Issue 01, September 2017

Medical Updates

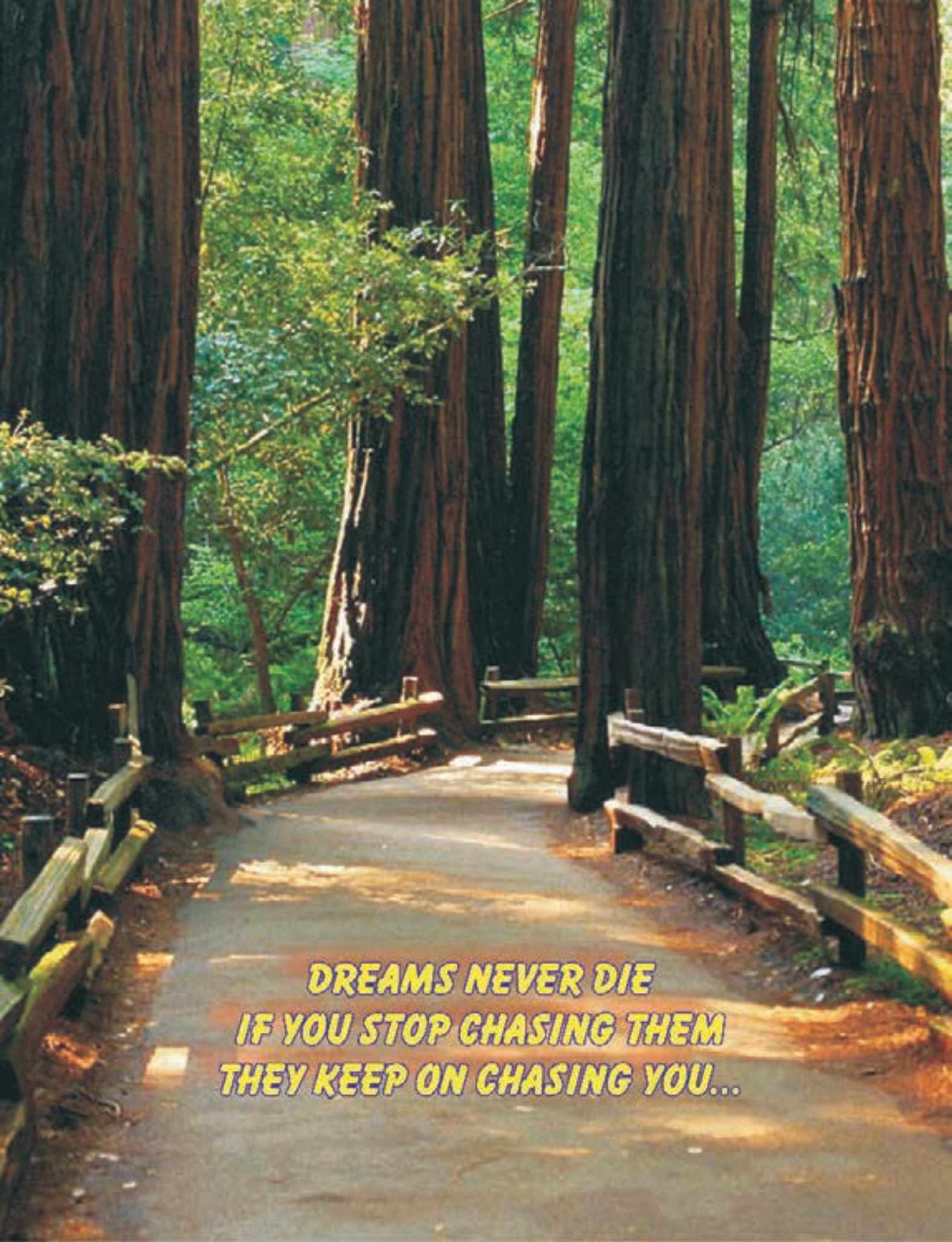
The Magazine

Generic Medicines
Current status in India

PROTESTING DOCTORS
Clinic to Roads

UPDATES
GRANTS
TRAVEL

www.amuindia.org


DREAMS NEVER DIE
IF YOU STOP CHASING THEM
THEY KEEP ON CHASING YOU...

A beginning for

ASSOCIATION FOR MEDICAL UPDATES

AMU was started with an inclusive approach so that doctors from different arena come together on a common platform and share not only their knowledge but also their wisdom and emotions. This magazine is a part of that initiative. It is a beginning and a long road is ahead to look forward. You can always approach us through our website www.amuindia.org or mail us at info@amuindia.org. All the inquiries, suggestions and feedback are always welcome. Do feel free to share.

Best wishes

Team AMU

Editorial

Dear readers,

We medicos have a close contact with human emotions. The sorrow of death and the happiness of survival, we witness them all through our lives. The technical difficulties and their solutions are discussed on varied platforms, but the emotional experiences and their impact on our life is missed at most of the platforms. Let us strengthen ourselves by sharing our emotional experiences also with each other. It may help us to evolve into a humane human.

Mark Zukerberg has once said "Ideas do not come out fully formed, they only become clearer as you work on them. You just have to get started". This magazine is the result of us being started on our path. The path which will witness its ups and downs and hopefully one day will reach to its destination. The journey to destination is always more beautiful than the destination itself, and the process itself refine us and our creativity.

I hope that the readers will like this initiative, will provide true feedbacks and thereby join us on this journey.

The Editor

Editor :
Dr Apurva Agrawal

Designing :
Dr Ashish Sharma

Photography :
Dr Pranzal Agrawal

Index

Generic Medicines - Current Status in India

The controversy behind Generic V/s Branded Medicines

Dr. Mira Desai
Professor & Head,
Department of Pharmacology,
B. J. Medical College, Ahmedabad
desaimirak@yahoo.co.in

World Health Organization defines generic medicine as a pharmaceutical product intended to be interchangeable with an innovator product, is manufactured without license from innovator company and marketed after expiry date of patent or other exclusive rights. While there have been considerable differences in definitions of generic medicines among regulatory authorities across the world. However, all agree that the pharmaceutical product should be off patent, should contain the same active ingredient and should be bioequivalent to that of previously approved medicine, and should have the same dosage form, route of administration and treatment characteristics.

"Paradoxically, India is one of the largest manufacturers of generic medicines for international market; the domestic market is predominantly flooded with branded generics."

A pharmaceutical company that develops and launches a novel molecule has an exclusive sole rights to market (usually 20 years) as an innovator product under a brand name. This product is known as innovator or branded product (e.g. lipitor by Pfizer). Once the molecule goes off patent, different manufacturers can duplicate (in same strength and form) and market the molecule with international nonproprietary name (INN) known as generic medicine (e.g. atorvastatin).

Interestingly, the scenario is little different in India. The drug company may launch the same off patent molecule with a different name, known as branded generic (e.g. biovas, astin, atofit, atocor etc.). In fact, many pharmaceutical companies manufacture two types of product for the same molecule. One is branded generic that is promoted through advertisements and prescribers and other is pure generic which are pushed in the market through chemist shop (retailers). While in developed countries such as USA, only patented medicines are sold under a brand while off-patent medicines are sold only as pure generic, without using any brand name. Paradoxically, India is one of the largest manufacturers of generic medicines for international market; the domestic market is predominantly flooded with branded generics. In India, unfortunately, the awareness and knowledge regarding availability of pure generic medicines, multiple brand (trade) names and their price variation among general public is limited.

"Since the generic medicines manufacturers do not invest into research and development of the product or conduct the clinical studies to prove their safety and efficacy, generic versions are usually less expensive."

Recent announcement by Honourable Prime Minister of India to prescribe medicines by generic name over branded ones might be politically brilliant (for a policy change); this has been a matter of debate among medical professionals. Although the story of branded versus generic is not new, there has been notification from the Medical Council of India (September, 2016) that "Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs". The State Government often issues circulars to

public sector hospitals and clinics from time to time, to "preferably prescribe generic medicines". In addition, a countrywide campaign has been under way to ensure availability of generic medicines under the Pradhan Mantri Bharatiya Janaushadhi Pariyojana.

Reduction in health care costs and making the treatment cost effective is in demand by Government and health economist across the world. The emphasis on the usage of generic medicines by authorities is their potential economic benefits on health care system especially the prescription medicines. In view of increasing global health expenditure, which leads poorer to suffer from costly drug treatment, the use of generic medicines can definitely help. Since the generic medicines manufacturers do not invest into research and development of the product or conduct the clinical studies to prove their safety and efficacy, generic versions are usually less expensive. Nonetheless, the generic medicine has the same "active ingredient" as the brand one, it is expected that their quality (efficacy) is essentially the same. Thus by these standards, the use of generic medicines can be equally effective with significant reduction in health care cost.

"The stringent quality control and serious periodic monitoring of the quality of generic medicines is far from truth in India."

In spite of the anticipated advantage of similar efficacy and financial savings, there has been great hue and cry for the use of generic medicines. The apprehension among the professionals is focused on doubtful quality of generic medicine than proprietary, branded medicines and is partly justified. The product marketed under approved or brand names are pharmaceutically equivalent because they contain the same dose of the same medicine. However, pharmaceutically equivalent does not guarantee that the products will behave identically when administered to patient because they may contain different excipients and may have been produced by widely different techniques. While the regulations for approval of generic medicines in developed countries like USA and Europe are loud and clear. Prior to marketing authorization, US FDA test the generic medicines

extensively and ensures that it meets the required standards with respect to identity, strength, quality, purity and potency. In addition, other associated units such as manufacturing, packaging, and testing laboratories are regularly audited for quality control as per regulatory requirements.The stringent quality control and serious periodic monitoring of the quality of generic medicines is far from truth in India. Bioavailability and bioequivalence studies are not mandatory for marketing approval and several small scale pharmaceutical industries may not have necessary infrastructure and follow the Good Manufacturing Practices. This leads to perceived doubts and equivalence of generic medicines and reduce their acceptance.

Generic substitution i.e. 'right to switch from branded to generic medicines' by dispensing pharmacist has been implemented as a means to reduce health expenditure by western countries. This has been matter of dissent by the prescribers. Legally, generic substitution by dispensing pharmacist is not permitted in India. The brand medicine can only be substituted by a generic medicine when the latter contains the same active ingredient and is bioequivalent. However, these regulations are not enforced by Indian government. The pharmacist at retail counter may not be equipped/qualified to dispense generics accurately. Further, the availability of several generic alternatives in Indian market to a branded product leads to confusion and challenge for the patients, dispenser and health care professionals. In addition, the switch over from brand to generic medicine may prove disastrous for certain drugs such as anti-epileptics, drugs used for cardiac arrhythmia, mood disorders etc.

Thus, the confidence in generic products can be improved by strengthening the regulations in the areas of bioequivalence, quality control mechanisms, information and education among the prescribers, pharmacists and consumers. In country like India, this will be a key factor as majority of patients pay the cost of medicines from out of pocket. No medical professional will be against generic medicines, provided it is as good as branded product.

Addiction: Where do medical students stand ?

Dr Jitendra Jeenger
Professor
Department of Psychiatry,
GMCH, Udaipur

According to the World Health Organization (WHO) substance abuse is persistent or sporadic drug use inconsistent with or unrelated to acceptable medical practice. The picture is grim if the world statistics on the drugs scenario is taken into account. With a turnover of around $ 500 billions, it is the third largest business in the world, next to petroleum and arms trade.

Drug addiction causes immense human distress and the illegal production and distribution of drugs have spawned crime and violence worldwide

The epidemic of substance abuse in young generation has assumed alarming dimensions in India. It is estimated that, by the time most boys reach the ninth grade, about 50 percent of them have tried at least one of the substance of abuse nature.

Changing cultural values, increasing economic stress and dwindling supportive bonds are leading to initiation into substance use. Substances such as tobacco, alcohol, cannabis and various modern medicines have been widely abused by students for various reasons despite their known ill effects. Studies conducted worldwide including India have

estimated a prevalence rate of substance abuse to be around 20-40 per cent among students from various streams including the medical field; however, these restrict themselves to tobacco or alcohol use and many of these are gender biased.

Burden of use in medical students:

There is a dearth of data on substance abuse in medical students in India. According to a study conducted in a private medical college of north India 35% of male and 15% female medical graduates were having substance use. A trend towards higher proportion of substance abuse was observed in the later years of medical education especially in final year. Substances abused by medical students include alcohol 20-25%, cigarettes 15-20%, cannabis 5%, bhang 4%, tobacco (chewing) 3% and other substances (gel and drugs) 2-5%. Most of the abusers used more than one substance. Surprisingly 90% users were using them despite knowing the ill effects o f

"It is estimated that, by the time most boys reach the ninth grade, about 50 percent of them have tried at least one of the substance of abuse nature."

those substances and their legal consequences. More than 75 per cent of the users used substances for 'feel good factor'.

Almost two third of medical students made attempts to quit the use of concerned substance but had been unable to maintain abstinence. Also, 40% students said that they had experienced ill effects of substance use like physical complaints, relationship problems and poor academic performance but still continuing the substance use.

Reasons for increase in use:

Psychological stress is usually common in medical training, nearly 50 per cent of the undergraduate medical students have reported stress as a causative factor for drug use and 'occasion celebration' 72.4% followed by 'to reduce tiredness' 46.8%, peer pressure 42.6%, easy availability 42.6%, experimental use 36.2 and community acceptance 34.1% as a predisposing factor. A higher proportion of students were also found to be using any of the substances when one or both of their parents were doctors or para-medical professionals, which is an alarming fact.

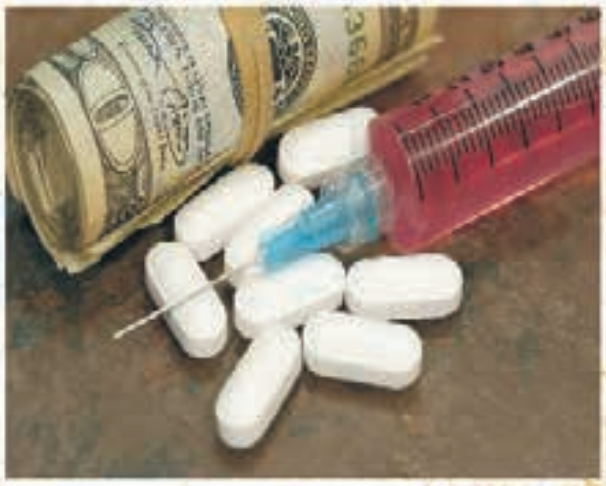
General factors according to Indian context, the disintegration of the old joint family system, absence of parental love

and care in modern families where both parents are working, decline of old religious and moral values etc lead to a rise in the number of drug addicts who take drugs to escape hard realities of life. Drug use, misuse or abuse is also primarily due to the nature of the drug abused, the personality of the individual and the addict's immediate environment. The processes of industrialization, urbanization and migration have led to loosening of the traditional methods of social control rendering an individual vulnerable to the stresses and strains of modern life.

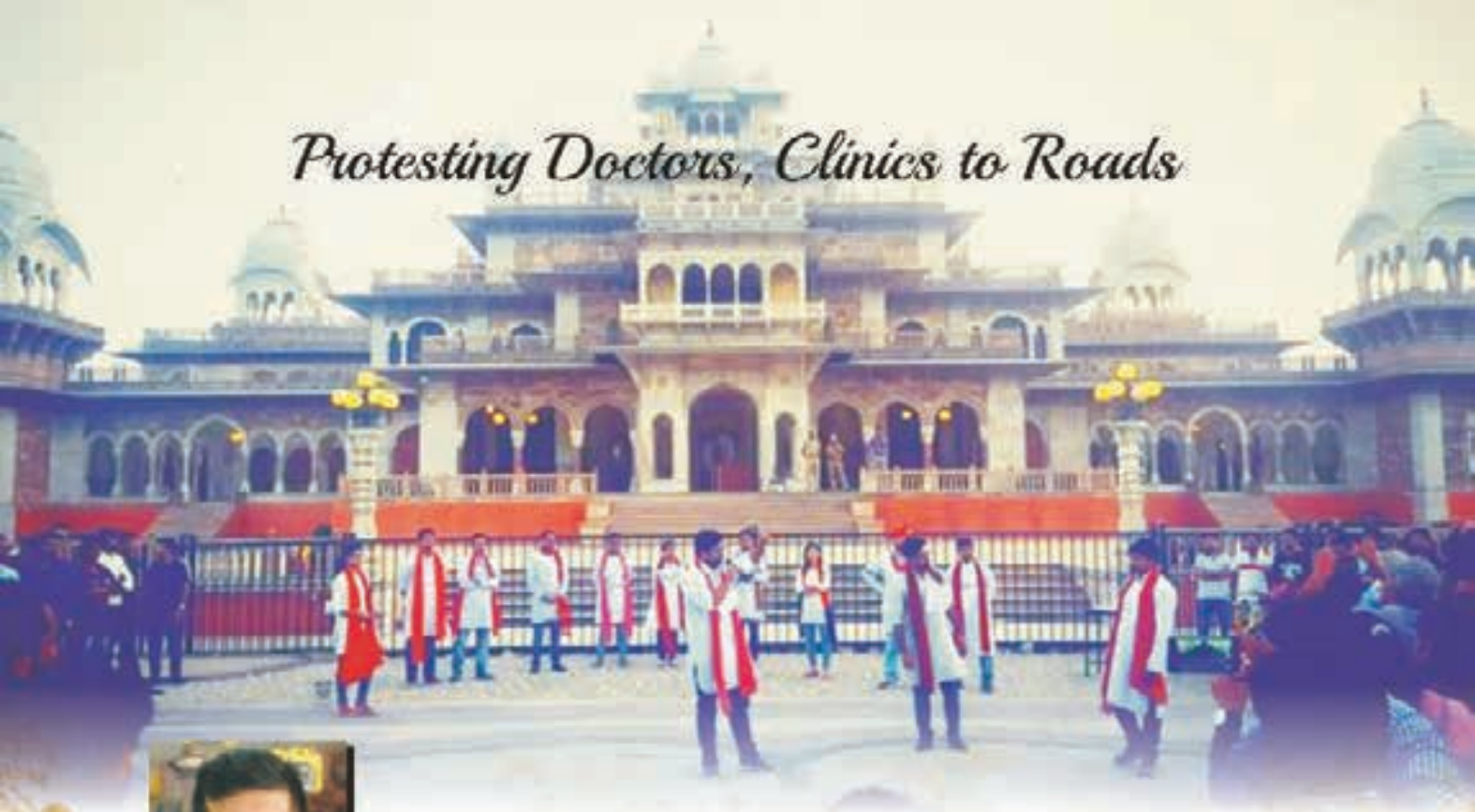
"A higher proportion of students were also found to be using any of the substances when one or both of their parents were doctors or para-medical professionals, which is an alarming fact."

How brain works in addiction:

Neurophysiologic processes underlie the uncontrolled, repetitive behaviors defining the dependency. These "hard-wired" (neuronal) changes in the brain are considered critical for the transition from occasional to regular drug use. Addiction can be explained by pleasure and reward phenomen in the brain. Although the mesolimbic pathway, dopamine release with drug reward was previously considered the biologic equivalent of pleasure, but it also is responsible for aversive stimuli and appears to determine the motivational state of wanting or expectation. The persistent release of dopamine during chronic drug use progressively recruits limbic brain regions and the prefrontal cortex, embedding drug cues into the amygdala and involving the amygdala, anterior cingulate, orbitofrontal cortex, and dorsolateral prefrontal cortex in the obsessive craving for drugs. The abstinent, addicted brain is subsequently primed to return to drug use when triggered by a single use of drug, contextual drug cues, craving, or stress. The compulsive drive toward drug use is complemented by deficits in impulse control and decision making, which are also mediated by the orbitofrontal cortex and anterior cingulate.



Protesting Doctors, Clinics to Roads



Dr. Nippun Prinja
PG Resident
Transfusion Medicine
SMS Medical College
Jaipur

"Wherever the art of medicine is loved, there is also a love for humanity " said Hippocrates the famous Greek physician also called father of medicine. But in 21st century "medicine and humanity" have parted away from each other. Once called "God on earth" are now not being treated as "humans on earth".

Faith in the doctor-patient relationship has taken a beating over the last few decades. Is it complete failure of the judicial machinery, media, patient attendants or political system??

One of the many examples : A group of more than 15 people thrashing a resident doctor in the emergency ward at S.N. Medical College, Jodhpur was an incident which took place in the hospital. Doctor was beaten up because he told the attendants of a patient who suffered a massive head injury to leave the emergency. The assaulted doctor's brain scan shows a fracture in the left eye orbit that could lead to vision loss and doctor was admitted in ICU.

It is a multi-faceted problem in Government Hospitals. Earlier even when there used to be one medical officer for an entire village or a small district, he/she was regarded as part of local community. People's trust in the doctor was high.

Government hospitals in India follow the welfare model, as the majority of the population is poor and does not have health insurance. Such hospitals, offering subsidized medical care are flooded with

patients and their attendant. An average medical officer posted in the outpatient department attend close to 350 patients a day standing in long queues for hours. This may lead patient to an impression of neglect, partially satisfied at the brink of an emotional cliff and sometimes diagnosis comes as a financial disaster and shocks them into emotional turmoil.

Most government hospitals in India lack adequate security personnel. It is often the medical officer who plays the role of the doctor, as well as that of the security guard. There is no established protocol for tackling violence or shooting incidents.

Relying on police is useless, for innumerable reasons we all know. Public struggles with a lack of faith in the judicial system and feels it is only the rich who obtain justice.Thus people believe in exacting immediate revenge, seeking their "pound of flesh" using physical means rather than filing a case in courts.

My Experience

From June 2015 ever since I joined as resident I have seen around 10-15 incidents across the state where resident doctor is being assaulted due to poor health & political system. When official including police doesn't look into the matter seriously then nothing is left for a doctor except protest.

I was active member of protest in June 2016 where media had great role in defaming resident doctors among society and police was least interested in this matter and unwilling to lodge FIR against the culprit. Media was playing a role in demolishing doctors with the purpose of peddling news and combative Journalism which sells a negative image of the medical fraternity. The ravenous media rapidly jumped to conclusions and published sensational stories of medical negligence of doctors.

When all the doors for a medico were closed, neither police nor health ministry was understanding the feelings of medico, then there was nothing left for a doctor other than strike and protest. "If you (doctors) do not want to work, then resign. You are not factory workers who resort to such protests. How can doctors behave in such a manner?" asked the division bench of the Bombay High Court, slamming the "no-show agitation" launched by resident doctors across Maharashtra.

"If you (doctors) do not want to work, then resign. You are not factory workers who resort to such protests. How can doctors behave in such a manner?"

Doing road shows, starting parallel OPD in front of hospital, hunger

strike were the part of non violence protest by residents across Rajasthan just to achieve justice both from the culprit who assaulted the doctor and corrupt political system and to inform society that we being doctors want to serve society with full enthusiasm. Fault is not in doctors but in the system.

"It is often the medical officer who plays the role of the doctor, as well as that of the security guard."

This led to a sort of disaster in health sector. No operations, no outdoor, no admission, leading to mortality and fear among common man.

When nothing works for government then FIR gets lodged up, culprits are behind the bars and government assures the residents for better security and law. Residents put strike off and over 15-20 days everything is forgotten and then again something similar somewhere happens in the state again.

The cure

I believe that if we really wish to regain our reputation as the noble profession and be trusted by our people, we will need to radically re-imagine our way of practicing medicine, to become genuine guardians of the health of Indians. We will need to play an active role in addressing the shameful observation that India has, for a country with its economic and health resources, the worst health indicators in the world. Doctors should work with the government in creating an effective strategy to prevent hospital violence. Laws against doctor assault should be prominently displayed on the walls of the hospital. To ensure doctor safety, every hospital should create an emergency protocol and an evacuation plan in case of a major act of violence.

The problem continues

Similar famous incidents were seen at GMC, Dhule & at Sion Hospital. Many more mishandling were seen in last couple of years in states of Rajasthan, Gujarat, Maharashtra, Punjab, Haryana, Karnataka and other states of India. Around 40,000 doctors from the Indian Medical Association (IMA) have joined the satyagrah in June 2017 in Delhi demanding security of doctors.

Who needs hard drive when we have DNA ?

Dr. Ashish Sharma
Professor
Department of Biochemistry
GMCH, Udaipur

The gap between imagination and reality is decreasing day by day. DNA now is not just a store house of genetic information; it is going to play a much wider role as a storage device in future. It can safely store a movie, a book.....the list can be endless in future.

Though research focusing data storage in DNA were ongoing since many years, a recent article in NATURE, 2017 has reported that the first ever motion picture of a galloping mare filmed in 1878 by the British photographer Eadweard Muybridge has become first ever movie to be encoded in DNA of a living cell. Multiple copies can be produced when the host cell multiplies, and it can be retrieved whenever required. Scientists have managed to encode all of Shakespear's Sonnets into DNA. A geneticist at Harvard, George Church has recently encoded his own book, "Regenesis," into bacterial DNA and made 90 billion copies of it.

Genome has an astonishing potential as a vast storage device. Scientists are now wondering that one day it may be possible to program bacteria to snuggle up to cells in the human body and to record what they are doing, in other words make "movie" of each cell's life. When something goes wrong, we might extract the bacteria and play back the record. It would be, analogous to the black boxes carried by airplanes.

Reference:
http://www.nature.com/nature/journal/v547/n7663/full/nature23017.html

Be cautious while prescribing Codeine and Tramadol

In April 2017 FDA has issued a warning against the use of codeine and tramadol in children and nursing mothers. FDA is concerned with the risk of breathing problems and respiratory depression associated with use of codeine and tramadol in children. FDA has contraindicated the use of codeine for treating cough and pain, and tramadol for treating pain in children less than 12 years. Tramadol has also been contraindicated in children less than 18 years for treatment of pain after surgery to remove the tonsils and/or adenoids. Codeine & tramadol should also not be used in children between12 to 18 years with obesity and obstructive sleep apnoea. A warning has been issued to mothers that breastfeeding is not recommended when taking codeine or tramadol medicines due to the risk of serious adverse reactions in breastfed infants. These can include excess sleepiness, difficulty in breastfeeding, or serious breathing problems that could result in death.

Ref: https://www.fda.gov/Drugs/DrugSafety/ucm549679.htm

First drug for Tardive Dyskinesia

Tardive dyskinesia is a neurological disorder characterized by repetitive involuntary movements which can be seriously disabling sometimes. It is a serious side effect sometimes seen in patients who have been treated with antipsychotic medications, especially the typical one. It is difficult to treat as no treatment was available. Valbenazine is the first drug approved by FDA for treatment of tardive dyskinesia. In a clinical trial of 234 participants, after six weeks, participants who received Valbenazine had improvement in the severity of abnormal involuntary movements as compared to those who received placebo. Valbenazine may cause serious side effects including sleepiness and heart rhythm problems (QT prolongation). It should therefore be avoided in patients with congenital long QT syndrome or with abnormal heartbeats associated with a prolonged QT interval, and patients taking it should not drive or operate heavy machinery.

Ref: https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm552418.htm

Grants

ICMR's Junior Research Fellowship

ICMR in collaboration with PGIMER, Chandigarh, conducts a national level examination for award of Junior Research Fellowship for research work. Remuneration includes 25,000 Indian currencies per year for three years along with 20,000 per year contingent grant.
This test is held every year in month of July and last date of form submission is usually in May.
Reference link: http://icmr.nic.in/jrf.htm

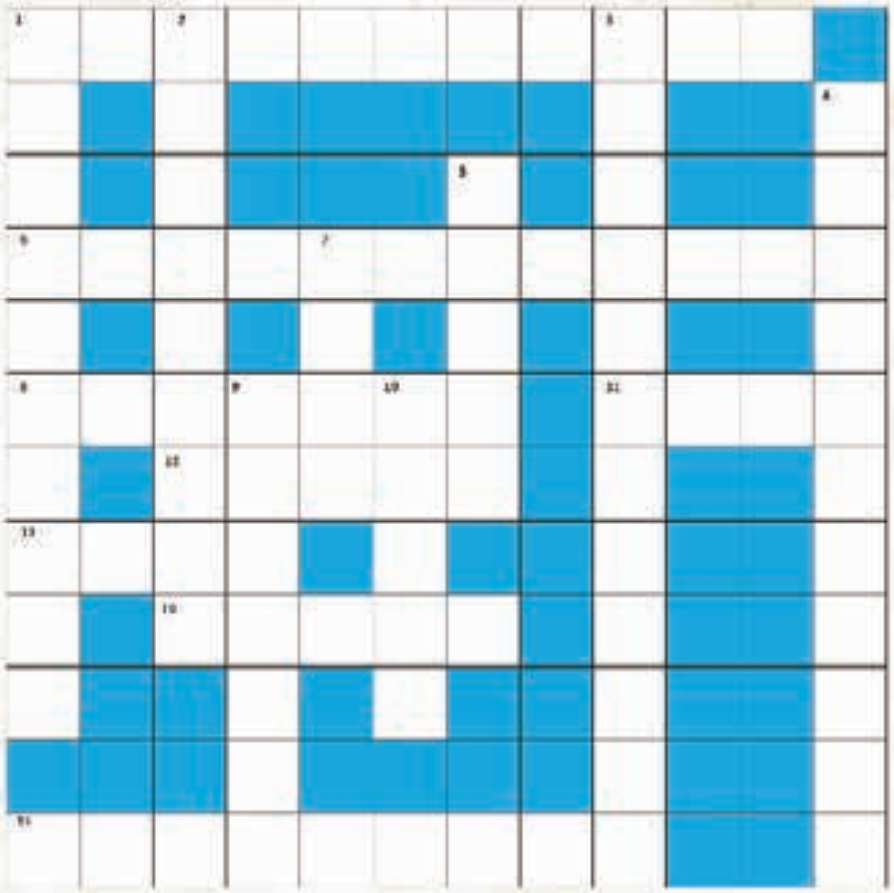
MD/MS/DM/MCH Thesis support

ICMR provides financial assistance of Rs 50,000 to 100 selected candidates every year pursuing MD/MS/DM/MCH. The candidate must be doing post graduation in any MCI recognized college and upper age limit is 45 years. Candidate has to apply in a prescribed format within 12 months of registration in course. Selection is on the basis of academic performance and topic of research.
Reference link: http://icmr.nic.in/icmrnews/mdthesis.htm

DBT-Research Associateship

Department of Biotechnology (DBT) under the Ministry of Science and Technology, Govt. of India, awards two year fellowship for conducting post-doctoral research. MD/MS degree holders in any stream of medicine can apply, upper age limit is 40 years for men and 45 for women. Each fellow is entitled to a stipend of Rs. 22,000 - 24,000 per month and a research contingency grant of Rs. 50,000 per year. For application academic details and research plan has to be submitted to DBT. Selection is on the basis of CV and performance in interview.
Reference link: http://biochem.iisc.ernet.in/dbtra.html

Cross Word



Left to right

1. 5-HT receptor agonist, used in the treatment of migraine
6. Anti-progesterone and anti-androgen, used for termination of pregnancy
8. Extrapyramidal dyskinesias caused by anti-psychotic drugs
11. Dietary restriction, advised to patients with hypertension and CHF
12. Inappropriate cheerfulness, treated by lithium
13. Diarrhoea, cold, cough all common in this season
14. An analysis, a test to bring out the truth with the help of sodium pentothal
15. Halogenated anaesthetic agent for general anaesthesia

Up to down:

1. Long acting beta agonist for treatment of asthma
2. First choice drug for type 2 Diabetes mellitus
3. Flutamide antagonizes this hormone responsible for pubertal changes
4. Neuraminidase inhibitor, most effective drug for swine flu
5. A common fungal infection of skin
7. An unpleasant sensation
9. A drug with androgenic and progestational actions, used for treatment of endometriosis
10. Alkaloids which inhibit tubulin polymerization, used as anticancer drugs

How ot get ourselves 'get going'

Dr. Nootan Bedi
Associate Professor
Consultant Ophthalmologist
GMCH, Udaipur

Walking down the street I usually see faces - some happy and some sad, some lonely and some holding hands. The other day a thought flashed past my mind that nobody has a perfect life. Everybody has their own set of problems. Nobody knows how to deal with their problems in the perfect way.

In this world full of tensions all of us at some point in our lives give up, drop the fake smile; as a tear rolls down our cheek and we whisper to ourselves, "I can't do this anymore". But this leads us nowhere. We have to get ourselves going.

In this modern and advancing world we all ought to have tensions due to commitments, urgency, responsibilities, deadlines and stress due to dealing with difficult people. We do not take care of our health and the inner self.

These small problems start taking a toll on our health. The whole society is engulfed in an epidemic of the so called lifestyle diseases namely Diabetes, Hypertension, Myocardial infarction, Stroke, Sleep disorders, Infertility, Alzheimer's disease, Obesity and many others.

Though advancement in medical field has been phenomenal, still all of us in a corner of our minds wish to prevent all these diseases rather than step in the vicious circle of taking medicines.

So let me remind all of you about the preventive measures of these lifestyle problems and give you a tip or more about dealing with your tensions because the first step towards changing your lifestyle is awareness and the second step is acceptance. Remember -

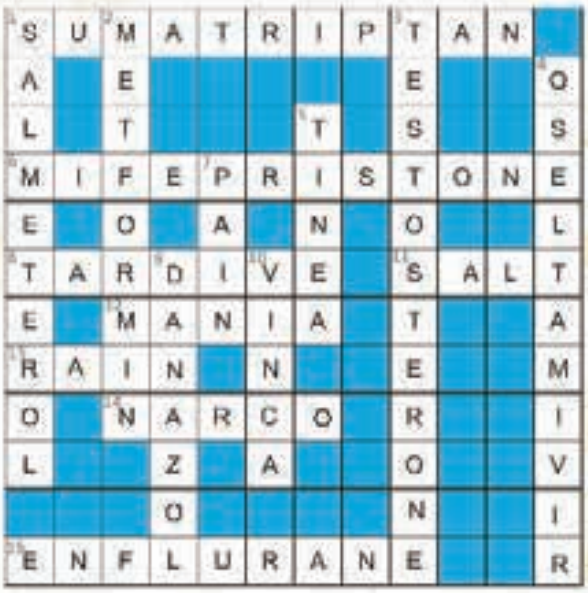
- Attitude: Have a positive attitude as it spreads positive vibes.
- Family: Have a close bonding with family and friends and share your tensions.
- Meditation: It has gained acceptance by physicians and therapists worldwide as an effective measure to relieve tension. The adrenaline rush takes a

toll on our health causing various cardiovascular and metabolic diseases. A serene atmosphere, deep breaths and a prayer of your belief is all that is needed for 15 minutes every day.

- Yoga: It has health benefits beyond the mat.
  - It increases our endurance.
  - Keeps us flexible
  - Gives a positive body image
  - Helps to remove toxins
  - Lowers BP and cholesterol
  - Improves sleep
  - Helps in weight loss
  - Better productivity which is the need of today's fast life.
- Brisk walk for half an hour every day.
- Eat right and at a fixed time - Eating healthy keeps mind and body fit.
- Listen to music.
- Good sleep
- Laughter - Smile, laugh and get rid of your grumpy face.
- Create a hobby.

Remember somewhere inside, all of us has the power to change. So keep healthy, keep your self esteem high and take it easy. Get Going

Cross Word Answer



To Travel Is To Live

Dr. Geet Adhikari

We all have that one passion in our lives which we always think about. It may not necessarily be the source of your paycheck but it can surely be the purpose you seek in your life. I realize travelling is the one for me and I thank my father for this. It all started in my childhood. My father used to take our family on vacations to one major travel destination in country every year, thereby covering almost every state by the time I passed my school. So the love to see new places, new culture eventually took its toll on me and today I can't resist any idea of traveling and exploring a new place.

"It is believed that Lord Shiva once opened his hair locks and the water dropped from the hair formed this lake to exist forever."

This article is about my first journey to the Himalayas. I always had a dream to spend an entire day in snowfall, freezing with every part of body shivering and getting numb. So the possibilities of such a trip were always hovering around and as soon as I learned about the Kedarkantha winter trek in the Himalayas, I called up my brother and two best friends. They hardly took any time in giving their nod and I quickly finalized the itinerary and bookings were done with Indiahikes- a well-known trekking organization.

The journey began on 29th Dec 2016 from Delhi to Dehradun and then to Sankri (our base camp) the next day. The

route to Sankri is an 8 hours drive from Dehradun offering you visuals of beautiful landscapes of valley and river alongside that forces you to think what more beautiful lies ahead. We reached Sankri village on 30th evening.

The trek started on the 31st morning from sankri base camp after a brief introductory and orientation session by our trek leader. Every member of the team was charged up and roaring to climb, after all, it was Day1 and we never knew how physically and mentally challenging the journey could turn out for beginners like us.

We started our accent to the first camp site - Juda ka Talab- a small, placid lake at an altitude of 2700 m above sea level amidst dense forest of maple and pine trees. It is believed that Lord Shiva once opened his hair locks and the water dropped from the hair formed this lake to exist forever. I believe, a little mythological or historical association with a place adds a flavor and helps you to associate more strongly. The lake was half frozen and it was fun to step over the frozen lake and rest our tired limbs for the day at such a picturesque campsite. We celebrated the New Year night at Juda Ka Talab and I never thought that perhaps it would be the best celebration I will ever have. I realized that night, that life's greatest moments and pleasures sometimes come at simple and quite places and around those people whom you never met before.

"I realized that night, that life's greatest moments and pleasures sometimes come at simple and quite places and around those people whom you never met before."

Next morning the body was already sour in the freezing cold and we were asked to come out and roll back the only thing which comforted us to some extent, our sleeping bags.

So it was day 2 of the trek and we continued our ascent to the next site: Kedarkantha Base Camp. The walk felt easier, the backpack felt lighter once the mind was set firm after strenuous day 1. The route is through another forest trail which opens into a vast clearing setting up a perfect base. The only thing which I felt missing till now was the snow. It happens....when you start a journey with some presumptions and expectations, there is a pinch of disappointment if all that you thought doesn't fall into place. But never be disappointed, God may be watching and listening to you. It was just half an hour from the campsite and it started snowing, the 'wow moment' of the journey. The temperature started falling down and the green land that we witnessed on arrival, now turned into a white carpet. Our tents were covered with snow and our drinking water frozen. Some made their snowman, some played with snowballs. I did both. Have you ever seen a place turning into a blissful heaven in a flash in front of your eyes? I feel lucky to experience one such. Rest of the day we just remained inside our dining tent desperately trying to warm our numb fingers on fire. The snowfall just didn't stop!

"Have you ever seen a place turning into a blissful heaven in a flash in front of your eyes? I feel lucky to experience one such."

Next morning at 3 a.m. we left the campsite to climb the Kedarkantha summit at 12,500 ft. The most difficult part of the journey since the snow-laden trail has a good number of ridges and slopes. Thanks to our trek leader and his team for helping us through.

The motto to start early in dark was to see the sunrise from the peak. As they say, may be you have to know the darkness before you can appreciate the first light. I can't explain that morning. We hardly had ten minutes break in that four hours long session of trek and the irony was resting was even more difficult than to keep walking, since the sub-zero temperature was already hitting the bones hard. However, every second of that breathlessness, every sprain of body or even a frostbite for that matter was worthy for the thing we were about to witness. The sunrise view from Kedarkantha summit is meant to be seen and not just be read. The jaw-dropping

360-degree view of various Himalayan ranges like Gangotri & Yamunotri, those awe-inspiring snow-capped shining summits kissing the sky make the moments astounding and overwhelming. One realizes the true essence of beauty that nature holds. While descending down back to our base camp (after staying for half an hour at peak), I had a rush of many realizations within myself regarding the journey and the personal experiences of life. The journey taught me a hundred lessons about life, people, our sufferings and dealing with them. We descended further to our last campsite Hargaon- a quaint little village the same evening. Rest of the day was more about relaxation.

Next morning we had to say goodbye to the last campsite and returned back to Sankri. The journey was in its last stage, we were happy for completing it, about making it to the summit. We all talked about the pain and the fun we had on trek. Every little inconvenience was worth every realization. We all looked shabby after 4 days of the trek. We shared our food under one dining tent. We helped one another to climb. We ended up making amazing friends. The last day in Sankri was all about smiling and sharing our thoughts about the trip. Next day we reached Dehradun and then back to Delhi. Never wanted to come back but then how you will start a new journey if the previous one doesn't end.

I loved and I lived every moment of this journey. And I say to all my friends and those who read this, experience at least one trip of your life that changes you altogether in some aspect. Keep the profession, routine, and other commitments aside sometime, the world has innumerable places to be seen and experienced which can change your perceptions and thoughts about so many things. Remember, do not travel as a tourist, be an explorer. Its not just the final destination, it's the entire journey that matters. Explore, breathe, relax and live.

R.I.P. PHC

Dr Chetan Saraswat

दरवाजे को थोड़ा सा खोलकर सहमी सी आवाज में वो बोली " May I come in sir" । जवाब में उसे कोई आवाज नहीं बल्कि " Yes come in " की धुन पर होती हुई लिपिंग और हॉ मे हिलती गर्दन दिखाई दी। डरते सहमते कदमो से वो बेचारी स्वास्थ्य मंत्रालय की उस ऑफिस में जहाँ मन्त्री महोदय रोजमर्रा के औपचारिक से कागजों पर गाहे–बगाहे हस्ताक्षर रगड़ने आ जाया करते थे, के अन्दर उनकी टेबल के ठीक सामने जाकर चुपचाप खड़ी हो गई । टेबल के उस पार शानदार कुशन वाली कुर्सी पर फैल कर बैठे मंत्री महोदय थोड़ी देर पहले ही खाई रजनीगंधा और तुलसी के मिश्रण को जीभ से मुँह में समायोजित करते हुए बड़े आतुर से होकर बोले "कौन हैं आप और क्या मदद कर सकता हूँ मैं आपकी ? "

चूंकि निम्नतम स्तर से लेकर मंत्री महोदय के इस ऑफिस तक हर जगह केवल निराशा, तिरस्कार और काम हो जाने के झूठे आश्वासन के सिवाय उसे कभी कुछ न मिला था।

चूंकि निम्नतम स्तर से लेकर मंत्री महोदय के इस ऑफिस तक हर जगह केवल निराशा, तिरस्कार और काम हो जाने के झूठे आश्वासन के सिवाय उसे कभी कुछ न मिला था इसलिये उसकी कुछ बोल पाने की हिम्मत नहीं हो रही थी। लेकिन वो यह जानती थी कि यही वो जगह है जहाँ सर्वोच्च निर्णय लिए जाते है। अगर कुछ हो सकता है तो यहीं कुछ हो सकता है।

"सर इसने अपना नाम ठीक से नहीं बताया आपको, ये वही प्राथमिक स्वास्थ्य केन्द्र है जिसकी बहुआयामी प्रतिभा के कारण हम करोड़ो ग्रामवासियों को अच्छे स्वास्थ्य की उम्मीद बाँटते आये हैं। आपके समधी जी की नकली फार्मास्यूटीकल कम्पनी की घटिया दर्जे की पेरासीटामोल से लेकर खुशहाल मातृत्व के लिये फेंकी गई लालच राशि इसी के हाथो ही तो हम लोगो तक पहुंचाते रहे हैं। वर्षो से सर्दी हो या बरसात या फिर हो धधकती लू के थपेड़े, हर परिस्थिति में इसने हम

तक ग्राउण्ड लेवल ऑकड़े पहुँचाने में कोई कोताही नहीं बरती। हाँ ऑकड़े चाहे जैसे हो लेकिन उनसे हमें नई योजनाऐं बनाने का आधार तो मिल ही जाता है । ये बहुत काम की चीज है सर । इसका स्वास्थ्य ठीक करना ही पड़ेगा। अगर ना भी करें तो

हमारे लाड़ले डॉक्टर साहब डेढ़ साल पहले ही अपनी जिन्दगी की पहली पोस्टिंग पर हमारे यहाँ पधारे है। हफ्ते में 1-2 दिन जब वो आते है बड़ी रौनक सी हो जाती है हमारे आंगन में।

कम से कम ऐसा दिखाना तो पड़ेगा ही कि इसके स्वास्थ्य के लिए हमने कुछ किया है और आगे भी करते रहेंगे।" ये सारी बाते शास्त्री एकेडमी से प्रशिक्षित एक कांईया किस्म के अधिकारी ने इतने धीमें स्वर में मंत्री जी के कर्णकुहर में विसर्जित की कि पीएचसी तो क्या दूसरे कान तक को भनक ना लगी कि इन्होंने क्या मंतर फूंका है। गागर में सागर भरके जो ज्ञान मंत्री जी के कान में उड़ेला गया था उसे सुनते ही मंत्री जी ने तुरन्त अपने दिमाग का गीयर चेंज किया और खुद की स्पष्ट सी मूर्खता पर पर्दा डालने के प्रयास में लग गये ।

रजनीगंधा और तुलसी के मिश्रण को एक बार फिर से जीभ की सहायता से मुँह में एक बगल से दूसरी बगल में एक्जरट किया और सामने खड़ी "बेचारी पी. एच. सी." से सहानुभुति की घटिया एक्टिंग करते हुए बोले – "अच्छा तो तुम प्राथमिक स्वास्थ्य केन्द्र हो। आजकल काम का बोझ बहुत बढ़ गया है। कई बार तो बहुत स्वाभाविक सी बाते भी दिमाग से निकल जाती है।" फिर उन्होने दो दिन पहले की एक घटना का जिक्र छेड़ दिया ताकि वो अपनी झेंप से सभी का ध्यान हटा सके। सबका अपना – अपना इगो डिफेंस मैकेनिज्म होता है। इस बार मंत्री जी को अपनी साली साहिबा के बर्थ डे को मिस कर देने की झूँठी कहानी का सहारा लेना पड़ा। उनके समझ के मुताबिक 15 मिनट की एक रोचक कहानी काफी हो सकती है किसी बात से लोगों का ध्यान हटाने के लिये । टेबल के सहारे रखे पीकदान की लालिमा को थोड़ा और बढ़ाया, एक घूंट पानी पीया और अपने चिर-परिचित गंभीरता के लबादे से लबरेज आवाज में बोल पड़े " अच्छा पी.एच.सी.जी, क्या मदद कर सकते है हम आपकी ? क्या-क्या समस्यायें हैं आपकी ? जरा खुलकर बतायें। जल्द से जल्द हम आपकी समस्याओं का समाधान करेंगे ।"

इसी दौरान पास में खड़े उस घाघ किस्म के अफसर ने फाइल को टेबल पर रखा व एक पेपर और पैन लेकर पास में रखी कुर्सी में धंस गया ताकि जो भी समस्यायें गिनाई जाये उनको ठीक से नोट डाउन कर लिया जावे। जमाने भर के थपेड़े झेल चुकी दर-दर की ठोकरें खाई हुई पी.एच.सी. देवी इस शुभ अवसर को पूरे आत्मविश्वास के साथ भुनाने के लिए खुद को तैयार कर चुकी थी।

अपनी दबी कुचली दलित आवाज में बोल पड़ी "साहिब मैं अमुक शहर से 40 कि.मी दूर रहती हूँ। आस-पास के 40 छोटे-बड़े गांवो का स्वास्थ मेरी ही जिम्मेदारी है। साहिब मुझे इस गांव में आये हुए 8 साल का वक्त गुजर गया पर अभी भी मैं दो कमरो में ही रह रही हूँ । एक कमरे में जरुरी कागजात, हाजरी रजिस्टर और दर्वाइयों की अलमारी रखी है। तो दूसरे कमरे में एक बैड और डॉक्टर साहब की कुर्सी रखी है। 2 साल से खराब पड़ी पेट मशीन और जंग खाया ड्रिप स्टैण्ड जैसे दो-चार सामान भी उसी कमरे में रखें है। भवन और उसके परकोटे के बीच जो जमीन खाल पड़ी है, उसमे काफी गंदगी जमा हो रही है। ठेके पर लगा हुआ सफाई कर्मचारी अमावस्या के चाँद की तरह कभी दिखाई ही नहीं देता ।"

"साहब मेरे परिवार में एक डॉक्टर, दो कम्पाउन्डर और एक ए. एन.एम. है। अगर परिधीय क्षेत्र की सारे उप स्वास्थ्य केन्द्र की सभी 16 ए. एन एम. को मिलाया जाये तो हम कुल मिलाकर 22 सदस्य हैं। हमारे लाड़ले डॉक्टर साहब डेढ़ साल पहले ही अपनी जिन्दगी की पहली पोस्टिंग पर हमारे यहाँ पधारे है। हफ्ते में 1–2 दिन जब वो आते है बड़ी रौनक सी हो जाती है हमारे आंगन में। यही हाल दोनो कम्पाउन्डर और 1 ए.एन.एम. का है। उन्होनें भी हफ्ते के दो–दो दिन मुँह दिखाई के लिये बाँट रखे है।

गाँव के सरपंच व कुछ लोगो के भड़काने में आकर मैं एक दिन अपने लाड़ले डॉक्टर पर बरस पड़ी "बेटा ये दोनो कम्पाउन्डर और ये नर्स तो चिकनी मिट्टी के बने है। इन पर तो मेरी बातों का

> ***"चिंता मत करो हम तुम्हे 6 महीनें के अन्दर तुम्हारी आदर्श बहनों से भी अच्छा कर देंगे। बेफ्रिक्र चली जाओं अब ठीक कर देंगे हम"।***

कोई असर होता नही, काम चोरी इनकी रगो मे भरी है। वो नहीं आते तो कोई बात नही वैसे भी उनके आने न आने से ज्यादा फर्क भी नहीं पड़ता। लेकिन तुम तो आया करो, देखो तुम्हारे बिना मन नहीं लगता मेरा। सब रुक सा जाता है यहाँ ।"मंत्री जी मैं आपको बता दूँ वो बच्चा मेरी बहुत इज्जत करता है। लेकिन उस दिन मेरी उन बातों को सुनकर वो थोड़ा भड़क सा गया और बोला " पी. एच. सी आंटी ऐसा नहीं है कि मैं काम नहीं करना चाहता । मैं तो चाहता हूँ कि मैं रोज आंऊ और इस क्षैत्र की सेवा करुं। दरअसल मैने तो पहले ही अपना जीवन न्यौछावर कर दिया है। लेकिन आप ही बताओं मैं मरीज को क्या दवाईयाँ दूं ? क्या इस क्षैत्र में सारे लोगो का इलाज कर दूं केवल इन 5–6 तरह की दवाईयों से और वो भी ऐसी जिसमें ड्रग के नाम पर भूरे–सफेद रंग की मिट्टी का मिश्रण है। आप को तो ध्यान होगा बहुत डेडीकेशन और पैसन से काम किया था यहाँ शुरु के एक महीने, लेकिन 20 प्रतिशत से ज्यादा मरीज ठीक नहीं कर पाया । कितना भी टेलेन्टेड डॉक्टर हो बिना जाँचों के ईलाज कर पाना असम्भव सा है और लैब के नाम पर क्या है यहाँ केवल वो झूठा वादा ही ना जो विधायक जी ने पिछले गणतन्त्र दिवस समारोह के समय किया था। आप अनुभवी हैं, जानती हैं कि नेताओ की बात कितनी विश्वसनीय होती हैं। अरे लैब तो छोड़ो पीने का पानी तक नहीं है यहाँ । मेरी एक साल की सर्विस को पूरा हुए छः महीने निकल गये हैं, कम से कम 17 चक्कर लगा दिये है मैनें ऑफिस के, लेकिन वहाँ के बाबू ने फिक्सेसन की प्रक्रिया अभी तक शुरु नहीं की । इधर–उधर पूछताछ करने के बाद पता चला है कि बाबू और सीएमएचओ, दोनो को मलाई खिलानी पड़ेगी ।"

"पी.एच.सी जी तुम ही बताओ किस–किस से लड़ूँ मैं, अमावस के उस चाँद से जो कभी सफाई करने नहीं आता या उस ड्रग डिस्ट्रीब्यूटर से जो 5–5 रिमान्डर के बाद भी आधी–अधूरी दवाईयां भेजने पर भी अहसान सा जता देता है। या फिर उन ए एन एम के पतियों से जो नेताओं की धौंस दे–देकर बोलते हैं हमारी पत्नी दो दिन से ज्यादा काम नहीं करेगी। ये लफड़े तो है ही सही ऊपर से अगले चुनाव में वोट कमाने के लिए आयी लोक–लुभावन सरकारी योजनायें, बेवजह की औपचारिकताओं और घंटो चलने वाली बोरिंग मीटिंग्स जिनमें तरह–तरह के आँकड़े मुझसे पूछे जाते हैं। मन तो करता है किसी दिन सीएमएचओ साहब को बोल दूं "साहब डॉ. हूँ मैं सांख्यिकि विभाग का बाबू नहीं।" पर नहीं बोलता क्योंकि जानता हूँ कितना ही बोल लूँ यहा सब ऐसे ही चलने वाला है। क्या–क्या बाते गिनाऊँ आपको और लोगों की तो छोड़ो मरीज भी कम चतुर नही हैं यहाँ, जब दिखाने आते है तो बोलते है डॉक्टर साहब खाँसी है, सीरप दे दो, खाज का ट्यूब दे दो,

बुखार की गोली देदो, आँखो में इन्फेक्शन है ड्रोप दे दो। और अगर वो ज्यादा बीमार हैं तो बोलते है बोतल लगा दो साहब तरी हो जायेगी। अरे भाई ! जब डाइगनोसिस और ट्रीटमेन्ट सब पता ही है तो

"पी.एच.सी जी तुम ठी बताओं किस-किस से लड़ूँ मैं अमावस के उस चाँद से जो कभी सफाई करने नहीं आता या उस ड्रग डिस्ट्रीब्यूटर से जो 5-5 रिमाण्डर के बाद भी आधी-अधूरी दवाईयां भेजने पर भी अहसान सा जता देता है।

दवाई भी खुद ही ले लो । और हाँ सबसे मिस्टीरियस चीज जिसका मुझे भी नहीं पता ऐसी मोरट डिमान्डेड "ताकत की दवाई" कहाँ से लाके दूँ भाई मैं उनको ।"

"खैर छोड़ो मैने भी अब डिसायड कर लिया है अपने 3 साल पूरे करुँगा पीजी में बढ़िया सी ब्रांच उठाउंगा और आगे का जॉब किसी कॉरपोरेट हॉस्पीटल में करुगाँ। कम से कम रोज-रोज का फ्रस्टेसन तो नहीं आएगा ।"

और ये कहते कहते हमेशा शांत और खुश रहने वाले डॉक्टर का मुँह लाल हो गया था, आंखो में भी थोड़ी नमी साफ दिख रही थी। पी. एच. सी बोली – "मंत्री जी मैं भी हताश हो चुकी हूँ लगने लगा है मेरी ये कैंसर की बीमारी कभी ठीक नहीं होगी। मेरी कुछ बहने जिन्हें आपने आदर्श होने का तमगा दे दिया है उनसे जब कभी मेरा मिलना होता है तब मुझे खुद की हालत पर तरस आता है। सोचती हूं काश मैं भी ऐसी होती ।"

"साहब बहुत बीमार हूं कृपा करके कुछ करिये। साहब ज्यादा कुछ नहीं तो कम से कम एक प्रोग्राम मैनेजर की पोस्ट ही सृजित कर दीजिये ताकि हमारे लाडले डॉ. साहब को बाबूगिरी के काम से कुछ राहत मिल जाए और वो मरीजों का उपचार कर सके।" बेचारी पी.एच.सी बोले जा रही थी, अधिकारी लिखे जा रहा था और मंत्री जी रात भर से जल रहे लट्टू की तरह उस बेचारी का मुँह ताक रहे थे।

आखिरकार पी.एच.सी की दारुण कथा समाप्त हुई। थोड़ी देर शांत मन से सोचने की एक्टिंग करने के बाद मंत्री महोदय बोले "चिंता मत करो हम तुम्हे 6 महीने के अन्दर तुम्हारी आदर्श बहनों से भी अच्छा कर देंगे। बेफ्रिक्र चली जाओं सब ठीक कर देंगे हम" । इतना आश्वासन सुनकर वो उम्मीद से भरी हुई उस कमरे से बाहर निकल आई।

आज पूरा 1 साल हो गया उस घटना को अधिकारी प्रमोट हो कर सचिव बन गया है। उत्कृष्ठ प्रदर्शन के आधार पर मंत्री महोदय का कद सरकार में बढ़ गया है, अब उन्हे गृह मंत्रालय दे दिया गया है। अगर कुछ नहीं बदला है तो सिर्फ पी. एच. सी. की हालत .....आज भी पहले की तरह गंदगी भरी पड़ी है वहाँ।
हफ्ते में दो बार वाला डॉक्टर अब महीने में 2 बार आने लगा है। दवाईयों का स्टॉक अब 40 पर मेंटेन हो रहा है। कमरो के फर्श का सीमेन्ट भी उखडने लगा है।

बरबाद ए गुलिस्ता करने को बस एक ही उल्लू काफी था ।
यहा हर शाख पे उल्लू बैठा है अंजामे गुलिस्ता क्या होगा ।

R.I.P. PHC

उड़ान

An Initiative By Doctors For Social Cause

Away from hospital wards, hostel corridors and lengthy lectures.....few doctors, interns and medical students gather every Sunday to teach small kids in a slum of city of lakes. Udaan is an initiative to help underprivileged children to realize their dreams. It is an informal group of medical professionals and students from RNT Medical College, Udaipur, who are aware of the shortcomings in our society and instead of just writing against them on social media they want to contribute themselves for the betterment. So they do their little bit by sharing their time with slum kids on every Sunday. No publicity stunt, no fund raising, they just gather at a fix time on Sunday and get transformed into 'Teachers' with slates, boards, charts and lots of love.

This group is working since last two years and their hard work is now giving results. More than fifty children are now able to read and write. There is no scarcity of talent even in such area where luxury is an out of dictionary word. Most of the kids are fast learners; some are good at calculations while some at drawing and sketching. The doctors at Udaan say that not only kids learn from them but they also learn a lot from those beautiful kids. The love they share is invaluable, their innocent smiles spread happiness and their wit motivates doctors in their work.

The teachers of Udaan wait for Sundays so that they can fly to those kids in slum and share happiness with them, teach them something and learn something from them. It is their little effort to help those kids to take an unrestricted 'udaan' and fly high in the sky...

Dr Apurva Agrawal
Assistant Professor, Pharmacology
RNT Medical College, Udaipur

GEETANJALI UNIVERSITY

(Established by Government of Rajasthan; U/S 2(f) of the UGC Act 1956)

Leading University Offering Medical Courses

GEETANJALI MEDICAL COLLEGE & HOSPITAL

- MBBS (MCI Recognized Degree)
- MD (Pre-Para Clinical)
- MD/MS (Clinical)
- Diploma in Clinical Pathology
- M.Sc. (Medical)
- Master in Hospital Administration (MHA)
- M.Sc. (Clinical Psychology)
- M.Sc. (Perfusion Technology)
- B.Sc. (Medical)
- B.Sc. (Medical Lab Technician)
- B.Sc. (Cardiac Perfusion)
- B.Sc. (Optometry)
- B.Sc. (Radio Therapy Technology)
- B.Sc. (Dialysis Technology)
- Bachelor in Hospital Administration (BHA)

Helpline : +91 772 700 7842

PARAMEDICAL DIPLOMA COURSES
(APPROVED BY RAJ. PARAMEDICAL COUNCIL)

- DMLT (Diploma in Medical laboratory Technology)
- Diploma in Radiation Technology
- Diploma in Ophthalmic Technology
- Diploma in Dialysis Technology
- Diploma in Operation Theater Technology

Helpline : +91 772 700 7842

GEETANJALI INSTITUTE OF PHARMACY

- D. Pharm. | B. Pharm. | M. Pharm.

Helpline : +91 982 936 5388

GEETANJALI DENTAL & RESEARCH INSTITUTE

- B.D.S.

Helpline : +91 800 310 6134, 772 700 7842

GEETANJALI COLLEGE & SCHOOL OF NURSING

- GNM
- Post Basic B.Sc. (Nursing)
- B.Sc. (Nursing)
- M.Sc. (Nursing)

Helpline : +91 800 309 0936

GEETANJALI COLLEGE OF PHYSIOTHERAPY

- Bachelor in Physiotherapy (B.P.T.)
- Master in Physiotherapy (M.P.T.)

Helpline : +91 772 700 7842

Redefining Excellence in Education

FOR COURSE ENQUIRY CALL BETWEEN : 9:30 AM TO 6:00 PM

GEETANJALI MEDICITY, N.H. 8, BYPASS, NEAR EKLINGPURA CHOURAHA, UDAIPUR | RAJASTHAN | INDIA

www.geetanjaliuniversity.com

1150+	25+	156	15	700+	2000+	250+	24x7
BEDDED HOSPITAL	SPECIALITY CENTRES	BEDDED CRITICAL CARE UNITS	OPERATION THEATRES	NURSING STAFF	DEDICATED EMPLOYEES	QUALIFIED DOCTORS	365 DAYS

Scientific writing solutions

FOR COMPLETE THESIS PREPARATION
POSTER PRESENTATION
SCIENTIFIC PAPER WRITING AND PUBLICATION

Contact :

Cell : 94603 41389, 8769412922

scientificwritingsolutions@gmail.com

First edition, 2000 copy, for free circulation. Printed for : Association for Medical Updates, Udaipur; Printed By : Jinendra Offset, Udaipur