1: 1254-6.
2. R E Condon and D H Whitmann: Surgical infections: Oxford textbook of Surgery. Ed: P J Morris and R A Malt. 1994, Oxford University Press.

DR S SUDHAKAR

Praja Vaidyasala

Thanks Galore

Dr. K. Vasumathi, for arranging the cultural events presented by SKCV Trust on 13th January, 2001.

Dr C Sudha for enlightening the doctors as well as the public about Assisted reproduction methods in our Public education handout series no.3. titled "Santana Saaphalyata - Aadhunika paddhatulu" and Dr.M A Saleem for beautifully translating the above handout into Telugu.

Dr. G. C. S. Srinivas for putting together various facts regarding Oral Rehydration Solution for our Public education handout series no.4.

Dr M Madhavi and Dr S Sudhakar for bringing forth the 5th issue of the above series titled " Mee aarogyam mee chetulalo"

Dr. Lakshmi Saleem for providing all round help in improving the greenery of the IMA.

Dr. C.Usha rani, Asst Professor of Social and Preventive Medicine, SMC for sending House surgeons to help us in AIDS campaign as well as Health Mela.

Kudos to I A P, Krishna dist. branch

Indian Academy of Pediatrics, Krishna district branch was awarded the "Best branch for celebrating I A P Child health care Week" for the year 2000-2001.

Congratulations to Dr. Hema parimi, President, IAP, Krishna and Dr. Y. Sai Kishore, Secretary, IAP, Krishna for their fine achievement.

GLEANINGS FROM THE INTERNET

INFLUENZA VACCINATION MAY REDUCE RISK OF RECURRENT MI AND ANGINA

Among patients with coronary heart disease, influenza vaccination is associated with a significantly reduced risk for recurrent myocardial infarction (MI), according to a report in *Circulation: Journal of the American Heart Association* for December 18.

<http://familymedicine.medscape.com/31507.rhtml?srcmp=fm-122200>

HOMOCYSTEINE AND ATHEROSCLEROTIC HEART DISEASE: A NEW AND 'UNUSUAL SUSPECT'

Can a simple change in a patient's diet reduce levels of plasma homocysteine and the risk of cardiovascular disease?

Clinician Reviews 10(10):45-57, 2000.

<http://familymedicine.medscape.com/31366.rhtml?srcmp=fm-121500>

NEW RECOMBINANT BCG VACCINES PROVIDE GREATER IMMUNITY FOR TUBERCULOSIS

With 2 million people dying from tuberculosis each year worldwide, investigators have developed new recombinant bacillus Calmette-Guerin (BCG) vaccines that offer greater immunity than current commercially available vaccines.

<http://familymedicine.medscape.com/31182.rhtml?srcmp=fm-121500>

INTRAVENOUS VALPROATE RAPIDLY ABORTS MIGRAINE HEADACHES

In a preliminary report, published in the October issue of *Headache*, investigators indicate that intravenous valproate is safe and effective in treating migraines.

<http://familymedicine.medscape.com/31007.rhtml?srcmp=fm-120800>

SPIRULINA MAY BOOST IMMUNE RESPONSE

Spirulina significantly increases cytokine production in cultured immune system cells, according to a study published in the Fall issue of the *Journal of Medicinal Food*.

<http://familymedicine.medscape.com/31114.rhtml?srcmp=fm-120800>

H. PYLORI MAY BE IMPLICATED IN SUDDEN INFANT DEATH SYNDROME

UK investigators report in the November Archives of Disease in Childhood a

'highly significant' association between Helicobacter pylori infection and sudden infant death syndrome.

<http://familymedicine.medscape.com/29036.rhtml?srcmp=fn-102700>

CONTINUOUS COMBINED HRT MAY DECREASE ENDOMETRIAL CANCER RISK

Postmenopausal women who receive continuous combined hormone replacement

therapy (HRT) for a relatively short time appear to have a lower risk of endometrial cancer than postmenopausal women who have never used HRT,

according to a study conducted in the state of Washington.

<http://primarycare.medscape.com/32497.rhtml?srcmp=pc-011901>

Members who contributed to IMA disaster relief fund

R.NO	Name of the Doctor	Amount
1	Dr.R.Venkateswara Rao	5,000.00
2	Dr.C.S.N.Vittal	3,000.00
3	Dr.Ch.Prasad Babu	5,000.00
4	Dr.Siva Prasada Rao	500.00
5	Dr.V.Rajya Lakshmi	500.00
6	Dr.S.Bharat Singh	300.00
7	Dr.Y. Raja Rao	6000.00
8	Dr.(Mrs).Y. Hymavathi	6000.00
9	Dr.DRK.Prasad	2,500.00
10	Dr.T.Padmavathi	2,500.00
11	Dr.B.Mallikarjuna Rao	700.00
12	Dr.Y.Ramesh Babu	1,000.00
13	Dr.E.Hari Babu	1,000.00
14	Dr.V.Raja Gopal	2,000.00
15	Dr.KSRK.Prasad	1,000.00
16	Dr.G.Ramamohana Rao	2,000.00
17	Dr.T.Rajeswara Rao	5,000.00
18	Dr.K.Pattabhi Ramaiah	5,000.00
19	***(DR.KPR)	1,000.00
20	Dr. CSR.Prasad Rao	1,000.00
21	Dr.P.Srinivas & P.Lakshmi Devi	500.00
22	Dr.V.Ram Prasad	5,000.00
23.	Dr. M J Naidu	5000.00

NEWS IN BRIEF

IMA, Vijayawada conducted many meetings during the past one and half months and we are giving a brief account of all of them.

Academic Programmes

On 10th December 2000, Dr Bobba Dharma Rao Memorial Oration was delivered by Prof Girish Narayan, Nephrologist and HOD, Osmania General Hospital, Hyderabad. The topic was “Nephrotic Syndrome”.

On 16th December 2000, I M A, Vijayawada, Vijayawada Psychiatric Society and Rotary club of Vijayawada, arranged a combined guest lecture. Dr. Gopal Chandra Kar, National President, Indian Psychiatric Society and Professor & Head of Dept., (Psych) S C B medical College, Cuttack spoke on “Mental Health, Challenges in the 21st century and Disaster Management”. Dr. I. Rama Subba Reddy, President of Vijayawada Psychiatric Society presided over the meeting. Our President Dr. R. Venkateswara rao and Rtn B. Vinod kumar were also on the dias.

On 29th December 2000, A symposium on “Medical Management of Osteoarthritis” was arranged. Dr V. Somanadham, Professor of Orthopedics, Siddardha Medical college, Dr. M. Jagan Mohan, Consultant Gastro enterologist, and Dr. K. Ramesh, Principal, Siddardha College of Pharmaceutical Science spoke on various aspects of medical management of O A.

On 7th January 2001, Dr. Mukkamala Apparao, Professor of Radiology, Michigan State University, USA, spoke on “Recent advances in interventional radiology”. This Programme was co-sponsored by Sibar Charitable Trust and Sibar Medicare.

On 11th February 2001, a CME programme on “Cardiac Patient for non cardiac surgery, Anesthetist’s view point” was conducted. Dr. Y. Ramesh Babu, Dr. M. Nageswara rao and Dr. C. Vikram Deo participated in the symposium moderated by Dr. U S S A V Prasad. This Programme was co sponsored by Andha Bank and CDR diagnostics, Hyderabad.

On 18th February 2001, IMA and Association of Surgeons of India, Krishna Dt branch conducted a guest lecture by Dr R A Sastry, Professor and HOD, Dept of Surgery, NIMS, Hyderabad. The topic was “Pitfalls, the unexpected and bailing out of abdominal surgery”. Dr. G. Lakshmi Prasad, President of ASI, Krishna presided.

The oldest man living today is reported to have celebrated his one hundred and thirty ninth birthday. His case is regarded as a triumph of nature over medical knowledge.

Oliver Wendell Holmes

News in Brief (Contd...)

Cultural and Social Programmes

On 13th January 2001, Bhogi, IMA arranged a Family get together in our association hall from 8 PM onwards.

On the 26th of January 2001, Flag Hoisting took place in our association premises. Dr P. S. Bhaskara Kumar unveiled the National Flag.

News in Brief (Contd...)

Non-Academic Programmes

On 9th December 2000, Dr Hemanth Kamath from Karwar, Karnataka, spoke on "Spirituality for blissful life". This programme was presided by Dr. Y. Poornachandra Rao and the refreshments were arranged by Dr. K. Nanda Kumar

On 10th December 2000, in the First Phase of Pulse Polio, Polio drops were administered by our membes.

On 19th January 2001, Blood donation day was observed and a large number of our doctors attended and donated blood at University General Hospital.

On 21st January 2001, in the Second phase of Pulse Polio, Polio drops were administered by our membes.

Take it easy

"My wife is in areally sorry state," the man told his doctor."She usually stays awake till two or three in the morning. What can I do for her?"

"Come home earlier." the doctor advised.

A miser called the doctor to attend to his sick wife.

"They say you are stingy" said the doctor "can I be sure of my fees?"

"Whether you cure or kill my wife, you will get your money without having to sue," the miser replied.

But the wife died despite the doctor's best efforts to save her. He duly asked for his payment.

"Did you cure my wife?" the miser asked.

"No," admitted the doctor.

"Did you kill her?"

"Certainly not!" was the indignant reply.

"Well then! I owe you nothing."

Medicine

There are three subjects on which the knowledge of the medical profession is woefully weak; they are manners, morals and medicine.

Gerald F. Lieberman

New members of the IMA family

Dr.B.Venkata Ratnam	Dr.Sambasiva Rao Babji
Dr.Atluri Rama Devi	Dr.P.Srinivasul
Dr.Devarapalli Rajyalakshmi	Dr.P.Sudesh Kumar
Dr.K.Krishnaveni	Dr.V.Sivanageswara Rao
Dr.Maganti Uma Devi	Dr.M.Sambasiva Rao
Dr.M.A. Rahman	Dr.M.Prasad Babu
Dr.K.V.R.Subba Rao	Dr.P.Ramesh Babu
Dr.V.Ravi Shankar	Dr.P.Kanchana
Dr.Avala Naga Rani (Annual)	Dr.K.Geeta Devi
Dr.G.Rajasekhara Reddy	Dr.CH.V.Satish Kumar
Dr.Karlapudi Vasu	Dr.C.Suresh Kumar
Dr.S.Phanindra Prasad	Dr.PVSSS.Prasad
Dr.Syed Ashriffine	Dr.Srivalli
Dr.Tummala Vijayalakshmi	Dr.V.V.Padmavathi
Dr.P.Narayana Prasad	Dr.M.Durga Prasad
Dr.Panga Sudhakar	Dr.P.V.Rama Rao
Dr.Vemireddy Radhika Reddy	Dr.J.N.V.Bhuvanewswara Rao
Dr.Pathuru Nancharaiah	Dr.Srimanarayana (Annual)
Dr.A.V. Narayana Rao	Dr.B.Anil Kumar
Dr.Krishna Kumar P.V	Dr.Sowjanya
Dr.Khader Shariff	Dr.Battu Sudhakar
Dr.P.Srinivasulu	(((

Think it over

Not all of us have to possess earth-shaking talent. Just common sense and love will do.

Myrtle Auvil

Give a man a fish, and you feed him for a day. Teach a man to fish and you feed him for a life time.

Chinese proverb

Forthcoming Events

- March 4th 2001 - Guest lecture session sponsored by Charitasri Hospitals
- March 11th 2001 - Indian Radiological and Imaging Association, Andhra Pradesh State Chapter's annual conference will be held in association with our branch.
- April 2001 - IMACGP Annual refresher course, a day long CME programme is planned.
Date will be announced latter.

General Body meeting

Indian Medical Association, Vijayawada and Bezwada Medical association met on 22-12-2000 at our IMA Hall. The well attended emergency meeting discussed various things concerning the individual members as well as the medical profession. The gathering in its resolutions expressed its solidarity with some of the members and urged the members to uphold the highest tradition of our noble profession. In yet another resolution it was decided to publish a handout regarding the Modern Trends in Treatment of Infertility and circulate to the members for the benefit of public

Enhancement of IMA members' Subscription

The subscription rates IMA members will be enhanced from 15th March, 2001 by the IMA AP State branch.

Hence doctors who wish to join IMA are urged to join as members before 15th March to avail the earlier rates.

New rates of H. F. C.

Type	Life		Annual	
	Old	New	Old	New
Single	1620.00	1750.00	220.00	250.00
Couple	2430.00	2600.00	330.00	360.00

HEALTH MELA

Indian Medical Association, Vijayawada and Bezwada Medical Association conducted a Multi-Speciality Health camp at Edpugallu on 4th January 2001. This was conducted in the premises of Sibar Cancer Hospital. About 1500 people from various walks of life attended this camp and got benefitted. More than 50 of our members belonging to various specialities participated and extended their services to the needy patients. The camp also concentrated on health education aspect and two brochures brought by our branch in telugu, one on “Your Health is in your hands” and another on “Oral Rehydration Therapy” were released. A beautiful Health Exhibition was conducted which was appreciated by one and all.

The inaugural function which preceded the camp was graced by The District Collector Shri B. R. Meena, Commissioner Of Police Shri Sudeep Lakhtakia, Vijayawada M. P. Shri. Gadde Ramamohan, Kankipadu M. L. A. Shri. Y. Nageswara Rao, Edpugallu Sarpanch Shri Arun Kumar among others.

The following were the speciality services offered to the public: Medicine, Surgery, Gyenecology, Paediatrics, E. N. T., Ophtholmology, Dental Medicine, Diabetology and Psychiatry.

Super Speciality services offered were : Cardiology, Neurology, Urology, Nephrology, Gastro-enterology, Oncology and Pulmonology.

The President and the Executive Committee of The I M A and B M A express their heart felt thanks to the following people for making this event a huge success.

1. Sibar Cancer Hospital, Sibar Charitable Trust, their Trust Board members and Staff,
2. Sri. V. Krishna Rao garu, Raja and other people from edpugallu village,
3. A. P. Medical Representatives’ Association members and other professional colleagues who contributed medicines generously to the mela and also their personal services,
4. Mr. Majety Surendranadh for helping our members in organizing the Health Exhibition and educational programmes like Quiz etc.,
5. The nursing staff from St. Ann’s Hospital and Vasavya nursing school for helping in organizing the flow of the patients.
6. M/S SP Mineral water, Kakinada, for supplying “SURAKSHITA” Aqua mineral water bottles free of cost to the camp.
7. All those member colleagues who got involved personally and also contributed Physician’s samples generously.

Clinical Meeting January 2001

The First clinical meeting of this new year was held on 27th January 2001. The following cases and topics were discussed.

1. Presentation of 10 varied cases managed with different techniques of alternative medicine
- Dr. M. Jaganmohan
2. A case of pain abdomen in a post partum woman
- Dr. V. Ram Prasad
3. Mitral Valve repair on a young lady who had grade IV mitral regurgitation.
- Dr. P. Srinivasulu

Clinical Meeting February - 2001

The clinical meeting of the month of February was held on 24th. The following cases were presented and discussed.

1. An uncommon fracture dislocation of Lt. Hip joint
2. A case of Neer's prosthesis(shoulder joint)
3. Congenital absence of both tibiae with deformity of legs
- Dr. V. Somanadham
4. Teratomas in children - Case study
- Dr. Y. Prabhakara rao

Thus spake the wise

Marriage :

Marriage is a romance in which the hero dies in the first chapter.

Thomas R Dewar

Don't marry for money. You can borrow it cheaper.

William Shakspeare

There is nothing wrong with marriage. It's just the living together afterwards that is murder.

Sam Levenson

Adieu Dr Ramakrishna Rao

Dr. Pernenkil Rama Krishna Rao, One of our senior members, passed away on the 4th of January 2001 at 12.10 PM due to Myocardial Infarction.

A native of Karnataka Dr Rama Krishna Rao, along with his brothers, made Vijayawada his home and served the public of this city with his expertise.

Born in 1923 Dr Ramakrishna Rao did his MBBS from Madras Medical College in 1948. Immediately he joined his uncle Dr. P. V. Achar in practice and started his own practice in 1950.

Although he was a General Practitioner, he got immense interest in pediatric diseases and as such got name as a very good pediatrician. He is survived by wife, two sons and one daughter.

IMA and BMA expressed their deep sense of sorrow and extended heart felt condolences to the members of the bereaved family in a meeting conducted on the evening of 5th January 2001 at our IMA hall.

May his soul rest in peace.

Earthquake Relief Fund

The massive earthquake that rocked Gujarat and adjoining states caused immeasurable loss to life, limb and property. The loss in terms of Human resources is something that is near impossible to estimate.

Indian Medical Association, Vijayawada already started "IMA Disaster relief fund" account in Andhra Bank, Suryaraopet branch. Many of our members already contributed their mite. We request other members also to donate liberally to this fund and help our brethren in need. Your contributions are exempted from income tax under Section 80 G.

REGRETS

Inadvertently the name of Dr. N. V. Krishna Rao was not given in the list of doctors participated in the AIDS awareness programme of 1st December, 2000. Dr. N. V. Krishna Rao spoke to the students of Krishnaveni Degree college, Patamata. We unreservedly regret the lapse and apologize to Dr. N. V. Krishna Rao.

IMA Vijayawada DATABASE DETAILS as on (22/02/2001)

Total Entries	724
Members	
Life	573
Annual	98
Associated	1
Non Members	19
Special Entries	33

Total	724

Details recieved about :

1. Registration number	176		
2. Life Membership	395		
3. Date of Birth	141		
4. Blood Groups	169		
A - Group	30	B - Group	49
O - Group	72	AB - Group	11
Rh Positive	156	Rh Negative	11

Other Details

FBS Members	324
e-mail Addresses	49
(Defunct email addresses 11)	
Doctors from Vijayawada	631
Telephone Numbers not given	68
Mobile Number given	81
Name of Spouse given	171
Details of Spouse's Occupation given	167