



# GOLDEN JUBILEE YEAR

**The GRASP**

E-Bulletin (January 2022)

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## THE GRASP *Editor*

### DR. ALOK MODI

MD (MED) FISH(INDIA) FACP(USA) PGDL(UK)  
CONSULTANT PHYSICIAN AND  
DIABETOLOGIST AND INTENSIVIST

Dear friends,

Welcome back to the second edition of GRASP. It's always been a fulfilling role to be an editor of this prestigious magazine of this wonderful organization called the Association of Medical Consultants also popularly known as AMC. It's our own organization and as you know the entire medical fraternity including our managing committee members of the Association of Medical Consultants have rendered human services and phenomenal work in these testing times called as covid times. Never humanity has seen such a dance of death across the entire planet. Never we have seen the fury of nature unleashed on humankind. As doctors, we are accustomed to seeing life and death in and out but never have, we seen, or rather I should say palpated death at such close quarters, visiting us at every hour and every second. It has not spared any of us, including myself with sheer mental and emotional trauma. So many of us have lost our near and dear ones, including myself. I had got covid and was in the hospital for a month, had suffered from ARDS, lost my mom thanks to covid and many across the city have lost their very precious near & dear ones. Phenomenal amounts of medical literature and tales of woe, despair & emotional trauma have been generated in the last year, thanks to COVID and that silver lining in the cloud that has been seen across the planet. We at AMC thought we should share with this edition of GRASP which portrays a couple of true struggle and heart rendering stories from our own members who have struggled and displayed rays of light in these testing times. This is just a snapshot, I'm sure all of you will correlate and agree and probably see your own experience in these stories. We have a wonderful report from our esteemed president Dr. Sushmita Bhatnagar, our managing committee member. See the exotic locales of Maharashtra forgotten erstwhile, by Dr. Virag Gokhale in his exotic book. See COVID from the eyes of medicos in various cities of Maharashtra to our metros and there is lots and lots more to be read in this wonderful edition which is a flip format again. So, I wouldn't come between you and GRASP. So, grab a cup of coffee, see if this episode melts a chord in your heart, feel the pains of our covid warriors. See how the medical fraternity has been tested to its ultimatum during the last year. See-through our own eyes, the despair, and the fighting spirit of us medicos. Would like to thank the president and the managing committee members for giving me this wonderful opportunity to contribute my little two bits as an editor of GRASP. So let me not come between you and your reading by prolonging this editorial. As usual, we have designed this in the flip format which makes for very pleasant reading, support it, and drop in a suggestion or constructive criticism at [editorgrasp@amcmumbai.org](mailto:editorgrasp@amcmumbai.org)





## FROM THE DESK OF

President AMC

### PROF. DR. SUSHMITA BHATNAGAR

MBBS, MS (GEN.SURG), M.CH (PED. SURG), M.PHIL  
(HOSPITAL MANAGEMENT), PGDMLS (MEDICOLEGAL  
SYSTEMS)



Dear friends and colleagues,

Wishing you a very Happy New Year 2022.

2022 is a memorable year commemorating the 50th Year of AMC, the Golden Jubilee Year.

It is indeed an achievement, for those who created this Association, and also for those who are a part of it in some way or the other. The journey of this prestigious Association is commendable and worthy of celebrations. Following 2021, 2022 is going to be a year of stronger foundation for the Association of Medical Consultants. Started in 1972 with a handful of members to the current strength of more than 13,500 consultants is no mean task and with a constant growth pattern even beyond the boundaries of the city and the state, it deserves all the accolades and the recognition. The commitment and contribution of all the past presidents and secretaries along with their teams is worth mentioning. The list of all the past presidents and secretaries is as follows:

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35. Thirty-fifth President & Secretary – 2006 - Dr. Bipin Pandit & Dr. Anand Parihar
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37. Thirty-seventh President & Secretary – 2008 - Dr. Anand Parihar & Dr. Rajeev Walavalkar
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42. Forty-second President & Secretary – 2013 - Dr. Sujata Rao & Dr. Smita Sharma
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45. Forty-fifth President & Secretary – 2016 - Dr. Veena Pandit & Dr. Ashok Shukla
46. Forty-sixth President & Secretary – 2017 - Dr. Smita Sharma & Dr. Vivek Dwivedi
47. Forty-seventh President & Secretary – 2018 - Dr. Vipin Checker & Dr. Sushmita Bhatnagar
48. Forty-eight President & Secretary – 2019 - Dr. Mukesh Gupta & Dr. Nilima Vaidya-Bhamare
49. Forty-ninth President & Secretary – 2020 - Dr. Deepak Baid & Dr. Nilima Vaidya-Bhamare
50. Fiftieth President & Secretary – 2021 - Dr. Sushmita Bhatnagar & Dr. Pradeep Baliga

To embark on the journey of the next 50 years, our Association has seen lots of upgradation in its functioning, form, and location. With the formulation and implementation of IT policy in 2021 as per the latest Information Technology Act of 2000 with amendments of 2008, AMC is future-ready.

With a new AMC Mumbai office which has been relocated to 302, Summit Business Park, Next to Western express highway metro station, AMC is ready with a new experience for its members, a new corporate look, a new feel, and a new journey. This is a great achievement which was possible only because of the active intervention of the Trust Board especially Dr. Niranjana Agarwal (Immediate Past Managing Trustee). A glimpse of the inauguration ceremony can be accessed through this [link](#) .





SOS - the new feature in AMC mobile app 2.0, the android version, is fully functional for the benefit of all the members who might (God forbid) go through the harrowing experience of Violence in Healthcare in any form. You may download the app with the following [link](#).

The SOS is activated only after logging in to the mobile app which is absolutely essential. Once you are logged in, you can remain logged in or can log out as per your choice. When SOS is activated, as soon as you click on it, you will get 2 options;

1. Orange Alert - Expecting trouble OR
2. Red Alert- In trouble and based on the situation, you can select Orange or Red. SOS is available to alert immediately, in case of any emergency due to violence or due to patient/ patient's family's unruly behaviour. All AMC Members in your PIN Code are sent messages based on the option selected by you. Alert also goes to the President, the Secretary as well as Medico-Legal Cell Chairperson. Alert is sent as SMS as well as App Notification, as it will work in both situations when you are connected to a mobile network or wifi or not connected at that particular time. The upgraded version 2.0 of AMC Mobile App comes with many other very interesting features, such as Member Directory available with details of all AMC Members, Details of upcoming events and programs, Access to AMC in News, Announcements from the app, Access to Forms of all Cells and schemes, etc. Another important feature is Notifications, the bell icon on the top right of the app. All notifications have a ringtone, so you will be alerted of any notification which is sent through the app, so kindly keep the AMC app active on the home screen of your phones. A very significant upgradation in the app is Edit Your Profile wherein you yourself can change the phone number, email id, address, etc. after logging in and will not be dependent on the AMC office to make these changes which will reflect in the database also.

Memberships - For the new memberships, to streamline the process and also to create an efficient and rapid application system, a complete online system for the application of new members as well as approvals have been created which is a completely new feature. New membership applications can be done through the mobile app as well as through the website.



As we are celebrating the Golden Jubilee year, the goal of the Association is to take the development in every field to all instead of a few people and in a few areas. And the growth and development MUST begin from within for sustainability and longevity. Yes, we will have to step beyond our comfort zones, we will have to rise above the trivial, typical, casual, and conventional sectors and mindset for materialising these. We also need to iron out all the creases and fill up all the crevices to have a robust system which shall be the stepping stone for the leap into the future and integrate with the changes occurring in the Universe, the details to be which can be accessed through [this link](#).

Let's celebrate the Golden Jubilee Year of our Association together with harmony, peace, and respect for each other. While we all were, in some form or other, affected by Covid and its variants in the years 2020 and 2021, we surely have emerged Victorious and have majorly overcome the drastic effects/sequelae, and that in itself calls for uplifting our minds with a sense of pride and relief. This edition reflects upon all the phases of this drastic pandemic and also provides a wide-based perception from different parts of the country through our Affiliate Units.

A new Telegram group has also been started in December 2021 for bringing the entire Association of Medical Consultants on one platform, for solidarity, for the unification of all medical professionals. Our united efforts only will make us powerful, dynamic, and authoritative to withstand all the external forces which are overpowering our profession.

Team AMC has successfully conducted about 17 programs since April 2021 and there are many more programs lined up for the year 2021-22 for your leverage. Wishing you all the best in this year and beyond.

Best Wishes and Regards.

Prof. Dr. Sushmita Bhatnagar  
President AMC 2021-22







## FROM THE DESK OF

*Program Committee Chairman*

**DR. VIKRANT DESAI**

*MBBS, DMRE RADIOLOGIST*

On 20th June we celebrated International Yoga Day in association with Iyengar Yogashraya. It was on a zoom platform and about 343 delegates attended the program. The convenor of the program was Dr. Rajendra Chawhan. The introduction was given by Mr. Birjoo Mehta and Dr. Manoj Naik gave the practical demonstration. This was followed by a panel discussion on the experience and evidence on the efficacy of Yoga. The panelist were Dr. Sushmita Bhatnagar, Dr. Anand Parihar, Dr. Viraj Tambekar, Dr. Rajvi Mehta and Dr. Taral Nagda. The Panel was moderated by Dr. Devdat Kapadia and Dr. Smita Sharma. The panel discussion was followed by an excellent audience interaction session.

All the audience highly appreciated the program which had excellent practical tips and also the importance of incorporating the Yoga practice in daily life was well explained.

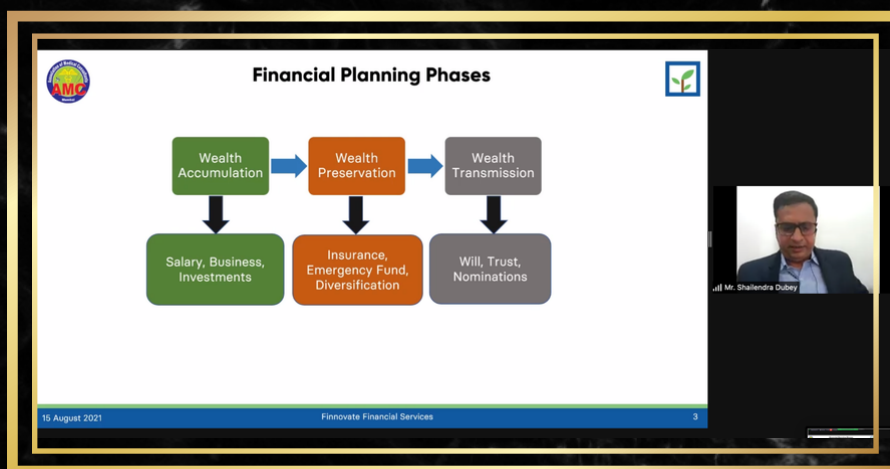
We celebrated the doctor's day program on 4th July. It was on a zoom platform and about 547 delegates attended the program. The program was convened by Dr. Bipin Pandit. Many Celebrities extended their gratitude towards the work done by the doctors, especially during the Covid Pandemic. We got video greetings from Television actress Mrs. Jayati Bhatia, Producer Mr. Bharat Dabholkar, Singer Mr. Hariharan, Mr. Sanjeev Kapoor famous for Khana Khazana and actor Mr. Ananth Mahadevan. We also had a very senior surgeon Dr. V. N. Shrikhande as the Guest of Honor for the program. The Members who had Lost their lives in the Covid Pandemic were appreciated and the families of these COVID martyrs were invited to the program and presented with certificates. Families of Dr. Chittaranjan Bhawe, Dr. T.S.Gwalani, Dr. Parag Patil, Dr. Marionette Pereira, Dr. B.K.Sachdev and Dr. Ashish Sakpal. Then we had with us the famous mentalist Mr. Nicolai Friedrich who performed Live online from Germany and interacted with the audience who were mesmerized with his jaw-dropping mentalism show and left all amazed. This was The first-ever international show and that too on a virtual platform. We also had a lucky draw with many prizes and a Question answer session.

The show was complete entertainment and left the audience pondering over the magical tricks for many days after the event!





The financial independence series programme FINCON was held on the 15th of August 2021 in association with Finnovate on an online platform and was attended by about 450 delegates. Dr. Rajeev Agarwal was the convenor, the first talk was by Mr. Shailendra Dubey who gave an excellent glimpse of the importance of making a will and the advantages of getting the will registered.



The second talk was by CA Geeta Tolia. She spoke on the much-needed topic of how to be a medical entrepreneur and how to manage nursing home finances.

The third talk was taken up by Mr. Nilesh Chandra who spoke on the various investment possibilities in the equity market and shared his own personal experiences on how to make profits by applying strategies.

The fourth talk was taken by Mr. Subrata Biswas on the topic of insurance. He spoke on various insurance policies, their benefits, and how secure the policies are.

The fifth talk was by Ms. Nehal Mota on financial life planning. She explained how the finances should be planned as per one's needs and also why a proper plan should be in place so to ensure financial freedom. These topics were followed by a very informative panel discussion moderated by Dr. Rajeev Agarwal and Dr. Vivek Dwivedi with Dr. Nitin Bhagali, Dr. Ramakant Deshpande, Dr. Ramesh Shah, and Ms. Nehal Mota being the panelist. There were many important questions taken up during the discussion and were answered crisply and to the point by the experts and they also shared their own personal experiences and investment strategies. All queries from the attendees what taken up and answered by the panelist to satisfaction.

Master class was taken up by CA Geeta Tolia on 28th August. It was a part of the financial freedom series mainly focusing on money management in hospitals and nursing homes. This is a very important aspect which many a time is ignored. Calculation of expenses on a per bed basis with overall expenditure calculations was briefed. The delegates who attended benefited tremendously from micro-level financial management which was explained during the program

On 20th September, we had associated with AFG and OBS. GYNAC Society of Mirabhayander to conduct Nurses training program which was well organized by our Senior and very active member Dr. S N Agarwal Sir. The program was physically held in Riddhi Vinayak hospital Nallasopara. About 450 people attended the program and various topics for nurses were included like CPR, Emergency management, ICU management, and many more and also how to reduce stress at the workplace.





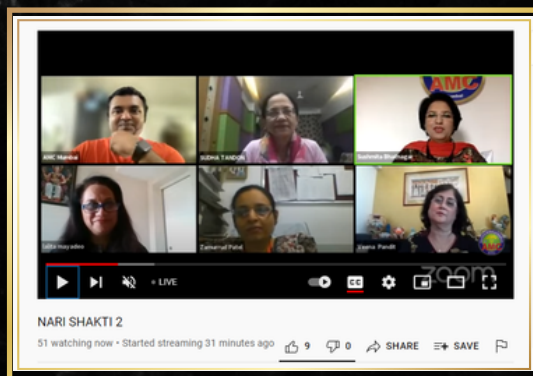


Topics covered included:

- When to given CPR, record keeping
- What procedure we should document must keep preserved
- About day to day management in hospital
- How to handle Emergency
- Blood collection
- Preoperative Management
- PPH
- Labour room management
- Documentation and record-keeping communication by phone
- ICU Management
- Routine care of the patient

About 300 Certificates were given after the program and it was a very successful event.

Then we had Nari Shakti Season 2 - A journey from ordinary to the extraordinary- was conducted in collaboration with the Indian Dieticians Association Mumbai chapter on Saturday, 23rd October 2021, 3 pm onwards on zoom platform which reached across about 300 people on YouTube. We had put together a wonderful program on healthy diet and exercise tips to improve women's lifestyles.



A talk was given by Secretary of IDA Ms. Ruby Sound on Smart Nutrition tips for 21st Century Women. Next was a presentation by Sports physician Dr. Tvisha Parikh on Zumba, Aerobics, Pilates. Next was a lecture cum live Yoga demonstration by Ms. Rajvi Mehta.

A panel discussion was scheduled but since time was short, it was conducted on 20 November which was the second part. Many important topics related to healthy dietary habits and exercise regimes were discussed making it extremely beneficial to the members. We had the first woman bodybuilder Ms. Karuna Waghmare who has won many awards nationally and internationally as the guest of honor. She spoke on her life journey and gave important information on how to be fit and keep yourself well maintained.





Then FINCON 2 was held on 14th November in association with Finnovate on an online platform and was attended by about 350 delegates.

There was a talk by Mr. Siddhant Raizada who spoke on the much-needed topic of Cryptocurrency and explained the technical aspect of working of the blockchain, its security part, and the volatility and gave a brief about the legal aspect and acceptance of it.

The guest of honor and the Keynote speaker Mr. Nilesh Shah, Managing Director of Kotak Mahindra AMC, gave the market idea in relation to the time phases and the ups and downs which happen during various decades. The various insights given by him will undoubtedly help all the members to decide how and where to invest.



A brief session of fire chat financial OPD was taken up by Ms. Nehal Mota and the president madam. Mr. Apoorva Vora, an expert in international investments explained the various types of investments that can be done in foreign markets and how to plan a proper strategy for the same.

Dr. Dilip Raichura gave his view on physical assets i.e. gold and land.

There was a talk by Dr. Narendra Dedhia who imparted knowledge of his Golden rules and his personal experiences to ensure financial freedom. Then Sanchay Plus guaranteed return plan by HDFC was released by the President madam along with Mr. Subrata Biswas.

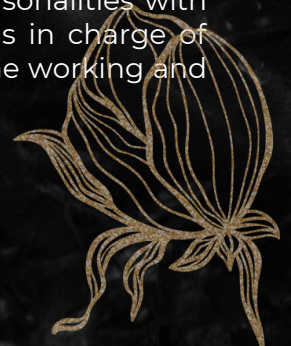
These topics were followed by a very informative panel discussion pertinent to every life phase of the financial journey like career strategy planning, loans, health, indemnity, life insurance, stock market, cryptocurrency, risk appetite, and risk management. This was later on concluded by the personal experiences of panelists and ways to achieve financial freedom.

MLCON was held on 12th December 2021 and was a hybrid event conducted in Radisson Blu MIDC Andheri and virtually using the zoom platform. About 250 people had registered for the program. It was a jointly organised program by AMC and the federation of association of medical consultants India.

Justice M.L.Tahaliyani was the chief guest for the program and Dr. Santosh Kakade who is the in-charge president of the Maharashtra state consumer commission being the guest of honor.

The program started at 9 am with Program Committee Chairperson introducing the program to the audience followed by a welcome and introduction by President Dr. Sushmita Bhatnagar. This was followed by a welcome and introduction by Dr. Sudhir Naik, chairman of the medicolegal cell, and then by Dr. Lalit Kapoor, president of FAMC on behalf of the later.

The first topic was on the Medicolegal landscape in the COVID era and was a panel discussion moderated by Dr. Sushmita Bhatnagar. Amongst the panelist were eminent personalities with Dr. Adv. Sujay Kantawala discussing the legal aspects, Dr. Rajesh Dere who was in charge of many Jumbo centers of Bombay Municipal corporation, gave many insights on the working and difficulties during COVID times by the government.





We had Dr. Om Shrivastava who is from the D.Y.Patil hospital group and also Dr. Sudhir Naik the chairman of the medico-legal cell who raised the queries and problems of the doctors from the small nursing homes. The need for improving the health care system was elaborately discussed and also the need for setting protocols for future pandemics if the need arises. The discussion was highly appreciated by all.

Next was a talk by the in-charge president of the state consumer commission Maharashtra, Dr. Santosh Kakade. He spoke on the various changes in the new consumer protection act and also gave his insights on the procedure of compensation during a trial. Many key points were brought forward and also the steps to be taken by doctors during their practice to avoid medico-legal cases were also highlighted and appreciated by the audience.



After this, there was a panel discussion on the differences between the national medical commission and state medical council and its impact on the doctors. The session was moderated by Dr. Sujata Rao and Dr. Lalit Kapoor, President FAMC, Dr. Shivkumar Utture, president Maharashtra medical council, and Adv. Sunil Khattri, part of the legal Team AMC were present as the panelist.

It was a very vibrant and informative discussion revealing the importance of the state medical council and also the role played by the national medical commission which is now the central governing body for the doctors. The audience gladly welcomed this new information.

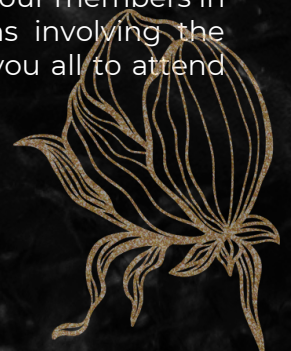
The inauguration ceremony was briefly held with lamp lightening and enlightening speech by Dr. Lalit Kapoor sharing his vision and ended with felicitation of all the dignitaries.

Immediately following this was the speech by chief guest Justice M.L. Tahliyani who spoke on the prevailing criminal law and what changes were needed. He emphasized the implementation of the existing law rather than major changes and also stressed on the need for competent persons and effective methods in the system to reduce the burden of manpower. He shared many personal experiences during his career and made it very interesting for the audience.

The last panel discussion was on the living will and was well moderated by Dr. Lalit Kapoor. The panelist Dr. R.K. Mani from Delhi, Ms. Dhvani Mehta from the Vidhi foundation, and Dr. Roop Gursahani from Hinduja hospital were present on the online platform. The importance of understanding the living will from a different perspective was made understood to the audience by a very elaborate discussion on the legal aspects of the will and DNR and also the need for making it more transparent and patient-friendly in the future was stressed upon.

It was also assured that the associations would come forward in any way possible to help in this noble cause. The audience well appreciated this important discussion on a very new topic.

As always we are trying to take up issues pertinent to current scenarios faced by our members in day-to-day practice, plan and execute well-designed sessions and discussions involving the concerned authority with crisp to the point take-home messages. Requesting you all to attend the forthcoming programs and keep yourself updated. Thank You





## MS. NEHAL MOTA

DIRECTOR - FINNOVATE FINANCIAL SERVICES



### IS FINANCIAL PLANNING, INVESTMENT PLANNING?

#### Financial Planning: What is it and why do you need it?

Financial Planning is the process of evaluating your future and current financial needs and requirements and then utilising your financial resources at optimum efficiency to achieve them.

Now, this may sound like something only that the “Wealthy” do. But let us tell you that this is not the case. In fact, the not so affluent are the ones that need it the most. How so? To mention our answer in brief, The ones that have limited wealth are the ones that need to plan their wealth in such a way that it is utilised efficiently, the ones that have got the most don't actually need it per se, but they use it for maximising their wealth.

Another notion with regards to Financial Planning is that Financial Planning is Investment Planning. No!

Financial Planning does not mean JUST Investment Planning. It is much more than that. Investment Planning does play a major role in Financial Planning but is not the only one. It also includes Budgeting (Expense Management), Liability Management, Tax Planning, Insurance Planning, Estate Planning (Who will get your wealth after you die and how), Cashflow Management & Retirement Planning.

Now doing all of this requires a good knowledge about the various subjects, a skill set, experience, understanding of human behaviour, and resources. It can be handled by the individual themselves but it is a lot of work to do. And this is where a Professional Financial Advisor steps in.

#### Financial Advisor and their Role

Simply put, Financial Advisor is the person who does the job for you. The job that we discussed just above. The financial Advisor then advises the ways to achieve the same and the required guidance that you need along.

Financial Advisor's job is to listen to your needs, your goals, your current financial state, and then prepare a plan according to your Risk Profile & Capacity that has the roadmap to achieve the same. The job of the Financial Advisor is also to customise the plan as per the changes that come along your way. It's not like “One shirt fits all”. It is customised to each individual and in most cases, customised to various life stages even. And that is the beauty of it. Only what suits you the best.

Dealing with a Financial Advisor for the first time can be a confusing tale and that is okay; totally fine. We aim to provide you with a brief but precise guide about Financial Advisors. Let's begin

#### Types of Financial Advisor

When it comes to Financial Markets and that too in the markets like India that are not fully mature, there are lots and lots of the “Bad Guys” that you might encounter during your search for “The Perfect One”. And this is why it is necessary for you to know the types of Financial Advisor.

#### Two Broad Categories

**Fee-Based:** Fee-Based Advisors are Advisors that charge you a certain fee for the advice that they give to their clients. They cannot earn from the commissions and the incentives from the products that they recommend to their clients. As the advisors are not rewarded by commissions there is no conflict of interest, they are truly unbiased.





**Commission Based:** Advisors that charge less to zero fees from their clients, earn money from the commission and the incentives of the product that they recommend to their clients.

But many times, this has a cost, a rather heavy cost that is only realised after many years that the product or the Investment Advice was mis-sold to them just because the “Free” Advisor was earning more commission from it.

Now, these are the major 2 types that Financial Advisors can be differentiated as per their fee structure. The other kinds that we are going to discuss below are sub-typed into Fee-Based and Commission Based.

### Types of Advisors

**SEBI Registered Investment Advisor (RIAs):** SEBI Registered Investment Advisors have the ability and the required skill set to do both Financial Planning and Investment Advisory making them function as True Financial Advisors in India. SEBI RIAs function as Fee-Based Advisors only. They can't practice as Commission Based making them easily recognizable.

**Other Types:** Brokers, Wealth Managers, Financial Consultants, Financial Coach, Mutual Fund Advisor, etc.

After looking at the various kinds and types, it might be pretty evident for us to conclude that Fee-Based Advisors might though feel like 'Costly' to clients as they feel their pockets becoming lighter, but they are the ones that are the best for the client as they offer their unbiased opinion. So,

### Is the Fees the cost for the Client?

No, it is not a cost but rather an investment. How come? The fees that go towards paying the Financial Advisor will come back as financial benefits to the client. It is like the client invests (pays fees) for obtaining Financial Advice and it has the potential to come back in the form of Financial Prosperity. The investments are fixed, while the Returns are unlimited.

### Pros of having a Fee-Based Financial Advisor

#### The Pros

- **Unbiased Advice:-** Financial Advisor does not earn from the recommendations that they make to the client. But they earn in the form of fees charged from the clients. And hence it is in their best interest to provide the best advice to the client and not just the 'best product'. This is one of the biggest pros of having a Financial Advisor by your side.
- **Customised:-** Financial Advisors offer 'Tailor Made' plans for the client. They prepare plans as per the needs and goals of the client and hence the client has the ultimate advantage of getting a plan that is prepared just for themselves.
- **The Advisor knows you and your Risk Profile:-** The Financial Advisor sits with the client and explores the behaviours and risk profile of the client. It gives planner the insight about the client's preferences to enable them to recommend the best-suited plan for the client.
- **Your Cost ends with the Fees you pay:-** There's probably no other cost that you will have to encounter after you pay the fees to the Financial Advisor.

### Should you get a Financial Advisor for yourself?

Our opinion is that if you can afford to pay someone the required fees in order to do Financial Planning, you should definitely go for one. It is in the best interest to pay a fixed fee and obtain the advice of a Fee-Based Advisor in return. While if you are on the beginner's stage of your Financial/Investment life, or aren't in a position to pay their fees, you can go with a Commission Based Advisor. The catch is to choose the best advisor that works in your interest whether fee-based or commission-based.



# COVID EXPERIENCES





# EXPERIENCES DURING COVID



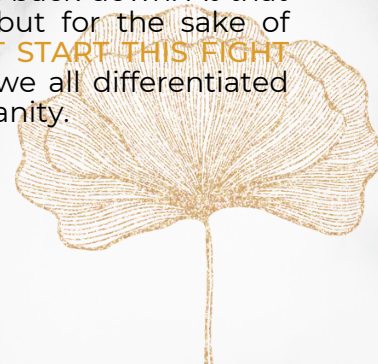
**Dr. Rahul**

MS ,PGDBA-Finance

We began our journey with Covid-19 on 27th January 2020 with a 20 years old female patient in Kerala, from that day onwards its downward spiral has been known to all. The most affected ones as per everyone are thought to be the common man. Without a job, without income sources, many families got affected that is true nevertheless if we remove the adjective Common (that is everyone in the scenario) what remains is Man. Who nobody seems to give a thought about. Now don't look at the world but the definition of it which goes as "a human being of either sex". This man is not gender-specific although job specificity divides this man into different types of a man like "Husband-man", "washer-man", "business-man", etc.

The one profession which has no "man" attachment to it is healthcare. We the healthcare professionals who are not considered men have suffered a lot which is unfathomable to the general public or even the public. The profession we all chose differentiates us from being "men" or "public" hence the hardships we went through, the sacrifices we all made can not be understood by the Public or Men in general. When the pandemic started and all the public were made to go home and stay there, we were expected to go to duty and do extra. The country saw the underdeveloped healthcare system when even some of our brothers and sisters couldn't find beds for themselves or for our parents but were even blamed for that among other things. Whatever was dictated by the Government or the Judicial system, we followed and we were the first ones to be blamed for suboptimal results. Even when some of us differed from the plan devised or gave feedback for the betterment of the system, we were discouraged. Many issues came to light as negligence on part of the government, the public in general, poor preparedness of the system but the blame was conveniently shifted on the greed of doctors, some were accused of malpractice, and the witch-hunt began. The common man again shifted to his/her own poor judgment after initial faith in the professionals and we saw the massive second wave. Some doctors were prosecuted without looking into facts properly. Now all the professionals were prosecuted under the public eye whenever someone was found positive for covid-19. The irony was the patients or the family were accusing us of the negative outcome after the initial denial of treatment. Among these proceedings, we saw what the public thinks about us when we were asked to vacate our homes and were denied places to stay around other discrimination. Why? Just because we are the sub-human personalities working for the betterment of mankind? Were we not the same people who were somehow, somewhere treating the same family who was denying us a roof to stay under? Many of us had to stay in the same places where we kept the infected just because no accommodation facility, many had to lay down their lives because of faulty equipment provided. When we were accused of malpractices, where were those who asked about black Market trades of masks, PPE, sanitizers, medicines? Only we were accused and prosecuted with court and media trials because we were the soft targets don't you agree?

Nevertheless, this situation is new to the public or common man as they don't know the reality. This situation of the turn of events penned up is not at all new to any of the readers. We all at some point in our professional lives, may it be mature or infantile have seen this, have experienced it, have lived through it. But the commitment we made to ourselves when we made a decision or had the courage to admit to ourselves on the day of the 27th January 2020 that its nobody else's responsibility than ours to get humankind out of this dark era when the common man himself was going to murder the humanity itself, we didn't back down. At that decisive moment, we made a promise to ourselves not for ourselves but for the sake of humanity, for the sake of the ignorant common man that **"WE DID NOT START THIS FIGHT BUT WE WILL BLOODY FINISH IT."** At that moment... in that instance... we all differentiated from the common man and became Doctors, became the saviours of humanity.





Let us Ring the bell on  
Domestic violence....

## Call for ceasefire

Dr. Geeta Balsarkar | Editor in Chief

Journal of Obstetrics & Gynecology Societies of India



The Covid-19 pandemic has taken the world by surprise and has significantly altered people's day-to-day living and most importantly family dynamics. The nationwide sudden lockdown, imposed in March 2020, was especially difficult for women since they had to juggle household chores without the usual house help as well as manage their work from home. But it came to light that soon after the implementation of lockdown, domestic violence (DV) increased extensively across the world. This applies to many families, including doctors' own households, as they also had to get isolated after work time with the help of the family.

Amid the COVID-19 pandemic, many countries have reported an increase in domestic violence and intimate partner violence. United Nations Secretary-General António Guterres, noting the "horrifying global surge", has called for a domestic violence "ceasefire".(1)

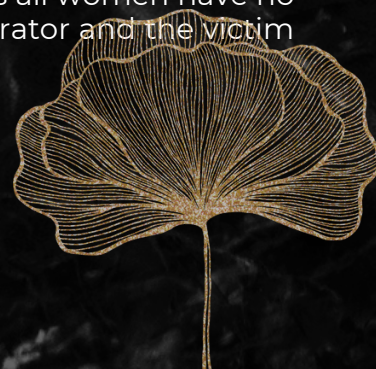
The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours.

Sexual violence is "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching and other non-contact forms"(2)

According to the National Family Health Survey-4 (NFHS-4) report in the year 2015- 2016, one in every three women was subjected to violence during non-pandemic periods (3). But in many hospital reports, newspapers, social organizations, medical societies, and according to recent data of the National Legal Service Authority (NLSA), the rates of domestic violence (DV) have increased all over the nation after lockdown since March 2020 (4).

Immediately after lockdown, 257 complaints of different offences against women have been received by National Commission for Women (NCW) out of which 69 cases have been reported as domestic violence (DV) (5). The highest numbers of domestic violence (DV) cases have been reported from the State of Punjab during the lockdown and in all the cases complaints have been on email. This may only be the tip of the iceberg as all women have no accessibility to privacy, internet, and phone due to lockdown. The perpetrator and the victim often stay under the same roof.





In the capital city of India, Delhi, about 2500 women calls have been received from emergency helpline number 1612 out of which 600 calls have been classified as women's abuse, 23 calls have been recorded as rapes and most of the calls on the helpline number have been accounted as domestic violence (6). As per NLSA's report, the maximum number of domestic violence cases have been received from Uttarakhand (144) followed by Haryana (79), Delhi (63) respectively (7). The crimes against women have increased by 21 % and out of these 700 cases have been reported as domestic violence. The crimes against women have increased from 4,709 to 5,695 since March and the domestic violence cases have increased from 3,287 to 3,993 during lockdown (8) (Fig. 1)

By the second month of lockdown, complaints about domestic abuse doubled. According to official data, the National Commission for Women (NCW) registered an increase of 2.5 times in complaints of domestic violence in April last year. The NCW received 1,477 complaints between 25 March and 31 May.

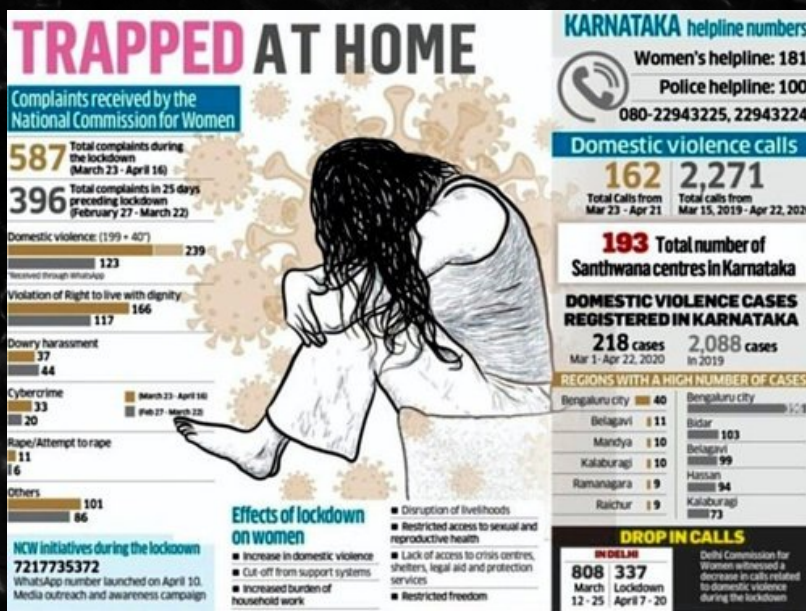


Fig 1 Scenario of domestic violence (DV) in India. Adopted from DH Deccan Herald (2020).(9)

There is a same repetitive pattern in domestic abuse; it is not often the first time a woman tries to complain against violence. If at all the women does complain, it must be taken very very seriously by the health care worker. Risk factors for both intimate partner and sexual violence include:

1. lower levels of education among one or both partners
2. a history of childhood exposure to maltreatment by elders
3. witnessing family violence and normalising it
4. antisocial personality disorder
5. harmful use of tobacco, alcohol and drugs
6. harmful male behaviours, including having multiple partners or attitudes that condone violence
7. community norms that give higher status to men and lower status to women;
8. low levels of women's access to paid employment; and
9. low level of gender equality (discriminatory laws, etc.).(10)

Factors specifically associated with intimate partner violence which the health care worker has to look for include:

1. past history of exposure to violence;
2. marital disharmony and dissatisfaction;
3. difficulties in communication between partners; and
4. male controlling behaviours towards their partners.(11)

Factors specifically associated with sexual violence perpetration include:

1. beliefs in family honour and sexual purity;
2. ideologies of male sexual entitlement; and
3. weak convictions and punishment by law for sexual violence.(12)





Gender inequality and norms on the acceptability of violence against women are a root cause of such violence. (13)

Why are we as health care workers obliged to detect domestic violence and handle counseling and if required refer such women to organisations handling the same?

Because our treatment of women will not be complete without attention to this aspect. We cannot label domestic violence as an interpersonal issue. It is more than that.

Obstetricians in particular and doctors at large have unique opportunities to assess and provide support for women who experience violence as women confide easily in their doctors. As primary caregivers for women, we are the first line of defence and have to be sensitive to this need of women. Sometimes they have tell-tale signs of violence, like bruises, swelling, redness, and black eyes. Many times they approach us repeatedly for alleged physical complaints like dyspareunia, vaginal infection, and PMS. On sensitive probing and counseling, we can unearth domestic violence issues. Handling domestic violence is a form of social Obstetrics and Gynecology. What can we do to help such patients?

The health sector and doctors in the particular can:

- Promote advocacy to make violence against women unacceptable in any form and address this issue as a public health problem. They can put up posters to educate the public and distribute pamphlets. The Association of Medical consultants can condemn domestic violence on all platforms.
- Provide comprehensive services including having a blinded questionnaire filled pertaining to violence along with history taking in all specialties of medicine.
- Sensitize and train all health care providers in responding to the needs of survivors empathetically. The Association of medical consultants can form a training module and issue certificates after training.
- Maintain confidentiality of the problem and help in counseling
- Prevent recurrence of violence through early identification of women and children who are experiencing violence and providing appropriate referral and support
- Promote equal gender norms as part of life skills in comprehensive sexuality education curricula taught to adolescents.
- Generate evidence on what works to detect the problem, what helps the women get confidence to complain and seek help and on the magnitude of the problem by carrying out population-based surveys, or including violence against women in population-based demographic and health surveys, as well as in surveillance and health information systems.(14)

There are various organisations working in India at the grassroots level on domestic violence for a long. Breakthrough is one such organisation. It is an India and U.S.-based international human rights organization that mainstreams discussions about violence against women and girls by harnessing the power of pop culture, media, and community mobilization to inspire people. It mainly targets the youth and sensitizes them. Breakthrough has launched one campaign – What kind of man are you? (2005) on domestic violence. Communications tools used included print ads, radio spots, in-theatre PSAs and billboards, all of which have since been translated into seven languages. The campaigns reached 75 million people and prompted more than 8,000 text messages and other inquiries to Breakthrough's anonymous query hotline.(15)

Breakthrough launched its Bell Bajao! campaign in 2008 to call on men and boys, especially youth across India to take a stand against DV, by performing a simple bystander intervention – ringing the door bell when they witnessed DV taking place.





The campaign's integrated cultural, organizing and media strategy sought to make the issue part of the mainstream conversation; increase knowledge about and change community attitudes towards DV and towards HIV-positive women; and alter individual behaviour. By the end of the three-year campaign, through their PSAs on television, radio and print, their online multimedia campaign, educational materials and traveling video vans, over 130 million people had been reached. In addition, more than 75,000 rights advocates were trained to become agents of change – their combined efforts resulted in a 49 percent increase in the number of people aware of the Protection of Women from Domestic Violence Act in India, and a 15 percent increase in access to services for survivors.(16)

In India, the National Commission for Women relaunched a WhatsApp number for the duration of the lockdown. This would allow women to contact them for help related to domestic violence through messages.(17) One in every six new complaints during the lockdown has been made over this WhatsApp number.(18) Odisha Police has launched a drive to contact and ascertain the status of all previous cases of domestic violence in the state.(19) In Pune, perpetrators of domestic violence will be institutionally quarantined.(20) Three Indian agencies related to women's welfare will conduct an anti-domestic violence drive similar to the Breakthrough's "Bell Bajao" or "Ring the Bell" campaign"

In 2016, The Hyderabad Obstetric and Gynecological society launched initiative called “Dheera – stop violence against women” to increase awareness on DV along with FOGSI and FIGO. They stressed the need to understand that men are important partners in preventing violence against women. In 2021 the campaign has been upscaled at a national level and has been made the FOGSI theme for 2021- 2022. This vital issue needs constant support from both Central and State Governments and most importantly law enforcement agencies. But at the end of the day Doctors need to look within themselves to get convinced that they need to walk an extra mile to support the survivor with empathy and increase awareness of Domestic violence in society.

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# THOSE 16 DAYS

Dr. Nilam Sathe | ENT Surgeon

It was Saturday night 10th April 2021. After operating in OT reached home in the afternoon and I was relaxing on Saturday night and was trying to sing on starmaker. This was one of the hobbies I developed in the covid-19 pandemic & lockdown period to really feel good. But my voice was a little hoarse, still, I recorded a song at night at 12 a.m. The next morning was Sunday. Lazy Sunday sleeping for long hours. I could not get up was having fever right-sided earache, fever, body ache got up at 9 a.m. and realised that there was a running nose as if there was a CSF leak. In this situation I had breakfast could not smell and taste. Tried to have Lunch but I found it tasteless. I took Paracetamol and Cetirizine tablet but fever and running nose did not reduce. I was lying down in bed & in the evening around 4 p.m., two of my student residents' doctors called and informed me that they were tested covid positive and admitted to hospital. My condition was also not improving the next day morning went to OPD but fever running nose was there did RT PCR test. In the evening got a phone call from microbiology HOD "Hello Dr. Neelam, How are you feeling? your covid test is positive" I for a fraction of a second did not understand that what was happening.

I called up at Seven Hills Hospital and confirmed bed at seven hills. Dean sir of seven hills immediately confirmed my admission and asked me to come to Seven Hills Hospital. The covid pandemic second wave was on pick and most of the hospital beds were full in Mumbai. There was a shortage of oxygen, injection remedesvir. I was having a high-grade fever, picked up the bag and left for Seven Hills Hospital. I was the first member of my family to become covid positive. I left the home with a heavy heart but when looked back, my eyes were full of tears. My mind was full of thoughts about when I will come back home or not? What about my family members? Have they also got infected? I pretended as if I am very strong in front of family members and they need not worry. Finally reached Seven Hills Hospital at 9 p.m. and the same Seven Hills Hospital was looking different now. I had come as a patient. Exactly one year ago in 2020, I was posted in the same hospital as the HDU covid ward in charge. Went into flashback. I was scared to enter the hospital then looked at ambulances serious elderly covid patients and health workers in PP kit. Then decided I have to save the patient and save human life. Now the situation was different I was myself a patient & that took Covid positive with symptoms of the second wave which was more add aggressive, more serious. After waiting for one & a half hours in the admission desk area, I got the bed and admission at 11:30 p.m. There was a middle-aged lady Rekha on Oxygen in my room. As I entered she smiled at me felt good that in such a severe illness also patient smiling.

Early morning, I again had a high-grade fever could not sleep the whole night. It was a shock of my life how I have got infected when I have taken all precautions wore PPE kits, used sanitizers, followed social distancing, and most important I had taken both doses of covid vaccine. I had taken a second dose of vaccine on 17th March and was covid positive on 12th April. The next day morning treatment started for the first time in my life I was admitted. IV cannula inserted, I was started on the steroid for the first time. The next day evening I was shifted to doctor's block and my family member's RTPCR test was done. In the evening 24 years old resident doctor from Sion hospital got admitted to my room. She was in a wheelchair and was feeling giddy. We both were supporting each other and at 8 p.m. phone call came from home. My family members were tested positive. The shocking news was that 7 years old kid was also positive.





The adult got a bed at seven hills but till morning 4 a.m. the kid did not get a bed for admission in any Hospital in Mumbai. My stress was increasing and the whole night I could not sleep due to the family member's positive report. I was more worried about the child than myself. The child was home Quarantined and treatment was started as per the senior Paediatrician's advice. My brother was roaming the whole night to admit the kid. The very next morning with the shot of steroid Kajol's blood sugar level got shot up and I was scared what about me? Will my blood sugar level will also increase? I was lucky. The sugar level did not shoot up but my WBC count raised from 8000 to 22000. The next day morning my mother called me and told me that my brother had fever and chest pain. His RT-PCR test was negative two days ago. Kajol was there to support me. And the same day evening my brother's RTPCR test was positive. Now the third member of the family was positive. Now I was worried about my 68 years old mother. She was negative and asymptomatic. I had a sigh of relief to know that at least my mother was healthy. while I was in Seven Hills hospital as a patient was under continuous stress as to when and how my family members will be all out of danger and will become covid negative. By now more complications of steroid developed at my both eyes were congested. I was worried whether it is a side effect or one of the symptoms of covid with eye involvement. And finally, doctors had to stop my steroid treatment.

My eye congestion started reducing but the same night brother was having severe chest pain and his HRCT chest was suggestive of covid pneumonia. He had a false-negative RTPCR test and his HRCT chest report was normal 3 days ago. He had developed pneumonia in the hospital after admission. I was playing both patient and doctor's roles. During my hospital stay, I had various experiences. Some of the doctors who became Covid positive patients while treating the doctor like Dr. Ashwini, Dr. Rahul, Dr. OmJit but they all had a positive attitude. We used to walk every day and support each other. Some doctors used to be inside the room all time. My block in charge Dr. Tanvi Bhatt and Doctor Priyanka were very supportive and caring. Every day they used to update us on our investigations and progress of the disease. One day morning suddenly one patient deteriorated & was shifted to ICU. Even a few young doctors were not responding to treatment. Whole families of doctors were getting positive and admitted. This time young doctors between 22 to 45 years were positive and hospitals were full of patients. However, working selflessly, ready to help the patient anytime. I never thought that whole day would go in treatment, taking steam inhalation & doing gargling multiple times in a day. The whole 16 days of admission vanished & I did not even realize that I was hospitalized. My markers were under control now but RTPCR was still positive even after 16 days. Finally, I was told that I can be discharged and home quarantined for 14 days. I was happy to go home but was worried that I was still positive. I will never forget those 16 days of my admission. Being a patient was a lifetime experience.

Finally, all my family members become covid negative and healthy. What matters is a positive attitude strong support and a healthy atmosphere. A few of my friends used to call me on the video call, some used to send nice songs every day and some used to send inspiring messages. All prayers helped. And finally, on 27th April I was discharged from the hospital. I was too happy to see the outside world, sunshine, fresh air. The same Powai Lake and Renaissance Hotel where I must have stayed many times & had parties also was appearing different and enjoying everything while traveling back home. It was like a silver lining.





## The Other Side of the Fence

### Dr. Shobha Sankhe

MBBS, MD, DA Anaesthesiologist



Since the beginning of the COVID pandemic around March 2020, every doctor in the world had slowly become aware of an invisible sword of Damocles hanging above his head. It would fall, that much was sure, only when was the question.

My 'when' was on Saturday, 10th April 2021.

But allow me to take you back to my role in this pandemic as a doctor. Like every other healthcare worker, I fought the onslaught of the COVID pandemic tooth and nail. Of course, I wore my armor like everyone else—PPE kits, two doses of vaccines and other safety standard operating protocols etc.

And yet one fine morning, I woke up feeling at a low ebb. Very unnatural, considering I am usually a bundle of energy. Despite being a workaholic, I even declined a call to attend an emergency appendicectomy case, requesting the surgeon to call me only if no other anesthesiologist was available. I attributed all this to inadequate sleep the previous night.

By late evening, I developed intense watering in my eyes, a runny nose, severe body ache, and my whole head felt 'blocked'. I checked my temperature. I had a fever of 100 degrees F! I hurriedly got a COVID Rapid Antigen test (RAT) in the evening and it showed up negative. I felt relieved, but an uncomfortable doubt kept pricking me.

The next day was a Sunday, 11th April 2021. I spent the day in bed with the same symptoms.

On Monday, 12th April 2021, I got my repeat RAT done and I got a shock—strongly positive within just a few seconds!

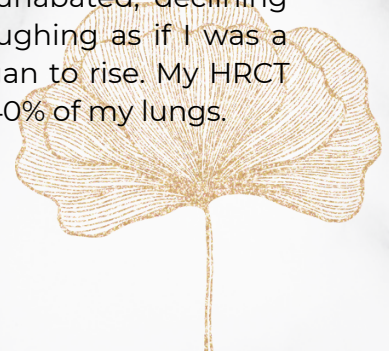
I was officially a COVID patient.

Next, I had to get a high-resolution CT scan (HRCT) to check the extent of infection in my chest and some blood tests including some 'inflammatory markers'. Inflammatory markers are certain chemicals that indicate how strongly one's body is reacting to an infection. My tests came up normal or mildly high.

So far so good.

I continued with home quarantine, monitoring of my signs and symptoms and treatment. Most patients get well with this alone.

Seven days later, alarm bells began to ring. My fever continued rising unabated, declining slightly with paracetamol tablets, only to rise again. I was continually coughing as if I was a chronic smoker. To add to this, my inflammatory marker blood levels began to rise. My HRCT score was now 10/25, indicating a spread of the COVID infection to involve 40% of my lungs.





The writing was on the wall: I was heading for a 'Cytokine Storm'.

A cytokine storm is when the virus infection starts reducing but our body defense mechanism goes into overdrive and reacts to the infecting virus in an abnormally violent way. This exaggerated immunological response causes spontaneous clotting of blood in different parts of the body and respiratory failure. It is responsible for most of the deaths in COVID patients.

On 16th April 2021, it was clear that I would need advanced medical care in a tertiary care hospital. The decision to shift me to such a hospital was endorsed by my anesthesiologist and intensivist colleagues.

This possibility had increasingly begun gnawing at me and my pediatrician husband Suryakant for the past couple of days but had now suddenly become a reality.

I was 61 years of age and by the grace of God, had no comorbidities like diabetes, high blood pressure that would complicate my COVID illness and its treatment. I continued to maintain the normal amount of oxygen in the blood (SPO2) between 97-99%, probably due to my general fitness over all these years. My six-minute walk test (measuring SPO2 before and after a six-minute walk) was also normal. But the other tests and my clinical condition screamed that things were going downhill.

I put on a brave front but deep within, the situation terrified me. As a doctor, even more because we are knowledgeable about the illness and tend to imagine the worst! I also felt frustrated. All this physical and mental fitness...what use did it serve? When my turbulent mind quietened down, I forgave myself. After all, COVID had incapacitated people far younger and fitter than me.

Throughout this period, Suryakant, my doctor friends and my treating physician Dr. Saidas Linganwad were constantly by my side. I am deeply indebted to them for their care and most importantly, their emotional support.

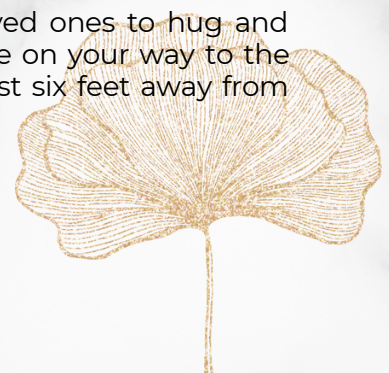
Then began the arduous task of seeking a bed in a hospital. To manage the overwhelming demand for a COVID hospital bed in Mumbai, one would have to follow an allotment protocol laid down by the BMC 'war room'. Our hunt was successful late evening, about ten hours later. For a moment, I could not help wondering, what must happen to those who are emergency cases. How would they survive this delay?

So it was decided. A bed at Fortis Hospital, Mulund, would be my home for the next several days. All alone, without any friend or relative to stay with me, or even help me with the hospital admission process. As per rules, the COVID patient has to travel alone to the hospital and back. No relatives are allowed to accompany him. Not unlike a prisoner in jail, I couldn't help feeling.

The ambulance arrived. I gathered my ID and medical documents, credit card, my clothing bag. I got into the ambulance and being an anesthesiologist, I reflexively checked the oxygen cylinder there to see if it was full, the tubing and mask to see they were okay. I also checked my SPO2 and pulse. Everything an anesthesiologist does when with a patient. Only this time, I was the patient...

I was jolted as the ambulance driver slammed the doors shut. I set my GPS to share my location with my family, sat back and prepared for my lonely drive to the hospital. Through the vehicle's murky windows, I could see my family—the heart-rending expression on Suryakant's face as he worried about my journey to the hospital alone, the emotionally bruised face of my younger daughter so used to seeing me as the one handling medical problems and not as a victim of the same.

What a terrible disease this COVID is, I felt—it does not even allow your loved ones to hug and comfort you when you are ill and feeling at your lowest. Or kiss you goodbye on your way to the hospital. Leave aside, hugging and kissing, it even forces them to stay at least six feet away from you! Human touch is so important, I realized.



The thought of my elder daughter desperately wishing to come down from New York during the peak of the pandemic came to mind. And how I was forced to refuse her.

I could also see the windows of my home above my beloved family. Hidden by my face shield, spectacles and N95 mask, a tear rolled down my cheek as a thought suddenly hit me. Would this be the last time I would see them?

The ambulance drove away, and I steeled my mind for the challenges to come. There was no point in losing my morale.

As the ambulance raced along the highway, I sighed and looked out the window, wondering whether we humans had brought this pandemic upon ourselves. In his perpetual hunger for a luxurious, 'advanced' lifestyle, Man had ravaged Mother Nature. In response, we had seen tsunamis, hurricanes, earthquakes—signs of the impending Ominous! And yet Man continued his sins.

Perhaps, to preserve itself and prevent further onslaught, Nature took birth as a nano-sized RNA-structured SARS-CoV-2 virus and unleashed a pandemic on the human race.

We were nearing our destination. Our ambulance driver applied the vehicle's brakes, and I applied a brake to my random thoughts.

Then I realized that my nephew had followed my ambulance to the hospital. He would make the payment and return home, vouching for my safe journey to the hospital.

I was escorted to my room—a single room turned into a twin-sharing room because of the bed shortage. I lay back and looked around, thinking, so this is what a patient sees from this angle...

After adjusting the AC to my comfort level, I tried to sleep but my persistent body ache kept me tossing and turning.

My next few days' schedule would be as follows: Around 5:00 AM, I would awaken with a start—the clanging sounds of trolleys being wheeled around and portable X-ray machines doing their job on Covid pneumonia cases. Ayah-maushis would move in and out, sponging patients, making beds with fresh laundered sheets etc.

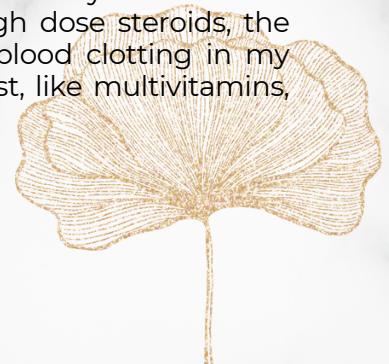
At 6:30 AM, the pathology technician would enter with his armamentarium to collect blood samples and dispatch reports before the consultant arrived for his or her mid-morning rounds. Exhausted after this early morning commotion, I would try to catch up some precious winks around 7:00 AM only to be woken up by the arrival of breakfast at 8:00 AM.

After my low-key breakfast and the morning medications, the nurse would come to monitor my vital parameters—pulse, blood pressure, SPO2 and temperature. Here, too, I continued to monitor myself with my pulse-oximeter and give my readings to the nurse to be noted. Even teach a newbie nurse how to measure the SPO2 correctly. Guess one can't take the doctor out of me even when I am a patient!

All throughout, my doctor colleagues, family, friends and other near and dear kept in contact with me, asking after me and keeping themselves updated on my health.

My cytokine storm began on the first day of my admission, with my CRP (an inflammatory marker named C-Reactive Protein) report staring at me showing a staggering level of 180 mg/L (normal should be less than 10 mg/L).

Like a special forces platoon attacking an enemy base, my doctors descended on my illness with a host of powerful drugs: Antibiotics to combat the superadded infection, high dose steroids, the currently coveted Remdesivir, blood thinners to prevent the spontaneous blood clotting in my blood vessels and organs, aside from other drugs playing the supporting cast, like multivitamins, minerals, antacids etc.





From the 9th day onwards, my fever finally started abating, the result of the cocktail of drugs coursing through my body. The fever probably had no choice but to beat a hasty retreat. My CRP levels also began falling, indicating the inflammatory reaction in my body was subsiding.

I progressively improved, my vital parameters, SPO2 and six-minute-walk test also showed normal at all check-ups. The only symptom remaining was occasional bouts of spasmodic cough, a couple of times a day.

On the 12th day, the nurse walked into the room and gave me a big surprise. With a smile on her face that I could not see because of her mask, she announced that she was removing my intravenous line—I no longer needed it!

My relief was palpable. I smiled back at her through my mask. I felt like a marathon runner who had run twice the usual distance on a course filled with obstacles and won the gold medal!

Thirteen days after the Sars-CoV-2 virus had begun creating havoc in my body, my treating doctor informed me that I was to be discharged. After they left, I took off my mask for a few seconds to grab a selfie and send it to my family. I didn't need to tell them anything; my huge smile would tell them all!

From a time when I had begun doubting whether I would ever return home, now I could literally see my home sweet home within my reach, and my even sweeter, beloved family beckoning to me. I would soon be with them.

The joyous day arrived. I thanked all the staff and my doctors and wondered how I could ever repay them. Then I walked out of the hospital and took a moment to enjoy the surroundings, the plants, the flowers, even the concrete beams and walls. Interesting how a near encounter with death makes one appreciate the smallest, most insignificant things in life.

I got into the awaiting ambulance and we started off back to Tarapur, my heart filled with a strange joy and peace. Sometimes it takes an earthshattering encounter to put a person in touch with his soul and reality, I realized. To make him aware of what things really matter.

I also pondered on how helpless I had felt as a patient—it was so different to be on the other side of the fence. How my emotions ran haywire, and how with increasing confidence, I was able to take over the reins.

As we approached Tarapur, I realized one more thing. I had beaten the Sars-CoV-2. I had ripped off the sword of Damocles falling on my head and thrown it away. Or had I? No, it wasn't me, I realized, as the loving image of my Lord Ganesha appeared in my mind.

I prayed and thanked him fervently as the ambulance came to a halt outside my home sweet home, and my eagerly awaiting, beloved family.

At the time of writing this, my isolation continues, but I am feeling better with each passing day. Soon I hope to return to my work, as a soldier fighting the Sars-CoV-2.

It may sound like a paradox, but my 'enemy' changed my perspective of life forever. For the better.

#### **THE END Please note:**

- Vaccination reduces the severity of COVID disease, so do take it as early as possible.
- Continue 'SMS': Social distancing, mask-wearing, sanitization for your and our nation's safety.
- Let us adopt this new lifestyle till the pandemic is erased.
- Do continue with (or start!) your regular fitness regime as it is a major health asset.
- Do adopt some deep breathing exercises or pranayama (videos available on YouTube).
- Avoid being sedentary (I take a walk around my bed whilst counting steps, at least 5000 steps/day). If you are unfit to go out, do walk at home





# Every cloud has a silver lining!



## Dr. Veena Pandit

Trustee, AMC

COVID 19 pandemic, an unprecedented global situation. It brought about several changes in things we do regularly and what we take for granted. It showed us what is really important and what is not. COVID has changed us forever. We have learned to appreciate what we have, to nurture it, and to be thankful.

The experience shared below is totally non-medical.

We were at Lonavla for the March 21-22, 2020 weekend. Took part in the “ring out Corona thali bajana” with everyone. And the lockdown was announced! Little did we understand the full impact that Corona would have & never expected it to last so long.

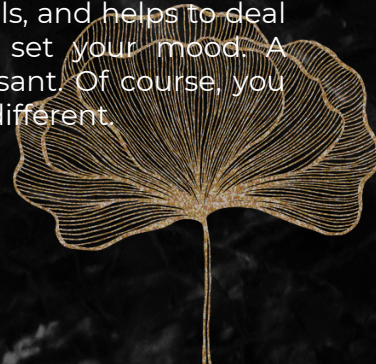
There was fear and uncertainty everywhere. No one really knew what to follow.... Wear a mask? which one? Don't touch your eyes & nose! Wash all vegetable fruits and sanitise everything you bring into your house and all surfaces. Panic buying. Buying sanitisers, sanitising wipes, sanitising chambers... No maids, busy busy busy the whole day, doing unaccustomed chores under stress & fear. Maintain a distance. Stay at home. Don't meet people. Exercise. Practice Pranayam. PPEs and fear of bringing the enemy into our homes. Only social media and phones to keep in touch. Not meeting near and dear ones, fear of turning positive and perhaps dying alone. News of total cases around the world and deaths, with terrifying visuals, hearing our known people getting COVID and succumbing, shortage of beds & oxygen. Phone calls from so many to help with admission. Shortage of medicines and requests to help ..... enough of this, can just go on, you all know how it was.

Soon we could see the psychological impact of this isolation under stress among our friends and acquaintances. Human beings are social animals and physical interaction and touch are very important positive communication necessary for our emotional health. We do have social media to help us interact with near and dear ones but that is not enough. Covid was taking a toll. There was a sense of fear and uncertainty about the future, causing stress and emotional upheaval.

We used to do music shows at RangSharada & Manik Sabhagriha which were very popular. Our friends, acquaintances, and audience began writing in that they missed those days, they missed our shows, were depressed. They missed the medico singers and my compering with facts, shayari and jokes. One fine day I got the idea “why not have music programs on FaceBook Live?”

Where words fail, music speaks.” Hans Christian Andersen

From ancient times, music has been used to heal the sick and this has now been validated as an intervention. Positive changes in stress hormone levels and dopamine levels have been demonstrated by listening to music. Music not only releases negative emotions but has a positive impact on a person's mindset and hence on physical well-being. Music relaxes, eases the tension, decreases anxiety and aggression, increases concentration skills, and helps to deal with emotional turmoil. Music is calming, joyful, rekindles memories, set your mood. A depressed mind lowers your immunity and music can be an anti-depressant. Of course, you can listen to music anytime, but when it is your known person singing, it's different.





All the singers of “Sargam the Musical Medicos” loved the idea and were thrilled to start online in spite of a busy practice. We all too needed something to look forward to, something that would give us joy, something non-routine to prepare for, to dress up and stop looking homeless! Getting ideas is not enough, how to execute them? In came our tech-savvy member, Dr. Rajesh Bijlani, who coordinated and brought to screen our program! Our first “Sing From Home” concert was on 14th April 2020 and there has been no looking back! On receiving the notification of our show, we were immediately flooded with messages from relatives, friends, and fans, messages showing their excitement, that they were eagerly awaiting this event. For the duration of the show and for some time after the show, we brought joy to our listeners. A mood elevator in this time of stress, music helped them take their minds off the lockdown, and enjoy from the comfort of their homes. We were showered with messages of joy, encouragement, blessings, and “ye dil maange more”. We continued with regular online performances, plus, being on YouTube now, our performance, music, and my compering can be enjoyed anytime and repeatedly.

If there was no lockdown, “Sargam the Musical Medicos” would have never gone online. Online we have a wider reach, truly global, a global pandemic giving a global reach. NDTV India appreciated our effort to uplift the mood and bring positivity. 92.7 FM too featured “Sargam the Musical Medicos” twice. There are now many medico groups performing online and bringing joy.

COVID has been devastating, it has taken away so much from so many including their loved ones. So many lost jobs, had to innovate to earn a living, learn to adapt to the changing times. COVID has taken us all to a new level the “online” level, with so many of our activities shifting online., including schooling. There was buying of all the gadgets that were supposed to make life easier. In this twenty-first century, time as we feel it, was on a fast track, in fact, a spin. Covid brought our rush to a halt. The pandemic brought me in touch with the basic “me”. Covid taught us the difference between “need” and “want”. It taught us all to manage our homes without help and to appreciate the help. It brought back all my home managerial skills and my love for cooking. Covid taught me to do “now” and not postpone for later. It taught us all the joy of giving and responsibility to the community. I am sure each of you can add so much more that Covid taught you.

Agree that the pandemic is a black period which we wish had never happened, a period we want to wipe out from our stories. How each of us adapted in a positive way, is our own experience of the pandemic, and which we should hope will stay with us forever.



Going online with my compering and our music was a defining moment for me and for “Sargam the Musical Medicos”.

Sometimes the bad things that happen in our lives put us directly on the path to the best things that will ever happen to us!

### **Sargam the Musical Medicos: All AMC members!**

Left to right: Dr. Pooja Bandekar, Dr. Suman Bijlani, Dr. Veena Pandit, Dr. Bipin Pandit, Dr. Sanjay Kinare, Dr. Aneesh Sabnis, Dr. Sudeshna Ray.





## COVID 19 & MY PRACTICE



### **Dr. S. N. Agarwal**

ADVISOR - SOCIAL SERVICE CELL

Last year WHO declared a pandemic in March 2020,

Our Indian Government instituted numerous measures to reduce the risk of transmission in the community including lockdown.

Social distancing, mask, hand wash, and wearing PPE kit. We are supposed to keep distance from pt video consultation.

Any fever, cold cough patient symptoms to infection source.

Avoiding to admit all patients except maternity stopped all cold routing surgery.

Transport uses not available and there was a shortage of staff and majority of staff was under family pressure not to do the job due to the fear of exposure.

There as lot of trastration from patient failure to provide oxygen, medicine, and admission problem.

Several features contribute to the distress of doctors concerned about their own health spreading the virus to their family and others.

We had distanced ourselves from the other world but we came close to our real inner world.

Lot of society was giving trouble to doctors who was in society many were appreciated also. I continue my Practice with safety measures this was a unique experience to work in the pandemic.

Suddenly we realised the value of our own healthy diet, exercise, family member and residence.

It was once in a lifetime experience we all had you can still wake.

Something beautiful and something powerful out of a really bad situation. Today we are not living in fear, we are living in a family.





# OUR TEAM

## AMC Affiliate Units







## MY EXPERIENCE WITH COVID-19

**Dr. Vishwas K Pai | Consultant ENT  
Surgeon, A J Hospital, Mangalore**

*NOTE: The following article is a recount of my experience with covid-19 as a patient. The idea behind this is to share the experience and throw some light such that the apprehensions and doubts of people are sorted to some extent. This is an honest attempt at that and was arrived at after a lot of persuasion and encouragement of friends and well-wishers.*

**Day 1:** I have been blessed in a way that I have never complained of HEADACHE (many do joke: no head, no headache). But jokes apart, I have not had a headache in 35 years of existence. It was a quiet Saturday evening when I had my first ever headache! And a terrible one too. It was unbearable beyond a point and had to pop in a paracetamol tablet and I slept early thinking it was due to lack of sleep.

**Day 2:** I woke up fine, that is with no headache. Paracetamol does work I thought. Tried to get off the bed but my lower back did not let me do that. There was excruciating pain. Now what the Hell happened, I thought! Did not want a Sunday spoilt because of back pain. Applied some ointment, hot fomentation, etc to no avail. Popped in a muscle relaxant. Spent the Sunday lazing in bed with Netflix and chilling.

**Day 3:** Monday morning I woke up with only a niggle in my back. The pain was much lesser, I thought. After lunch on Monday afternoon was when I first coughed, a gentle one. That being the only one till evening. About 4 pm, I felt feverish, a very slight rise of temp 99.2 on the thermometer. Associated it to my back pain, ppl do get fever when they have pain. After a couple of hours of sleep, woke up fresh without fever and pain. Both had disappeared. Slept well on Monday night.

**Day 4:** Tuesday was a busy workday. No symptoms whatsoever

**Day 5:** Wednesday morning my wife woke up sneezing. She has allergic rhinitis otherwise too. She sneezed till noon which is kind of a routine whenever he gets an allergic attack (or so I thought). I was fine the whole day. Wednesday night was when she developed fever and my dad had some neck pain, occasional cough, and 99.3 temperature. It was raining incessantly, so maybe the seasonal flu (we thought)

**Day 6:** Thursday morning, I was taking shower when I first noticed that my body wash which has a very strong odor otherwise was barely noticeable. I took a big amount on my palms and kept at my nostrils and to my utter disbelief, I had total anosmia (lack of smell). I then used a lot of perfumes and sprayed them in the air, on the body, on the dress, and tried to smell but the sense was missing. My first panic bell rang. Dad and wife continued to have a fever the whole day but were otherwise ok. No cough, running nose, body ache, anosmia, throat irritation, throat pain, lack of taste. So, none of the covid 19 symptoms other than fever. One more thing about this fever was both never felt feverish except for thermometer readings, there was no pointer. Their body was not hot except very slightly on the forehead but the mercury was at 101/102o.





**Day 7:** Friday morning, anosmia was status quo. Both dad and wife had quite the same day like Thursday. Fever, when checked with a thermometer, was similar but had no other symptoms.

**Day 8:** Saturday morning, I continued to have anosmia. Their fever would not come down. I said to myself, enough is enough and told both of them let's go get a covid test done. I did not want to further delay in case it turned out to be covid and given my dad's age it would be foolish to wait anymore. We went to the designated covid hospital and gave our throat and nasopharyngeal swab. The arrangements at the hospital were just top-notch and everyone knew their role and went about it like clockwork. It was really impressive. (for people who are hesitant or reluctant to go to the setup thinking it's a govt hospital, trust me, it's at par or even better than some of the private hospitals). The report would be available only on Sunday, so it was a long wait; mentally. But miraculously by Saturday evening both my wife and dad were afebrile (fever gone). We thought it wasn't covid after all. (hoping).

**Day 9:** Reports still awaited. After breakfast, we were watching something on tv when the phone rang and the news was broken to me, all 3 were positive. For a moment it feels like someone just pushed u off a mountain but when reality sets in, u need to understand that u need to act fast. U need to get ready and pack things; u need to go for a quarantine. As a healthcare worker, I had the option of home isolation but my wife and dad did not have (rules have changed now and asymptomatic /mildly asymptomatic patients can now avail home isolation if certain prerequisites are fulfilled). Finding a room at a private hospital was quite some task as hospitals were not yet fully prepared to take in covid positive patients. After a lot of deliberation and efforts, we did manage to find a couple of rooms at a convenient hospital both for us and doctors treating us. Intimating district authorities about our decision to opt for private treatment and getting their permission was important. We did it and followed the protocol of getting to the hospital and to the room without exposing others.

**Day 10:** Day 2 at the hospitals, all necessary tests were performed and everything was within normal range, which was a relief. My anosmia persisted. Dad and wife had no fresh symptoms.

**Day 11- Day 15:** Same thing, different day. My anosmia was still total, dad and wife were asymptomatic, we spent days keeping ourselves busy with one thing or the other.

**Day 16:** I was discharged and back home for isolation for another 10 days. They would be discharged in 3 more days i.e on day 10 of the swab.

**Day 17-Day 19:** Anosmia continued. They got discharged and continued home isolation.

**Day 20:** Miraculously enough, I was sensing the smell of the perfumed sanitizer. It was 15 days since my sense of smell had disappeared and to be able to smell again was a great feeling. Food doesn't taste all that good if the aroma does not stimulate the olfactory apparatus.

**Day 24:** Today, I decided to pen down my experience with covid -19. stay safe, stay healthy!

## OTHER IMPORTANT NOTES

- Covid 19 is not a death sentence. The mortality rate ( no. of people who die after getting the disease) is very low. So do not get depressed or feel shattered just because you turned positive. U are a fighter and u can fight the disease, everyone can. We need to be mentally strong.
- Do not let your mind be perturbed by thinking about what others will think (neighbors, friends, employees, employer, public, tom, dick, and harry). Do not bother about anything. Just concentrate on yourself and your loved ones.





- WhatsApp and other social media may humiliate you, spread real news/rumors. DO NOT CARE. The news spreads a zillion times faster than the virus itself and in no time one can become VIRAL due to a VIRUS. U need to fight the disease currently, to fight the news there is a lifetime. Just enjoy the creativity of the few who will come up with stories that will make Shakespeare look ordinary, and conspiracy theorists mundane.
- A lot of people will call you out of concern/love/care/inquisitiveness/time pass/just for confirming etc. it's a personal choice to attend calls, reply to texts but yes it does give u a reality check on who really cares for you.
- The quarantine period gives u a lot of time to introspect. Use it accordingly. To each his own. Some find solace in spirituality and reading religious texts. Some with meditation and yoga. Some read books, some just slept their time off.
- A lot of people will then send various suggestions. why did u test? Just do home remedies. Well, if I had done that probably I would have been a super spreader given my occupation. Isolating once u are reported positive is different from without being reported. It is not possible to isolate at home for 17 days without a proven disease.
- HAPPY HYPOXIA: A lot of deaths reported have found this as an astonishing finding. Without a pulse oximeter, it could be dangerous to simply isolate at home. Seen in covid, happy hypoxia is when a person's oxygen levels are so low that they should be experiencing fainting/organ damage but instead, they are seemingly well until they collapse eventually. There s a thin line between being brave and stupidity, so arm yourself with facts before demotivating or ridiculing others. (For people who send such messages)
- Eat and drink as much as you want was the dictum. Very few patients have reported diarrhea as a symptom, but otherwise, the majority have had no Gastrointestinal issues, so eat well. Hydrate well.
- Gargling/ steam inhalation/ and 100 other 'sure shot' remedies will be advised by WhatsApp covid warriors. Studies have shown no major benefits with many of these but I would not dismiss it totally as well. If one wants to let them, do it! I did not. But I know a few people who have burnt their tongue/ throat doing this in excess!
- There is no repeat swab at the end of the quarantine period. this is because it has been found that viral shedding does not happen / viral load is very low after 7-10 days. swab tests might still be positive as they might show RNA from a dead virus and the RT-PCR test which is done picks up RNA of the virus.
- And please take medical advice from your physicians before trying any hearsay/WhatsApp/ television suggested cures.
- Do not spend(waste) a lot of time watching 'news' channels which are creating a lot of panic and fear of epic proportions. Deaths have happened but people who have recovered are manifold. And deaths have been noted in people with many co-morbid conditions including diabetes, hypertension, chronic kidney disease, cancer pts, etc. So DO NOT PANIC.
- The most important aspect which gets neglected very often is mental health. It is of utmost importance. so please realise this and help those who are in quarantine/ isolation. A simple text or two, a short call goes a long way in making an individual feel good about themselves. Isolation can be taxing on the mind and the mentally weak might crumble, so be there for them. That's the least one can do. Tell them you are with them.
- Appreciate the efforts of all healthcare workers who are serving the cause. Doctors, nurses, support staff, canteen staff, housekeeping, security personnel.
- Last but not least follow all precautions as advised. Wearing masks, social distancing, avoid going anywhere unless it is absolutely necessary.
- Lets fight the disease, not the patient.
- WE ARE ALL IN THIS TOGETHER. REMEMBER THAT.







## COVID-19 PANDEMIC: A BENGALURU EXPERIENCE

**Dr. Ajith Kumar A.K**

*Senior Consultant and Past Head Department of Critical Care  
Manipal Hospitals | Treasurer, AMC Bengaluru*

Bengaluru is not only the capital of the large southern state of Karnataka but also is the Silicon Valley or IT capital of our nation with an estimated 2021 population of 1,27,64,935 recording a whopping increase by 47 % in the past 10 years; thanks to the innumerable employment & growth opportunities this city has been catering to the entire nation and beyond. Bengaluru is currently the 24th most populous city in the world with a strong presence and flavor of multi-cultural and multi-linguistic and multi-ethnic population mixture.

Bengaluru did experience significant logistic crisis during the pandemic in the same way it happened to the biggest cities across the globe. As we are all aware, the COVID-19 pandemic was predominantly a logistic crisis rather than a medical management crisis. India's nation-wide lock-down of 4 weeks from 24th of March to 20th April 2020 had postponed the surge of first wave by few weeks to May to August 2020. This postponement did help the government and health care systems to get adequately anticipated and geared up for the severe expected logistic & medical crisis in the ensuing weeks. Rigorous training of health care workers in infection control precautions were actively practiced in all the hospitals across the city in the mean-time.

The first COVID-19 wave surge resulted in flooding and over-flowing of all health care facilities in Bengaluru whether it is run in government or private sector. Most of the people involved were older population above 50 years of age with many being above 60 years. All the health care facilities were facing the logistic crisis starting from small clinics and nursing homes, to large corporate as well as government owned facilities including medical colleges. There were severe shortage beds all over and most patients with mild to moderate disease severity had to be treated at home with close monitoring of parameters. Many government as well as private run facilities had to be converted into pure covid care centers to overcome the ongoing crisis. Private hospitals were asked to reserve at least 50 % of their total beds for COVID-19 patients. Many of these beds were allotted through BBMP quota registered via BBMP (Bruhat Bengaluru Mahanagara Palike) portal. There was a mandatory upper limit of maximum charges incurred by any hospital in this scheme. The number of beds allotted in this manner were frequently reviewed and fine-tuned by the BBMP authorities. Despite the best crisis management measures by the government in coordination with private health care sector, significant morbidity and mortality were still believed to have occurred during the crisis. As per government statistics 4620 persons lost lives in the entire 13 months encompassing the first wave. Indisputably the attributable mortality to COVID-19 disease per se is always compounded by the significant contributory mortality due to the logistic crisis resulting from reluctance in seeking timely medical help, failure to reach a health care facility on time, and failure to get treated appropriately on time even after reaching facility.

Hence during the first wave, only patients with severe and critical disease were all admitted and treated at health care facilities. Apart from shortage of beds, most facilities experienced shortage ventilators (non-invasive as well as invasive). Very few facilities also faced transient shortage of Personal Protective Equipment (PPE)s. Man power crisis was haunting most centers since many nursing and paramedical staff had submitted mass resignation citing increased risk for contracting the deadly infection despite most hospitals providing PPEs and adequate training in infection control precautions. It was a daunting task for the treating physicians and administrators to motivate them & retain them during the crisis. Many hospitals had to offer special risk allowance helping to retain at least few of them. Due to severe shortage of man power, anesthetists and specialists even at junior level were also actively employed in COVID-19 care under the supervision of senior consultants. Experimental medicines including antivirals (eg. remdesivir) and certain immunomodulatory agents were running out of stock at least transiently. It is proud to say that the health care workers and administrators have still done a commendable job and had gone beyond the ways to compensate for the shortcomings thereby helping to sustain the system despite the deep crisis.





ICU care of critically ill patients were particularly challenging. There was successful use of non-invasive ventilation (NIV) and/or High Flow Nasal Cannula (HFNC) in most centers which was expected to decrease intubation rate in many patients. Many corporate hospitals had started using ECMO at this stage with a commendable success with few centers experiencing almost 50 % survival on par with best international standards.

Communication with patients' relatives was a major challenge during the COVID-19 pandemic. Most relatives were discouraged from visiting the hospitals and meeting the treating physicians face to face due to the risks involved in contracting the infection. Mobile phones and video calls were extensively used by many conscious patients (who were able to talk) to interact with family members. Many families were happy to see their dear and near ones admitted and ventilated in ICUs (even though being in an unconscious state) at least via video calls. Few relatives who insisted on physically meeting their dear ones were allowed to visit those patients after wearing PPEs under supervision.

The BBMP (Bruhat Bengaluru Mahanagara Palike) in liaison with Karnataka state government had implemented district wide/restricted lockdowns in 3 more phases to contain community transmission of the virus. Strict quarantine measures and mandatory covid screening tests were implemented on travelers coming to Bengaluru from near-by districts and other states/cities especially from areas of high prevalence. A toll-free helpline number was established to re-ensure food for migrant laborers during this crisis. The government actively promoted the downloading & utilization of "Aarogya Setu" mobile application to enhance contact tracing of infected persons. The application is expected give alerts via GPS/Blue tooth technology whenever the user comes in proximity with another infected person using this app. The government also classified areas into 4 major categories of containment, red, orange and green zones. Another laudable initiative by the government of Karnataka includes setting up of a Tele-ICU system connecting all the 29 district hospitals of Karnataka with Bengaluru being the control center. The medical experts from major hospitals in Bengaluru provided valuable inputs on patient management on case- to -case basis. Tele-ICU rounds were happening on a daily basis during the entire crisis and are still active even at this stage. The 24-hour control room set up by Karnataka government in Bengaluru has been actively assisting COVID-19 management across the state.

One interesting feature noted during the first wave was significant decrease in the non-Covid cases in all hospitals. Surgical specialties experienced a massive dip in elective cases not only due to the lock down measures but also due to fear among public to visit the hospitals. However, the emergency physicians, intensivists and pulmonologists continued to be unusually busy with a huge work-load far heavier than they could handle.

By the mid of January 2021, Bengaluru had started vaccinating all eligible persons with priority given to the front -line health care workers and senior citizens. However, there appeared severe laxity among the general public in social distancing partly due to the over confidence instilled by vaccination drives. Bengaluru suffered second assault by the deadly virus in the form of second wave between March to June 2021. The second wave affected many younger populations in their 30s and 40s this time but with much more severity causing significant morbidity as well as mortality. The logistic crisis also appeared more severe this time due to the lack of adequate anticipation unlike the first wave. It was also sad to note that many patients admitted in ICU with severe COVID-19 were already vaccinated at least with a single dose. However, we need to be aware of the scientific data which shows that only a very small fraction of the vaccinated patients end-up in ICU with severe disease and the majority of the vaccinated are well protected from severe disease.

The members of Association of Medical Consultants (Bengaluru branch) were actively involved in COVID-19 related activities with each member providing their bit in different capacities. The AMC Bengaluru branch has been in coordination with non-profit voluntary organizations like Rotary clubs and helped to provide scores of oxygen cylinders and concentrators to the needy during this crisis.

As of now, Bengaluru has almost fully recovered from the deep wounds inflicted by the COVID-19 pandemic. The reports of patients with severe disease are significantly low or negligible at present. The Karnataka government in association with the central government continues to alert Bengalurians about the consistent need for covid appropriate behavior to prevent resurgence of the deadly illness. The authorities are actively encouraging vaccination drive across Bengaluru and across the Karnataka state.







## ... IN PURSUIT OF OXYGENATION

### **Dr. G. T. Rane**

*DNB (Gen. Med., Mumbai) | MNAMS (New Delhi) | FCPS, FCCS (USA) | Consulting Physician | Secretary, AMC Sindhudurg*

There was a time when all the residents of Sindhudurg were happy to remain unscathed from the wrath of COVID – 19. But the times changed and the disease started claiming the health and lives of scores of people of Sindhudurg, on a daily basis.

Sindhudurg district, being different from other districts, with diverse geography, and infrastructure challenges at every 10 km, had another challenge of the inadequacy of tertiary care institutes. As expected, handling the increasing number of patients, became overbearing to healthcare workers of the few COVID care centers functional in the district.

Few private setups along with their staff were doing a good job since the first wave. But this time it was not sufficient. Civil Hospital too was crowded beyond capacity. The onus came on to the young physicians of the entire district, to come forward and rise to the occasion, for the sake of society. But it was easier said than done. Right from getting willing staff (let alone skillful staff), to getting a continuous, uninterrupted supply of oxygen, there were many big challenges. Digital media with their misinformation created misconceptions about treatment modalities in people's minds.

There seemed to be little choice but to step in and aid the patients of Taluka Kudal and neighbouring regions. Therefore, at the behest of many acquaintances, patients, and well-wishers, I took the decision to start a DCHC center at Kudal.

With the help of an able associate doctor, we started giving good service with good results too. As a rule of medicine, each patient is different and each patient will teach you. This time too, the disease and the patients' response, taught us many things. Clinical skills, judgments about taking decisions in treating this novel disease, and hoping for the best outcome, everything was a valuable lesson for us.

The initial days of this second wave were extremely difficult. Right from non-availability of oxygen to non-availability of Inj. Remdesivir (although medical literature doesn't say much about this drug, digital media was crazy about it), everything was a challenge. Luckily with the help of government authorities, we could streamline the usage of Inj. Remdesivir.

But still, there was a major setback in oxygen supply. We were dependant on neighbouring districts. And this dependency cost us heavily. Initially, we got a much-needed helping hand from Radha Rang foundation & Jan Seva Kalyan Sangh in the form of oxygen concentrators. It was a big help. Our dependency was reduced to some extent.





But critical patient management was still dependent on full flow oxygen supply. We were always in the pursuit of a continuous oxygen supply to support critical patients. When the disease was at its peak, meeting the supply-demand, was like walking on a tightrope and we often needed to procure and transport oxygen cylinders within the notice of a couple of hours. Even getting enough oxygen to buy time for families, till they could secure admission into bigger tertiary centers, was a big help. With immense efforts, we were successful in that.

Every sleepless hour of nights and the incessant telephonic coordination paid its due, as we saw a majority of our admitted cases beat the disease and return home to their families. The void of those who left us reminded us of our limitations.

All this while, we consultants were providing services to the Civil Hospital, Oros and MCH Centre, Kudal, on a rotation basis, to fulfill the consultants' requirement. It helped the patients get proper medical guidance and monitoring, along with psychological support.

Under the aegis of Rotary Club of Kudal, I was also able to treat over 100 stable COVID patients remotely, via telephonic guidance and prescription, free of cost. This helped them procure treatment while quarantined at home, avoiding unnecessary visits to hospitals/clinics, thereby reducing infection spread.

A pandemic is said to occur once in 100 years. Humanity is now better equipped in terms of science and technology to identify and control the damage inflicted by new diseases. But the age-old deficiencies of the human psyche: denial, skepticism, and general lethargy in timely action, along with blurring of boundaries between nations by faster transport, allowed SARS Cov2 to reach every corner of the world, including the by lanes of Sindhudurg.

But it is said that what doesn't kill us (after mutating and trying again) eventually makes us stronger. We should take it on a positive note that, we faced this pandemic and served our society when it was needed the most. Nothing is permanent and neither is the difficult time. With the constant support of my family and by the eternal grace of Almighty, I could safely serve the people of my district. As always we treat and He cures.







# MY EXPERIENCE WITH **DIAGNOSTIC TESTS DURING COVID**

**Dr. Nilesh Naphade**

*MBBS, MD, DA, FCPS, DMRE RATNAGIRI*

My experiences as a diagnostic service provider during the pandemic were different in many ways and I take this opportunity to chronicle a few of them. I will like to classify my experiences with diagnostic testing during COVID times into eight different subheadings.

## **1. IGNORANCE IS BLISS!**

Since covid was a new kid on the bloc, even doctors were oblivious of many facts. The confusion created by CT numbers is a perfect example. There were two CT numbers ...one related to the RTPCR test and the other related to the attenuation scoring on CT scans. The CT score of RTPCR being high was good news and a high CT score on CT scan was bad news (exactly the reverse). This created much avoidable confusion in society, further exacerbated by Internet buffs and non-allopaths.

RTPCR had a modest sensitivity of 63% hence people with negative RTPCR thought they cannot have covid which created a lot of stress for the treating doctors. Patients denied getting admitted despite the high CORAD category on HRCT. This was a pain in the neck for the treating doctors.

## **2. THE MUSHROOMING ILLEGAL SHOPS.**

With the traveling restrictions getting eased, there emerged a necessity to have covid negative reports. Many conmen thrived on generating fake covid negative reports. Fake covid negative antigen reports ensured safe travel. This led to license cancelation of certain agencies with greater panic in public. Corrupt practices and police hegemony reigned Supreme and an EMERGENCY of sorts defied democracy.

## **3. PANIC**

HRCTs were done left, right, and center leading to unnecessary rush, scarcity of hospital beds, and bombastic surge in business of CT centers. A high score on CT resulted in the cancellation of surgeries. Many hospitals made HRCT compulsory before any intervention or admission. This pressed the panic button. Those with medical reimbursement urgently got admitted without sufficient grounds and hospital administration were more than happy. This was an unforeseen circumstance resulting in an extreme shortage of beds. There was panic and overbuying of masks, sanitizers, PPE kits. Reporters, lawyers, govt office staff all donned PPE kits and doctors on duty had to justify the use when actually they were the ones facing the brunt. The first wave saw many stalwarts go down fighting.....poor protection being one prime reason.

A small percentage of patients gravitated to CT centres due to the social stigma associated with RTPCR tests & the fear of being labeled COVID positive.





#### 4. HIGH COST OF SERVICES

Changed fundas of sanitization in diagnostic centers, poor compliance of technicians and staff, the social stigma associated with working in covid facilities all added to costs of diagnostic services.

CT technicians & patho techies both insisted on double salaries & so did the RMOs working in COVID centers, diagnostic centers, and quarantine facilities. This shot up the costs of all diagnostic centers. Rural Maharashtra witnessed an unprecedented circumstance where techies and paramedics were not allowed to report to medical establishments for fear of bringing COVID into their villages. Village Sarpanchs issued diktats that nurses & clinic support staff should either not leave the village homes & if they do, they should stay in the hospital itself.

#### 5. SUPERLATIVE OXYGEN SCARCITY

Cylinders cost a bomb. Oxygen disappeared from everywhere.

O2 concentrators became expensive. Due to lockdown, public transport was shut. Private hospitals and labs had to ply for dropping their empty cylinders & had to wait indefinitely to get a refill.

#### 6. GOVT AS A CONTROL FREAK

Who should perform RTPCR, how to inform Govt, who should perform antigen tests, how much charges to take, who should do HRCT, how to charge for HRCT? Govt wanted to control everything.

This paved way for harassment of private players at hands of government authorities giving them unparalleled powers. The pandemic has already vested uncontrolled powers in the civic administrators.

#### 7. APATHY TO TESTS AFTER COVID

The same masses who had lost sleep over CT scores, pulse ox readings, and D Dimer values had become dramatically insensitive towards making justifiable expenses on tests after COVID. Many examples to bolster this claim can be given. One good example I would like to cite is ANTI-COVID antibody testing.

Taking one or two doses of the vaccine is one thing and developing a satisfactory antibody titer post-vaccination is another. But the laymen showed particular apathy towards the quantitative evaluation of an antibody response to the jab. The only reason I can attribute this to is a COVID SPENDING FATIGUE. They felt tired of spending on COVID matters and post-vaccine antibodies became the last priority. I found this detachment pretty surprising. But the collective opinion of society can only be felt cannot be steered by us.

Alcoholics, liver disease patients, transplant recipients who were on immunosuppressants all showed pathetically low anti-covid antibodies with zero virus neutralization capabilities. But the man on the road still doesn't bother.

#### 8. The most pleasurable COVID test.

In my opinion, the test which gave me ultimate satisfaction as a doctor was very unique in many ways. Newborn Babies of vaccinated mothers or infected mothers showed notable and protective antibody titers on the 2nd and 3rd day of life. This marvel of nature reinforced my faith in the Almighty in those distressing times of doom. It made me conclude that how many ever stories of the designer virus wreaking havoc on this world are told when God decides to prevail, life is protected by his wish. We as lesser beings can only watch in awe at these miracles and wonders. The only Covid test that boosted my morale and once again reassured me that things haven't yet completely slipped out of our hands, was this test done on neonates.





# \*VIRUS & WE\*



**Dr. Chetan Mhaske**  
*Secretary*



**Dr. Sadhana  
Dharmadhikari**  
*Treasurer*



**Dr. Himanshu Pendse**  
*EC Member*

While we are writing these lines we have a sense of writing the history, though it is more on the darker side. Life has always been difficult for us, but there was always been a way for hope.

But ever since COVID PANDEMIC has entered our lives at the beginning of 2020 the life has changed its taste from being difficult to being miserable, hopeless & uncertain. Pandemic has changed our lives forever in many ways.

COVID entered our lives unexpectedly and was here to stay with us forever. It brought an unprecedented challenge to the medical fraternity and we were literally at war. But we must admit and appreciate that each and every doctor not only in India but all over the world stood up to this task & challenge.

Their lives were at stake but they were on the mission of their lifetime. It was extremely challenging for doctors to balance between patient's priority, own safety, and family's security. As always society has looked up to doctors for their sacrifice & once again they lived up to these expectations. But as they say, every sacrifice comes with a price. So we also paid a heavy price by losing precious lives of our colleagues who could have easily served & saved much more life's if they were to be alive. So when we imagine them resting on a death bed, we tend to hear these lines:

" कर चले हम फिदा जानो-तन साथीयो,  
अब तुम्हारे हवाले वतन साथीयो."

Yes, they were real martyrs & we are proud of this "White Army". Challenges are not new to us but this was something unimaginable. Not only do we have to face that "TINY FELLA" but we had to face challenges at the level of logistics, human resources, administration, and public outrage too.

Every medical practitioner was playing their part to combat this enemy, but some were real frontline warriors. We at AMC, PUNE tried to help them out morally and logistically to come over the scarcity of important armaments like PPE's, Masks, face shields, etc., initiating vaccination drive for doctors, taking awareness campaigns and conducting educational programs, and so on and trying to play our little part in this battle.

As we know COVID PANDEMIC has changed the face of medical practice entirely. Our practice has become more safety-oriented nowadays. The use of safety barriers has become more so prominent, as hygiene and social distancing. Though these changes are essential they are difficult to adjust. Bcoz human touch has always been the essence of our practice and we are definitely missing that. We hope that it would come to its normalcy very soon.

We must say that with all this experience of the last two years and with the guidance of AMC, MUMBAI, we at AMC, PUNE are now well prepared for upcoming challenges. "TOGETHER WE WILL."



**Team AMC PUNE.**







# HELLO EVERYBODY

**Dr. Mayur Sarode**

*Ec Member Famcii*

With the start of the corona pandemic, our doctors started their work considering covid 19 protocol in their OPD and IPD.

Our AMC members started work strictly focusing on corona-related activities.

From day one of working, we worked in Covid 19 task force Nashik & attended several meetings at the NMC office, Jilha-Adhikari office, Civil hospital, Police headquarters for understanding and executing protocols for our doctors and society regarding control of virus spread so as to decrease mortality and morbidity.

In the beginning, a panic wave was triggered not only in society but also in medicos, so we made necessary information available to our Dr's and society. Our consultants conducted many community programmes, lectures regarding corona for public awareness. Giving top priority for safety, early diagnosis, and recent treatment. We worked very hard to make available & distribute PPE kits, masks, face shields for our Dr's and staff's protection. Rising numbers of corona patients put a lot of pressure on Govt. health system. Again our doctors rushed for the help conducting respiratory OPDs by our physicians, pediatricians, chest physicians. Our members extended their support by working at Govt. setups & also arranging covid beds at their own private hospitals.

We worked from giving information to our members about- containment zone, bed arrangements for our members. Also arranged first quarantine center exclusively for doctors, arrangements of oxygen and essential drugs, RTPCR centers, antigen & antibody testing centers.

By virtue of social responsibility, we provided PPE kits, Thermometers, Sanitizers, and shields to frontline workers like Police, NMC officials, etc.

All of us were locked at home along with our kids & our minds filled with covid fear day & night, considering this to boost our mental & physical health along with other organizations we conducted online Comes on mental health and mental rehabilitation programmes.

Association of medical consultant Nashik helped 4 doctors from Nashik in their medicolegal issues in lockdown period with help of our advocates and under the guidance of a very efficient team of AMC Mumbai and Famcii.

Everyone knows that the 'New Violence Act' against doctors was implemented by C.P. for the first time in Nashik due to continuous efforts by our association along with help of other associations.

As a facilitator in the covid vaccine task force, we supported vaccination Drive at our hospitals.

Corona doesn't discriminate between anyone if you are a government servant or a private practitioner, a staff nurse, or an ambulance driver or police so in this difficult situation all organizations at fought together for better results with unity and coordination.

So, we thank all govt and police authorities, different organizations like IMA for fighting for this noble cause and giving the best support in a very tough time.





# OUR TEAM

## AMC Corner











## WHAT'S A FRATERNITY?

Dr. Vivek Sheth | MBBS, DA

For the people of Kokan heavy rains are nothing new. For Mahad, low-lying and located as it is at the junction of two rivers, water entering the town once or twice a season is routine. People have devised their own ways to deal with it. Sometimes they even enjoy these annual thrills!

But this July (20th & 21st) the incessant rains were unusual in their ferocity. And the river levels too were rising a little too rapidly for comfort! Within an hour or so the rising waters had started entering ground floors and the whole town was getting inundated, not just the low-lying areas as usually happens. The waters eventually would rise to levels of 15 feet in Mahad town!

The media in their trademark manner have flogged the whole disaster to boredom but for the people of Mahad it was not a matter of TRPs & news bites. It was literally a matter of life & death; of escaping with your life in just the clothes you had on! There was no time to save valuables or even a few essentials!

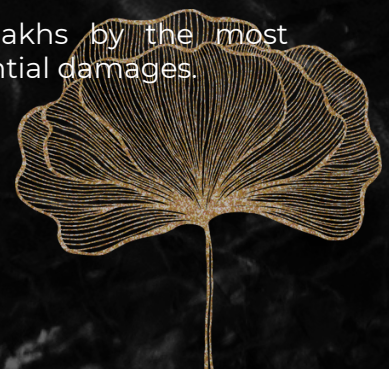
Relief material started pouring within hours, even the government machinery swung into action unusually efficiently. But one section of community no one considered (& ever does) was the doctors! Neither for immediate relief to be recipients of all the ex-gratia aids declared, nor subsequent relief packages that covered every business except healthcare!

Somehow, the idea that doctors would need "help" in any form during a massive natural disaster seems unthinkable to everybody including even some of our professional colleagues!

Mahad has 32 medical consultants practicing in their 21 nursing homes; almost all of them located on ground floors as is routine in all small towns. Usually their OPDs, and sometimes even their OTs, wards & ICUs & almost certainly their cars & DGsets. (Yes, in rural areas, even after 75 years of independence, we cannot practice without at least 2 power back-ups of 10 to 40 Kws!) everything is located on the ground floor! Is it any surprise that their entire set ups were damaged, sometimes irretrievably? Could delicate medical equipments that tend to malfunction even by moisture, survive being immersed in such floods? There were C-Arms, Multi-Para Monitors, ECG Machines, Digital X-Ray machines, power tools, cautery machines, Boyle's machines, Suction machines, Gensets, computer systems with scanners & printers, CCTV systems; the list is really endless. Most also lost their personal vehicles. As any hospital owner would appreciate, they also had to help out (with a smile), their staff & their families in cash as well as in kind, all of whom were in the same boat (pun not intended!)

Mahad being officially flood-prone, anyone including doctors wanting to do business there is denied insurance or are tied down by so many adverse conditions and exclusion clauses that it is as bad as having no insurance at all! And as any practicing medical specialist can appreciate, there are things in your practice, sometimes priceless, that you simply cannot insure!

A friend, an orthopedic surgeon, suffered losses amounting to 55 lakhs by the most conservative estimate! Others too have been afflicted with similarly substantial damages.





But after all, these are doctors; successful, accomplished, capable, resourceful & proud! They were not going to hold their heads in despair or fall down crying helplessly! They were not going to let something like this defeat them. And most of all they were not going to wait around wringing their hands for someone else to come along and help them out!

They got back on their feet and within a week were running at least skeletal services. For the community that had gone through such a harrowing experience, that was a great comfort.

I am proud of my friends and colleagues and so should each one of us for their resilience and indomitable spirit in face of such adversity.

But what struck me and a lot of my friends locally was, in their hour of need, the medical fraternity should have been standing behind them or rather, shoulder to shoulder with them!

AMC should use its considerable influence with the insurance companies to enable these members to get viable insurance.

Secondly, if creating a strong, united association is our fundamental aim, an emergency fund to help out doctors in such situations will go a long way towards that. The actual immediate aid could be nominal, a token of solidarity.

But if we can create a fund and put a mechanism in place to promptly disburse loans to doctors facing such huge losses it will go a long way in alleviating their burden and inspire their everlasting gratitude and loyalty.

I am sure a large number of members would love to help out colleagues in such situations but don't know-how. If AMC takes the initiative and sets up such a fund with a substantial initial contribution, members will be only too happy to do their bit; either regularly (say annually) or from time to time as the need arises. There are many firsts to AMC's credit, and we have a proud history of 'out of the box' thinking and solutions. I am sure if we put our minds to it, the stalwarts with inputs from the younger generation, can work out the details of such a scheme to make it a viable and successful idea







# THIS TOO SHALL PASS

**Dr. Vikram Khanna**  
Joint Secretary, AMC

This too shall pass  
This too shall pass  
This is the moment  
When we show our class  
When character'll speak  
Transparent like glass  
When courage's crucial  
When our words have mass  
This too shall pass  
This too shall pass!

The future's unknown  
So totally unknown  
Some more reaping  
Of past seeds sown  
Some more beating  
Of breasts with a moan  
And then the defeating  
This ill wind so blown  
Though the future's unknown  
Our deeds shall be known!

So again shall we rise  
Yes of course we'll rise  
Perhaps lesser in wealth  
But wealthier in wise  
For today if we heed  
Dear nature's cries  
Then shall we build  
A world without sighs  
So yes we shall we rise  
As our conscience doth arise!

Oh this too shall pass  
This surely shall pass  
As we build quickly anew  
And new talents we amass  
New directions to invent  
To beat this damn impasse  
Now it's time to stop grumbling  
And stop making faux pas  
Yes then this shall pass  
As every hurdle we surpass!

This too shall pass  
When we show our class...

Keep the faith...





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OBSTETRICIAN  
12.08.21



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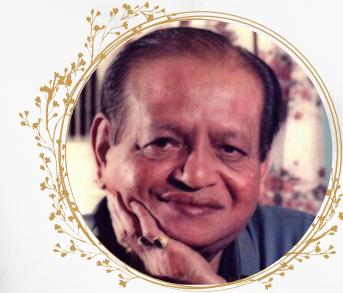
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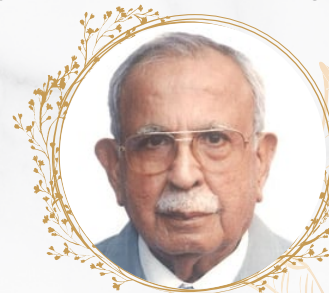
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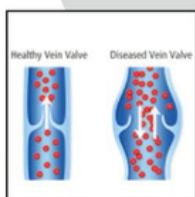
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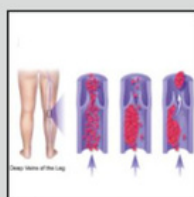




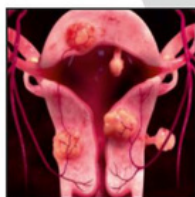
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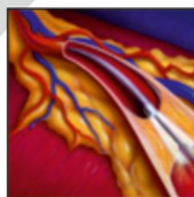
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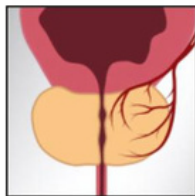
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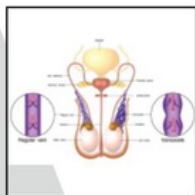
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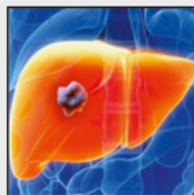
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