



Assam State Branch IMA CALLING

Volume XVII, No. 1, Tezpur
October - December, 2020

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Indian Medical Association,
Assam State Branch

Obituary



We condole the death of

Dr. KK Bordoloi, Dr. Prof. AK Adhikary, Dr. KC Changmai, Dr. Aswini Sarma, Dr. PK Sarma (Tinisukia), Dr. GM Choudhury, Dr. Amal Machary, Dr. Dimbeswar Gogoi, Dr. Jahan Iqbal Ahmed, Dr. Tulika Goswami, Dr. Anil Tamuly, Dr. Dipak Mandal, Dr. Nawab Md. Rafiq, Dr. Pratyush Ranjan Kaushik, Dr. Amitava Dey, Dr. Munindra Dutta, Dr. Sushil Ozah, Dr. Nurul Amin, Dr. Dinesh Sarmah, Dr. Pranab Baruah, Dr. Umesh Das, Dr. Jadav Sarmah, Dr. J.P. Hazarika, Dr. H.N. Konwar, Dr. N. Sonowal, Dr. Jiten Gohain, Dr. Pradip Hazarika, Dr. Ratul Sarmah, Dr. Nabashyam Das, Dr. N. Goswami, Dr. P. Barman, Dr. Rohini Borkotoky, Dr. Lalit Saikia, Dr. G. Basumatary, Dr. P.K. Choudhury, Dr. Subhashis Sen, Dr. Dipu Marme, Dr. Lakhi Pr Bora (Bokakhat), Dr. Keshab Narayan Deb Sarma, Dr. Sumit Garodia and Nandini Garodia (Sibsagar), Dr. Sankar Ch. Das, Dr. Harish Ch Sarma, Dr. M.K. Das (Dhubri), Mrs. Kalyani Kotoky Hazarika Wife of Dr. Naba Kr. Hazarika, Dr. Rabin Bori (Pasighat), Phulwama Martyrs and other known and unknown noble souls.

ASSAM STATE BRANCH
IMA CALLING

Volume XVII, No. 1 Tezpur October - December, 2020



ওঁ সৰ্বো ভবন্ত সুখিনঃ
সৰ্বো সন্ত নিৰাময়াঃ।
সৰ্বো ভদ্রানি পশ্যন্ত।
মা কশ্চিৎ দুঃখভাগ্ ভবেৎ।।

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Indian Medical Association
Assam State Branch



Dr. Satyajit Borah
State President

Save healthcare, no to Myxopathy...

There is no denying that Ayurveda is India's heritage and precious asset. There is mention in Sushruta Samhita that Dhanvantari, Hindu god of Ayurveda, incarnated himself as king of Varanasi and taught medicine to a group of physicians, including Sushruta. Ancient Ayurveda texts also described various surgical techniques. Yes, we as Indians are proud of this indigenous medical system which has also permeated to the Western World along with Yoga, another Indian achievement in healthcare and fitness. And it is the duty of the Indian governance and its every conscious citizen to see that these Indian assets shine in the world and attain enviable acceptance.

At the same time India has strongly accepted and strived for development of modern medicine with remarkable enthusiasm in the research. India has had tremendous contribution in the treatment of tuberculosis, malaria etc. and the legacy has been continuing till date with the development and world-wide distribution of Covid-19 vaccines.

However mixing two different systems of medicine for any purpose, whatever either for education, practice or research is detrimental to the basic concept and evolution of the system. The learning and preaching each system of medicine is based on a person's perspective, interest and fundamentals of that system and it is illogical and irrational to think that one system can replace or suffice another system or we can evolve some synergy by mixing them up.

It is ironical how the Indian think-tank in the governance conceived the idea of mixing modern system of medicine with the indigenous systems and proposed the formation of various committees for these purposes. And further complicating the paradox, a statutory body of the Ayush Ministry came out with a gazette notification listing 39 general surgery procedures and 19 other procedures (includes Orthopaedic, Eye, ENT and dental surgeries) by amending the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016.

Indian Medical Association, bound to protect the modern medical system and the health of every citizen of the country immediately reacted to all these vicious attempts to mix up the modern medicine with the indigenous system and delivering a khichidi therapeutic remedy to the twenty-first century citizens of the country and came to street with an agitation program when the government put a deaf ear to its just demands for withdrawing the four committees formed by the Niti Aayug and pull-back of the CCIM notification. The IMA staged protest demonstration all over the country along with withdrawal of non-essential services on 11th of December 2020.

IMA is constrained to intensify the agitation as the steps towards implementing mixopathy are not being rolled back. IMA acknowledges that the Indian population needs different systems of medicine for different conditions of diseases and for promoting wellness. IMA respects all these systems of medicine without any bias or disregards to any 'pathy'. However IMA strongly oppose the proposal to make a single doctor practicing many systems together as it will jeopardise therapeutic quality as well as patient safety for obvious reasons. IMA supports polypathy but not 'mixopathy' and 'khitchidification' of the healthcare systems.

It is unfortunate that doctors are on relay hunger strike since 1st of February 2021, and let us pray that the good sense will prevail soon on our governance and think-tank, and the purity and sanctity of each form of medicine and practice prevails.

It is nice to see another issue of IMA ASB Calling being published and reaching the members. I congratulate the Editor Dr. Pradip Kumar Sarma and the editorial team for the untiring effort.

(Satyajit Borah)
State President

IMA Assam State Branch

Editorial



Fight COVID as well as Mixopathy

Pandemics, such as the current COVID 19 pandemic, fundamentally disrupt human existence. The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health as well as socio-economic fabric of the society. The challenge is felt in mental health services across the world. The brunt is felt by the frontline workers. Frontline workers including medical professionals face the daunting task of dealing with the distress and trauma of individuals, families and communities. In addition, most have to deal with their own emotions and anxieties. With no specific medicines against the virus, people were waiting for arrival of a vaccine against it. Development of a vaccine against a novel virus in a couple of months is praiseworthy. The frontline workers have been given priority for the vaccine to equip them to deal with patients. It is surely due to advancement in medical technology in the country.

Ayurveda and other traditional medical systems and modern medical system have their own philosophy. Ayurveda is the most ancient system of healthcare. It is based on its unique principles of health and disease. While modern medicine transcends from germ theory postulated by Pettenkoffe to currently multifactorial causation theory, the 'Tridosha Theory of disease' believed in Ayurveda still needs scientific validation. Ayurvedic researches undertaken during the last 50 years have not been very rewarding(1). Opening of new vistas for them in a system with totally different philosophy and principle may be detrimental to both the service providers and service seekers.

In India, large number of people seeks treatment from traditional system. Let all the traditional systems flourish in their own system keeping their purity. Shun mixopathy.

COVID had imposed restriction in bringing out IMA Calling in time. This issue of IMA Calling is being released in 155 SWC Meeting in Dibrugarh. I would like to thank Hony. President and Hony. Secretary, IMS Assam State Branch and Editorial Board Members for their support and suggestions. I beg pardon for any unintentional omission and commission in this endeavour.

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Dr. Pradip Kr. Sarma
Editor, IMA Calling



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Genetic haemoglobin disorders in the Assamese population: a tertiary care hospital based study

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KEYWORDS: Haemoglobin, Genetic, Haemoglobinopathies, Thalassaemia, Assam.

Background

Disorders of the human hemoglobins like haemoglobinopathies and thalassaemia are the most common single gene disorders in the world. According to WHO 5% of the world's population are carriers for clinically significant hemoglobinopathies. Each year about 300,000 infants worldwide are born with thalassaemia syndromes (30%) or sickle cell anaemia (70%). The Southeast Asian countries have a high prevalence of these Hb variants. The Northeast region of India is a hot spot for these haemoglobinopathies and thalassaemia. In the Assamese population of Assam, there is a high prevalence rate of these genetic blood disorders like HbE, HbS, beta thalassaemia minor, beta thalassaemia major and compound HbE- beta thalassaemia. Haemoglobinopathies refers to the structural abnormalities in the globin protein themselves which arise due to mutation. The thalassaemias are normal haemoglobins in abnormal proportions due to synthesis defect, where the normal haemoglobin polypeptide chains are not synthesized or are synthesized at a reduced rate due to mutations in the globin gene. The majority of variant haemoglobins differ from the normal in that a single amino acid has been substituted for another [1]. Also, double heterozygosity cases have been reported earlier like HbS-Hb E but are rare. A case of Hb S-beta thalassaemia was reported from Assam [2]. Most frequently encountered structurally variant haemoglobins are Hb S, Hb

C, Hb D Punjab, Hb E. These are clinically common variant haemoglobins [3]. Haemoglobin E trait is the third most common haemoglobin disorder in the world and the most frequent in Southeast Asia, where its prevalence is estimated to be 30%. Although Haemoglobin E trait is associated with no morbidity, the offspring of individuals who carry this haemoglobin variant may exhibit clinical manifestations like β - thalassaemia major (Compound haemoglobin E- β -thalassaemia) if the other parent has β - thalassaemia trait and contributes that gene. This combination is the most common cause of transfusion-dependent thalassaemia in areas of Southeast Asia [4].

The thalassaemias are a heterogeneous group of disorders in which severe anaemia occur early in life and associated with splenomegaly and bone marrow changes [5]. Named from the Greek word for sea – *thalassa*, the thalassems are found in a broad belt extending from the Mediterranean basin to India and the orient [6]. The thalassaemias are usually classified by the type of globin chain, whose synthesis is reduced or is deficient. Nearly 200 different mutations have been described in patients with β -thalassaemia. Among these, about 28 mutations have been documented in Indian patients. Six mutations: 619 bp deletion at 3' end of β - globin gene, IVS1-5 (G>C), IVS1-1 (G>T), frame-shift mutations codon 8/9, codon 41/42 and nonsense codon 15, account for 90-94% of the beta-mutations in India [7].



About 5% of the world's population is carriers of a potentially pathological haemoglobin gene [8] and about 3% of the world's population (around 150 million people) carry β -thalassaemia genes [9]. The cumulative gene frequency of the three most predominant variant haemoglobins i.e. Sick cell, HbD and HbE has been estimated to be 5.35% in India. Thus, there is a tremendous amount of burden of haemoglobinopathies in India [10].

The Bodo-Kachari population has a gene frequency of 0.50 for Hb E, the highest anywhere in the world [11]. There is a high occurrence rate of haemoglobinopathies and thalassaemia in Assam. In a hospital based study, the occurrence of haemoglobinopathies and thalassaemia in North east India was reported to be around 50%. Hb E is the most common Hb variant found in Assam, followed by beta thalassaemia, compound Hb E-beta thalassaemia and Hb S [12,13].

With such knowledge of prevalence, this study was done to get more knowledge about the scenario of genetic haemoglobin disease in the Asamese population in particular.

Methodology:

After obtaining Institutional Ethical Clearance as well as written informed consent of patients blood samples were collected in EDTA coated vacutainers, from the suspected anaemic patients attending the out patient department of Gauhati Medical College & Hospital. Patients those who had history of blood transfusion in the last 3 months and had morbidities other than anaemia were excluded from the study. A total of 1118 patients from the tertiary care hospital were screened for Hb variants. The complete blood counts of the samples were done using automated haematology analyzer and the Hb typing were done using D 10 Haemoglobin Typing Machine. The chromatograms were analyzed and Hb variants were identified and diagnosed. The data were analyzed in the Microsoft excel and Pie diagram were

made using it.

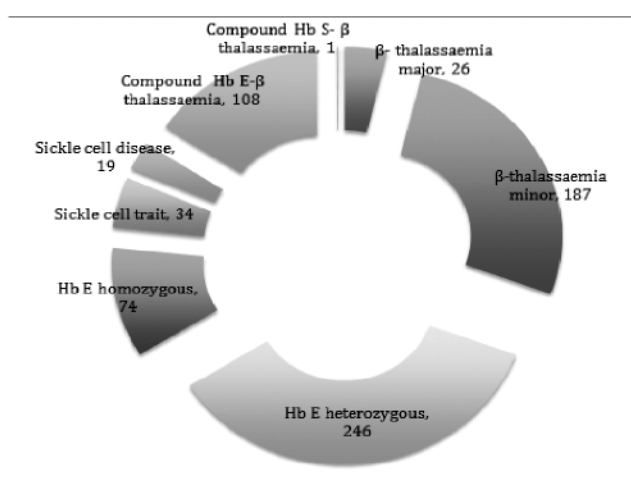
Results:

It was observed that out of the total 1118 cases tested, 695 (62.16%) were positive for Hb variants like β -thalassaemia minor (16.72%), β -thalassaemia major (2.33%), Hb E heterozygous (22%), Hb E homozygous (6.62%), Sick cell trait (3.04%), Sick cell disease (1.69%), Compound Hb E- β thalassaemia (9.66%) and Compound Hb S- β thalassaemia (0.1%) (Table 1 & Figure 1). The rest 37.84% were without any haemoglobinopathies or

Table 1: Total number of various Hb variants

HB VARIANTS	NO. OF CASES
$\hat{\alpha}$ -thalassaemia major	26
$\hat{\alpha}$ -thalassaemia minor	187
Hb E heterozygous	246
Hb E homozygous	74
Sickle cell trait	34
Sickle cell disease	19
Compound Hb E- $\hat{\alpha}$ thalassaemia	108
Compound Hb S- $\hat{\alpha}$ thalassaemia	1

Figure 1: Pie diagram showing the various prevalence rate of the Hb variants





Discussion:

It is seen that with a prevalence rate as high as 62.16%, haemaglobinopathies and thalasasemias are a serious issue among the Assamese people of Assam. In Assam, the HbE variant is mostly prevalent among the Ahoms, Boro, Kachari individuals and the sickle cell cases are mostly found among the people from the tea garden community.

Though previously the HbE and beta thalassaemia were confined to only a few tribes and restricted to a few populations, our study suggests that these Hb variants occur in other populations too now a days. These may be because of the non-adherence to strict intra-caste marriage norms and migration of people worldwide.

The beta thalassaemia and the Compound Hb E- beta thalassaemia are more serious because the patients are mostly transfusion dependent. The transfusion dependent patients are a burden to the family and society. But due to lack of knowledge regarding the prevalence of these genetic haemoglobin diseases, inability to carry out genetic counseling and presence of only few centres for prenatal diagnosis have resulted in failure of community control of birth of these preventable genetic disorders.

With such a high prevalent rate in the Assamese population of Assam, our government should take steps to establish programmes to curb these genetic haemoglobin diseases. The most effective approach to reduce the burden of the society is to reduce the incidence by implementation of a carrier screening programme, offering genetic counseling, prenatal diagnosis and selective termination of pregnancy of the affected fetuses. So, more such as well as community based studies related to genetic haemoglobin diseases should be conducted for comparison and for better assessment of the scenario.

Conclusion:

In Assam there are no community based screening schemes, neither there are any awareness

program held. So the people are unaware of these genetic diseases. There are only a very few centers in India which assist in the prenatal diagnosis. As we know that bone marrow transplantation can be done to cure thalassemia major, but it is not affordable for everyone. There is an urgent need for making the people aware of these genetic haematological diseases. Health education is an important component of the preventive genetic programmes [14,15]. As like in other countries, in India also, we can diagnose early, treat and cure the genetic haemoglobin disease, with health awareness programmes and counselling. Community based studies related to these genetic disorders help in putting forward the real scenario of the disease which is prevalent in the society and help the Government to take up and put forward new programme which may help in curbing the disease.

Acknowledgement: The author is thankful to DBT, Govt. of India for the financial support to carry out the study.

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CLINICAL NEUROPHYSIOLOGY BRIDGING THE GAP BETWEEN NEUROLOGY AND ELECTRONICS.

Dr. Mausumi Barthakur.MD.PhD.

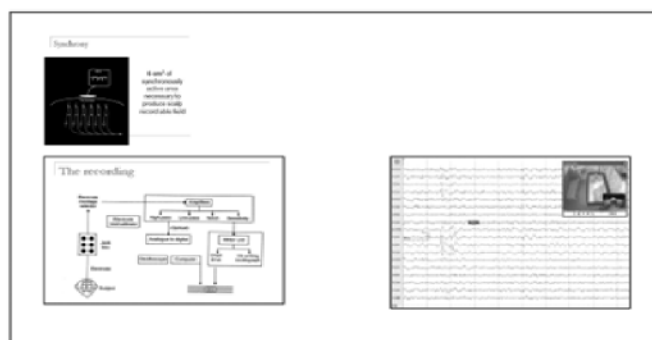
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Clinical Neurophysiology provides a range of investigations to help in diagnosis and management of patients with neurological diseases. It is an extension of clinical neurological examination. These tests fall in two main areas : the study of brain function (Electroencephalography /EEG)), study of the peripheral nervous system (Nerve conduction studies /NCS), study of muscles(electromyography/ EMG), Evoked potential study(EP), study of neuromuscular transmission(Repetitive Nerve stimulation Study (RNS),Study of lower motor nerve transmission of Facial nerve (Blink Reflex)etc,etc. These areas are linked together by common approach to measurement of small electrical signals, which is done in the same laboratory with the same technical staff. Basic electronics is used as inbuilt software to convert the signals from neurons or peripheral nerves and display it over computer screens. Another special tests routinely in use in epileptic patients included in broad spectrum of electro diagnosis, is EEG monitoring ith Video (VEEG). Once these signals are acquired, it is stored. Later, these are studied in terms of

morphology, frequency rate, amplitude and velocity. In case of EMG signals, auditory signals play an important role in diagnosis of the diseases.

The concept of Neurology and Neurophysiology merge imperceptibly in some countries while in some other countries these have remained as separate disciplines. In United Kingdom, these are separate but closely related specialties. Clinical Neurophysiology is a separate discipline taken care of by Clinical Neurophysiologist. In other countries, such as Australia, Neurologists with interest in epilepsy will report EEGs and those with interest in neuromuscular diseases will carry forward interest in NCV, EMG,EP study. In India, there are very few centers where a separate independent neurophysiology department has been established. An ideal neurophysiology laboratory needs a quite, noise free environment with modern equipment, trained technicians and experienced professional. Neurophysiology department of GNRC hospital is first of its kind in north east India, in terms of infrastructure, modern equipment, trained technical staff and professionals serving this part of the country since 1987.



Genesis, Recording, Display of EEG



Analog EEG machine



Video EEG Unit



NCV/EMG unit.

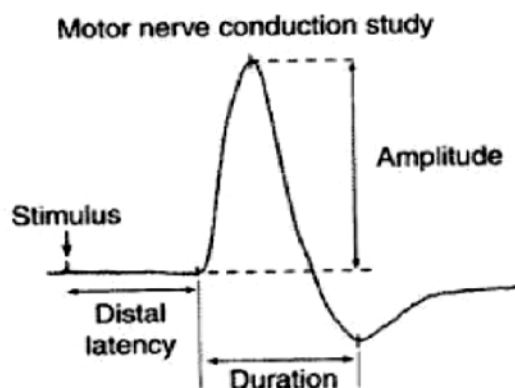
Electroencephalography is recording of post synaptic electrical potentials of brain. It was discovered by German Psychiatrist Hans Berger in 1929 and considered as an important historical breakthrough in the area of neuroscience. Burger's concept of recording of electrical potentials was further developed to shape in to Analog EEG machine and then to digital EEG machines in 1960s onwards. Later it was further modernized to digital EEG technology with Video component. Video EEG monitoring unit is the core of any Comprehensive Epilepsy Care unit. Patients are kept for overnight EEG study including study of EEG during sleep. EEG shows positive epileptiform activity in 50% cases of epilepsy in normal awake record whereas overnight sleep EEG increases the sensitivity to 80%. Epilepsy is a disease of brain. It is clinically manifested as seizure when excessive area of brain cells gets activated than normal. Video EEG monitoring is simultaneous record-

ing of the brain activity and recording of the behavior of the patient, during the seizure. The video component helps us to study different activities of the patient during the seizure, known as semiology of seizure, in a minute way. It may be a simple nose wiping, head turning, to tonic clonic movement of the body. VEEG guides in providing the information from which part of the brain the abnormal activity is creating the problem, which finally helps in further classification of epilepsy / epilepsy syndrome/ epileptogenic zones as presurgical evaluation of epilepsy. Proper diagnosis and classification help in better management of epileptic patients.

Nerve conduction study is an important tool for supporting clinical diagnosis of neuropathy or radiculopathy, disorders of muscle membrane, neuromuscular junction, both acute and chronic. Small electrical impulses of intermittent square pulses were given to superficially accessible nerves and graphical



recording of the action potential thus obtained, is recorded on the computer screen. Once stored, these signals are measured in terms of amplitude, latency and velocity. And further calculated to find out the velocity of the conduction of nerve signal in different nerves. After comparing it with normal value, a final report is prepared.



Compound muscle action potential (CMAP)

Needle EMG study is recording of motor unit action potential (MUAP) with the help of a special EMG needle. It is a supplementary study to NCV study for a final neurophysiological report. The tip of the needle contains both active and reference electrode. Needles are inserted in to predesigned muscles. Needles stay for few seconds in each muscles and diagnosis is done by studying the MUAP in terms of amplitude, frequency, rhythm and characteristic auditory signals recorded.

Evoked potentials studies aim to record the cortically generated potentials after stimulating Optic and Vestibulocochlear nerves on patients with difficulty in vision and hearing. Somato Sensory evoked

potential study is done to see any delay in carrying impulse through posterior column of spinal cord. All evoked potential study, recoding is done over scalp and latency is measured and compared to normal value.

Repetitive Nerve Stimulation (RNS) and Single fibre EMG study (SFEMG) are very important neurophysiological study for diagnosis of Myasthenia Gravis, a disease of Neuromuscular transmission defect.

The bioelectrical signals like, EEG, EMG may be used for research as a data base by people from engineering field also for an interdisciplinary research work.

Techniques like intraoperative spinal evoked potential study during spinal surgery, cortical EEG study (Electrocorticography) during epilepsy surgery, Stereo EEG to establish the network theory in refractory epilepsy patients, Electroretinogram (ERG) study in patients with diseases related to retina are essential yet not so commonly available neurophysiological tests. The ultimate aim of any diagnostic tool is to provide accurate diagnosis correlating with clinical data and results of the tests which finally leads to the wellbeing of the patient. Electronics is an ever changing discipline with change in time. New advanced technology, infrastructure, more qualified professionals need to be added as a part of growth of any scientific discipline. An ideal independent neurophysiology laboratory serves the purpose of accurate diagnosis in a cost effective manner and can serve the need of many patients suffering from various neurological disorder.



CONSTIPATION MENACE

Dr. Dhrubajyoti Das,
MD, DA, DAC, Guwahati

Defecation is a basic physiological function whereas constipation is a system, not a disease. Constipation is one of the most common often chronic, gastrointestinal disorders affecting the general population with a prevalence upto 30%. There is no formal clinical definition of constipation.

American college of Gastroenterology recommended an expanded definition of constipation as “unsatisfactory defecation characterised by infrequent stools, difficult stool passage, or both. Difficult stool passage includes straining, a sense of difficulty passing stool, incomplete evacuation, hard/lumpy stool, prolonged time to stool, or need for manual manoeuvres to pass stool.” Some expert defined as “Failure of the bowel to open for three consecutive days”. Again it is also defined as “Infrequent or difficult defecation caused by decreased motility of intestine”. As a result, faecal matter remains in the colon for prolonged period of time, leading to water absorption and hardening of stool.

Rome II criteria for defining constipation as follows:

- * Straining > 25% of defecation.
- * Hard stool > 25% of defecation.
- * Sensation of incomplete evacuation > 25% of defecation
- * Sensation of anorectal obstruction > 25% of defecation.
- * Digital evacuation > 25% of defecation.

There are three types of constipation : (1) (ATONIC) (2) SPASTIC (3) DYSCHIZIC.

ATONIC : This type of constipation is common in both younger and elderly persons who have developed faulty habits of bowel evacuation.

SPASTIC : This type of constipation is common in nervous persons living under stressful condition. The

movements are variable and irregular but periods of constipation predominate. Haemorrhoids (Piles) are frequent complication.

DYSCHIZIC : This type of constipation is characterised by painful and difficult form of constipation caused by retention of stool. This type of constipation is usually found in cancer colon and rectum, intestinal obstruction.

POSSIBLE CAUSES :

Acute : Acute dehydration.

Acute intestinal obstruction.

Acute appendicitis.

Chronic : (T) FUNCTIONAL

(A) Rectal status : Faulty habits.

Impaired consciousness.

Painful anal area.

(B) Colonic status :

Decrease food intake.

Decrease fibre residue.

Endocrine dysfunction

Drugs-Morphine, antidepressant.

Calcium Channel blockers. Anti hypertensive drugs.

(C) Irritable bowel syndrome.

(TT) ORGANIC :

(A) Endocrine and metabolic diseases:

Myxoedema

Diabetes Mellitus.

Hypercalcaemia.

Hyperparathyroidism.

(B) Myopathic disease :

Amyloidosis.

Systemic sclerosis.

Myotonic dystrophy.



(C) Newrological diseases :

Autonomical newroopathy
Cerebro vascular disease.
Parkinson's disease.
Spinal cord diseases.

(D) Structural diseases:

Anal fissure
Haemorrhoids
Megacolon.
Diverticulitis.

(E) Psychological conditions :

Depression
Insomnia.

(F) Medications : Antidepreasent, antihistamine, opioids, calcium channel blockers.

METHODS OF MANAGEMENTS :

- ELIMINATE OFFENDING MEDICATIONS
- TREAT UNDERLYING MEDICAL CONDITIONS.
- USE OF LAXATIVES. Few laxatives are discussed below.
 - Type of laxatives :
 - Bulk laxative - Ispaghula.
 - Emollient laxative - Docusate sodium.
Docusate calcium.
 - Osmotic Laxative = Mg hydroxide, Mg citrat.
Sorbitol, Lactulose.
 - Stimulant Laxative - Senna, castor oil, Bisacodyl.

The following are the few non-pharmacological methods and best guidelines to overcome this problem.

- Try to get in the morning. This will improve your health and feel better for the rest of the day.
- The bowel often needs a little regular exercise to stire it back to normal activity.
- Drink atleast 3-4 glasses of lukewom water in empty stomach in the morning. Don't drink it in a gulp. Sip it slowly.
- Take your break-fast in comfort, slowly and in

relax mood.

- Still if you have no tendency even after break-fast, try to empty your bowel by gentle pressure on the left lower side of the abdomen.
- Eat fibre rich toods, leafy vegetables, fruits, salad, plenty of water at day time help very much restore normal bowel function.
- Always try to have atleast 6 hours sleep. If you have to work most of the day, you should try to find time for relaxation for few minutes.
- Never neglect the normal physiological demand to empty your bowel even if you are busy.
- Treat your underiying medical and surgical conditions under supervision of specialists.
- Don't overuse laxative drugs as it may lead to dependency, discomfort, habit formation and with sideeffects.

CONCLUSION :

Constipation is a common problem in medical profession. Many physicians define constipation differently. Physician suggest atleast one bowel movement per day as normal bowel habit, less than one bowel movement a day is considered as constipation. Determining the exact nature and causes are important before treatment. Try to find out the underlying medical and surgical conditions with investigations. Initially management of chronic constipation should begin with correction of dietary and life style factors, adequate fluid intake and exercise. Where simple measures fail, next step involves use of laxatives. Laxative should be palatable, effective and lesser incidence of adverse effects. Physician should be consulted before use of such medications,

(Courtesy- From various books journals, newsletters)

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অথ Gray's Anatomy সংবাদ

ডাঃ ৰূপায়ন গোস্বামী
শিশু শল্য চিকিৎসক, গুৱাহাটী

কিতাপৰ প্ৰতি আকৰ্ষণ গ্ৰন্থপ্ৰেমী শিক্ষক পিতৃৰ পৰা উদ্ভাৱিকাৰী সূত্ৰে অতি কোমল মনৰ বয়সৰ পৰাই লাভ কৰিছিলো। পিতৃৰ পঢ়াকোঠালীৰ বিয়াগোম বিয়াগোম আকাৰৰ কিতাপবোৰ দেখি কৌতুক তথা আশ্চৰ্য্যবোধ কৰিছিলো। মোৰ শৈশৱ কালটো পাৰ হৈছিল গুৱাহাটী বিশ্ববিদ্যালয় চৌহদত, শিক্ষাসদী (Academic) আৰু কৃষ্ণচূড়া-ৰাধাচূড়াৰে আবৃত্ত এক বিনন্দীয়া প্ৰাকৃতিক পৰিৱেশৰ মাজত। সেই বিদ্যামন্দিৰৰ বাকৰিত অসমীয়া ভাষা সাহিত্যকে আদি কৰি অসমৰ জাতীয় জীৱনত সুদূৰ প্ৰসাৰী প্ৰভাৱ বিস্তাৰ কৰা, শুধু বগা ধুতি-পাঞ্জাৰী পৰিহিত, বাওঁ হাতেৰে কিতাপ এখন বুকুত সাবতি ধৰি দীঘল দীঘল গুৰু গুৰু খোজ দিয়া বিয়াগোম পণ্ডিতৰ চাম্ফুস সান্নিধ্য লাভ কৰি মোৰ সৰল মনত এটা খেলিমেলিৰ সৃষ্টি হৈছিল। যেন, যিমনে ডাঙৰ পণ্ডিত হ, সি (হ'ব লাগিছিল তেখেত বা তেৰাসৰ, কিন্তু সি যে সৰু ল'ৰা!) সিমনে বিয়াগোম আকাৰৰ কিতাপ পঢ়ে। পাছৰ কালতো, ওখ, ক্ষীণকায় পাতল দেহৰ, কিন্তু অপৰিসীম জ্ঞানেৰে ভৰপূৰ গভীৰ মনৰ, Anatomy ৰ ভূঞাছাৰক দেখি আমি ভাবিছিলোঁ – ছাৰে বাকু কি কিতাপ পঢ়ে? দুপ্ত বুদ্ধিৰ বন্ধু এজনে কৈছিল – নিশ্চয়কৈ 'The Pox, Vol-III'! ভাবিছিলোঁ, কেতিয়াযে সেই বৃহৎ আকাৰৰ কিতাপ পঢ়িব পৰা হ'ম?

পাঠশালা, মধ্য ইংৰাজী, হাইস্কুল, কটন কলেজৰ সুদীৰ্ঘ ডেৰ দশকৰো অধিক কাল অপেক্ষাৰ অন্ততহে তেনে এখন বৃহৎ কলেবৰৰ কিতাপ মোৰ জীৱনলৈ পোন প্ৰথমবাৰৰ বাবে আহিছিল। প্ৰথম প্ৰেমৰ দৰেই সেয়ে ইয়াৰ প্ৰতি মোৰ এক বুজাব নোৱৰা নিম্নলুপ্ত প্ৰেম-প্ৰীতি, ভালপোৱা জাগি উঠিছিল। সেইখনেই আছিল চিকিৎসা শাস্ত্ৰৰ ইতিহাসত আলোড়নৰ সৃষ্টি কৰা, চিকিৎসা শাস্ত্ৰৰ আশ্চৰ্য্য তথা বিপ্লৱ, চিকিৎসকৰ বাইবেল খ্যাত, কালজয়ী 'Gray's Anatomy'।

কিতাপখনৰ কিয় এক সন্মোহিনী প্ৰভাৱ

বিস্তাৰকাৰী বিশাল ব্যক্তিত্ব! কিয় তাৰ আকাৰ, আয়তন, কিয় তাৰ ওজন! মোৰ বোধেৰে পৃথিৱীত এনে এজনো মেডিকেলৰ ছাত্ৰ নাই যাক এই কিতাপখনে প্ৰভাৱান্বিত কৰা নাই। অৱশ্যে এই প্ৰভাৱৰ স্বৰূপ কেনেধৰণৰ বা কিমান সুদূৰপ্ৰসাৰী হয় সেইটো নিৰ্ভৰ কৰে ছাত্ৰজন কেনে ধাতুৰে তৈয়াৰী তাৰ ওপৰত। জীৱনত কোনো Script Principle পালন নকৰাকৈ সাধাৰণভাৱে সহজ-সৰল এক আড্ডাৰ জীৱন-যাপন কৰা আমাৰ দৰে বহু নিমাখিত বন্ধুবৰৰ কিন্তু 'পিলাই চম্কাই' দিছিল। ধাতু অনুযায়ী এই Acute Nervous shoke ৰ পৰা নিবৃত্তি বা পৰিত্ৰাণ পাবলৈ তেওঁলোকৰ হয় মাহ পৰ্যন্ত লাগিছিল। GMC ৰ ইতিহাসত বোলে আছে যে এনে পীড়া সহ্য কৰিব নোৱাৰি ত্ৰাহি মধুসূদন দেখি দুই এক ছাত্ৰই জীৱনত চিকিৎসক হোৱাৰ আশাই ত্যাগ কৰি পেলাইছিল। এনেদৰে আক্ৰান্ত হোৱা দুই এক বন্ধুবৰে পাছত মত পোষণ কৰিছিল বোলে কোমল মনৰ (Uninitiated!) শিক্ষাৰ্থীৰ মানসিক স্বাস্থ্যৰ প্ৰতি লক্ষ্য ৰাখি এনে ভয়লগা কিতাপবোৰ দ্বিতীয় বৰ্ষতহে, তাকো লাহেকৈহে উপস্থাপন কৰিব লাগে। বাল্যকালৰ পৰিৱেশৰ কাৰণেই নেকি মোৰ কিন্তু অনুভৱ অলপ বেলেগ ধৰণে হৈছিল।

Love at first sight যাক কয়। প্ৰেয়সীক নিজৰ কৰি লোৱাৰ বাসনা প্ৰথম দৰ্শনতেই তীব্ৰভাৱে জাগি উঠিছিল। কাজেই নৰকাসুৰ পাহাৰৰ ওপৰৰ পৰা চিধা চিধি Allied Book Store ত উপস্থিত হ'লোঁগৈ। কিন্তু কিতাপখনৰ আয়তন-সমানুপাতিক উচ্চ দামটো যেতিয়া গম পালো, মনটো বেয়া হৈ গ'ল। অন্ধক দশক পূৰ্বে অৱসৰ লোৱা পিতৃক আৰু ভাৰাত্ৰান্ত কৰাৰ মানসিক প্ৰস্তুতি মোৰ নাছিল। এনে কোনো জটিল পৰিস্থিতিতেই বোধকৰো অসীম হাজৰিকাদেৱে গাইছিল –

‘প্ৰথম মৰমে যদি সঁহাৰি নাপায়

ভালপোৱা কিয় জানো মৰহি যায়।’

কিন্তু তাৰ পাছৰ কলিটোয়ে



‘এখন হিয়া আৰু এখন হিয়া
মিলিলেই মৰমে পূৰ্ণতা পায়।’

সেয়েহে আমাৰ মিলনৰ কাৰণে খোলা থকা
একমাত্ৰ উপায় - কলেজৰ লাইব্ৰেৰীলৈ ঢাপলি মেলিলোঁ।

কিন্তু ভবা কথা যে নহয় সিদ্ধি, কলেজৰ লাইব্ৰেৰীত
আকৌ Gray's Anatomy ৰ শেহতীয়া ১৯৮৯ চনত
ওলোৱা ৩৭ সংখ্যক সংস্কৰণটো Available নাছিল। গতিকে
এটা সংস্কৰণ পুৰণি অৰ্থাৎ ১৯৮০ চনত প্ৰকাশিত ৩৬
সংখ্যক সংস্কৰণটিকে Issue কৰি আনন্দ-বিষাদৰ মিশ্ৰিত
অনুভূতিৰে ঘৰ পালোহি। একেদিনাখনৰ ভিতৰতে যেন
আদ্যোপান্ত পঢ়ি শেষ কৰি দিম, তেনে এক উত্তেজনা। এই
যাত্ৰাত মোৰ সংগী আছিল প্ৰয়াত নিকপম। একে উপাধিৰ
হোৱা সূত্ৰেই প্ৰতিটো গ্ৰন্থতে (Dissection/Tutorial/Prac-
tical) আদিত আমি দুয়ো সদায় Partner আছিলোঁ। গধূলিৰ
পৰা আমাৰ দুয়োৰো Gray's Anatomy খনৰ ওপৰত Re-
search আৰম্ভ হৈ যায়... ৰাতি বহু দুপৰলৈ। সৰল মনত এনে
ভাৱ ঘনীভূত হ'বলৈ ধৰিলে যেন Gray's Anatomy খনেই
চিকিৎসা বিজ্ঞান! চিকিৎসা বিজ্ঞানৰ বিশাল সোঁতৰ উৎস
যেন Gray's Anatomy আৰু ইয়াৰ শেষ ঠিকনাও যেন
Gray's Anatomy। ইয়াক আয়ত্ব কৰি ল'বলৈ পাৰিলেই
যেন চিকিৎসা বিজ্ঞানৰ সকলো কথা আয়ত্ব হৈ যাব।

হেন সময়তেই আহি পৰিল বজ্জাঘাত। ইতিমধ্যেই
কলেজত ৰেগিং আৰম্ভ হৈ গৈছিল। Dissection হ'লটো
নবাগতসকলক নি ৰেগিং কৰাৰ কাৰণেই যেন কলেজৰ এটা
কোণত একাশৰীয়াকৈ সঁজা হৈছিল। তাতেই চিনিয়ৰ দাদা-
বাইদেউৰ এটা জুমে বিভিন্ন কৌতুক ধেমালিৰ মাজতে
Anatomy ৰ কোনখন কিতাপৰ নাম জানো বুলি শুধিলে।
ইতিমধ্যেই Gray's Anatomy ৰ ভক্তিত গদগদ অমুকাই
উপযাছি 'Gray's Anatomy' বুলি বীৰদৰ্পে ক'লোঁ। কডোৰ
বাঁহটো যেন জোকৰিহে দিলোঁ। আটোয়ে সমস্বৰে অট্টোহাস্য
কৰি মোক ঠাট্টা মস্কৰা আৰু ককৰ্থনা কৰিলে, বোলে ই এখন
অদৰকাৰী. অলাগতিয়াল আৰু অপকাৰী কিতাপ। ইয়াক
পঢ়িলে বাপু জনমত MBBS পাছ কৰিব নোৱাৰিবি। আচল
কিতাপ হৈছে Chaurasia খনহে। তাৰ পাছত আমাক
কেইজনমানক শাৰীপাতি থিয় কৰাই সেই সময়ৰ 'মেইনে
প্যাৰ কিয়া' নামৰ হিন্দী বোলছবিখনৰ জনপ্ৰিয় গীত এটি
পেৰি কৰি গাবলৈ দিলে

Chaurasia বিনা

Anotomy মেৰা

মানে না ... আ

Gray's পাগলা হে

য়ে পঢ়েনেছে

কুছ সমৰো

না... আ.. আ..

পিতৃ-মাতৃ আৰু প্ৰেমিকে হেনো নিজৰ ল'ৰা-
ছোৱালী বা প্ৰেমিকাৰ দোষ-গুণ নেদেখে আৰু কোনোবাই
আঙুলিয়াই দিলেও বিশ্বাস নকৰে। প্ৰথম অৱস্থাত মোৰো
তেনেই হৈছিল। কিন্তু প্ৰৱল আত্মবিশ্বাসেৰে উদ্ভাসিত অগ্ৰজ
দাদা-বাইদেউ কেইগৰাকীৰ উপদেশ উপাখ্যান কৰাৰ সাহসো
গোটাৰ নোৱাৰিলোঁ। হুকু ভাবিয়েই সেয়ে কলেজৰ পৰা ঘৰ
অভিমুখে ওভটোতে বাটতে Allied ৰ পৰা Chaurasia ৰ
তিনিগুটা খণ্ড কিনি আনিলোঁ।

কিতাপ এখন পালে তাক Cover to Cover এই
নহয়, মাজৰ Spine ত লিখা থকা কথাবোৰো খুতি-নাতি মাৰি
পঢ়াটো মোৰ সৰুৰে অভ্যাস। কোনে লিখিছিল, কোনে
ছপাইছিল, কেতিয়া প্ৰথম প্ৰকাশ হৈছিল ইত্যাদি ইত্যাদি
কথাবোৰ পঢ়াটো মোৰ নিছা। প্ৰথম দিনাখন Gray's
Anatomy খন মেলিয়েই যিটো কথাই মোক আচৰিত কৰি
তুলিলে সেইটো হৈছে ইয়াৰ প্ৰথম সংস্কৰণটিৰ প্ৰকাশৰ
চনটো - ১৮৫৮ চন। ভুলকৈ দেখা বুলি চকু দুটা ডাঙৰকৈ
মেলি আকৌ এবাৰ পঢ়িলোঁ। সঁচাই ১৮৫৮ চন! মানে?
তাৰমানে মই পঢ়িবলৈ লোৱা এই কিতাপখনৰ ইতিহাস ১৩১
বছৰীয়া। মোৰ এজন অতি প্ৰিয় লেখক শীলভদ্ৰই ক'ৰবাত
লেখা মনত পৰিছে। (আজি অৱশ্যে ভাৱাৰ্থটোহে মনত
ৰৈছেগৈ) তেওঁ লিখিছিল - পাঠকৰ মানস পটত লিখক
কিমান বছৰ জীয়াই থাকিব পাৰে বাৰু? হয়টো ৫০ বা অতি
বেছি ৭০ বছৰ। (তাৰ পাছত তেওঁ পাহৰণিৰ গৰ্ভত লীন হৈ
যায়) কোনোবাই যদি অহা শতিকাত অসমীয়া গল্পৰ ইতিহাস
এখন ৰচনা কৰে, তেন্তে এই লেখকৰ কথা হয়তো এনেদৰে
থাকিব - শীলভদ্ৰ? কুৰি শতিকাৰ দ্বিতীয়াৰ্ধত এখেতে
বহুগল্প লিখিছিল বুলি জনা যায়। আজি কিন্তু তেওঁৰ এখনো
কিতাপ পাবলৈ নাই। কিন্তু Gray's Anatomy একা? যাৰ
প্ৰভাৱ আজি ১৩১ বছৰ জুৰি সগৰ্বে অটুত আছে? আৰু লানি
নিচিগাকৈ আজি পৰ্যন্ত সংস্কৰণৰ পাছত সংস্কৰণ ওলায়েই
আছে।

Gray's Anatomy কিতাখন সঁচাই এখন অনন্য



কিতাপ। ইয়াৰ বিশিষ্ট বৈশিষ্ট্যবোৰ বিৱৰি শেষ কৰিব নোৱাৰি। কিতাপখনৰ নামটোৱেই কি আচৰিত! Henry Gray's যে ইয়াৰ নাম আকৌ ৰাখিছিল দুটা – মুখ্য পৃষ্ঠাত আছে Anatomy Descriptive and Surgical বুলি আৰু কিতাপখনৰ Spine ত Gray's Anatomy বুলি। এই Arrangement টো আজিলৈকে সকলো মুখ্য সম্পাদকে শ্ৰদ্ধাৰে অটুট ৰাখি আহিছে। প্ৰথম সোতৰটা সংস্কৰণত প্ৰথম নামটো Anatomy Descriptive and Surgical বুলিয়ে ৰখা হৈছিল যদিও ১৮ ৰ পৰা ২৭ নং সংস্কৰণলৈ ইয়াক Anatomy Descriptive and Applied লৈ সলোৱা হৈছিল। ২৮ ৰ পৰা ৪০ নং সংস্কৰণলৈ Gray's Anatomy নামটোৱে ডাঙৰ হৰ্ফেৰে দিয়া হৈছে। কিন্তু তাৰ তলত আছে Anatomical basis of Clinical Practice বুলি। কিন্তু সকলো সংস্কৰণতে Gray's Anatomy নামটো চকুত লগাকৈ ছপা কৰা হৈছিল। সেয়েহে বোধহয় ই Gray's Anatomy বুলিহে সৰ্বজনবিদিত।

Henry Gray এজন অসাধাৰণ ব্যক্তি আছিল। ভিক্টোৰিয়ান লণ্ডনৰ বেলগ্ৰেভিয়া নামৰ এলেকা এটাত ১৮২৭ চনত তেওঁৰ জন্ম হয়। মাত্ৰ ১৬ বছৰ বয়সত তেওঁ Saint George মেডিকেল স্কুলত নামভৰ্তি কৰি Surgery আৰু Clinical Surgery ত বাঁটা লাভ কৰি সুখ্যাতিৰে ৩ বছৰীয়া চিকিৎসা পাঠ্যক্ৰম সমাপ্ত কৰে। একৈশ বছৰ বয়সতে ৰ পৰীক্ষাত উত্তীৰ্ণ হৈ চাৰ্জাৰীৰ ডিপ্লমা লাভ কৰে। Royal College of Surgeons ৰ Fellow (FRS) নিৰ্বাচিত হয় ১৮৫২ চনত মাত্ৰ ২৫ বছৰ বয়সতে। সেই কালৰ লণ্ডনত, চিকিৎসা শাস্ত্ৰৰ বিভিন্ন দিশত মেধা প্ৰদৰ্শন কৰা লোকক বাঁটা প্ৰদান কৰাৰ প্ৰথা প্ৰচলিত আছিল। তাৰোপৰি বিভিন্ন প্ৰতিযোগিতামূলক বাঁটাৰো প্ৰচলন আছিল। এই বাঁটাবোৰে চিকিৎসক জনৰ সন্মান আৰু প্ৰতিপত্তি সমাজ তথা চিকিৎসক গোষ্ঠীৰ মাজত যথেষ্ট বঢ়াইছিল। সেয়ে ইয়াৰ কাৰণে যথেষ্ট প্ৰতিযোগিতা হৈছিল। মেডিকেল স্কুলত পঢ়ি থাকোতেই এবছৰৰো অধিক কাল অতি কষ্ট কৰি লিখি উলিওৱা 'On the Origin of the nerves of the human eye, illustrated by comparative anatomy in other vertebrates' শীৰ্ষক ৰচনাখনৰ কাৰণে ২১ বছৰীয়া Gray'এ লাভ কৰে Royal College of Surgeons ৰ Triennial পুৰস্কাৰ। ১৮৫৩ চনত তেওঁ লাভ কৰে চিকিৎসা বিজ্ঞানৰ অতি সন্মানীয় পুৰস্কাৰ Sir Astley Coper পুৰস্কাৰ। ইয়াৰ

বাবে লিখি উলিওৱা 'The Structure and use of the spleen' নামৰ ৰচনাখন ১৮৫৪ চনত কিতাপ আকাৰে প্ৰকাশ কৰে। মাত্ৰ ২৮ বছৰ বয়সতে প্ৰকাশ কৰা এইখনেই Henry Gray ৰ প্ৰথম কিতাপ। Gray's Anatomy খন তেওঁৰ দ্বিতীয় তথা শেষ কিতাপ। এনে এজন অসাধাৰণ ব্যক্তিয়ে অতি কৰুণভাৱে ১৮৬১ চনত মৃত্যুক সাৱটি ল'বলগা হয়। তেওঁৰ ভতিজাক Charles Gray ৰ Small Pox ৰোগত আক্ৰান্ত হোৱাত Henry Gray এ তেওঁৰ শুশ্ৰূষাত লাগি আছিল। তেতিয়াই ৰোগৰ বিজানুৱে তেওঁকো আক্ৰান্ত কৰে আৰু মাত্ৰ ৩৪ বছৰ বয়সত তেওঁ ইহলীলা সম্বৰণ কৰে। কথিত আছে যে Henry Gray এ সৰুকালত Small Pox ৰ Vaccine লৈছিল আৰু সেই কাৰণেই বোধহয় তেওঁ নিজে এই বেমাৰৰ দ্বাৰা আক্ৰান্ত হ'ব বুলি ভবা নাছিল আৰু ভতিজাকৰ শুশ্ৰূষাৰ সমস্ত দায়িত্ব নিজে লৈছিল।

Gray's Anatomy বুলিলে চিকিৎসা বিজ্ঞানৰ সাধাৰণ পাঠকে ই সম্পূৰ্ণৰূপে Henry Gray ৰ একক কৃতিত্ব বুলি এটা ধাৰণা বহন কৰি থকা দেখা যায়। কিন্তু কিতাপখনৰ ইতিহাস খুচৰি চালে দেখা যায় যে বৃহৎ কলেবৰৰ কিতাপখনৰ সৃষ্টিত আন এজন লোকৰ অশেষ অবদান আছিল। তেওঁ আছিল চিকিৎসক কথা চিত্ৰ শিল্পী Dr. Henry Vandyke Carter। পাছলৈ তেখেতে Indian Medical Service ত যোগদান কৰে আৰু অৱশেষত বোম্বেৰ Grant Medical College ত Anatomy আৰু Physiology ৰ অধ্যাপক হিচাপে নিযুক্তি লাভ কৰে আৰু ইয়াৰে Principal লৈ পদোন্নতি লাভ কৰে। Madura foot নামেৰে খ্যাত ৰোগটিৰ কাৰক যে এবিধ Fungus সেইটো Carter এ আৱিষ্কাৰ কৰিছিল আৰু ইয়াৰ Mycetoma নামটোও তেৱেই দিছিল।

Gray's Anatomy কিতাপখন প্ৰধানকৈ ছাত্ৰ-ছাত্ৰীৰ উদ্দেশ্যে লিখা হৈছিল। গতিকে অসংখ্য চিত্ৰৰে ইয়াক সচিত্ৰ Anatomy কিতাপ হিচাপে ছপা কৰা হৈছিল। যদিও কিতাপখনৰ পৰিকল্পনা, ইয়াৰ text ৰচনা কৰাকে আদি কৰি তাক কিতাপ আকাৰে প্ৰকাশ কৰাৰ সমস্ত দায়িত্ব Henry Gray'এ কৰিছিল, ইয়াত সন্নিবিষ্ট সমস্ত চিত্ৰ কিন্তু Carter এ অকলে আঁকিছিল। আজিৰ Digital-cut-paste ৰ যুগত কেমেৰাৰে ফটো তুলি ইমান সহজে প্ৰকাশ কৰা কাৰ্যটি ভিক্টোৰিয়ান যুগত হাতেৰে ছবি আঁকি তাক কাঠত 'Wood engraving' কৰি তাৰো পাছত কিতাপৰ পাতত ছবু ছপা



কৰাটোয়ে কিমান কঠিন কাম আছিল আজি কল্পনা কৰা টান। প্ৰথম সংস্কৰণৰ ফটোবোৰ চালেই Carter ৰ অধ্যয়নসায় আৰু চিত্ৰকৰ হিচাপে তেওঁৰ কৃতিত্বৰ আভাষ পাব পাৰি। মানুহৰ মুখত চিত্ৰবোৰত প্ৰকাশ পোৱা দুখ-কষ্টবিহীন শান্ত-সৌম্য মুখাবয়ত, তেওঁৰ aesthetic আৰু শিল্পীসুলভ মনৰ উমান পাব পাৰি। কিতাপখনৰ আগকথাত লিখা আছে যে এই ছবিবোৰ আঁকিবৰ কাৰণে কৰিবলগীয়া সমস্ত Dissection - ও Gray আৰু Carter এ যুটীয়াভাৱে কৰিছিল। St. George মেডিকেল স্কুলৰ ওখ ওখ চিলিঙৰ হলঘৰবোৰত ডাঙৰ কাঠৰ টেবুলত দৈনিক ৮/৯ ঘণ্টাকৈ দুয়ো Dissection কৰিব লগা হৈছিল। প্ৰায় ১৮ মাহৰ কষ্টৰ অন্তত যুগুতাই উলিওৱা জুমুঠিটো কিতাপ আকাৰে প্ৰকাশ কৰি উলিয়াইছিল সেইকালৰ লণ্ডনৰ প্ৰসিদ্ধ কিতাপ প্ৰকাশক J. W. Parker and Sons এ। আশ্চৰ্যকৰ কথা যে Parker পিতা-পুত্ৰ দুয়োৰে নাম একেটাই আছিল John Williams Parker!

দেউতাক Parker এ তেওঁৰ ছপাশালটো ভিক্টোৰিয়ান যুগৰ লণ্ডনৰ ছপাশাল উদ্যোগৰ কেন্দ্ৰবিন্দু Feel Street ৰ একাষৰ Strand Road ত স্থাপন কৰিছিল। Strand Road ৰ ত্ৰিকোণীয় Peppercorn Block ৰ 445 নম্বৰ দোকানখনৰ তলৰ মহলাত তেওঁৰ অফিচ আৰু ওপৰৰ মহলাত থকাৰ বন্দবস্ত কৰি লৈছিল। তেওঁ ভিক্টোৰিয়ান যুগৰ বহুকেইখন বিখ্যাত কিতাপ আৰু জনপ্ৰিয় আলোচনী প্ৰকাশ কৰি উলিয়াইছিল। যেনে - The House I live in, Manual of Human Microscopic Anatomy, Lectures on the Principles and Practice of the Physic, Lectures on Dental Physiology and Surgery আদি চিকিৎসা বিজ্ঞানৰ কিতাপ আৰু A system of logic by John Stuart Mill, The biographical history of philosophy আদি বিষয়ৰ কিতাপ। দেউতাক Parker এ ১৮৩৬ চনত Cambridge University Press ৰ মুৰব্বী পদত অধিস্থিত হৈছিল। উল্লেখযোগ্য যে এই কামত নিযুক্তি লাভ কৰাৰ পাছত পোন প্ৰথমমেই তেওঁ Cambridge University Press ত শিশু শ্ৰমিকে কাম কৰাটো নিষিদ্ধ কৰি দিছিল।

এতিয়ালৈকে মোৰ এই চমু জীৱনত ভাৰতৰ কেইবাখনো মেডিকেল কলেজ দেখাৰ সৌভাগ্য ঘটিছে। যেতিয়াই কোনো কলেজলৈ গৈছোঁ তেতিয়াই তাৰ পুথিভঁৰালটোত এভূমুকি মাৰিবলৈ পাহৰা নাছিলোঁ। পুথিভঁৰালৰ বিশেষকৈ Old book Section টো পাট পাটকৈ চোৱাতো মোৰ Hobby ৰ লেখীয়া এটা নিচ। দিল্লীৰ Na-

tional Medical Library, চমুকৈ NML ত এসময়ত প্ৰায় প্ৰতিদিনেই মই দুখত গামোছা এখন বান্ধি ধুলিৰে আৱৰা Old book Section ত দিনৰ দিনটো কটাইছিলোঁ। (আগৰাতি অৱশ্যেই ceterizine টেবলেট খাই লৈছিলোঁ।) ইয়াৰ প্ৰধান উদ্দেশ্য আছিল - Gray's Anatomy আৰু Baily and Love কিতাপ দুখনৰ প্ৰথম সংস্কৰণটি চোৱাৰ হাবিয়াস। সেই উদ্দেশ্যে Connaught Palace ৰ ৫০-৭০ বছৰ পুৰণি কিতাপৰ দোকান কেইখনৰ অন্তেষপুৰীও বিচাৰি চলাথু কৰিছিলোঁ। এনেদৰে বছৰৰ পাছত বছৰৰ বিফলতাৰ পাছতো অব্যাহত থাকিল মোৰ এই খনন কাৰ্য্য, সফলতাৰ মুখ দেখাৰ আশাত।

আমাৰ মস্তিষ্কটোৱে যে কিছুমান বিক্ষিপ্ত আৰু অসংলগ্ন ঘটনাৰ পৰা কেনেদৰে Motivation আহৰণ কৰিব পাৰে! দিল্লীৰ Maulana Azad Medical College (সংক্ষেপে MAMC বা মেম্‌চি) ত নামভৰ্তি কৰাৰ পাছত মোৰ Professor এ প্ৰায়েই আন কিছুমান কামৰ কাৰণে তাগিদা দিছিল যেন - কোনো ৰোগীৰ Details বিচাৰি উলিওৱা, কোনো ৰোগৰ বিষয়ে কোনো পণ্ডিতে লিখা তথ্যৰ বিচাৰ কৰা ইত্যাদি ইত্যাদি। Duty ৰ বিনিদ্র ৰজনী পাৰ কৰাৰ পাছ দিনাখনৰ দিনৰ দিনটো MRD (Medical Record Department) Office ৰ ধুলিৰ মাজত ৰোগীৰ Ticket বিচাৰি বা ৰাতি দুপৰলৈ Internet ত literature search কৰাৰ অন্তত ৰাতিপুৱা যেতিয়া ফোন কৰি কণ্ড ... ছাৰ, মে ধুন্দা নেহি (পায়া বুলি বাক্যটি শেষ কৰাৰ আগে আগে Receiver টো ক্ষীপ্ৰতাৰে বহিঃকৰ্ণৰ পৰা ১২ আঙুল দূৰলৈ তাৎক্ষণিকভাৱে বিতাৰিত কৰি পঠিওৱাটো মোৰ স্বভাৱসিদ্ধ এটা অভ্যাসত পৰিণত হৈছিল) কাৰণ তাৰ পাছতেই Receiver ৰ পৰ্দাই ৫০,০০০ পাঞ্জাৰী Decibel ত আত্মফালন কৰি উঠিছিল - ক্যা! ধুন্দনেছে ভগৱানকোভি মিল যাতা হ্যায়। অওৰ তুম্ যেতি ধুন্দ নেহি পায়! মেম্‌চিত সোমবাৰে দ্বিতীয় পুৱাতেই নিজ শ্ৰৱণ শক্তি অটুট ৰখাৰ এই উত্তম কায়দাটো শিকি পেলাইছিলো। খোদ ভগৱানকেই যদি Gray's Anatomy কোন কুটা! গতিকে আপু গুৰুবাক্যতিকে সাৰোগত কৰি মোৰ Gray's Anatomy যাত্ৰা জাৰি ৰাখিলোঁ।

মোৰেই সৌভাগ্য যে Maulana Azad Medical College ৰ নিকটৱৰ্তী ডৰিয়াগঞ্জৰ পথৰ দাঁতিত প্ৰতি দেওবাৰে পুৰণা কিতাপৰ লানি নিচিগা এখন অস্থায়ী বজাৰ



বহে। বছৰটোৰ ৫২ টা দেওবাৰৰ ৫২ টাতেই মই ইয়াত দিনৰ দিনটো কটাব। খুচৰি থাকোঁতে পুৰণি কিতাপৰ দ'ম টোৰ তলত হঠাৎ এদিন পাই গ'লো Gray's Anatomy ৰ প্ৰথম সংস্কৰণটোৰকপি এটি। বাথটাবৰ পৰা 'নান্নং ন বস্ত্ৰ' কৈ নহ'লেও, লজ্জা নিবাৰণৰ সম্পূৰ্ণ কবচ পৰিহিত মই, ডৰিয়াগঞ্জৰ পদপথত 'Eureka' 'Eureka' বুলি সিদিনা দুজাপ নামাৰি নোৱাৰিলোঁ। কি যে এক অবিশ্বাস্য আবিষ্কাৰ! Gray's Anatomy ৰ প্ৰথম সংস্কৰণ! অৱশ্যে এইখন ১৮৫৮ চনত JW Parker & Sons এ ছপোৱা Original কপিটো নাছিল। লণ্ডনৰ Magpie Book Ltd. নামৰ প্ৰতিষ্ঠান এটাই কিতাপখনৰ ঐতিহাসিক মূল্যৰ প্ৰতি লক্ষ্য ৰাখি প্ৰথম সংস্কৰণটোক পুনৰ মুদ্ৰণ কৰি উলিয়াইছিল। হ'লেও! মোৰ হ'লে আনন্দৰ সীমা নাই। হ'ষ্টেললৈ আহি কিতাপখন লুটিয়াই-মেলি থাকোঁতে চকুত পৰিল প্ৰথম পৃষ্ঠাত লিখি থকা আমাৰ শৰীৰৰ হাড়ৰ তালিকা এখনলৈ। তাত মুঠ হাড়ৰ সংখ্যা ২০০ ডাল বুলিহে দেখুওৱা হৈছে। অন্তঃকৰ্ণৰ Stapes, Incus আৰু Malleus ক সেই দিনত হাড়ৰ শাৰীত ধৰাই হোৱা নাছিল।

সঁচাই আশ্চৰ্যকৰ! দেশৰ ইতিহাস ৰচনা কৰা হ'ব পাৰে, সাম্ৰাজ্যৰ ইতিহাস লিখিত হ'ব পাৰে, যেনেদৰে ধৰ্মৰ, শিক্ষানুষ্ঠান বা ব্যক্তিৰ জীৱনী। কিন্তু এখন কিতাপৰ জীৱনী? মই Making of a surgeon (Dr. William Nolen-Surgeon, তেওঁৰ আত্মকথা) পঢ়িছো, Sholay: making of a classic ৰ নাম শুনিছোঁ। কিন্তু The making of Mr. Gray's Anatomy? ই কেনে কথা? গুৱাহাটীৰ কিতাপৰ দোকান এখনত খুচৰি থাকোঁতে কিতাপখন দেখি আচৰিত হৈ গ'লো। The making of Mr. Gray's Anatomy - By Ruth Richardson.

Ruth Richardson আন্তৰ্জাতিক খ্যাতি সম্পন্ন এজন সন্মানীয় ইতিহাসবিদ। সুদীৰ্ঘ ৩১২ পৃষ্ঠাৰ এই কিতাপখনত কিন্তু তেওঁ Gray's Anatomy ১৩১ বছৰীয়া ইতিহাস বৰ্ণনা কৰা নাই। মাত্ৰ Henry Gray এ লিখা প্ৰথম সংস্কৰণটিৰ ইতিহাসক লৈয়েই কিতাপখন লিখি উলিয়াইছে। উপন্যাসৰ সুৰত লিখা কিতাপখন একেলেথাৰিয়ে পঢ়ি শেষ নকৰাকৈ নোৱাৰিলো। ইয়াত সন্নিবিষ্ট ১০ টা অধ্যায়ৰ শিৰোনামা পঢ়িলেই কিতাপখনৰ তথ্য Gray's Anatomy ৰ বিশালতা অনুধাৱন কৰিব পাৰি।

1. Words: Mr. Gray of Belgravia
2. Images: Dr. Carter of Scarborough

3. Enterprise: J W Parker & Sons of West Strand
4. Idea : Person or persons unknown
5. Raw material: The friendless poor of London.
6. Creation: (1856-1857)
7. Production: (1857-1858)
8. Publication: (1858 and)
9. Calamity: (1860-1861)
10. Futurity: (after 1861)

Gray's Anatomy ৰ ৪০ সংখ্যক তথা ১৫০ তম জন্ম জয়ন্তী সংস্কৰণটোত তেখেতে Historical Introduction এটি লিখিছে। কিতাপখন পঢ়ি বৰ তবধ মানিলো।

ধীৰে ধীৰে পাৰ হৈ গ'ল

বহুধা জলবাশি

মোৰ প্ৰাণৰো প্ৰাণৰ মহাবাহু

তোৰে বুকুৱেদি

আৰু পাৰ হৈ গ'ল

মোৰ প্ৰাণৰো প্ৰাণৰ বহু বসন্ত

মোকে সাক্ষ্য কৰি।

বাংসল্য প্ৰেমৰে আৰম্ভ হোৱা Gray's Anatomy প্ৰীতিয়ে ক্ৰমান্বয়ে জ্ঞান, শ্ৰদ্ধা ভক্তি আৰু অভিজ্ঞতাৰে পুষ্ট হৈ 'কবিৰ অহৈতুকী প্ৰীতি' পৰ্যায়ৰ এক ঐশ্বৰীক স্তৰ লাভ কৰিবলৈ ধৰিলে। ইয়াক নিজৰ কৰি লোৱাৰ বাসনাও যেন তীব্ৰতৰ হৈ উঠিবলৈ ধৰিলে।

মেডিকেলৰ প্ৰথমদিনাখন ভায়োলেট ভাঙকা মেডামে Mileu Interier বোলা এষাৰ কথা শিকোৱা মনত পৰিছে। আমাৰ শৰীৰৰ সকলোবোৰ কোষ (Cell) যিটো পানীয়ত অনবৰতে নিমজ্জিত হৈ থাকে সেই Extra Cellular fluid কেই জীৱৰ Internal Environment বা Mileu Interier বুলি কোৱা হয়। Claude Benard এ ১০০ বছৰৰো আগতে দিয়া নাম। ইয়াৰে আঁত ধৰি মেডামে আমাৰ শৰীৰৰ এটা অতি Basic তথা গুৰুত্বপূৰ্ণ ধৰ্ম, 'Homeostasis' ৰ কথা শিকাইছিল, বোলে এই Mileu Interier টোৰ Composition আমাৰ শৰীৰে সকলো পৰিস্থিতি আৰু পৰিৱেশতে এটা Constant level ত Maintain কৰি ৰাখিবলৈ চেষ্টা কৰি থাকে। মোৰ এনে ভাৱ হয় যেন এই Homeostasis নামৰ ধৰ্মটোৱে মোৰ জীৱনটো অহৰহ ক্ৰিয়া কৰি থাকে আৰু মোৰ অৰ্থনৈতিক অৱস্থাটোক সদায় এটা Constant state of relative poverty ত maintain কৰি থাকে। ইয়াৰ কাৰণেই অত্যাৱশ্যকীয় তিকাপবোৰ ক্ৰয় কৰাৰ পাছত Gray's Anatomy খনৰ কাৰণে সদায়েই পইচাৰ অভাৱ হয়। Sec-



ond MBBS ত পাঁচোটাকৈ Subject ৰ কিতাপ কিনিবলগীয়া হ'ল, Final MBBS ত clinical subject বোৰৰ কিতাপ কিনাটো বেছি দৰকাৰী হৈ পৰিল আৰু তাৰ পাছৰ পৰ্যায়ত ক্ৰমে P. G. Entrance ৰ কিতাপ Surgery ৰ কিতাপ Pediatric surgery ৰ দামী দামী কিতাপ ইত্যাদি ইত্যাদি। মুঠতে মোৰ জীৱনৰ মন্দা অৰ্থনৈতিক Homeostasis ত উপেক্ষা কৰি Priority list ত Gray's Anatomy খনক ইদানিন্তন ১ নম্বৰলৈ উঠাব নোৱাৰিলোঁ।

এনেদৰে প্ৰবল ইচ্ছা থকা সত্ত্বেও যে Gray's Anatomy খন কিনাটো দেৰিকৈ হৈ গৈ আছে, মই ভাবোঁ তাৰ অন্য এটা কাৰণো থাকিব পাৰে। মোৰ জীৱনত সকলো কাম দেৰিকৈ হয়। ধৰক মেডিকেল সম্পৰ্কীয় কথাবোৰেই – MBBS ৰ ক্লাছ আৰম্ভ হওঁতে ৯ মাহ দেৰি, PG Admission ত তিনি বছৰ দেৰি, Pediatric surgery ত সোমোওঁতে ততোধিক দেৰি! (ভয়েই লাগে.... মৰোঁও নেকি দেৰিকৈ! – শীলভদ্ৰৰ ভাষাত) দশকৰো অধিক কাল পঢ়াৰ অন্তত ঘৰলৈ ঘূৰি আঁহোঁতে পৰিবাৰে ঠাট্টা কৰি কৈছিল বোলে তোমাৰেই ভাল দিয়া। পঢ়োতে পঢ়োতে retire এই হৈ গ'ল। বেছেৰেই জীৱনত কাম কৰিবলৈ সময়কে নাপালে।

শিশু শল্য চিকিৎসাৰ শেহান্ত পৰীক্ষাত উত্তীৰ্ণ হৈ College ৰ (MAMC বা মেম্‌চি কলেজ) অফিচৰ পৰা পাছ কৰা চাৰ্টিফিকেটখন লৈ ওলাই আহোঁতে এটা অতি সুখৰ পালোঁ। আমাক হেনো কিতাপ কিনিবলৈ কলেজ কতৃপক্ষই ১০ হাজাৰকৈ টকা দিব। চাংকৈ মোৰ প্ৰথম প্ৰেয়সী Gray's Anatomy খনলৈ মনত পৰি গ'ল। এতিয়াতো আৰু মোৰ অন্য কিতাপ কিনাৰ তাৰণা বা তাগিদা নাই!

লগে লগে কলেজৰ সন্মুখত এখন ৰিক্সাত উঠি ল'লোঁ আৰু দিল্লী গেটৰ কাষেৰে মোগল যুগৰ Walled city, পুৰণা দিল্লীলৈ সোমাই গ'লোঁ। ডৰিয়াগঞ্জৰ ৰাজপথৰ দুয়োপাৰে ভগানারশেষেৰে সৈতে পুৰণি কাঠৰ অট্টালিকাবোৰ আৰু তাৰ তলত শাৰী শাৰীকৈ 'লাহোৰ মিউজিক ষ্টোৰ ১৯১৪ চন' ইত্যাদি পুৰণি পুৰণি দোকানবোৰ। সমুখৰ ফালে দূৰৈত সেয়া ৰঙা ৰঙা পাথৰেৰে মোগল স্থাপত্যৰ নিদৰ্শন ধৰি ৰাখি ওখকৈ বিৰাজমান লালকিল্লা। বহু যুগৰ অন্তত প্ৰেয়সীক লগ পোৱাৰ সম্ভাৱনীয়তাত উদ্বেজনা বাঢ়িবলৈ ধৰিলে। আবেগ বিহুল মনটো যেন কেনিবা অতীজলৈ উৰা মাৰিলে। মূৰটো যেন আঁচন্দাই কৰিবলৈ ধৰিলে। তাৰ পাছতে কেঁকুৰীটো ঘূৰিয়েই

... সেয়া মই কি দেখিছোঁ? ৰঙা ৰঙা ইটাৰে সঁজা সুউচ্চ এটা ভিক্টোৰিয়ান বिल्ডিং। মোৰ কি ভ্ৰম হৈছে? প্ৰুপদী ইংৰাজ স্থাপত্যৰ সুস্পষ্ট চাবমৰা, সন্মুখত বিশাল বাৰান্দা আৰু শকত ওখ খুঁটাবোৰ ... দীঘল বাৰান্দাখনৰ একাষে শাৰী শাৰী ওখ ওখ চিলিঙৰ হল ঘৰ আৰু Amphi theatre বোৰ। এইটো দেখোন Hyde Park ৰ কাষত থকা St. George Medical School ৰ বिल्ডিংটো! পুৰণি গীৰ্জাবোৰত থকাৰ দৰে ওখ, ওপৰফালে ধেনুভিৰীয়া, খিড়িকীখনৰ কাষত সেয়া ইমান চিনাকি চিনাকি, কোন বাক? এমূৰ ক'লা চুলিৰে সৈতে তীক্ষ্ণদৃষ্টিৰে অ'ক গছৰ প্ৰকাণ্ড কাঠৰ টেবুলখনৰ কাষত সেইয়া দেখোন মোৰ মৰমৰ Henry Gray! একানপটীয়াকৈ Dissection কৰি আছে। আৰু কাষত হাতত ৰং-তুলিকা লৈ ৰৈ আছে Henry Vandyke Carter!

দূৰৈৰ পৰা ৰিগিকি ৰিগিকি শ্ৰীজিতেন ডেকাৰ সুললিত কণ্ঠস্বৰত যেন ভাঁহি আহিল –

মোৰ শুকুলা ঘোঁৰা

নাম যাৰ আশা

তাৰ পিঠিত উঠিয়েই যাত্ৰা মোৰ...

ঘোঁৰাবাগীখন বোকাখচিত ভিক্টোৰিয়ান লগুনৰ ৰাজপথেৰে খট্ খট্ খট্ খট্ খট্ খট্ খট্ কৈ আগবাঢ়িবলৈ ধৰিলে। ওখ Hat আৰু দীঘল ওভাৰকোট পিন্ধি হাতত ছাতি নাইবা লাখুটিডাল লৈ ইংৰাজ ভদ্ৰলোক কেইজনমানে সান্ধ্য ভ্ৰমণলৈ ওলাইছে। পদপথৰ কাষত ধিমিক ধামাককৈ জ্বলি থকা লেম্প পোষ্ট এটাৰ চাৰিওফালে এজাক ভীক্ষাৰী ল'ৰা ছোৱালীয়ে কিৰিলি পাৰি ল'ৰা-ঢপৰা কৰি আছে। What the Dickens! সিহঁতৰ মাজত শেতা ক্ষীণকায় সেইটো Oliver Twist নহয়নে বাকু?!!

ক্ৰমে Picadilly Street এৰে আগবাঢ়ি Charing Cross পাৰ হোৱাৰ পাছত গধূলিৰ ধুৱলি-কুঁৱলিৰ মাজেৰে, বতাহত হেন্দোলনি খাই থকা হেছেক লাইটৰ পোহৰত নামফলকখন জিলিকি থকা দেখিলোঁ।...

J W Parker and sons

445 West Strand

দোকানখনৰ সন্মুখ পাই দেখিলো বাহিৰৰ Show case ত ডাঙৰ ডাঙৰ হৰফেৰে একাষত হেলনীয়াকৈ লিখা আছে 'New Arrival' বুলি আৰু তাৰ তলত Gray's Anatomy - Descriptive and Surgical, 1858।

খট্খট্ৰে ওপৰলৈ উঠি যাওঁতে হঠাৎ ডাঠ কাঁচৰ দুৱাৰখন স্বয়ংক্ৰিয়ভাৱে খোল খাই যোৱাত সন্নিং ঘূৰি



আছিল। আটোমটোকাৰীকৈ সজাই ৰখা ৰ'টোলৈ পোনে
পোনে সোমাই গ'লো। ৰেকৰ অন্য সকলোবোৰ কিতাপক
ম্লান কৰি স্বপ্ৰতিভাৰে উদ্ভাসিত হৈ জিলিকি আছে মেডিকেল
জীৱনৰ মোৰ প্ৰথম প্ৰেয়সী। তাইৰ বেটুপাতটিত হাত বুলাই
বুলাই লাহে লাহে ওলাই আহিলোঁ...

... শেষ পৰ্যন্ত *Gray's Anatomy* খন মই কিনি
পেলোঁ।

সহায়ক গ্ৰন্থ : The making of Mr. Gray's

Anatomy: Ruth Richardson, Oxford University Press.

Frozen Shoulder

Dr. Sikha Sarma
Guwahati

My shoulder has begun to shed tears
My hand in agony and sorrow —
While trying to pluck flowers
From the Champa plant,
My hand has withdrawn
As though someone has given
A blow with a hammer in my shoulder .
It's been a long time —
Powerless to bind my hair
Into a Banana Blossom bun.
Ouch, What a trouble!
My hand slips down repeatedly
On trying to wrap a saree around my body —
As if my nerves are also on a strike
And have sworn not to help.
Yet my hand struggles
To pluck flowers from the Champa plant,
And tries to decorate them
On the Banana Blossom bun.
My shoulder, my hand —
Has now stopped shedding tears.

xxxxxxxxxx



From Honorary State Secretary's Desk



(Dr. Hemanga Baishya)
Hony. State Secretary, IMA-ASB

I am pleased that the mouth piece of IMA Assam “*IMA Calling*” is to be published yet again after the lockdown. I take this opportunity to express my sincere thanks and gratitude to all of you for all the support, cooperation and affection I received during my tenure as the Hon. State Secretary, IMA ASB for 2019 -2021. I am overwhelmed by the support and solidarity; I have received from all our members. Here I put forward some of the activities of IMA, Assam State.

Membership Growth

We have enrolled 112 new Members since last SWC at Bongaigaon, 64 SLM & 24 CLM. (Jorhat 29, Direct 26, Nalbari 22, Tinsukia 8, Duliajan 6, Bongaigaon 6, Dispur 3, Dibrugarh 3, Nagoan 3, Tezpur 2, Sibsagar 1, Gohpur 1, Guwahati 1 & Hojai 1).

Meetings attended

1. Dr. Satyajit Borah attended the Extended Action Committee Meeting held on 7th December 2019 at IMA HQ, N Delhi.
2. *Attended NATCON 2019*- The 94th National Annual Conference of IMA, 27th & 28th December, 2019, at Biswa Bangla Convention Centre, Kolkata.

IMA National Awards - Assam has bagged six national awards this year presented in the Natcon 2019.

1. Dr. Satyajit Borah as Best State President
2. Dr. Arun Madhab Barua (Sivsagar) as Best Local Branch President
3. Mangaldai Branch for Scientific Activities.
4. Dr. Rajumoni Sarma (Nalbari) Appreciation Award for MSN Activity.
5. Dr. Atul Kr. Kalita (Tezpur) Best Branch President Award.
6. Dr. Rimi Dey (JDN) JDN Chairman's Appreciation Award.
 - **Dr Hiranmay Adhikary was installed as Dean IMA CGP (2019 – 2020)**
 - **IMA Award** – Dr Hemanga Baishya received the Secretary's Appreciation Award – IMA AMS, during IMA AMSCON 2019, Hyderabad.
3. Hon. State Secretary attended the *Meeting of State Presidents and State Secretaries* held on 11th & 12th January 2020 at IMA HQ, N Delhi.
4. Hon. State Secretary attended the *IMA MSN* - National Council meeting held on 2nd February 2020 at IMA HQ, N Delhi.
5. Dr Satyajit Borah attended the Second State Presidents and State Secretaries meeting in Kanyakumari on 29.02. 2020, and along with Dr Hiranmay Adhikary attended the National Conclave on Bioethics held on 29th Feb to 1st March 2020 at Kanyakumari.



6. State President and Hon. State Secretary is regularly attending the on line review meetings of State Presidents and Secretaries with IMA HQ, and till now we have attended all the weekly (Sunday) meetings through video conference using zoom app.
7. State President & Hon. State Secretary attended NATCON 2020 on 27th & 28th December 2020 at Chennai.
IMA National Awards 2020.
 - National Doctors Day Award 2020 awarded to Dr. R. K. Talukdar, Dr. Pradip Kumar Sarma & Dr. Syed Tanwir Alam.
 - IMA National Presidents Appreciation Award for Covid Care and Control awarded to Prof. S. Kakoti, Dr. B. Bezbaruah, Dr. B. Iahkar, Dr. N. G. Singha, Dr. G. Gogoi & Dr. T. Das.
 - IMA Dr. V. Parameshvara Award for lifetime achievement in medicine & commitment to the art of medicine awarded to Dr. Pramatheswar Barooah.
 - IMA National Presidents Appreciation Award for life long service to IMA awarded to Dr. Tapan Deka.
 - IMA Dr. Jyoti Prasad Ganguly Memorial Award awarded to Dr. Hiranmay Adhikary.
 - IMA National Presidents Appreciation Award for best adjudged President of State branch awarded to Dr. Satyajit Borah.
 - IMA National Presidents Appreciation Award for best adjudged Secretary of State awarded to Dr. Hemanga Baishya.
 - IMA National Presidents Appreciation Award for best adjudged President of Local branch awarded to Dr. Apurba Kumar Sarma & Dr. Atul Kumar Kalita.
 - IMA National Presidents Appreciation Award for best adjudged Secretary of Local branch awarded to Dr. Md. Sahdullah.
 - IMA Dr. C. L. Jagga Award for best faculty awarded to Assam State Faculty of IMA CGP.
8. Dr. Hemanga Baishya & Dr (Mrs) Sikha Sarma attended *Meeting of State Presidents and State Secretaries* held on 9th & 10th January 2021 at IMA HQ, N Delhi.

Organised following programs under IMA Assam State Branch

1. Star North East Endogyn conclave 2019 - Dr Mohan Gupta, Hon. Secretary IMA AMS Hq chaired the IMA AMS East Zone session at the Star North East Endogyn conclave 2019, Guwahati on 16th November 2019.
2. Scientific session on 23rd November, 2019, 7:00 pm. Speakers – Dr. Sujit Saikia, MS, DNB (Urology), at Prashanti Eco Tourist Lodge, Majuli. The 153rd SWC of IMA ASB held on 2th November 2019, at Majuli was organised by IMA Assam State Branch.
3. IMA Hospital Board of India, Assam State Branch Convention was held on 8th December 2019, at Hotel Landmark, Guwahati. Dr R V Asokan, Hon. Secretary General. Dr Jayesh Lele, Dr A K Ravikumar, Dr Mangesh Pate from IMA HBI HQ and Dr Sudha Chandrashekar from NHA along with other dignitaries and delegates of IMA ASB attended the meeting.
4. Suno Bharat – Awareness campaign on NMC (No to Quackery, No to CrossPathy) was held on 9th December 2019, at GMCH, Guwahati. Dr R V Asokan, Hon. Secretary General along with IMA State President and State Secretary and Dr R K Talukdar, Principal GMCH was present.
5. The 5th North East IMA Conclave was organized by IMA Assam State Branch, and was held on 8th February 2020 at Shillong, Meghalaya. Dr. Rajan Sarma (National President), Dr. Santanu Sen (IPN President), Dr. DD Choudhury (VP), Dr. RV Asokan (Hon. Secretary General), Dr. RN Tandon (National Coordinator & IP HSG), Dr. Hiranmay Adhikary (Dean IMA CGP) represented IMA HQ, they interacted with members and executives from Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram & Sikkim.
- Virtual meeting with local branch Presidents & Secretaries and SWC members of IMA ASB was held on



9th May 2020, 16th May 2020 and 1st August 2020 to discuss the current status of COVID 19 in our state.

- A virtual SWC of IMA ASB was held on 3rd July 2020.
- IMA Assam State Branch organised a webinar on COVID 19 for the benefit of the medical professionals. on 17th July 2020 using Zoom app.

1. Keynote address - Prof (Dr) Dipika Deka, Vice Chancellor SSUHS

2. Diagnosis of COVID - Dr Noni Gopal Sinha, Medicine Specialist, Digboi.

Safe practising guidelines for doctors and hospital - Prof (Dr) J A Jayalal, National VP (2018 - 19)

SWC Meetings-

152nd State Working Committee of IMA Assam State Branch is was held on 8th September 2019 at Hotel Megna Cygnet Park, Bongaigaon.

153rd State Working Committee of IMA Assam State Branch was held on 24th November 2019 at Majuli Prashanti Eco Tourism Resort.

154th State Working Committee of IMA Assam State Branch was held on 4th October 2020 at IMA House Nalbari

Other Activities

02/11/2019 - Diabetic retinopathy detection camp was held by IMA Nagaon branch.

11/11/2019 - On the occasion of the National Education Day an anaemia detection camp and awareness programme was organised by Mission Pink Health IMA Assam and IMA Dispur Branch in association with WDW IMA Assam at Kaliram Baruah Girls high school Bharalumukh Guwahati.

World Diabetes Day and WD Month from 14th Nov'19 to 14th Dec'19

14/11/2019 – WDD was organized by IMA Bongaigaon, Tezpur, Nagaon with Walkathon & Diabetes awareness camp.

- **IMA End TB Initiative** - The first and second phase of IMA End TB CME's were successfully organised and reported to IMA HQ.
- Following letter received from IMA ASB dated 22/10/2019; the office of the CM, Govt. of Assam has directed LR cum Commissioner & Secretary, Judicial Department for taking appropriate action as per rules in the trial of Dr Deben Dutta killing case.
- Indian Medical Association has decided to challenge the verdict of AHRC against Dr. Ghanashyam Thakuria.
- IMA has approved Senior Advocate Kamal Nayan Choudhury to challenge the verdict in the Hon'ble High Court of Guwahati with input and support from IMA National Professional Protection Scheme.
- IMA ASB contributed Rs 50000 only (by cheque dated 5th June 2020) towards IMA Amphan Cyclone relief activity.
- Doctors Day (1st July) & Lokabandhu Day (4th September) were observed by local branches conforming to COVID 19 pandemic protocol.
- On 7th July 2020, a letter was sent to Dr. Himanta Biswa Sarma. Minister, Health & Family Welfare Department, Government of Assam protesting the policies of Govt. of Assam on the management of Covid-19 situation in the state and its adverse effect on doctors and health care providers. Both electronic and print media covered the news, TV talk shows represented by State President and Hon. State Secretary put forward IMA ASB's views.

Hon. State Secretary was the Speaker on "Sign and symptoms of Covid 19 , co morbidity and its impact on outcome of treatment". Dated 18th August 2020. Organised by Pratishruti cancer and palliative trust. This



organisation is looking after monitoring of home isolation of Covid 19 patients in Guwahati, in association of Assam Police.

On 20th October 2020. State President & HSS moderated a webinar on Early action in Covid 19 - The benefits, under IMA Assam State Branch. 266 participants.

Emergency virtual meeting of all branch Presidents & Secretaries under IMA Assam State Branch was held on 21st October 2020. Dr Rajan Sharma NP addressed the meeting.

On 26th November 2020. Organised a webinar on Assam fight against Covid 19 under IMA Assam State Branch. Emergency virtual SWC meeting of IMA Assam State Branch was held on 29th November 2020.

Press meet against Mixopath by IMA Assam state Branch on 6th & 10th December 2020 at Dispur Press Club, Guwahati.

The protest demonstration on 8th December 2020 was observed successfully all across the state.

The protest against Mixopathy on 11th December 2020 was successful all across the state of Assam. All medical establishments suspended their services except emergency and Covid related treatments. Private clinics were closed, government, private and corporate hospitals closed their regular non-essential services including non-emergency operations. There were protest demonstrations in front of district hospitals, medical college hospitals, OIL hospitals and periphery health units where large number of doctors took part.

IMA ASB website is functional, please visit www.imaasb.org and give your feedback

With these few words, I conclude my brief report and solicit your continued guidance and co-operation in continuing my responsibility as the Hon. State Secretary of the IMA ASB.

Long Live Indian Medical Association!

Report of the Hon. Secretary - Sports, Cultural and Literary Section, IMA Assam State Branch



Dr. Mrs. Bimala Deka
Cultural secretary ASB

Literature : Dr. Apurba Saikia grabbed the Ambikagiri Roy Choudhury Award for his book "Satar Urahi" from Assam Sahitya Sabha in Feb 2020

Dr. Proyag Saikia also received Bishnu Rabha Award from Asom Sahitya Sabha.
Book of short stories "Manar Bhitror Man" by Dr. Bimala Deka is released

Cultural : Dr. Hirannya Bora has received Silpi Pension from Assam Government in 2020
Dr. Jahanara Begum received Prag Cine Award

Sports : No report from sports



Report of the Vice-Chairman National Doctors Committee MEDICAL PROFESSION – A Tea Garden Scenario of Assam (A prospective approach from PDC)



Dr. Jayanta Konwar
Vice Chairmen

Medical Profession is a service to human and service to God.

Here in this context, I would like mention few lines pertaining to medical service in tea garden and problems that arises while delivering health care.

1. Position – It is statutory that each and every garden must appoint a medical officer . But most of the garden could not fill up the vacancies because of reluctantness (not willing) of doctor because of power, position and facility that provide them. Although highly qualified professional graduate, placement offer him/her in low category by administratively and financially. Therefore 90% doctors disappointed due their position in their carrier in tea.
2. Infrastructure – Garden hospitals are not well equipped and updated. Most of garden hospital has very old infrastructure and limited logistic support from company/ owner. Central hospitals are also in a verse of defunct.
3. Security and Safety – In one words there is no safety and security for tea garden doctors. They are being expose to face all problems directly which most of the time create nuisance while delivering medical care. There is no administrative support from other managerial staff most of times. We have approached once to ABITA to strengthen safety and security and introduce CCTV in tea garden after that Teok incidence. But still there is no response.
4. Plantation Doctors Convention - We have tried to bring all tea under the banner of PDC. We know this forum under IMA where we can expect some support. All local branch must take active part to enroll them. Because under every local branch so many tea garden and doctors, Local branch can fill up the PDC coordinator for progress of enrollment and related issues.

Tea garden doctors are performing 24X7 service and most of them are doing their job dedicatedly and sincerely . They are maintained co-deal relation with Govt. health service and Tea garden of primary health care delivery/system. They are warrior in tea garden set up in COVID pandemic.

LONG LIVE PDC, LONG LIVE IMA.



Report of Honorary Secretary, Electronic section, IMA Assam State Branch



Dr. Apurba Kumar Bhattacharya

Honorary Secretary,
Electronic section, IMA Assam State Branch

At the outset, I like to thank all the esteemed members of IMA Assam State Branch for keeping faith on me and nominating me as the Secretary, Electronic section of Assam State Branch for the second time. I have tried my best to initiate and maintain the new website of this prestigious branch of North-East India and also to update it. We have been trying our best, with the help of all our honourable members to inform and also update the activities of the State Branch and other branches of the state in the website, www.imaasb.org and also the different whatsapp group. We have tried to add as much we can members of different branches of our state. In this context I like to request the honourable branch secretaries to send and update the contact numbers of the members of different branches, which will help pass all the important informations and activities to the honourable members. We have been organizing online Zoom and Google meet SWC meetings, meetings of Branch Presidents and Secretaries, CME's during the last year, as the offline program were not possible, due to Covid19 situation. I like to thank each of you for taking part in the online meetings and making it successful. We are thinking of more online CME's, meetings in the coming days. I have been in contact with the Organizing committee of Medimeet 2021 (Bongaigaon) to see if online transmission of the Medimeet is possible. The main hurdle of online program is the poor network connectivity in some parts of our state, Hope we will be able to overcome it soon. I hope, with th active help and cooperation of all the honourable members of IMA Assam State Branch, we will be able to rise further and bring more honor to our state branch.

Thank you once again.

Long live IMA, long live IMA Assam State Branch.....

Report of the Chairman State Chapter - IMA Service Doctors Wing



Dr. Bhupen Ch. Borah
IMA, Nagaon Branch

Assam Medical Service Association (AMSA) is a largest Govt. Doctors Association who has in service under H. & F. W. (A) Dept, Assam. It has long history to take part in different agitation program for the benefit of service doctors as well as for the society of Assam.

AMSA has take part in Assam agitation (for detection and deportation of foreign nationals). during 1979 to 1985. The Central Govt. move towards implementation of NMC bill, AMSA take part in protest, like black badge wearing, partial cease work etc. along with IMA members in different district of Assam. IMA agitation against mixopathy, call for withdrawal of medical service on 11th December'2020. AMSA strongly endorses and support the protest for withdrawal of CCIM notification and also protest the NITI Ayoug committee report on medical education to mix all system of medicine and stay away from all non essential medical services and OPD, routine O.T. office work and not doing private practice from 8.00 AM to 6.00 PM on 11/12/2020.

In this way AMSA shows unity and solidarity with IMA, Assam in near future too for the greater interest of both medical fraternities as well as for the society.

LONG LIVE AMSA, LONG LIVE IMA, ASSAM



Report of the Convener IMA Women Doctor's Wing, ABS



Dr. Bijuli Goswami
Convener, IMA WDW Assam

Warm Greetings and Regards from IMA WDW Assam State Branch. Due to COVID Pandemic situations our activities have become more or less stagnant because our members and their families got effected. Following activities have been done by our team.

1. On 25th January an Awareness Program on Pain and its management was held at Triveni Sangha, Sundarpur Guwahati. Around 300 participants actively interacted with the Resource persons.
2. On 6th March a CME was organised at the ESIC Hospital Auditorium on Organ Donation and Eye Donation amongst the doctors.
3. On 7th March an Awareness program was successfully completed in Behaly College on Health and hygiene .
4. On 8th March a public awareness program was held on Breast Cancer at Sibsagar.
5. On 15th March a Public Awareness Meeting was held at Natun Bazar Durga Mandir, Basistha on COVID 19 followed by free health check up
6. 26th March and 3rd April participated in COVID Awareness program in Assam Talks News Channel.
7. Our esteemed leaders regularly published write up on current Corona Pandemic and other health issues in periodicals and TV channels till now.





INDIAN MEDICAL ASSOCIATION

Protect the Single and Couple Doctor Setups

Doctors Day Award

1st July, 2020



Indian Medical Association acknowledges and places on record the sterling contribution of **DR. RATNA KANTA TALUKDAR** towards COVID 19 care and control. We have the honour to bestow this National Doctors Day Award 2020 in recognition of the sacrifice in line of national duty.



Dr. Rajan Sharma
National President, IMA



Dr. R V Asokan
Honorary Secretary General, IMA



INDIAN MEDICAL ASSOCIATION

Protect the Single and Couple Doctor Setups

Doctors Day Award

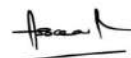
1st July, 2020



Indian Medical Association acknowledges and places on record the sterling contribution of **DR. PRADIP KUMAR SARMA** towards COVID 19 care and control. We have the honour to bestow this National Doctors Day Award 2020 in recognition of the sacrifice in line of national duty.



Dr. Rajan Sharma
National President, IMA



Dr. R V Asokan
Honorary Secretary General, IMA



INDIAN MEDICAL ASSOCIATION

Protect the Single and Couple Doctor Setups

Doctors Day Award

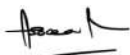
1st July, 2020



Indian Medical Association acknowledges and places on record the sterling contribution of **DR. SYED TANWIR ALAM** towards COVID 19 care and control. We have the honour to bestow this National Doctors Day Award 2020 in recognition of the sacrifice in line of national duty.



Dr. Rajan Sharma
National President, IMA



Dr. R V Asokan
Honorary Secretary General, IMA













Events in snapshot





IMA National Awards Assam has bagged six national awards this year presented in the Natcon 2019.

1. Dr. Satyajit Borah as Best State President
2. Dr. Arun Madhab Barua (Sivsagar) as Best Local Branch President
3. Mangaldai Branch for Scientific Activities.
4. Dr. Rajumoni Sarma (Nalbari) Appreciation Award for MSN Activity.
5. Dr. Atul Kr. Kalita (Tezpur) Appreciation Award.
6. Dr. Rimi Dey (JDN) JDN Chairman's Appreciation Award.



National EVECON and National WIMALS 2019



IMA Hospital Board of India Assam State Branch Convention

EVENTS IN SNAPSHOT





IMA Assam and Apollo Hospitals Guwahati welcomes you to a **LIVE WEBINAR on**

Assam Fights Against COVID-19

26th NOVEMBER 2020
7:30 pm - 9:00 pm IST

Speakers

Dr. Kripesh Rangan Sarma
Senior Consultant and HOD in Department of Rheumatology & Auto-Immune Diseases

Dr. Seetha Choudhary
MBBS, MD (Internal Medicine), Apollo Hospital Guwahati

Host Panelists

Dr. Satyajit Borah (State President)
20th Assam State Branch

Dr. Hemanga Baishya (Hon. State Secretary)
20th Assam State Branch

Register now

Invitation

Indian Medical Association
Assam State Branch

Webinar on COVID-19

Zoom Meeting ID: 7739625979
Zoom Passcode: 12345678

July 17, 2020, 8 to 9 pm
Programme

Welcome Address
Dr. Satyajit Borah
State President
IMA, Assam State Branch

Keynote Address
Prof. (Dr.) Dipika Deka
Vice Chancellor
SSUHS, Assam

Diagnosis of COVID
Dr. Nomi Gopal Singha
Medicine Specialist
Digboi, Assam

Safe practising guidelines for doctors and hospitals
Prof. (Dr.) J. A. Jayatil
National VP 2018-19

Vote of thanks
Dr. Hemanga Baishya
Hon. State Secretary
IMA, Assam State Branch

Webinar
July 17, 2020 (Friday) 8pm

