

TIMA News Letter

A MONTHLY BULLETIN OF IMA TAMILNADU STATE BRANCH



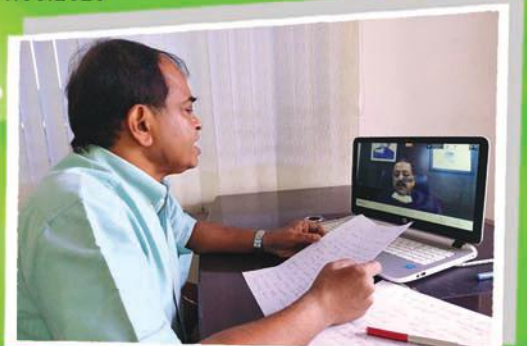
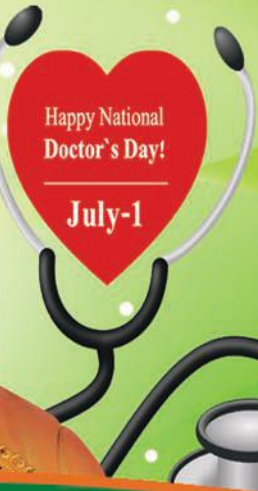
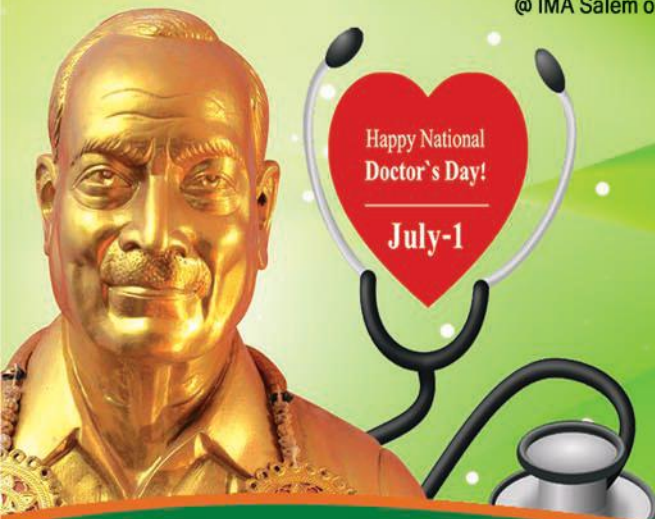
'SUPPORT YOUR IMA TO SUPPORT YOU'



Dr. C.N. Raja, IMA State President discussing online with our Hon'ble Chief Minister Thiru Edappadi K. Palaniswami at Expert Committee Meeting on 15.06.2020



Finance Standing Committee Meeting & Quackery Eradication Committee Meeting @ IMA Salem on 14.06.2020



9.06.2020 - Dr. C.N. Raja, IMA State President, took part in the video conferencing with the Hon'ble Union Minister Dr. Jitendra Singh, Minister of State (Independent Charge) for the Ministry of Development of North Eastern Region and Minister of State for Prime Minister's Office; Personnel, Public Grievances and Pensions; Department of Atomic Energy and Department of Space.

STATE PRESIDENT MESSAGE

Dr. C.N. RAJA

State President, IMA TNSB

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Dear Members and Seniors Greetings to you,

As you all know that we are in the middle of the pandemic (covid) sea. We have some relaxations. The infection rate is increasing and so as the death rate. Many of the front line warriors (Health Care Personal) are getting infected. Doctors and Nurses succumb to death in fighting the Corona. I request all our members to be careful and protect you, your family and your staff. Of late the virulence of the infection seems to be high.

Issue of the Fee for Covid in Private Hospital.

Due a string operation by a TV channel has created a picture that Private (corporate) Hospitals are fleeing the Covid patients. There was lot of debates in Both print and Electronic Media. I consider this could have been plotted to degrade the credibility of the Doctors in the private sector. This was brought to the notice to the Government of Tamilnadu. And there was a PIL in the High Court of Madras. Later this was not admitted by the HIGH COURT. Government of Tamilnadu wanted a costing immediately from our side. Which we said we cannot give and asked for 3 days time. I have requested our State Secretary Dr. A.K. Ravikumar and NHB Secretary Dr. S.G. Balamurgan to come out with costing.

Our costing were made scientifically based on the Government protocols and the Prevailing market rates of the medical supplies including PPEs, etc. We have negotiated with Government to our level best and clarified to our members on considering the current situation.. We are for the interest of the small and Medium Hospitals. And we will not allow any move to affect

the small and medium Health Care facilities. As you know we successfully stopped the sealing of the Hospitals if they happen to see a Covid Patient.

Including of Health Care in MSME

A long standing request of including the Health Care in Micro, Small and Medium Enterprises especially the small Medium Hospital has been achieved. I thank our Honorable Prime Minister Thiru. Narendra Modi, Honorable Minister for MSME Thiru. Nitin Gadkari for including Health Services under MSME. I also thank our National Leaders specially Dr. Ketan Desai, Past President WMA, Dr. Rajan Sharma, National President, Dr. R.V. Asokan, Hony. Secretary General for their initiative. This is a mile stone created in the history of IMA. This would facilitate us to get softer Bank Loans, Protection against payments, some consideration in EB Bill, Credit Linked Capital Subsidy Scheme etc.

Thanking Our Honorable Chief Minister

I thank our Hon'ble Chief Minister Thiru. Edappadi K. Palaniswami and Hon'ble Health Minister Dr. C. Vijayabaskar and our New Health Secretary Dr. Radhakrishnan for periodically interacting with IMA TNSB. As your Representative I convey our recommendation and suggestions most of them are being implemented.

I thank and appreciate, IMA CGP AMS, NHB, Women's Doctors Wing, and Many branches become active and conducting Zoom Meetings. They are conducting the meeting with interesting topics.

Finance and Quackery eradication Standing Committee Meeting

On 14th June we had our first in-person meeting in this period. The

finance and quackery eradication standing committee meeting at Salem was conducted with social distancing along with all the other protocols. I Thank the Salem IMA office bearers specially Dr. K. Prakasam for the arrangements and hospitality.

IMA TNSB Telemedicine 2.0

We have inaugurated the 2nd version of our own Telemedicine platform on 15th June. This would facilitate to connect Doctors and patients online. This an easy tool including virtual ward rounds. It is mandatory that only members of IMA TNSB can avail this facility with 30 days free trail. We are working on the cost. Which would be very reasonable. I profusely thank IT wing Chairman Dr. Vijayakumar having made my dream a reality. Kindly contact him (or) the State Office to utilize this facility which is very useful at this juncture and also in future.

Improving Health care infrastructure

On 19th June, 2020 There was a panel discussion on improving the health care infrastructure now and after corona. This was Chaired by Union Minister of State PMO and Development of North Eastern Region Dr. Jitendra Singh. I have highlighted the difficulties faced in starting and the strengthening the small and medium hospitals. And suggested various measures to the Govt. of India including single window system, soft loans, man power issues, central law against violence, special status for Health care sector, etc. I thank Dr. A. Muruganathan Past president for moderating.

Long live IMA.

Dear All,

Greetings from State Office. COVID has made IMA family a virtual family. We all miss the joy, grace, exchange of greetings, regular IMA meetings, family get-together's, fellowships, etc, and are now glued to laptops, smart phones, mask, seeing each other through zoom and other virtual platforms. Friends cheer up, it is all part of the game. One positive observation is the attendance for the meetings are doubled (or) even tripled than in regular days.

IMA State office regular activities are going on as scheduled. We had our ever 1st Management Committee Meeting of all wings & Schemes virtually and was very fruitful, with good attendance. Though the finance Standing Committee Meeting was in person, we strictly followed the COVID prevention protocols. Thanks to IMA Salem for hosting the Meeting.

Good news for all the hospitals is Hospitals can now be registered under MSME and avail the benefits. Visit <https://udyogaadhaar.gov.in>. Thanks to our National President, Hony. Secretary General and the entire team for the efforts taken to include the health sector in MSME.



State SECRETARY Report

Dr. A.K. RAVIKUMAR

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In the current situation of increasing COVID cases, Govt in the move of preparedness is requesting all the hospitals to reserve 10-20% of their beds for COVID cases. We request all our members not to refuse point blank for the request. Kindly address to JDHS/ DDHS of your district quoting the Infra Structure and man power facilities you have which may or may not be as per the MOH&FW guidelines and ask them to inspect the Centre before permitting to admit COVID cases. Visit www.mohfw.gov.in

As a member of IRDA Health forum the representation given by us to IRDA on issues like COVID Specific Health Insurance Policy, Group Insurance Policy for Health Care Professionals including our Staff. Including IMA in the COVID price fixing Committee of General Insurance Council Empanelment of more hospitals for cashless, etc. was accepted.

Let us all take care of ourselves and our family safety first, Our Staff and their Family safety next and then the Patient Safety. As Health Care Professional's our life and service is much needed for the society at this moment. Concentrate on training your Staff on COVID Protection Protocols.

“LEARN TO LIVE WITH CORONA”

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State Secretary Office for Communication

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Dear friends,

It gives me great pleasure to write you once again as your President elect.

These are days of zoom meetings in IMA TNSB and we are happy to meet each other virtually. I congratulate the state office and the techies involved in the arrangement of such meetings without which we would have been totally isolated.

On 31/05/20, IMA TNSB created history by conducting MCM zoom meeting of PPLSSS NHB and FSS on the same day with a few hours gap. It was nice to see the participants fully focused and fully involved in the discussions. I congratulate FSS office bearers for their effective presentation and meticulous attention to detail. I also appreciate NHB for the bulk procurement and supply of PPE to our members. They even made a small amount of profit. I want NHB to present the account in a more detailed manner in future meetings and also pay attention to the FDs.

At this point I would like to point out that the role of FSC chairman is not confined to FSC meetings alone. Our Constitution has given him

State PRESIDENT Elect



Dr. P. RAMAKRISHNAN

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enormous power to ask for and get details of income and expenditure for a particular account any time any day. Actually any expenses more than Rs. 25000/- should get the approval of the FSC Committee, so says the constitution. After all we are the custodians of the members' money and hence answerable to them.

On 31/05/ 20 we had our FSC meeting and Quackery eradication Committee meeting at Salem. It was a great pleasure to meet everyone in person and the day saw some useful discussion on the accounts of various wings and schemes . It was nice to see the

positive way our secretaries of the wings and schemes took my critical analysis of the accounts and in turn promised me to come out with a complete presentation of their income and expenditure before the state council meeting. I personally thank the office bearers of IMA Salem for their food and hospitality.

Let's hope we'll be meeting each other soon in person under more happy circumstances.

Long live IMA.

Yours sincerely

Dr. P. Ramakrishnan

Dear friends and colleagues,

“Our greatest glory is not in never falling ,but in rising every time we fall” said Confucius

We had useful discussions in the recent finance standing committee meeting at Salem. We are under the process of amalgamation of our numerous FDs and also consolidation of our bank accounts. We had submitted an audited financial report for the last three months with an internal auditing done by an auditors team who've given some suggestions which are being implemented. We'd like to

State Finance Secretary Message



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thank all who participated in spite of all the difficulties.

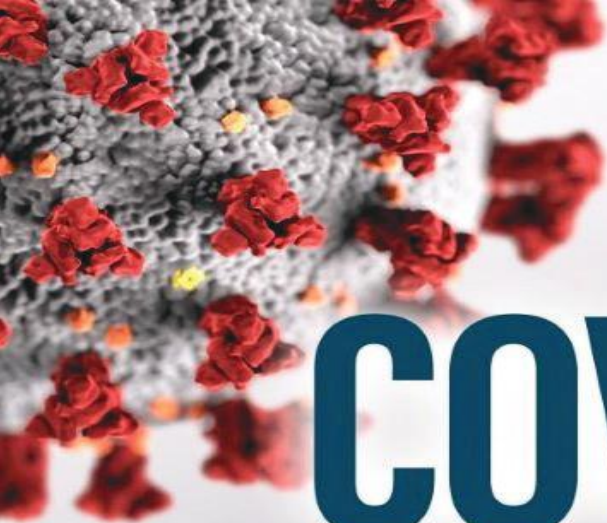
This unprecedented situation has all of us in severe stress but we are learning to cope with it and adapt to the newer circumstances . Once again I'm sure our resilience will get us through this .

“On the other side of a storm is the strength that comes from having navigated through it .Raise your sail and begin” said Gregory Williams a great author. Be safe with your family!

Thanking you.

Yours in IMA Service

- Dr. N.R.T.R. Thiagarajan



COVID-19

LESSONS LEARNT FOR BETTER MANAGEMENT

7 Characters are as follows:

1. It is a viral illness, so it is a self-limiting disease; antiviral drugs like remdesivir may work.
2. It has bacterial activity as in some cases, procalcitonin is high, neutrophilia is also seen; antibiotics like doxycycline, azithromycin may work.
3. It has some HIV-like properties, as there is lymphopenia (viruses usually cause

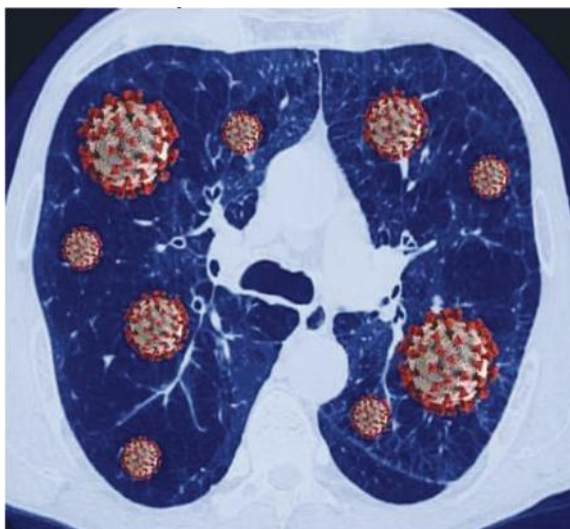


lymphocytosis), decrease in CD4 cell count; anti-HIV drugs may be effective.

4. It causes immuno-inflammation: Viruses do not cause immune-inflammation. But, increase in ESR (>100), CRP, ferritin (acute phase reactants) is seen in COVID-19.

Hydroxychloroquine may be effective. Immuno-inflammation is being seen much more in European countries than in Asian countries.

5. It causes thrombo-inflammation: Increase in D-dimer and fibrinogen (usually if D-dimer is high, fibrinogen is low); anticoagulation may be important.
6. Silent hypoxia (walking dead phenomenon): Patients have low oxygen but are conscious. Usually, people with hypoxia are drowsy, irritable.
7. Cytokine storm: ARDS.



Compiled by

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July 1

Doctors Day

July 1 is celebrated as Doctor's Day in memory of Birth and Death Anniversary of the Doyen of Medical Profession Dr. Bidhan Chandra Roy (1 July 1882 – 1 July 1962).

- ◆ A brilliant student, he passed his entrance examination from Patna Collegiate School in 1897 and FA examination from Patna College in 1899.
- ◆ In 1901 he graduated from Patna College with Honors in Mathematics and applied to both Bengal Engineering College Shibpur (now Bengal Engineering and Science University) and Calcutta Medical College (Now Medical College & Hospital Kolkata)
- ◆ He got his admission from both institutions but joined Calcutta Medical College as he received their acceptance letter first.
- ◆ While at medical school Bidhan came upon an inscription which read, "Whatever thy hands findeth to do, do it with thy might."
- ◆ Bidhan was deeply impressed by these words and they became a source of inspiration for him throughout his life.
- ◆ Bidhan sailed for England with only Rs. 1200 in February of 1909 intending to enroll himself at St. Bartholomew's to further his education.
- ◆ The Dean, reluctant to accept a student from Asia, rejected Bidhan's application. Dr. Roy do mpt loose heart.
- ◆ Again and again he submitted his application until finally the Dean, after 30 admission requests, accepted Bidhan to the College.
- ◆ Within two years and three months, Bidhan



completed his M.R.C.P. and F.R.C.S and returned home from England in 1911.

- ◆ On his return he taught at the Calcutta Medical College (now Medical College & Hospital Kolkata), then the Campbell Medical School and finally at the Carmichael Medical College (now R.G. Kar Medical College and Hospital)
- ◆ Dr. B.C. Roy played a key role in establishing Indian Institute of Mental Health, infectious Disease Hospital and first ever Postgraduate Medical College in Kolkata.
- ◆ He was a competent Physician and a able academician.
- ◆ After completing FRCS and MRCP he served as Professor of Medicine, Fellow of American Society of Tropical Medicine and Hygiene and Vice Chancellore of Calcutta University.
- ◆ Dr. B.C. Roy's contribution to Medical Profession and Indian Medical Association are immense.
- ◆ He was instrumental in starting IMA in the year 1928 and making it the largest professional organisation in the country.
- ◆ He served the association in various capacities including National President for two terms.
- ◆ Medical Council of India, the governing body of Allopathic Medicine was his brain child and he was the first president in 1939, the position he held till 1945.
- ◆ He was known as a great physician before he joined politics. There are innumerable stories about his feats in his profession.
- ◆ He acted as a physician in Alipur Central Jail Hospital, when he was interned there as a political prisoner.
- ◆ He went to Malaya to extend his helping hand to the Suffering Indians there. He also

worked for the sufferers during the infamous Calcutta riots.

- ◆ He joined politics inspired by Deshbandhu Chittaranjan Das in 1920.
- ◆ He tried his best to industrialise West Bengal. He tried to establish industrial hubs out of Kolkata. Industrial cities of Kalyani and Durgapur are testimony of his visionary ideas.
- ◆ It was a really difficult period for West Bengal when he was Chief Minister. The state had to face the gigantic task of rehabilitation of refugees from erstwhile East Pakistan.
- ◆ On the political front, he served as member of Bengal Legislative Council, Mayor of Calcutta. He became the first Chief Minister of West Bengal in 1948 and held the position till his death on July 1, 1962.
- ◆ Apart being able to deal with the painful issue of rehabilitating the Bengal refugees he strived to hard for the socio economic development and industrial growth of West Bengal.
- ◆ In spite of his political schedules, he continued to serve the Medical Profession by devoting one hour everyday for the cause of poor patients and the profession.
- ◆ He remained as a bachelor.
- ◆ He gifted his house to the people of Bengal in the year 1961.
- ◆ The illustrious life and achievements of Dr. B.C. Roy for the cause of Medical Profession, the Society and the Country bestowed him with Bharat Ratna in 1961. Recognising his service the Government of India declared July First as Doctor's Day in India.
- ◆ Let us all pledge ourselves once more to serve the Medical Profession and the Country in the golden path shown by Dr. B.C. Roy.
- ◆ He was Chief Minister of West Bengal for three terms – from 1948 till his death 1962. ■



INDIAN MEDICAL ASSOCIATION NATIONAL FAMILY WELFARE SCHEME

A SCHEME EXCLUSIVELY FOR THE SCHEME MEMBER'S FAMILY AFTER DEATH &
FOR THE DISABLED, END STAGE DISEASED AND UNFIT TO PRACTICE

www.nationalfamilywelfarescheme.com

Dear Members,

Welcome to IMA National Family Welfare Scheme, a scheme launched by IMA Head Quarters, New Delhi by popular demand which is bit different from our Social Security Scheme.

VISION: To provide financial assistance to the Families of Family Welfare Scheme Members in the event of death. To provide financial assistance to the Scheme members who become permanently disabled, incapacitated and thereby unfit to practice.

Eligibility for Membership: Should be a Life member of IMA Head Quarters.

Age Limit: Upto 65 Years only.

Admission Fee:

Age	Admission Fee	1 st Annual Subscription Fee	Total Admission Fee
Below 30 Years	3,000	500	3,500
31 – 40 Years	5,000	500	5,500
41 – 50 Years	7,000	500	7,500
51 – 60 Years	10,000	500	10,500
61 – 65 Years	20,000	500	20,500

Payment Mode: DD / Cheque in favour of “IMA National Family Welfare Scheme” Payable at Nedumangad, Thiruvananthapuram District.

Annual Subscription: Every year member should pay Rs. 500 as Annual Subscription for 25 years. After that member will become Honorary Member and become eligible for all rights.

One Time Payment: By paying Rs. 4,00,000/- as Non refundable deposit the member will become life member and become eligible for all rights and no need to pay other payments.

Member Benefits or Rights:

On the event of demise of member: Fraternity Contribution Rs. 300 (Rs. 200/- to Fraternity Contribution and Rs. 100/- to Corpus Fund) on the event of demise of any member (To a maximum of 50 deaths per year over which the Fraternity Contribution will be taken from the Corpus Fund).

Disable or incapacitated practitioner member will get a benefit from the Corpus Fund which will be judicially decided by the Management Committee.

Lock in Period: If the Age joining the Scheme is below 50 years, the lock in period is 2 years. If the Age of joining the scheme is above 50 years, the lock period is 3 years.

WINDOW PERIOD EXEMPTED FOR COVID DEATHS OF THE SCHEME MEMBERS.

For more details: Log on to www.nationalfamilywelfarescheme.com

Please Contact

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www.nationalfamilywelfarescheme.com

**A SCHEME EXCLUSIVELY FOR THE SCHEME MEMBER'S FAMILY
AFTER DEATH & FOR THE DISABLED,
END STAGE DISEASED AND UNFIT TO PRACTICE**



Management of COVID-19: Symptomatic Treatment

Management of Mild Cases

In the containment phase, patients with suspected or confirmed mild COVID-19 are being isolated to break the chain of transmission. Patients with mild disease may present to primary care/outpatient department, or detected during community outreach activities, such as home visits or by telemedicine.

Mild cases can be managed at Covid Care Centre, First Referral Units (FRUs), Community Health Centre (CHC), sub-district and district hospitals or at home subject to conditions stipulated in the home isolation guidelines available at

https://www.mohfw.gov.in/pdf/Revised_guidelines_for_HomeIsolationofvery_mildpre_symptomatic_COVID19cases10May2020.pdf

Detailed clinical history is taken including that of co-morbidities. Patient is followed up daily for temperature, vitals and Oxygen saturation (SpO₂).

Counsel patients with mild COVID-19 about signs and symptoms of complications that should prompt urgent care. Patients with risk factors for severe illness should be monitored closely, given the possible risk of deterioration. If they develop any worsening symptoms (such as light headedness, difficulty breathing, chest pain, dehydration, etc.), they should be immediately admitted to a Dedicated Covid Health Centre or Dedicated Covid Hospital.

Caregivers of children with mild COVID-19

should monitor for signs and symptoms of clinical deterioration requiring urgent re-evaluation. These include difficulty in breathing/fast or shallow breathing (for infants: grunting, inability to breastfeed), blue lips or face, chest pain or pressure, new confusion, inability to awaken/not interacting when awake, inability to drink or keep down any liquids.

Mild COVID-19 cases may be given symptomatic treatment such as antipyretic (Paracetamol) for fever and pain, adequate nutrition and appropriate rehydration. Tab Hydroxychloroquine (HCQ) may be considered for any of those having high risk features for severe disease (such as age > 60; Hypertension, diabetes, chronic lung/kidney/ liver disease, Cerebrovascular disease and obesity) under strict medical supervision.

Management of Moderate Cases

Patients with suspected or confirmed moderate COVID-19 (pneumonia) is to be isolated to contain virus transmission. Patients with moderate disease may present to an emergency unit or primary care/outpatient department, or be encountered during community surveillance activities, such as active house to house search or by telemedicine.

The defining clinical assessment parameters are Respiratory Rate of more than or equal to 24 and oxygen saturation (SpO₂) of less than 94% on room air (range 90-94%).

Such patients will be isolated in Dedicated Covid Health Centre (DCHC) or District hospital or Medical College hospitals.

The patient will undergo detailed clinical history including co-morbid conditions, measurement of vital signs, Oxygen saturation (SpO₂) and radiological examination of Chest X-ray, Complete Blood Count and other investigations as indicated.

Antibiotics should not be prescribed routinely unless there is clinical suspicion of a bacterial infection.

Clinical Management of Moderate cases Oxygen Support:

- Target SpO₂: 92-96% (88-92% in patients with COPD).
- The device for administering oxygen (nasal prongs, mask, or masks with breathing / non-rebreathing reservoir bag) depends upon the increasing requirement of oxygen therapy. If HFNC or simple nasal cannula is used, N95 mask should be applied over it.
- Awake proning may be used as a rescue therapy. (Protocol at Annexure-I).
- All patients should have daily 12-lead ECG.
- Follow CRP, D-dimer & Ferritin every 48-72 hourly (if available); CBC with differential count, Absolute Lymphocyte count, KFT/LFT daily.
- Tab. Hydroxychloroquine (400mg) BD on 1st day followed by 200mg 1 BD for 4 days. (after ECG Assessment).
- Consider IV methylprednisolone 0.5 to 1 mg/kg for 3 days (preferably within 48 hours of admission or if oxygen requirement is increasing and if inflammatory markers are increased).

Anticoagulation

- Prophylactic dose of UFH or LMWH (e.g., enoxaparin 40 mg per day SC)
- Control of co-morbid condition
- Monitor for:
 - Increased work of breathing (use of accessory muscles)
 - Hemodynamic instability
 - Increase in oxygen requirement

If any of the above occurs, shift to Dedicated Covid Hospital

Few patients with COVID-19 experience a secondary bacterial infection. Consider empiric antibiotic therapy as per local antibiogram and guidelines in older people, immune-compromised patients, and children < 5 years of age.

Close monitoring of patients with moderate COVID-19 is required for signs or symptoms of disease progression. Provision of mechanisms for follow up and transportation to Dedicated Covid Hospital should be available.

MANAGEMENT OF SEVERE CASES

Early supportive therapy and monitoring

a. Give supplemental oxygen therapy immediately to patients with Severe Covid and respiratory distress, hypoxaemia, or shock: Initiate oxygen therapy at 5 L/min and titrate flow rates to reach target SpO₂ e" 90% in non-pregnant adults and SpO₂ e" 92-96% in pregnant patients. Children with emergency signs (obstructed or absent breathing, severe respiratory distress, central cyanosis, shock, coma or convulsions) should receive oxygen therapy during resuscitation to target SpO₂e"94%. All areas where patients with Severe Covid are cared for should be equipped with pulse oximeters, functioning oxygen systems and disposable, single-use, oxygen-delivering interfaces (nasal cannula, simple face mask, and mask with reservoir bag). Use contact precautions when handling contaminated oxygen interfaces of patients with COVID – 19.

b. Use conservative fluid management in patients with Severe Covid when there is no evidence of shock.

Management of hypoxemic respiratory failure and ARDS

Recognize severe hypoxemic respiratory failure when a patient with respiratory distress is failing standard oxygen therapy. Patients may continue to have increased work of breathing or hypoxemia even when oxygen is delivered via a face mask with reservoir bag (flow rates of 10-15 L/min, which is typically the minimum flow required to maintain bag inflation; FiO₂ 0.60-0.95). Hypoxemic respiratory

failure in ARDS commonly results from intrapulmonary ventilation-perfusion mismatch or shunt and usually requires mechanical ventilation.

High – Flow Nasal Cannula oxygenation (HFNO) or non – invasive mechanical ventilation:

When respiratory distress and/or hypoxemia of the patient cannot be alleviated after receiving standard oxygen therapy, high – flow nasal cannula oxygen therapy or non – invasive ventilation can be considered. Compared to standard oxygen therapy, HFNO reduces the need for intubation. Patients with hypercapnia (exacerbation of obstructive lung disease, cardiogenic pulmonary oedema), hemodynamic instability, multi-organ failure, or abnormal mental status should generally not receive HFNO, although emerging data suggest that HFNO may be safe in patients with mild-moderate and non-worsening hypercapnia. Patients receiving HFNO should be in a monitored setting and cared for by experienced personnel capable of endotracheal intubation in case the patient acutely deteriorates or does not improve after a short trial (about 1 hr).

There has been concerns raised about generation of aerosols while using HFNO and NIV. However, recent publications suggest that newer HFNO and NIV systems with good interface fitting do not create widespread dispersion of exhaled air and therefore should be associated with low risk of airborne transmission. If conditions do not improve or even get worse within a short time (1 – 2 hours), tracheal intubation and invasive mechanical ventilation should be used in a timely manner.

- Endotracheal intubation should be performed by a trained and experienced provider using airborne precautions. Patients with ARDS, especially young children or those who are obese or pregnant, may de-saturate quickly during intubation. Pre-oxygenate with 100% FiO₂ for 5 minutes, via a face mask with reservoir bag, bag-valve mask, HFNO, or NIV. Rapid sequence intubation is appropriate after an airway assessment that identifies no signs of difficult intubation.
- Implement mechanical ventilation using lower tidal volumes (4–8 ml/kg predicted body weight, PBW) and lower inspiratory pressures (plateau pressure <30 cmH₂O). This is a strong

recommendation from a clinical guideline for patients with ARDS, and is suggested for patients with sepsis-induced respiratory failure. The initial tidal volume is 6 ml/kg PBW; tidal volume up to 8 ml/kg PBW is allowed if undesirable side effects occur (e.g. dys-synchrony, pH <7.15). Hypercapnia is permitted if meeting the pH goal of 7.30-7.45. Ventilator protocols are available. The use of deep sedation may be required to control respiratory drive and achieve tidal volume targets.

- In patients with severe ARDS, prone ventilation for 16-18 hours per day is recommended but requires sufficient human resources and expertise to be performed safely. (Refer to Annexure-I)
- In patients with moderate or severe ARDS, higher PEEP instead of lower PEEP is suggested. PEEP titration requires consideration of benefits (reducing atelectrauma and improving alveolar recruitment) vs. risks (end-inspiratory overdistension leading to lung injury and higher pulmonary vascular resistance). Tables are available to guide PEEP titration based on the FiO₂ required to maintain SpO₂. In patients with moderate-severe ARDS (PaO₂/FiO₂<150), neuromuscular blockade by continuous infusion should not be routinely used.
- In settings with access to expertise in extracorporeal life support (ECLS), consider referral of patients with refractory hypoxemia despite lung protective ventilation. ECLS should only be offered in expert centres with a sufficient case volume to maintain expertise and that can apply the IPC measures required for COVID – 19 patients.
- Avoid disconnecting the patient from the ventilator, which results in loss of PEEP and atelectasis. Use in-line catheters for airway suctioning and clamp endotracheal tube when disconnection is required (for example, transfer to a transport ventilator).

Management of septic shock

- Recognize septic shock in adults when infection is suspected or confirmed AND vasopressors are needed to maintain mean arterial pressure (MAP) e”65 mmHg AND lactate is >2 mmol/L, in absence of hypovolemia. Recognize septic shock

in children with any hypotension (systolic blood pressure [SBP] <5th centile or >2 SD below normal for age) or two of the three of the following: altered mental state; tachycardia or bradycardia (HR <90 bpm or >160 bpm in infants and HR <70 bpm or >150 bpm in children); prolonged capillary refill (>2 sec) or warm vasodilation with bounding pulses; tachypnea; mottled skin or petechial or purpuric rash; increased lactate; oliguria; hyperthermia or hypothermia.

- In the absence of a lactate measurement, use MAP and clinical signs of perfusion to define shock. Standard care includes early recognition and the following treatments within 1 hour of recognition: antimicrobial therapy and fluid loading and vasopressors for hypotension. The use of central venous and arterial catheters should be based on resource availability and individual patient needs.
- In resuscitation from septic shock in adults, give at least 30 ml/kg of isotonic crystalloid in adults in the first 3 hours. In resuscitation from septic shock in children in well-resourced settings, give 20 ml/kg as a rapid bolus and up to 40-60 ml/kg in the first 1 hr. Do not use hypotonic crystalloids, starches, or gelatins for resuscitation.
- Fluid resuscitation may lead to volume overload, including respiratory failure. If there is no response to fluid loading and signs of volume overload appear (for example, jugular venous distension, crackles on lung auscultation, pulmonary oedema on imaging, or hepatomegaly in children), then reduce or discontinue fluid administration. This step is particularly important where mechanical ventilation is not available. Alternate fluid regimens are suggested when caring for children in resource-limited settings.
- Crystalloids include normal saline and Ringer's lactate. Determine need for additional fluid boluses (250-1000 ml in adults or 10-20 ml/kg in children) based on clinical response and improvement of perfusion targets. Perfusion targets include MAP (>65 mmHg or age-appropriate targets in children), urine output (>0.5 ml/kg/hr in adults, 1 ml/kg/hr. in children), and improvement of skin mottling, capillary refill, level of consciousness, and lactate. Consider dynamic

indices of volume responsiveness to guide volume administration beyond initial resuscitation based on local resources and experience. These indices include passive leg raising test, fluid challenges with serial stroke volume measurements, or variations in systolic pressure, pulse pressure, inferior vena cava size, or stroke volume in response to changes in intrathoracic pressure during mechanical ventilation.

- Administer vasopressors when shock persists during or after fluid resuscitation. The initial blood pressure target is MAP \geq 65 mmHg in adults and age-appropriate targets in children.
- If central venous catheters are not available, vasopressors can be given through a peripheral IV, but use a large vein and closely monitor for signs of extravasation and local tissue necrosis. If extravasation occurs, stop infusion. Vasopressors can also be administered through intraosseous needles.
- If signs of poor perfusion and cardiac dysfunction persist despite achieving MAP target with fluids and vasopressors, consider an inotrope such as dobutamine.

Other therapeutic measures

For patients with progressive deterioration of oxygenation indicators, rapid worsening on imaging and excessive activation of the body's inflammatory response, glucocorticoids can be used for a short period of time (3 to 5 days). It is recommended that dose should not exceed the equivalent of methylprednisolone 1 – 2mg/kg/day. Note that a larger dose of glucocorticoid will delay the removal of coronavirus due to immunosuppressive effects.

Prophylactic dose of UFH or LMWH (e.g., enoxaparin 40 mg per day SC) should be given for anti-coagulation. Control of co-morbid conditions should be ensured.

For pregnant severe cases, consultations with obstetric, neonatal, and intensive care specialists (depending on the condition of the mother) are essential. Patients often suffer from anxiety and fear and they should be supported by psychological counseling.

Note: An algorithm for clinical guidance for management of COVID-19 suspect/confirmed case is placed at Annexure-II. ■

Clinical Guidance for Management of Covid-19 Suspect / Confirmed Cases

Covid-19 Suspect / Confirmed Case Stratification on the basis of disease severity

Mild
(Fever / Upper Respiratory Tract Infection)

Admit to Covid Care Center (CCC) / Home Isolation

- Contact and droplet precautions
- Strict hand hygiene
- Symptomatic management
- Tab HCQ (400 mg BD x 1 day f/b 400 mg OD x 4 days) may be considered in patients with high-risk features¹ – preferably after shifting to DCHC or at home under strict medical supervision
- For home isolation patients, seek medical attention when following warning symptoms/signs occur:
 - Difficulty in breathing
 - Persistent pain/ pressure in the chest
 - Mental confusion or inability to arouse
 - Developing bluish discoloration of lips / face
 - Decreased urine output
 - As advised by treating medical officer

Moderate
Pneumonia with no signs of severe disease
RR ≥ 24 / min, SpO₂ < 94% on room air

Admit in Dedicated COVID Health Centre (DCHC)

- Oxygen Support**
- Target SpO₂: 92-96% (88-92% in patients with COPD)
 - Preferred device for oxygenation: Non-rebreathing face mask (if HFNC or simple nasal cannula is used, N95 mask should be applied over it)
 - Awake Proning may be used as a rescue therapy (NIH protocol)
 - All patients should have daily 12-lead ECG
 - Follow CRP, D-dimer & Ferritin every 48-72 hourly (if available); CBC with differential count, Absolute Lymphocyte count, KFT/LFT daily
 - Tab HCQ (400 mg BD x 1 day f/b 400 mg OD x 4 days) after ECG Assessment
 - Consider IV methylprednisolone 0.5 to 1 mg/kg for 3 days (preferably within 48 hours of admission or if oxygen requirement is increasing)
- Anticoagulation**
- Prophylactic dose of UFH² or LMWH² (e.g. enoxaparin 40 mg daily SC)
- Monitor for & shift to DCH** if any of the following occurs:
- Increased Work of breathing (use of accessory muscles)
 - Hemodynamic instability
 - Increase in oxygen requirement

Severe
Respiratory distress requiring mechanical ventilation (non-invasive & invasive)
RR ≥ 30 / min, SpO₂ < 90% on room air

Admit in Dedicated COVID Hospital (DCH)

- Cautious trial of CPAP with oro-nasal mask / NIV with helmet interface/HFNC, if work of breathing is low
 - Maintain euvoolemia
 - Consider IV methylprednisolone 1 to 2 mg/kg per day for 5-7 days (in 2 divided doses), if not given already
 - High prophylactic dose of UFH or LMWH (e.g. enoxaparin 40 mg or 0.5 mg/kg BD SC) if not at high risk of bleeding³
 - Consider intubation if work of breathing is high / not tolerating NIV⁴
- Ventilator management**
- Use conventional ARDSnet protocol (LTV, proning, etc.)
 - If sepsis / septic shock: Manage as per existing protocol and local antibiogram
 - Use sedation and nutrition therapy as per existing guideline

Testing

While attending suspect case as per above protocol based on clinical assessment, testing shall be resorted to & if negative - manage in a non-Covid facility according to clinical diagnosis

- 1 High-risk patients for severe disease** include:
- Age: 60 years or more
 - Hypertension, DM (diabetes mellitus) & other immunocompromised states
 - Chronic lung / kidney / liver disease
 - Cerebrovascular disease
 - Obesity (BMI > 25 kg / m²)

Discharge

After clinical improvement, discharge as per discharge policy

- 2 LMWH:** Low Molecular Weight Heparin; if no contraindication or high risk of bleeding, **UFH:** Unfractionated heparin
- 3 Risk of bleeding:** use validated score for assessing bleeding risk (eg HAS-BLED score)

Investigational Therapies⁵

Remdesivir (EUA), Tocilizumab (Off label) & Convalescent plasma (Off label)

- 3** Use D-dimer and SIC score for **further risk stratification** (SIC score ≥4 portends high thrombotic risk)
- 3** Follow AHA/ESC and ISTH guidelines in case patient is **on antiplatelet agents**
- 4 Higher chances of NIV failure**
- 5** Informed and shared decision making is essential before prescribing any of these therapies

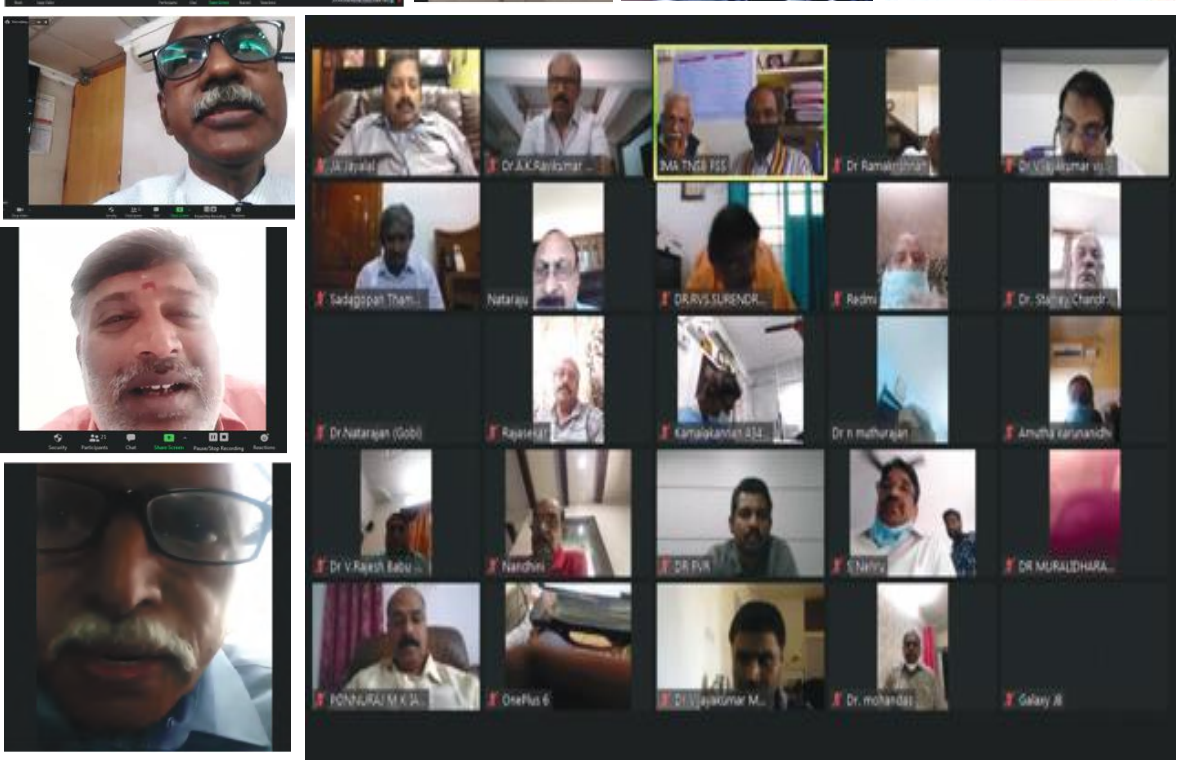
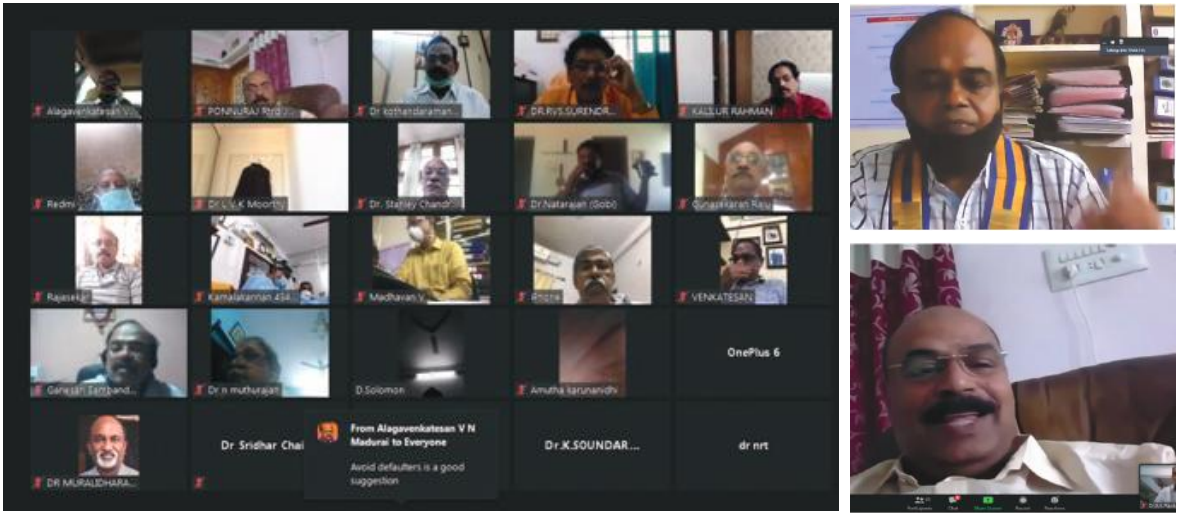
ACTIVE PARTICIPATION OF OFFICEBEARERS AND MANAGEMENT COMMITTEE MEMBERS IN THE FIRST ON LINE MANAGEMENT COMMITTEE MEETING OF VARIOUS WINGS & SCHEMES OF IMA TNSB

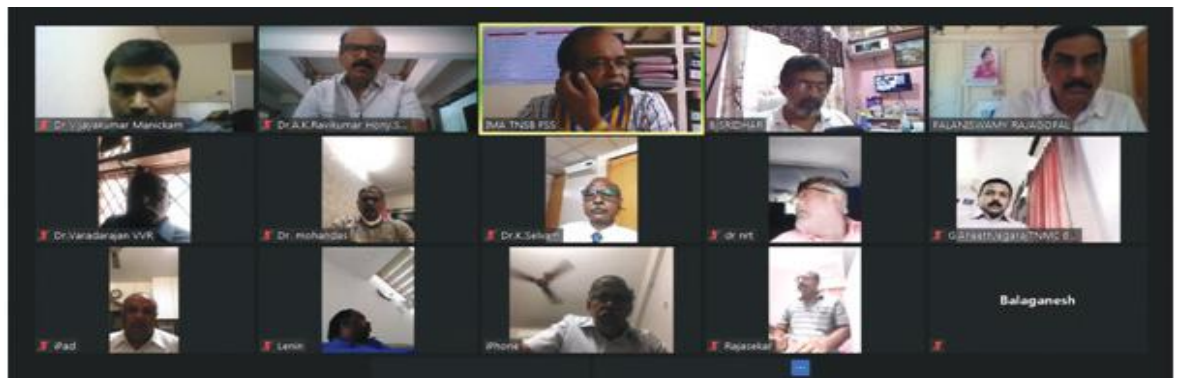
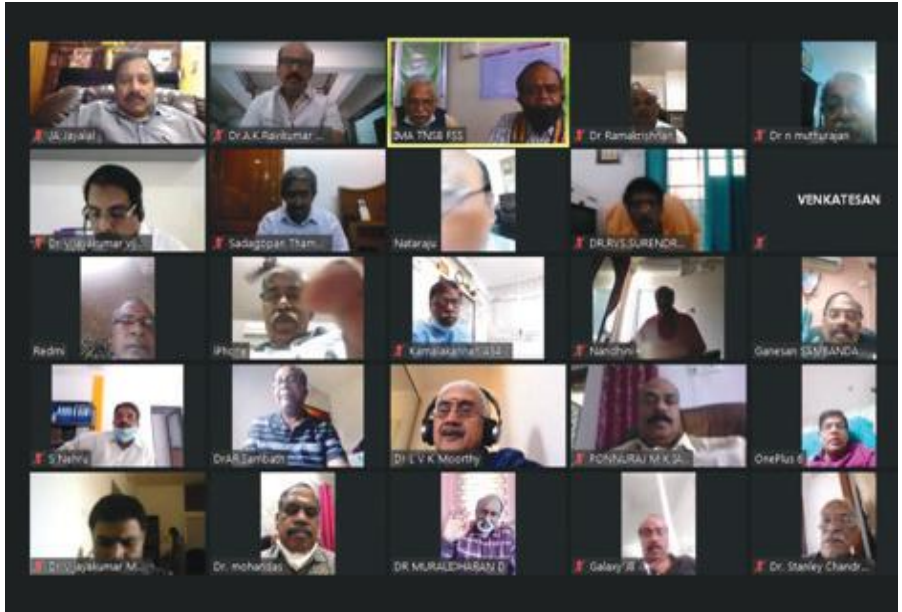
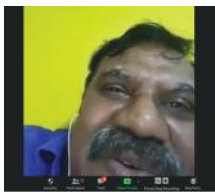
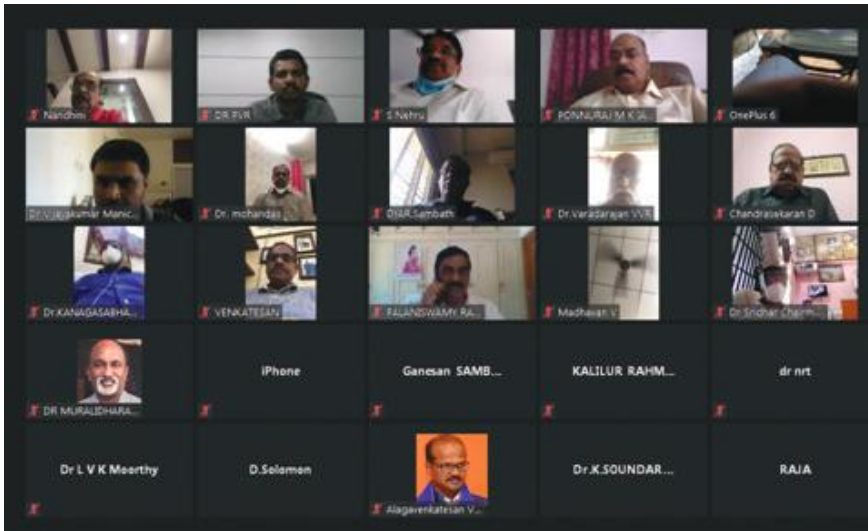


Age Wise Members joined as on 31-03-2020=36
Total members joined 01-03-2020 to 31-03-2020
36 members

AGE	01-03-20	31-03-20	total	total
Below 30 yrs	00	00	00	00
31 - 40 yrs	06	07	05	18
41 - 50 yrs	06	05	07	18
Total	12	12	12	36







Dr. A. Govindarajan
Director of Studies
IMA CGP
Cell: 9443437826



IMA
COLLEGE OF
GENERAL PRACTITIONERS
TAMIL NADU



Dr. R. Anburajan
Faculty Secretary
IMA CGP
Cell: 9442612138

Dear all,

Greetings from IMA TNSB CGP!

Through the situation regarding COVID-19 Pandemic is going very serious, & through we the "FrontLine Warriors" are at high risk, IMA TNSB is taking very strong continuous efforts to Orient & Equip our members and member Institutions.

IMA CGP along with the IMA TNSB & National CGP taking various steps to co-ordinate the fight against COVID-19 especially equipping our General Practitioners in Rural area. We have conducted two Webinars on 28th May & 11th June and will be continuing on every 2nd & 4th Thursdays from 7:30 PM to 9:00 PM.

Another mile stone is to start online courses and converting the existing courses to online. Online classes will be there weekly 2 days and at the end of 3rd month we will be having contact classes for 2 days. Already on 18th June we have inaugurated the IMA TNSB CGP online classes for FCD (Diabetology) on 18th June at 5:00 PM. I thank our President and Secretary IMA TNSB for their advices and supports.

We are all having a lot of opportunities. We are having 1471 members in TN CGP. Now we are

on the process of validating membership. For joining the CGP courses the basic need is our members have to join in CGP. The details are in our website. I request all the members to make use of this opportunity and join CGP.

On 18th we had a Co-ordination Meeting from National CGP for South Zone comprising of Southern 6 States in which TN CGP was well appreciated for its various activities.

"Support your IMA to support You!"

Long Live IMA !!

Long Live our Unity!!!

- Dr. R. Anburajan

Faculty Secretary, IMA CGP



Dr. P. Senguttuvan
Chairman,
IMA Paramedical Wing



Dr. S. Babu
Secretary,
IMA Paramedical Wing



Dr. B. Jeyakumar
Joint Secretary,
IMA Paramedical Wing

Dear esteemed members,

Greetings. Still our tough time is not over. Though the Government and our medical team are fighting the Corona, it could not be contained. In spite of countless webinars are being conducted in the name of updating our medical knowledge we could not fully concentrate on the subject. Our hearts are pained to know about the deaths of doctors and health workers dying during their service to save the Covid 19 affected people. Let us all pray the Almighty with full hope to have our normal safe life soon.

The hospitals willing to start the paramedical courses are welcome. Still

you can apply as the academic year is not yet started for this year. The updating of the syllabus is going slowly which is expected to be completed in a month. Our National leaders are to be appreciated for including the hospitals in the MSME (Micro, Small and Medium enterprises) which will be of much benefit to all nursing home owners. **United we are, We succeed forever!**

IMA Tamilnadu Academic Cell

Fellowship Courses under IMA Academic Cell - Year 2020

IMA TNSB intends to conduct the following courses for the members of IMA. The registration fee is reduced considerably for the interest of the members. Interested and eligible members to apply within the prescribed period. Necessary certificates will be issued under Academic Cell of IMA TNSB. These courses are conducted to empower Practitioners to deliver evidence based medicine to the community, also to acquire more knowledge & cannot be displaced in the Name Board or registered in Medical Council.

FELLOWSHIP CERTIFICATE IN SEXUAL MEDICINE

Course Coordinator : Dr. D. Narayana Reddy & Dr. M. Balasubramanian

C. Fee: Rs. 25000/-; **Duration :** 6 Months; **Terms :** Six Modules; **Final Exam:** Written

Contact Class held : JVL Plaza, Teynampet, Chennai and online cases weekly.

Eligibility: IMA & CGP Life members. Course will commence on June 2020

Note: Passed candidates can enrol in Council for Sex Education & Parenthood International (CEPI) & Practice Sexual Medicine

FELLOWSHIP CERTIFICATE IN MENTAL HEALTH

Course Coordinator : Dr. R. Anburajan **Course Fee :** Rs. 25,000/- **Duration :** 6 Months.

Terms : Six modules **Contact class :** IMA Mayaan Hall, Tirunelveli and

Practical at Sneka Mine Care Centre, Tirunelveli and online classes weekly

Final Exam : Theory / Viva. **Eligibility :** IMA & CGP Life members

ONLINE COURSES

FELLOWSHIP CERTIFICATE IN CRITICAL CARE TOXICOLOGY

Course Coordinator : Dr. N. Ganapathy **Course Fee:** Rs. 25000/- **Duration :** 9 Months

Course will commence shortly. **Terms:** Hands on Training / Online Examination

Final Exam : Theory / Viva. **Eligibility:** IMA & CGP Life Members.

Contact Class : Dhanvantri Institute of Medical Education & Research Center, Erode & Online classes weekly

Note : Candidates will be trained in depth in management of : 1. Mechanical Ventilators; 2. Airway Management;

3. Central Venous Catheterization; 4. Beside Echo & Ultrasonograph (Point of care ultrasound);

5. Decontamination; 6. Haemodialysis & Haemoperfusion; 7. Students will be exposed in Extracorporeal membrane oxygenation (ECMO) and MARS (Hepatic Dialysis) in relation to Critical Care Toxicology. Courses starts in July 2020.

FELLOWSHIP CERTIFICATE IN DIABETOLOGY

Course Coordinator : Dr. N. Bhavatharini **Course Fee :** Rs. 25,000/- **Duration :** 6 Months

Terms : **ONLINE CLASSES weekly and two contact classes at IMA Hall Coimbatore.**

Course will commence from 2nd week of June 2020. **Final Exam :** Theory, Project & Viva.

Eligibility : IMA & CGP Life members. Course already started. Interested person to apply immediately

FELLOWSHIP CERTIFICATE IN RESPIRATORY DISEASES

Overview - Basics : 1. Lung anatomy; 2. Respiratory physiology; 3. Respiratory Investigations including Basics of chest x Ray interpretation & spirometry interpretation; 4. Respiratory Pharmacology with Inhaler techniques

Topics to be covered : 1. Tuberculosis - Pulmonary & Extra Pulmonary; 2. Asthma & Occupational Lung Diseases; 3. COPD, Pulmonary Hypertension & Cor Pulmonale; 4. Respiratory Infections - Upper and Lower; 5. Respiratory Emergencies / Pleural Diseases; 6. Lung Cancer & Interstitial Lung Diseases; 7. Allergy and Sleep Apnea. **Course Fee:** Rs. 25,000/-;

Course Co-ordinator : Dr. V. Nandagopal; **ONLINE CLASSES weekly and two contact classes at IMA Hall Coimbatore.**

Duration : 6 months. **Eligibility :** IMA & CGP Life Members. Course starts in July 2020. Interested person to apply immediately.

For further details contact: Dr. A. Govindarajan, CGP Director of Studies - Cell : 94434 37826, Dr. R. Anburajan,

CGP Faculty Secretary - Cell : 94426 12138. Contact IMA State office Cell # 90871 80123 or

email: imatamilnadu@gmail.com. Application forms available in www.imatn.com.

DD in favour of 'IMA TAMILNADU ACADEMIC CELL', payable at 'CHENNAI'.



CHAIRMAN

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Prof. Dr. R. KANNAN

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JOINT SECRETARY

Dr. RAJESH BABU

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The AMS report and plan of action: June 2020

As per the directions of IMA TNSB president Dr C N Raja, webinars were initiated to share the knowledge with our IMA brethren during these days of Covid 19 lock down.

Webinar I was inaugurated on 21 May 2020 by Dr CN Raja, IMA TNSB President and the talk was given by Prof Chenniappan on “Basics of ECG in Covid Era”. There were about 300 participants in the program **Webinar II** was symposium on Diabetic Foot Management held on 3 June 2020 (Wed) and this had Dr CN Raja, president of IMA TNSB inaugurating and giving the presidential address and felicitated by Dr AK Ravikumar, TNSB Secretary, Dr.Ashraf, IMA AMS Hq Chairman and Dr.NRT Thiagarajan Finance Secretary IMA TNSB . Prof. Dr. Arthur J. Asirvatham, former head, Dept. of Diabetology, Madurai Medical College, Madurai spoke on Medical Management of Diabetic foot. Our Honorary Secretary spoke on, “Surgical Management of Diabetic Foot”.

It was followed by the talk on, “Vascular interventions for Diabetic Foot”, by Dr. D.N.Sharmila , Consultant Vascular Surgeon, Madurai. There were about 270 participants in the program. Webinar III was Symposium on Current Management of Covid 19. This meeting was unique because there were the Galaxy of leaders from National IMA and IMA AMS Headquarters attending the meeting and felicitating the webinar. We would like to thank our Honourable National President Dr. Rajan Sharma for his eloquent Presidential address and he mentioned that as doctors we should always be ready to work in the frontline and do our best to fight the COVID 19 infection.

Honourable Headquarters Secretary General Dr. R.V. Asokan offered his felicitations. Tamilnadu State Branch President Dr. C.N.Raja gave his Keynote address and this was followed by felicitations by National IMA AMS Headquarters chairman, Dr. Ashraf and National IMA AMS Headquarters Secretary Dr. Mohan Gupta. Our State President Dr CN. Raja **CHAIRMAN** – Prof. Dr. V. AMUTHAN MD., DM (Cardio) FACC FASE Former Prof & Head, Dept of Cardiology, MMC, Madurai Director, Jeyalakshmi Heart Centre, Madurai **SECRETARY** – Prof R. KANNAN MS (SURGERY), MGMCRI, Puducherry **JOINT SECRETARY** – DR. RAJESH BABU MS., M.Ch (Neurosurgery), Ganga Hospital, Coimbatore spoke about Steps taken by IMA, TNSB, in the management of COVID 19. Prof. Dr.VN. Alagavenketesan, Professor of Medicine, Madurai Medical College and President, IMA, Madurai, spoke on, “COVID 19 current medical Management” and Dr. S. Elamparithi, Pulmonologist, Vadamalayan Hospitals on “Management of Lung complications during COVID 19 infections”. There were 270 delegates attending this meeting. IMA AMS team has planned for two more webinars in July on interesting topics. ■





Tips for keeping your practice in business during the COVID-19 pandemic

Physician practices managing patients during the COVID-19 pandemic are confronting new and unique operational and business challenges. Herewith are a few issues faced and their resolution:

1. Implement a process for rapid decision-making and planning

It is imperative to establish a clear chain of command and rapid response process to ensure swift, decisive action. The highest priority is that practice patients, clinicians, and staff remain safe. For example, what to do if a clinician or patient tests positive for COVID-19, what notifications must be made and to whom, and how that occurrence may impact your daily operations.

2. Evaluate ongoing financial obligations

Revise financial plans to ensure ongoing liquidity of your practice in the event of less clinical revenue (e.g., due to cancelled elective surgery; fewer outpatient visits) and whole or partial closure of practice locations. Develop a contingency plan based on estimates of minimum cash flow to stay afloat. Review existing loan documents and financial covenants to determine if a slow-down of business or collections could trigger a default situation. Manage cash to the best extent possible and consider delaying payment of discretionary bonuses or other discretionary payments. Consider asking lenders and other creditors for EMI holidays or a standstill and agree to a process of keeping them informed over time. Also, monitor resources available through newly emerging economic relief packages by the Government to try to help businesses and workers affected by the outbreak.

3. Assess current and future supply needs

The pandemic has created worldwide shortages of essential medical supplies including personal protective equipment (PPE) and respirators. Take stock of what supplies your practice has now and what cash flow should be devoted toward trying to stock up for the months ahead. A reduction in in-person care will reduce the number of encounters requiring PPE.

4. Communicate guidelines for employees

Many employees are concerned about their own health and workplace safety; institute interim guidelines to assist employees with making the best health decisions for themselves and their families and to provide a safe workplace. Depending on cash flow challenges or external factors beyond your control, your practice may need to furlough or terminate non-essential employees. Understand your practice's obligations in this regard, understand legal requirements regarding employment status, and identify workflow changes in advance which may be required to keep the practice functioning properly.

Many more challenges will be presented and we would try to answer them all in the coming months, together we are stronger and we will overcome this crisis. ■



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FAMILY SECURITY SCHEME OF IMA TNSB



Dr. C. THANGAMUTHU
FSS CHAIRMAN
Cell: 94430 22328
sailootmuthu@gmail.com

**Dear Colleagues of IMA TNSB
and brothers and Sisters of FSS,**

Warm greetings to you all.

Covid-19 pandemic has brought a new era in communication – telemedicine, teleconferences, zoom meetings, online classes even from 1st standard in education, work at home offices etc. Certainly there will be changes in our way of work and education in the near future.

FSS also had its first ever Zoom 64th Management Committee Meeting on 31st May 2020. There were a few problems in getting connected and expressing opinions and we will sort them out in future. Our thanks to our newly formed I.T. Wing and its Chairman Dr. Vijayakumar for making the zoom MC meeting possible. We must thank our IMA TNSB President Dr. C.N. Raja for timely forming the IT wing for our IMA TNSB.

Our FSS office is working with full capacity. There are still a few problems in communications, courier and posts due to Covid 19 lockdown in Chennai and neighboring districts.

Our concentration for the next six months is on increasing the membership to 10,000 in FSS I and 5000 in FSS II. Towards this objective, the following measures are introduced:-

There will be 10% reduction in NRD deposits payable by new members on joining the schemes FSS I & II, for all age categories, from Doctors Day – 1st July 2020 to 31st Dec 2020.

Waiting period for new members joining and recently joined new members is waived – if death is due to Covid -19 virus, till 31st December 2020. So all newly joining members are immediately covered as for deaths due to accidents.

Medals – Silver / Gold - will be awarded to all those who introduce new members to the FSS schemes - in IMA TNSB State Conference/FSS General Body meeting.

I request all the district coordinators of FSS and Branch Presidents and Hony. Secretaries who are the approved representatives of FSS for their branch, to take part in the membership drive enthusiastically and win medals from FSS.

Once again we request our members to keep vigil on their personal protection from the killer flu, and stay safe.

Our motto remains : JOIN FSS – SECURE YOUR FAMILY – FEEL FREE TO PRACTICE.

- Dr. C. Thangamuthu, Chairman FSS

FAMILY SECURITY SCHEME OF IMA TNSB

Dear Colleagues, Greetings,

Yet another month has passed and still we are under the grip of COVID -19.

In spite of many handicaps, our FSS office is continuing to provide services to our members to the best of our ability. In FSS I, we have only about 1700 members yet to pay their 25th due. Till June 30th, the 25th due is being collected without any late fees and from 1st July to 30th September it will be Rs.14,200/- (With late fee Rs.200/-). I request our members to utilize our online services for payment of their dues.

In the 2nd due of FSS II, only about 55 members are yet to pay their dues of Rs12400/-. The last date for FSS II is 30th June 2020. Members, who are yet to pay, are requested to make the same at the earliest.

Due to lockdown, the Management Committee Meeting of FSS was conducted as a Virtual Meeting by Zoom on 31st May. Our sincere thanks to our President Dr.C.N.Raja, Secretary Dr.A.K.Ravikumar for the smooth conduct of the Meeting. Thanks are also due to Dr.Vijayakumar, our



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IT Wing Chairman for his dedicated service and cooperation in the first ever Zoom MC Meeting.

In the well attended MC Meeting, the working of FSS I & FSS II was reviewed; accounts for January 2020 till March 2020 were submitted.

Ways to improve the Membership was discussed in detail. It was resolved that to improve membership of FSS I & FSS II a concession of 10% will be given on NRD amount to members who join the scheme from 1st July to 31st December 2020.

Also it was resolved that exemption from Window period will be given to New Members who have recently joined or new members joining the Scheme, Till December 31st 2020 if the unfortunate death is due to Covid-19

The 3rd Due collection of FSS II will begin from 1st July 2020 and it has been fixed at Rs.12000, similar to the previous due. Request members to continue their cooperation and help. **“Stay Healthy Stay Safe”**

Thanking You, Yours in IMA service

- Dr. V. Madhavan, Secretary, FSS, IMA TNSB

New Members joined in May	-	07
Claims Paid in May	-	07
Total membership as on 31.05.2020	-	9460

25th Premium Demand Account

Members paid in May		
Members 453 x Rs. 14,000/-	-	Rs. 63,42,000/-
25th Claims paid in May 2020 (7)		Rs. 1,25,58,000/-

FSS I - NEW MEMBERS JOINED IN MAY 2020

S.#	Doctor Name	Age	IMA Branch	FSS #
1.	Dr. R. Shanmugapriya	40	Madurai Meenakshi	11332
2.	Dr. M. Nagajothi	40	Ch. Tambaram	11333
3.	Dr. P. Muthu	48	Kancheepuram	11334
4.	Dr. P. Kalaiselvi	49	Chennai South	11335
5.	Dr. P. Narmadha Priya	36	Harur - Uthangarai	11336
6.	Dr. J. Banumathi	46	Salem	11337
7.	Dr. K.T. Sivakumar	47	Tirupattur	11338

CLAIM PAID - IMA ERODE BRANCH



IMA Erode Branch President Dr. Chakravarthi Mailer Ravindran, Hony. Secretary Dr. S.T. Prasad, Dr. S.S. Sukumar, IMA Past State President, Dr. V. Madhavan, FSS Secretary, Dr. K. Soundararajan, FSS Finance Secretary Presenting DD of Rs. 18,00,000/- to the nominee Dr. J. Jayapal, H/o Late Dr. Nalinadevi (FSS I#4704) member of IMA Erode Branch. DOD - 16.04.2020.

Claims Paid - MAY 2020 (7 Families)

S.No	Member name	Date of Joining	Date of Death	Amount
733.	Dr. R. Kumar (66), Tiruchirapalli	05.01.2005 (FSS # 2442)	06.03.2020	Rs. 17,86,000/-
734.	Dr. Nalinadevi (58), Erode	23.03.2006 (FSS # 4704)	16.04.2020	Rs. 18,00,000/-
735.	Dr. G. Rajeswari (70), Erode	19.01.2007 (FSS # 5906)	14.03.2020	Rs. 17,86,000/-
736.	Dr. H. Basheer Ali Khan (84), Tiruchirapalli	19.04.2005 (FSS # 3024)	14.04.2020	Rs. 18,00,000/-
737.	Dr. M. Shanmugam (72), Jayankondam	14.10.2004 (FSS # 1617)	13.02.2020	Rs. 17,86,000/-
738.	Dr. V. Dayasagar (75), Dharmapuri	25.08.2004 (FSS # 856)	22.03.2020	Rs. 18,00,000/-
739.	Dr. M. Seenivasagan (61), Rajapalayam	18.05.2012 (FSS # 9749)	13.04.2020	Rs. 18,00,000/-

To Join in FSS I Age Group	Non Refundable/ Deposit	Fraternity Contribution Deposit for 25th Premium (01.01.2020)	
Upto 30 Yrs	(Rs. 3000/-) Rs. 2,700/-	Rs. 14,000/-	Rs. 16,700/-
31 to 40 Yrs	(Rs. 10,000/-) Rs. 9,000/-	Rs. 14,000/-	Rs. 23,000/-
41 to 50 Yrs	(Rs. 50,000/-) Rs. 45,000/-	Rs. 14,000/-	Rs. 59,000/-

10% Reduction in NRD for Newly joining members from 1st July to 31st December 2020

ONLY DD or ONLINE PAYMENT accepted DD in favour of “**IMA TNSB FSS Advance a/c**”
Rs. 14,000/- Payable at Erode. (Till 30th June). Rs. 14,200/- from 1st July onwards

NO CASH / NO NEFT / No Cheque

PAYMENT MODE

DD in favour of “**IMA TNSB FSS Advance a/c**” Payable at Erode

(OR) **ONLINE PAYMENT:** Online payment through FSS - I. Login in our website www.imatnsbfss.com

HOW TO LOGIN FOR ONLINE PAYMENT

- Step 1 : Select FSS-I option from the different user login options in the FSS home page (www.imatnsbfss.com)
- Step 2 : Click forgot password
- Step 3 : Dialogue box appears in that enter the FSS I number and date of birth
- Step 4 : Press enter key and verify your phone number
- Step 5 : Enter OTP which comes to your phone number
- Step 6 : Then in the next dialogue box enter the new password and click submit now the password got reset
- Step 7 : Select FSS - I option from the different user login options in the FSS home page (www.imatnsbfss.com)

User name : FSS number

Password : Whatever password you have reset

Note : Same procedure will be followed for FSS II Login also.

IMPORTANT

**25th Premium for FSS - I for the year 2020 is Rs. 14,000/-
 DD/ONLINE PAYMENT @ ERODE (Till 30th June)
 Rs. 14,200/- from 1st July Onwards**

Office Working Hours : 10.00 a.m to 06.00 p.m. - SUNDAY HOLIDAY

PLEASE SEND YOUR PAYMENTS & COMMUNICATIONS TO

Dr. V. MADHAVAN, Hony. Secretary, FSS of IMA TNSB, Abirami Eye Hospital, No. 37, E.V.N. Road, Erode - 638 009.

Cell : 98405 37178, 93604 98113. e.mail : imatnsbfss@gmail.com, madhuerode@gmail.com



INDIAN MEDICAL ASSOCIATION TAMILNADU STATE BRANCH FAMILY SECURITY SCHEME - I



Membership For FSS – II

New Members joined in May is **04**.

Total Membership as on 31.05.2020 is **2906**

Active members as on 31.05.2020 is **2852**

Claims Paid in May - **01**

2nd Premium Demand

Members paid in May - 20 x Rs. 12,000/- Rs. 2,40,000/-

Late Fee Collect (16 x 400) Rs. 6,400/-

2nd Claims paid in May 2020 (1) Rs. 8,70,600/-

FSS II -NEW MEMBERS JOINED IN MAY 2020

S.#	Doctor Name	Age	IMA Branch	FSS #
1.	Dr. V.Lenin Babu	51	Coimbatore	2903
2.	Dr. B.Jeyamani	60	Salem	2904
3.	Dr. V.Ravi	58	Kancheepuram	2905
4.	Dr. N.Noorjahan	51	Tirupattur	2906

ENTRY FEES

(NON- REFUNDABLE DEPOSITS)

Entry Fees According To Age

AGE	AMOUNT	AMOUNT
Upto 50 years	As in FSS - I	As in FSS - I
51 Years	Rs. 51,000	Rs. 45,900
52 Years	Rs. 52,000	Rs. 46,800
53 Years	Rs. 53,000	Rs. 47,700
54 Years	Rs. 54,000	Rs. 48,600
55 Years	Rs. 55,000	Rs. 49,500
56 Years	Rs. 56,000	Rs. 50,400
57 Years	Rs. 57,000	Rs. 51,300
58 Years	Rs. 58,000	Rs. 52,200
59 Years	Rs. 59,000	Rs. 53,100
60 Years	Rs. 60,000	Rs. 54,000

IMPORTANT

1. 3rd Premium for FSS II begins from July 1st.
Advance Amount – Rs. 12,000/-

2. Avail of 10% reduction in NRD for newly joining members from 1st July to 31st December 2020

AGE LIMIT FOR FSS – II

- Both Existing members of FSS-I and New Members can join in this Scheme.
- Age limit to join in this scheme is only **60 years** for both the Existing FSS – I Members and new members.
- Age denotes the completed age as per the official records, (Aadhar / Voter ID / Pan card / Driving License / Passport / School Leaving Certificate)
- Defaulters of FSS-I Scheme will not be allowed to join FSS-II, unless they give a valid reason for the default.
- The accounting year of the Scheme shall be 1st July of each year to 30th June of the following years.
- If a member failed to pay within this period the membership will be terminated after giving a registered notice with 15 days grace period.
- Management Committee’s decision is final in case of any dispute regarding membership, death Claim or deletion of defaulters.

Note:- The upper age limit to join in FSS – II is **60 years** only. (for both new & existing FSS – I Members)

First Payment only by Demand Draft in favour of “**IMA TNSB FSS - II**” Payable at **Erode**.

From Second Premium onwards payment can be done by DD (or) online payment Gateway

Death Fraternity Contribution Advance Amount **Rs. 12,000/-** per Year - for all age Groups. DD in favour of “**IMA TNSB FSS - II**” payable at Erode.

“IMA TNSB FSS - II Advance A/c” - Rs. 12,400/-
Payable at Erode. - 2nd Premium

Please Enroll more members in FSS II and utilize the chance to secure your family.

Claims Paid - MAY 2020 (1 Family)

S.No	Member name	Date of Joining	Date of Death	Amount
1.	Dr. M. Seenivasagan (61), Rajapalayam	16.06.2019 (FSS # 2839)	13.04.2020	Rs. 8,70,000/-



தொடரும் வழக்குகளும் நமது கடமையும்

**Professional Protection
Linked Social Security
Scheme of IMA TN**
Dr. K. Thangamuthu
Chairman PPLSSS of
IMA TNSB, Past PPLSSS
Legal Committee Chairman
Cell: 94431 51164
thangamuthu43@yahoo.com

அன்புள்ள மருத்துவர்களுக்கு,

09-02-2020-ல் Medico Legal Conclave -2020 நிகழ்வை சீரும் சிறப்புமாக நடத்த முழு ஒத்துழைப்பையும் கொடுத்த உங்கள் அனைவருக்கும் என் நன்றியைத் தெரிவித்துக் கொள்கிறேன்.

Conclave -2020 வாயிலாக ஒவ்வொரு மருத்துவரும் தங்களைத் தற்காத்துக் கொள்ள கண்டிப்பாகத் தெரிந்திருக்க வேண்டிய அரசு ஆணைகள் பற்றியும், நீதிமன்றத் தீர்ப்புகள் பற்றியும் Conclave -2020-யில் பங்கு கொண்ட நீதியரசர்களும், மருத்துவ மேதைகளும் ஆற்றிய உரைகளின் மூலம் நாம் தெரிந்து கொண்டோம்.

சட்டச் சிக்கல் இல்லாத, காவல்துறையின் ஒத்துழைப்புடன் கூடிய மருத்துவச் சேவையை மக்களுக்கு நாம் செய்ய வேண்டுமென்றால், ஒவ்வொரு காவல்துறை அதிகாரிகளும் நம் மருத்துவர்களுக்காக உச்ச நீதிமன்றம் மற்றும் உயர் நீதிமன்றம் கொடுத்துள்ள தீர்ப்புகளையும், மருத்துவத் துறை சார்ந்த Act மற்றும் அரசு ஆணைகளையும், Medical Ethics-களையும் கண்டிப்பாகத் தெரிந்திருந்தால் மட்டுமே காவல்துறையினர் மருத்துவர் மற்றும் மருத்துவ மனை தொடர்பான வழக்குகளைச் சந்திக்கும்போது, நடுநிலையுடன் செயல்பட முடியும். இதனாலேயே இந்திய மருத்துவச் சங்கத்தின் தமிழ் மாநிலக் கிளையின் PPLSSS-ன் சார்பாக காவல்துறையினர் மற்றும் மருத்துவர்கள் அடங்கிய மருத்துவ மாநாட்டை நடத்த வேண்டிய கட்டாயத்தில் நாம் உள்ளோம்.

அது தொடர்பாக என்னுடைய மருத்துவக் கல்லூரி நண்பர் டாக்டர் P.K.கேசவராம் அவர்களின் மகளும், தற்போது சென்னையில் IG ஆக உள்ள வரும் உதவுவதாக உறுதியளித்துள்ளார் என்பதை மகிழ்ச்சியுடன் உங்களுடன் பகிர்ந்து கொள்கிறேன்.

இந்தக் 'கொரோனா' காலத்தில் நுகர்வோர் பாதுகாப்பு சட்டப்படியான வழக்குகள் குறைவாக வந்தாலும், மருத்துவர்கள் மற்றும் மருத்துவமனைகள் மேல் வரும் வழக்குகள் தொடர்ந்து கொண்டே தான் உள்ளன என்பதை எடுத்துக்காட்ட கீழ்க் காணும் செய்திகளை உங்கள் முன் படைக்கிறேன்:

■ சேலம் மாவட்டத்தைச் சேர்ந்த ஒரு மருத்துவர் குடலிறக்கத்திற்காகச் செய்த அறுவைச் சிகிச்சையைத் தொடர்ந்து, நோயாளிக்குப் பாதிப்புகள் ஏற்பட்டுள்ளன. அந்த நோயாளி பாதிப்புகளுக்கான சிகிச்சையை வேறு ஒரு மருத்துவமனையில் பெற்றுள்ளார். தற்போது அவர் தனக்கு ஏற்பட்ட பாதிப்புகளுக்காக மாவட்ட ஆட்சியரிடம் மருத்துவ மனையின் நிர்வாகியிடமிருந்து நஷ்ட ஈடு பெற்றுத்தரும்படி கேட்டுக் கொண்டதையடுத்து, ஆய்வு செய்த மாவட்ட ஆட்சியர் மருத்துவர் மேல்

தவறு உள்ளதாகக் கூறி, நஷ்ட ஈடு வழங்கும்படி மருத்துவமனைக்கு உத்தரவிட்டுள்ளதாக ஒரு கடிதம் வந்துள்ளது. இதனையடுத்து அதற்கான பதிலை அந்த மருத்துவர் சார்பாக நாம் இப்போது சமர்ப்பித்துள்ளோம்.

■ சேலத்தைச் சேர்ந்த எலும்புச் சிகிச்சை நிபுணருக்கு எதிராக சேலம் மாவட்ட நுகர்வோர் பாதுகாப்பு நீதிமன்றத்தில் நடந்து வந்த வழக்கின் தீர்ப்பு 5-6-2020-ல் வெளிவந்துள்ளது. மருத்துவர் 25 இலட்சம் ரூபாய்களை உடனடியாக நஷ்ட ஈடாக வழங்க வேண்டும் எனத் தீர்ப்பில் கூறப்பட்டுள்ளது. அந்தத் தீர்ப்பை எதிர்த்து, மாநில நுகர்வோர் நீதிமன்றத்திற்கு நாம் செல்ல உள்ளோம் என்பதைத் தெரிவித்துக் கொள்கிறோம்.

■ திருநெல்வேலி மாவட்ட நுகர்வோர் நீதிமன்றத்தில் டாக்டர் ராகவேந்திரா அஸ்ரன்ன என்பவருக்கு எதிராக போடப்பட்ட வழக்கு 13-3-2020-ல் தள்ளுபடி செய்யப்பட்டதுடன் தீர்ப்பின் நகலை நாம் இப்போது பெற்றுள்ளோம் என்பதையும் மகிழ்ச்சியுடன் தெரிவித்துக் கொள்கிறோம்.



**PPLSSS Death CLAIM
RS 50000, (FIFTY THOUSAND) FOR
Dr. DHARMAKRISHNAMARAJA FAMILY
(RAJAPALAIYAM BRANCH)**

‘கொரோனா’ பாதிப்புக் காலத்திலும் மருத்துவர்களுக்கு எதிரான வழக்குகள் மற்றும் தீர்ப்புக்கள் வரத் தொடங்கியுள்ளன என்பதைத் தெரிவித்துக்கொள்வதுடன், மருத்துவர்களாகிய நாம் சிகிச்சையின் போது மட்டுமல்லாது, அந்தச் சிகிச்சை தொடர்பான ஆவணங்களையும் முறையாகப் பராமரிக்க வேண்டியது நம் கடமை என்பதை தாழ்மையுடன் தெரிவித்துக் கொள்கிறேன். ■

PPLSSS NEW MEMBERS SUBSCRIPTION (Block of Five years)

Category	Compensation 5 Lakhs per block of 5 years	Compensation 10 Lakhs per block of 5 years
GENERAL PRACTITIONER	Rs. 6,000 + 1,080 = 7,080/-	Rs. 11,000 + 1,980 = 12,980/-
NON – SURGICAL	Rs. 7,000 + 1,260 = 8,260/-	Rs. 13,000 + 2,340 = 15,340/-
SURGICAL ANAESTHETIST	Rs. 8,000 + 1,440 = 9,440/-	Rs. 15,000 + 2,700 = 17,700/-

NOTE : Subscription Amount which includes 18% GST

Only Demand Draft should be send in the name of “PPLSSS of IMA TN” Payable at Kallakurichi

திருக்குறள் சிறப்பு

நோய் உண்டாவதற்கு எது காரணம் என்று வள்ளுவர் கூறுகிறார்?

மிகினும் குறையினும் நோய்செய்யும் நூலோர்
வாளிமுதலா எண்ணிய மூன்று

(95, மருந்து குறள் 941)

ஒருவனுடைய உணவும், செயல்களும் அளவுக்கு மேல் கூடினாலும், குறைந்தாலும் நூலோர் வகுத்த வாதம், பித்தம், கபம் முதலிய மூன்றும் நோயை உண்டாக்கும்.

- டாக்டர் வே. ராஜேஷ் பாபு

தலைவர் - தேர்வு, இந்திய மருத்துவக் கழகம், கோவை



Sad demise of our dear **Mr. Sanjay Sharma**, Senior Manager of IMA Head Quarters, New Delhi – died due to COVID 19 on 09.06.2020. IMA has lost a very hardworking multi talented person. Shocked to hear the news . It is a great setback. Sanjay is close to every one and a ready reckoner. What a sad moment . May God comfort and console the family.

- IMA TNSB

Professional Protection Linked Social Security Scheme of IMA TN



Dr. S. NEHRU
Secretary
PPLSSS of IMA TNSB
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Dr. E. KUMARESAN
Treasurer
PPLSSS of IMA TN
Ph: 04151 224795, 9444327795
kumsvetri9@gmail.com

அன்பார்ந்த சகோதர சகோதரிகளே, அனைவருக்கும் எனது பணிவான வணக்கம்!

கொரோனா உலகையை உலுக்கிக் கொண்டிருக்கும் இந்த இக்கட்டான சூழ்நிலையில், தன்னலம் கருதாமல் மக்களுக்கு மருத்துவச் சேவையாற்றி வரும் நம் மருத்துவ நண்பர்கள் அனைவருக்கும் எல்லாம் வல்ல இறைவன் அருளாசியையும், பணிப் பாதுகாப்பையும் வழங்க வேண்டி பிரார்த்திக்கிறேன்.

தற்சமயம் COVID-19 சென்னையில் தீவிர பாதிப்பை உண்டாக்கி வருவது அதிக மன வேதனை அளிக்கிறது. அங்கு பணிபுரியும் மருத்துவர்கள் அனைவரும் மிகவும் பாதுகாப்பாக இருக்க வேண்டும் என்பது எனது வேண்டுகோள். மேலும், நமது இந்திய மருத்துவக் கழக தமிழ்நாடு கிளையின் தலைவர் Dr. C.N. Raja அவர்கள் கானொளி மூலமாக தமிழக முதலமைச்சர், தமிழக அரசு சுகாதாரச் செயலாளர்

ஆகியோருடன் தொடர்பு கொண்டு மருத்துவக் கழக மருத்துவர்கள் அனைவருக்கும் COVID-19-ஐ தடுக்கும் விதமாக பாதுகாப்பின் அவசியத்தை எடுத்துரைத்தார். அதன் அடிப்படையில் மாண்புமிகு முதலமைச்சர் மற்றும் சுகாதாரச் செயலாளர் அவர்கள் COVID-19 Treatment Guidelines மற்றும் மருத்துவர்களின் பாதுகாப்பானச் செயல்பாட்டிற்கும் உறுதியளித்துள்ளார். மருத்துவச் சேவை புரியும் நாம் எல்லோரும் COVID-19-ஐ நாட்டை விட்டு தூரத்த, உற்சாகத்துடன் போராட வேண்டிய தருணம் இது.

நாம் எல்லோரும் கொரோனாவை விரைவில் கட்டுப்படுத்துவோம். கொரோனா தொற்று இல்லாத மாநிலமாக தமிழ்நாட்டை மாற்றுவோம் என உறுதியேற்போம். நன்றி!

- Dr. S. NEHRU MS.D.O.,
செயலாளர் IMA, PPLSSS

PPLSSS RENEWAL MEMBERS - BONUS COMPUTATION SUBSCRIPTION (Block of Five years)

Category per block of 5 years	Compensation 5 Lakhs per block of 5 years	Compensation 10 Lakhs
GENERAL PRACTITIONER Less : Bonus Rs. 1,000/-	Rs. 5,000 + 900 = 5,900/- Rs. 4,000 + 720 = 4,720/-	Rs. 10,000 + 1,800 = 11,800/- Rs. 9,000 + 1,620 = 10,620/-
NON – SURGICAL Less : Bonus Rs. 1,000/-	Rs. 6,000 + 1,080 = 7,080/- Rs. 5,000 + 900 = 5,900/-	Rs. 12,000 + 2,160 = 14,160/- Rs. 11,000 + 1,980 = 12,980/-
SURGICAL ANAESTHETIST Less Bonus Rs. 1,000/-	Rs. 7,000 + 1,260 = 8,260/- Rs. 6,000 + 1,080 = 7,080/-	Rs. 14,000 + 2,520 = 16,520/- Rs. 13,000 + 2,340 = 15,340/-

**NOTE : Subscription Amount which includes 18% GST
BONUS APPLICABLE ONLY FOR 'NO CLAIM SUBSCRIBER'**

Only Demand Draft should be send in the name of 'PPLSSS OF IMA TN Renewal A/C' Payable at Kallakurichi

Dr. S. NEHRU, Hony. Secretary, PPLSSS of IMA TN.

Hi - Tech Eye Care Hospital, 25/A, Chekkumettur Street, Kallakurichi - 606 202. Villupuram District.

Ph : 04151 - 224176, 94872 72627. Email : secretarypplss@gmail.com

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Rs. 1,150/- discount for Couple Members

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Single Member	Rs. 13,000/-	Rs. 12,250/-
Couple Member	Rs. 20,000/-	Rs. 18,850/-

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Valid from 1st July, 2020 to 30th September, 2020

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Life Couple - Rs. 18,850/-

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Indian Medical Association
Tamilnadu State Branch
by means of DD payable at Coimbatore

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Chairman Dr. V. Saravanan: 9840026265

Secretary Dr. Vaibhav Suresh: 9840084257

@ Rs.1200/- for Double bed room / @ Rs.1700/- suit **Cash/DD/Cheque in
favour of IMA TNSB Guest House**



PPLSSS RENEWAL - INTIMATION

FROM 01.07.2020 TO 31.07.2020

S.No.	Doctor Name	Member Code	Renewal Date		
CUMBUM VALLEY					
35.	Dr. Karunakaran T.	8842	01.07.2020		
36.	Dr. Sivakumar S.	5892	12.07.2020		
DINDIGUL					
37.	Dr. Thangamani M.	5882	01.07.2020		
ERODE					
38.	Dr. Apitha S.	2909	31.07.2020		
39.	Dr. Dhanabagyam S.	1391	23.07.2020		
40.	Dr. Kandaswami D.	1392	21.07.2020		
41.	Dr. Pradeepa S.	11236	21.07.2020		
42.	Dr. Saravanan P.	5426	06.07.2020		
43.	Dr. Sathis Kumar S.	11245	30.07.2020		
44.	Dr. Shanmugam A.	11246	30.07.2020		
45.	Dr. Sudhakar K.	11235	21.07.2020		
GOBICHETTIPALAYAM					
46.	Dr. Jayakrishnan S.	11244	28.07.2020		
47.	Dr. Kumaresan S.	5885	05.07.2020		
48.	Dr. Nanthitha R.	5886	05.07.2020		
GUDIYATHAM					
49.	Dr. Jeevanandam P.	8845	02.07.2020		
50.	Dr. Sarojini Jeevanandam	8846	02.07.2020		
HOSUR					
51.	Dr. Anuradha S.	8895	21.07.2020		
52.	Dr. Rajesh Kumar J.	2368	21.07.2020		
53.	Dr. Rekha Rajesh	8896	21.07.2020		
KALLAKURICHI					
54.	Dr. Muthukumar V.	11214	06.07.2020		
KANCHEEPURAM					
55.	Dr. Dhanalakshmi P.	8910	27.07.2020		
56.	Dr. Mohan K.R.	8906	27.07.2020		
57.	Dr. Nakkeeran S.	8911	27.07.2020		
58.	Dr. Namashivayam S.	8909	27.07.2020		
KARUR					
59.	Dr. Chitra Raman	11208	02.07.2020		
60.	Dr. Saravanan T.	11233	21.07.2020		
KRISHNAGIRI					
61.	Dr. Kannan B.	11234	21.07.2020		
KUMBAKONAM					
62.	Dr. Pavun Pappa T.	5781	09.07.2020		
MADURAI					
63.	Dr. David Praveen Kumar	11241	27.07.2020		
64.	Dr. Muthuvel Rajan M.	2416	28.07.2020		
65.	Dr. Narumalar A.	4392	06.07.2020		
66.	Dr. Palani Vel Raaja B.	5789	05.07.2020		
67.	Dr. Sundararajan R.	5628	09.07.2020		
MANA MADURAI					
68.	Dr. Aarthy Jegan S.	8888	18.07.2020		
69.	Dr. Jegan J.	8889	18.07.2020		
1.	Dr. Balaji D.	11225	16.07.2020		
AMBASAMUDRAM					
AMBATTUR - AVADI					
2.	Dr. Jayaraman V.	5880	01.07.2020		
3.	Dr. Palaniappan M.K.	5902	19.07.2020		
4.	Dr. Saradha J.L.	5785	27.07.2020		
5.	Dr. Vasantha R.	2882	03.07.2020		
6.	Dr. Vijayalakshmi R.	2881	03.07.2020		
ARNI					
7.	Dr. Jalatha Helan Prasath	8856	08.07.2020		
8.	Dr. Prasath Jaison Jacob	8857	08.07.2020		
BHAVANI KOMARAPALAYAM					
9.	Dr. Kavitha Senthilkumar B.	5584	02.07.2020		
10.	Dr. Senthil Kumar B.S.	5583	02.07.2020		
CHENGALPATTU					
11.	Dr. Parasakthi P.	5406	16.07.2020		
12.	Dr. Raghothaman S.	8879	16.07.2020		
13.	Dr. Uma Maheswari R.	8868	12.07.2020		
14.	Dr. Veera Kumaran R.	8869	12.07.2020		
CHENNAI APOLLO T.L.					
15.	Dr. Prem Sekar R.	11237	21.07.2020		
CHENNAI ASHOK NAGAR					
16.	Dr. Anita Rogers	8865	12.07.2020		
17.	Dr. Radha Rajendran	2777	06.07.2020		
CHENNAI KODAMBAKKAM					
18.	Dr. Abdulrahim M.	11216	07.07.2020		
19.	Dr. Maharajan S.	5914	27.07.2020		
20.	Dr. Nagarajan D.	2893	17.07.2020		
CHENNAI NAAM					
21.	Dr. Ramachandran	11222	15.07.2020		
CHENNAI PERAMBUR					
22.	Dr. Bhuvana S.	11231	20.07.2020		
CHENNAI PILLAR CITY					
23.	Dr. Chockalingam M.	11212	05.07.2020		
CHENNAI TAMBARAM					
24.	Dr. Nanda Kumar V.	8848	04.07.2020		
CHETTINAD					
25.	Dr. Madhavamurthy R.	8873	13.07.2020		
26.	Dr. Porselvi P.	8872	13.07.2020		
27.	Dr. Saravanan M.	5905	27.07.2020		
28.	Dr. Sudha P.	8871	13.07.2020		
COIMBATORE					
29.	Dr. Amutha Giridhar	8882	16.07.2020		
30.	Dr. Chitradevi C.	8905	25.07.2020		
31.	Dr. Kannan N.	11226	17.07.2020		
32.	Dr. Radhika P.	11228	17.07.2020		
33.	Dr. Rajeswaran V.S.	8859	09.07.2020		
34.	Dr. Renuka K.	11227	17.07.2020		

MARTHANDAM				T. KALLUPATTI			
70.	Dr. Ilaya Selvan P.	11230	20.07.2020	98.	Dr. Vanaraj V.	8595	09.07.2020
71.	Dr. Suja I.	11232	20.07.2020	THANJAVUR			
MAYILADUTHURAI				99.	Dr. Amudha P.	5841	16.07.2020
72.	Dr. Arivazhagan A.	8850	04.07.2020	100.	Dr. Aravindan U.	8878	16.07.2020
73.	Dr. Madhavan J.	2883	04.07.2020	101.	Dr. Ganapathy A.	5825	22.07.2020
74.	Dr. Malarvizhi S.	2884	04.07.2020	102.	Dr. Ravi K.	8847	02.07.2020
75.	Dr. Seethalakshmi B.	11229	19.07.2020	103.	Dr. Thiyagesan V.	8894	21.07.2020
METTURDAM				TIRUCHENGODE			
76.	Dr. Vijayakumar S.	8851	10.07.2020	104.	Dr. Shabnam Banu B.	11243	28.07.2020
MULLAI PERIYAR				105.	Dr. Suresh Kumar P.M.	8884	18.07.2020
77.	Dr. Sutha M.	11213	06.07.2020	106.	Dr. Syed Naser S.	11242	28.07.2020
MUSIRI KULITHALAI				107.	Dr. Vani P.	8885	18.07.2020
78.	Dr. Anand B.	5164	22.07.2020	TIRUCHIRAPALLI			
NAGERCOIL				108.	Dr. Anand S.	8852	07.07.2020
79.	Dr. Krishnan Kutty K.	5883	03.07.2020	109.	Dr. Arumugam Mani	11223	15.07.2020
80.	Dr. Siva Kumar P.	11224	15.07.2020	110.	Dr. Nirmala R.	11217	10.07.2020
NAMAKKAL				111.	Dr. Venkateswaran N.	11219	10.07.2020
81.	Dr. Raja M.	11211	05.07.2020	112.	Dr. Vikram Sridharan	8849	04.07.2020
82.	Dr. Seetha D.	11209	05.07.2020	TIRUNELVELI			
83.	Dr. Sridhar D.	11210	05.07.2020	113.	Dr. Deepan Karthik S.	8874	14.07.2020
NILGIRIS				114.	Dr. Eswara Pandi S.	8866	12.07.2020
84.	Dr. Devi Prasad Rao	1260	31.07.2020	TIRUPUR			
85.	Dr. Ramachandran P.K.	2880	12.07.2020	115.	Dr. Kiruthika P.	8864	24.07.2020
PALANI				TIRUVALLUR			
86.	Dr. Meena D.	11221	12.07.2020	116.	Dr. Kumaran M.	418	16.07.2020
PANRUTI				TUTICORIN			
87.	Dr. Lakshmi Narasimhan R.	1454	09.07.2020	117.	Dr. Rajeswari S.	11220	10.07.2020
PATTUKOTTAI				118.	Dr. Rajkumar	8898	22.07.2020
88.	Dr. Rathnam T.A.K.	1989	09.07.2020	119.	Dr. Subburathinam R.	2696	09.07.2020
PERAMBALUR				VALLIOOR			
89.	Dr. Raja R.	8890	19.07.2020	120.	Dr. Srikumar W.	11215	06.07.2020
POLLACHI				VELLORE			
90.	Dr. Paranthaman Sethupathi	8870	12.07.2020	121.	Dr. Ananda Raj K.	2319	25.07.2020
POONAMALLEE HIGH ROAD				122.	Dr. Arun R.V.	8913	28.07.2020
91.	Dr. Angammal D.	8024	12.07.2020	123.	Dr. Kumaresan S.	8912	27.07.2020
92.	Dr. Parthasarathy Srinivasan	8891	20.07.2020	124.	Dr. Sadagopan T.	6	02.07.2020
93.	Dr. Rana Thompson	5911	26.07.2020	125.	Dr. Sampath K.E.	8914	29.07.2020
PULIANGUDI				VIRUDHUNAGAR DISTRICT			
94.	Dr. Subramanian S.	5894	13.07.2020	126.	Dr. Aravind Babu	11238	22.07.2020
RASIPURAM				127.	Dr. Deepika S.	11239	22.07.2020
95.	Dr. Sugavanam V.	11207	01.07.2020	128.	Dr. Jeyaram A.	8855	08.07.2020
SALEM				129.	Dr. Lalitha Tirupathi Raja	8887	18.07.2020
96.	Dr. Madhan Kumar R.	11240	23.07.2020	130.	Dr. Mariappan S.	8903	25.07.2020
SIVAGANGAI				131.	Dr. Ramasubramani Raja K.A.	8886	18.07.2020
97.	Dr. Mathiazhagan A.	8876	16.07.2020	132.	Dr. Vennila M.K.	8916	30.07.2020

FBS RENEWAL - INTIMATION FROM 01.04.2020 TO 30.04.2020

S.No.	Doctor Name	Member Code	Renewal Date	AMBATTUR - AVADI			
				ARIYALUR			
1.	Dr. Rajeswari R.	1180	07.07.2020	2.	Dr. Arunachalam A.A.P.	460	28.07.2020
				3.	Dr. Nagarajan N.	1733	12.07.2020

ARNI				22. Dr. Sivanath S.R.	1236	12.07.2020
4. Dr. Mrinalini R.	1247	21.07.2020	POLLACHI			
CHENNAI ASHOK NAGAR				23. Dr. Dawood Fathima M.	440	01.07.2020
5. Dr. Jegadeesh Andiyapillai	1891	11.07.2020	PUDUKOTTAI			
CHENNAI KODAMBAKKAM				24. Dr. Muthuraman P.	452	26.07.2020
6. Dr. Abraham Isaac	1050	18.07.2020	RAMANATHAPURAM			
7. Dr. Eswaran P.	141	07.07.2020	25. Dr. Sethuraman T.S.	1674	23.07.2020	
8. Dr. Sivapriya Subramaniam	238	19.07.2020	SALEM			
CHENNAI NAAM				26. Dr. Ally Ponnuswamy	1524	19.07.2020
9. Dr. Subbulakshmi M.	800	17.07.2020	27. Dr. Eswaran V.P.	1000	27.07.2020	
CHENNAI SOUTH				28. Dr. Selvam P.R.	1421	02.07.2020
10. Dr. Rex Sargunam C.S.	826	19.07.2020	29. Dr. Varalakshmi S.	1865	03.07.2020	
CHENNAI TAMBARAM				THANJAVUR		
11. Dr. Jamuna Rani D.	1626	27.07.2020	30. Dr. Kalarani E.	1469	29.07.2020	
DHARMAPURI				31. Dr. Srinivasan K.R.	406	19.07.2020
12. Dr. Ramamurthi P.	253	19.07.2020	32. Dr. Swaminathan D.	1468	12.07.2020	
ERODE				33. Dr. Thiagarajan V.	639	07.07.2020
13. Dr. Chitra D.	1414	01.07.2020	THURAIYUR			
14. Dr. Rhangam Krishnasamy	1291	28.07.2020	34. Dr. Cholan P.	429	23.07.2020	
15. Dr. Somasundaram P.	1732	07.07.2020	35. Dr. Kannan N.	1864	03.07.2020	
16. Dr. Venkatesan S.	1099	12.07.2020	TIRUCHENDUR			
KANCHEEPURAM				36. Dr. Nargis Banu M.S.	1788	24.07.2020
17. Dr. Kumara Guru R.	1892	11.07.2020	TIRUCHIRAPALLI			
KRISHNAGIRI				37. Dr. Chidambaram M.V.	1565	26.07.2020
18. Dr. Nizar Ahmed T.	1685	15.07.2020	38. Dr. Devanathan K.S.	1634	04.07.2020	
LALAGUDI				39. Dr. Govindaraj G.	1563	26.07.2020
19. Dr. Prema Gunasekaran	1559	07.07.2020	40. Dr. Joseph C. Mathuram	1244	19.07.2020	
MADURAI				41. Dr. Mahalakshmi P.	1893	24.07.2020
20. Dr. Kalidasan N.	1429	03.07.2020	42. Dr. Ramakrishnan P.	142	11.07.2020	
21. Dr. Sakuntala Rani S.	1235	21.07.2020	43. Dr. Ravi V.R.	1894	24.07.2020	
			44. Dr. Sasipriya P.	1564	26.07.2020	

HPS RENEWAL - INTIMATION FROM 01.07.2020 TO 31.07.2020

S.No.	Hospital Name	Member Code	Renewal Date	Branch
1.	Ramadass Nursing Home	606	06.07.2020	Attur
2.	Leonard Hospital	58	05.07.2020	Batalagundu
3.	Vanavil Medical Center	991	24.07.2020	Chengalpattu
4.	Sri Balaji Hospital	605	08.07.2020	Chennai Kodambakkam
5.	Eswar Medical Foundation	743	13.07.2020	Chennai Perambur
6.	Vijay Hospital	178	14.07.2020	Hosur
7.	KS Heart Care & Scan Center	989	14.07.2020	Karur
8.	S.P. Hospitals	291	31.07.2020	Kumbakonam
9.	Grace Kennett Foundation Hospital	77	21.07.2020	Madurai
10.	Lakshmi Hospital	988	11.07.2020	Madurai
11.	Srie Kumarun Hospital	985	02.07.2020	Pattukottai
12.	Sri Sugam Hospital	285	22.07.2020	Salem
13.	Sudar Hospital and Research Institute	1261	26.07.2020	Thanjavur
14.	Harshamitra Super Speciality Cancer Centre & Research Institute	770	14.07.2020	Tiruchirapalli
15.	Kamatchi Hospital	289	27.07.2020	Tiruchirapalli
16.	Sri Dhanvanthri Nursing Home	102	17.07.2020	Tiruchirapalli
17.	Jothi Nursing Home	288	26.07.2020	Tuticorin
18.	Sree Naavaladiyan Hospital	1260	14.07.2020	Vellakovi
19.	E.S. Hospital	212	10.07.2020	Villupuram

304th – STATE COUNCIL MEETING

The 304th State Council Meeting of IMA Tamil Nadu State Branch will be held on 05.07.2020 at 10.00 a.m. organised by IMA TNSB through virtual from COIMBATORE.

**All the State Council Members are cordially invited
to attend the Meeting through ONLINE.**

Date : 05.07.2020 – Sunday, 10.00 a.m.

Virtual Meeting from COIMBATORE

State Council Meeting link will sent later through SMS / E.mail / Whatapp

Dr. C.N. RAJA

State President, IMA TNSB

Dr. A.K. RAVIKUMAR

Hony. State Secretary, IMA TNSB



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2. They get easy access to credit.

Credit Linked Capital Subsidy Scheme:

A capital subsidy is given to the business to upgrade and have better means to do their business by banks

Bank Loans (Collateral Free)

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ON THE LIGHTER SIDE



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A Victory against Autoimmune Encephalitis



1. Kauvery Hospital's multidisciplinary expertise enabled the recovery of a 14-year-old girl with Autoimmune Encephalitis, a rare and complex condition.
2. Patient was treated with immunosuppressive steroids, monoclonal antibodies and immunoglobulins complemented by a specialised keto diet to control seizures.
3. Her condition was closely monitored by a diverse team of experts - rheumatologist, intensivist, physiotherapist, dietitians and nurses, headed by **Dr Bhuvaneshwari Rajendran, Sr Consultant Neurologist and Neurophysiologist.**
4. Post improvement of condition, physiotherapy and speech therapy enabled her recovery to normalcy.

SCHEDULE AN APPOINTMENT **044 4000 6000**

Kauvery Hospital, No: 81, TTK Road, Alwarpet Junction, Chennai - 600018

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