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**Invitation**

**ECG Certificate Course**

Jointly organised by  
GPA & Global Hospital, Dattawadi  
Every Friday - 3.30 to 5.00pm  
May 2015 - 1st, 8th, 15th, 22nd & 29th

**World Environment Day**

**Date :** 5 June 2015, Friday  
**Time :** 6.00 am to 8.00 am  
**Cycle Rally**  
Doctors from Pune District  
**Route :** IMA House to Alka Chowk via Tilak Road  
Please gather in Large Numbers for this Nobel Cause.

**GPA Priyadarshani Group**

announces

**A Musical Event**

**Date :** 11 June 2015, Thursday  
**Time :** 9.00 pm to 12.00 pm  
**Venue :** to be declared later on

**Dr. Narendra Kulkarni**  
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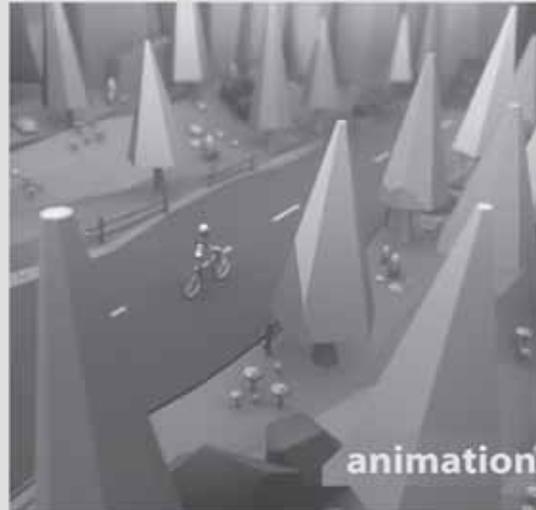




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## From the President's Desk

डॉ. एन. व्ही. कुलकर्णी  
९८२२३९९७९२

नमस्कार मित्रांनो,

जीपीएच्या रौप्यमहोत्सवी वर्षात पुन्हा एकदा तुमच्याशी या माध्यमातून संवाद साधतांना अतिशय आनंद होत आहे. सर्वात प्रथम यावर्षी अतिशय विश्वासाने जीपीए अध्यक्षपदाची जबाबदारी सोपविल्या बद्दल मी जीपीए मॅनेजिंग कमिटीचे आभार मानतो व जीपीएची वाट चाल ही अशीच उत्तरोत्तर भरभराटीकडे व उन्नतीकडे होईल यासाठी आपल्या सर्वांच्या सहकार्याने मी मनापासून प्रामाणिक प्रयत्न करीन असे आश्वासन देतो.



आज आपल्यासमोर विविध प्रश्न आहेत. परंतु गेल्या काही दिवसांमध्ये ठळकपणे अधोरेखित झालेला प्रश्न हा डॉक्टरांवरील हल्ल्याचा आहे. पनवेल असो किंवा परभणी असो किंवा अगदी परवा हडपसरमध्ये घडलेला प्रसंग असो, हे प्रकार अतिशय लांछनास्पद आहेत. डॉक्टरांना कायमच soft target मानले गेले आहे. त्यामुळेच या अशा गोष्टींना खतपाणी मिळते. परंतु जीपीए आणि इतर विविध वैद्यकीय संघटनांनी एकत्र येऊन हडपसर येथील घटनेच्या निषेधार्थ लगेचच मूक मोर्चा काढला. या मोर्चाला सुमारे दोन ते अडीच हजार डॉक्टर्स उपस्थित होते. पोलिस व प्रशानसालासुद्धा याची दखल घ्यावीच लागली. तेव्हा डॉक्टरांवरील असे भ्याड पद्धतीचे हल्ले आम्ही खपवून घेणार नाही हेच जणू याद्वारे आपण सर्वांना दाखवून दिलेले आहे. अगदी हा लेख लिहित असतांनाच कोंढवा येथे अशाच प्रकारची घटना घडत होती व टेलिफोनमुळे म्हणा अथवा सोशल मिडियामुळे म्हणा, परंतु थोड्याच वेळात तेथे ४०-५० डॉक्टर्स संबंधित डॉक्टरांच्या पाठिव्यासाठी गोळा झाले व त्यामुळे जमावाला ताबडतोब वचक बसला. आपण सर्व डॉक्टर Fraternity ने एकत्र येऊनच या गोष्टीचा सामना केल्यासच भविष्यात या गोष्टींचे प्रमाण कमी होईल. तेव्हा मित्रांनो आप-आपसातील, पॅथी-पॅथीमधील मतभेद विसरून आपणएकत्र येऊयात आणि आपली एकजूट दाखवून देऊयात. यासाठी जीपीए आगामी काळात निश्चित महत्त्वाची भूमिका बजावणार आहे. तेव्हा आपल्या सर्व मित्रांना जीपीएच्या बॅनरखाली एकत्र आणूयात.

गेल्याच आठवड्यात एका परिसंवादात "पद्मश्री डॉ. तात्याराव लहानेचे" भाषण ऐकण्याचा योग आला. या विषयासंदर्भात त्यांनी अतिशय सुस्पष्ट शब्दात विवेचन केले. पेशंटबरोबर चर्चा करून त्यांना पटवून सांगणे, त्यांची उपचाराकरिता लेखी संमती घेणे, रूग्णाबरोबर तसेच डॉक्टरांचा आप-आपसातील संवाद वाढविणे, डॉक्टरांनी स्वतःच्या अंगी संयम ठेवणे तसेच रोज किमान दोन रूग्णतरी मोफत बघणे या गोष्टींमुळे आपल्याला निश्चितच फायदा होईल असे त्यांनी सांगितले.

मित्रांनो या वर्षीची आपली थीम "Family Practice-Caring Forever" ही आहे. आपण फॅमिली डॉक्टर्स एखाद्या कुटुंबातील कितीतरी पिढ्यांची काळजी घेत असतो. त्यांच्या सुख-दुःखात सहभागी होत असतो. पण बदलत्या काळात ही संकल्पना जास्त जोमाने रूजवायला हवी. आज खरी गरज आहे ती आपल्या पेशाबद्दल लोकांमध्ये विश्वासर्हता वाढविण्याची. आपण आपल्या पेशंटची कायमच मनापासून काळजी घेत असतो हे लोकांना पटवून सांगण्याची. तसेच आपण आपल्या समव्यावसायिकांबरोबरच caring ची भावना वाढविण्याची गरज आहे. तेव्हा मित्रांनो या दृष्टीने आपण नक्कीच प्रयत्न करूयात. आता येथेच थांबतो. पुन्हा भेटू पुढच्या अंकात तोपर्यंत मजेत रहा, हसत-खेळत आयुष्य जगा!

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## Editorial

**Dr. Raju Varyani**  
9822646025



Tuesday **5th May** is World Asthma Day. It is organized by the Global Initiative for Asthma (GINA). Each year world Asthma Day takes place on the first Tuesday in May.

The first world Asthma Day in 1998 was observed in more than 35 countries in conjunction with the first world Asthma meeting held in Barcelona, Spain. Participation has increased with each world Asthma Day held since then and the day has become one of the world's most important asthma awareness and education events.

The theme for this World Asthma Day is "You can control your Asthma" and the sub-theme is "It's Time to control Asthma". May is also known as the Asthma Awareness Month. The number and percentage of people suffering from the disease continue to rise. By 2025 there will be 100 Million more cases in the world than that are today.

World Red Cross Day is celebrated on **8th May** each year. This date is the anniversary of the birth of Henry Dunant (Born on 8th May 1828), the founder of International Committee of the Red Cross (ICRC) and the recipient of the first Nobel Peace Prize.

The Indian Red Cross is a voluntary humanitarian organization having a network of over 700 branches throughout the country, providing relief in times of disasters/emergencies and promotes health and care of the vulnerable people.

World No Tobacco Day (WNTD) is observed around the world every year on **May 31**. It is intended to encourage a 24-hour period of abstinence from all forms of tobacco consumption around the globe. The day is further intended to draw attention to the widespread prevalence of tobacco effects, which currently lead to nearly 6 million deaths each year worldwide, including 600,000 of which are the result of non-smokers being exposed to second-hand smoke.

The member states of the World Health Organization (WHO) created world NO Tobacco Day in 1987. In the past twenty years, the day has been met with both enthusiasm and resistance around the globe from governments, public health organizations, smokers, growers and the tobacco industry.

One in every 10 cigarettes and many other tobacco products, consumed worldwide are illegal, making the illicit trade of tobacco products a major global concern from many perspectives including health, legal, economic, governance and corruption. The tobacco industry and criminal groups are among those who profit from the illegal tobacco trade, leaving the public to pay the health and security costs. 40 countries must ratify or accede to the Illicit Trade Protocol for it to become International Law.

World No Tobacco Day (WNTD) is one of the eight official global Public Health campaigns marked by the WHO along with World Health Day, World Blood Donor Day, World Immunization Week, World Tuberculosis Day, World Malaria Day and World Hepatitis Day.





## HON. SECRETARY'S REPORT 2014 - 15

Dr. Pravin Darak  
9822745997

5<sup>th</sup> April 2015

चालाल तर चालेल

जी.पी.ए. व शिवाजीनगर डॉक्टर्स असोसिएशन यांच्या संयुक्त विद्यमाने चालण्याच्या उपक्रमाचे आयोजन केले गेले. सकाळी ६.३० वाजता सर्व डॉक्टर्स वेताळ टेकडीच्या पायथ्या जवळ जमले. संस्थेचे सचिव डॉ. प्रवीण दरक यांनी सर्वांचे स्वागत केले. जी.पी.ए. दर महिन्यात एकदा सहकारी डॉक्टर्स संघटनेबरोबर चालण्याचा उपक्रम आयोजित करत असते. याबद्दलची माहिती देताना जी.पी.ए. क्रिडा संघटनेचे अध्यक्ष डॉ. अनिल भांडवलकर म्हणाले, "चालणे हा एक सोपा, पूर्ण मोफत, कोणत्याही वयोगटात करता येणारा सर्वांग सुंदर व्यायाम प्रकार आहे व त्याचे महत्त्व आपणास पटावे म्हणून हा उपक्रम जी.पी.ए. आयोजित करत आहे. डॉ. युनूस इनामदार यांनी भाग घेतलेल्या डॉक्टरांकडून stretching exercises करून घेतले डॉ. पारेख यांनी नाश्याचे आयोजन केले.

### Installation Ceremony with Cardiac Update

जी.पी.ए. संस्थेच्या नव्या अध्यक्षांचा तसेच सर्व पदाधिकाऱ्यांचा पदग्रहण समारंभ १२ एप्रिल १५ रोजी संपन्न झाला. संस्थेचे अध्यक्ष म्हणून डॉ. नरेंद्र कुलकर्णी ह्यांनी जी.पी.ए. च्या कारभाराची सुत्रे हातात घेतली व सर्व पदाधिकाऱ्यांची नावे जाहिर केली.

ह्या पदग्रहण समारंभासाठी सर्वांना परिचित असे मराठी लेखक राजन खान अध्यक्ष म्हणून उपस्थित होते. त्यांनी डॉक्टरांना उद्देशून केलेल्या भाषणात पेशंट आणि डॉक्टरांचे नाते कसे असावे ह्यावर प्रकाश टाकला.

डॉ. सुधाकर पठारे डेप्युटी कमिशनर ऑफ पुलिस सारुथ झोन हे विशेष अतिथी म्हणून उपस्थित होते. आपल्या भोवतालच्या परिसरातील गुन्हेगारी कशी कमी करता येईल व गुन्हेगारांचे पुनर्वसन ह्यावर त्यांनी मार्गदर्शन केले.

श्री. पराग करंदीकर चीफ एडीटर ऑफ महाराष्ट्र टाइम्स हे देखील मुख्य अतिथी म्हणून उपस्थित होते. विविध मिडीयाचा वैद्यकीय व्यवसायात असलेल्या सहभागावर त्यांनी प्रकाश टाकला.

पदग्रहण समारंभाची सुरुवात **Cardiology Update** ह्या CME ने झाली. डॉ. सुहास हरदास ह्यांनी Stents & Beyond

वर मार्गदर्शन केले. डॉ. ईश्वर झंवर ह्यांनी ECG व dislipidemia वर मार्गदर्शन केले. तसेच डॉ. वीरश्री शहा ह्यांनी रोजच्या जीवनात रक्तदाबाचे महत्त्व व Acute Coronary Syndrome वर मार्गदर्शन केले.

जी.पी.ए. तर्फे एक मोर्चा १५ एप्रिल १५ हडपसर येथील orthopaedic surgeon ह्यांच्यावर झालेल्या हल्ल्याचा निषेध म्हणून जी.पी.ए. च्या पुढाकाराने पुणे परिसरातील विविध डॉक्टरांच्या संघटनेतील पदाधिकाऱ्यांची बैठक जी.पी.ए. ऑफिसला बोलावण्यात आली व १५ एप्रिलला हल्ल्याचा निषेध म्हणून मूक मोर्चा काढण्याचे ठरले. हडपसर येथील हनुमान मंदिरापासून ते हडपसर पोलिस स्टेशनपर्यंत मूक मोर्चा काढण्यात आला. ह्या मोर्चात दोन हजार डॉक्टर्स सहभागी झाले. एवढ्या मोठ्या प्रमाणावरील डॉक्टरांची उपस्थिती 'एकी हेच बळ' असे सुचवित असावी.



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## Annual Secretary's Report 2014 - 15

Dr. Santosh Gosavi

**Year 2014-15 ....Looking back.... treasure of experience and lots of memories..!!!**

Last year was full of Academic, Cultural, Sports and Social events.

### Academic

Start of the year, 13<sup>th</sup> April 2014, with CME on “**Updates in MultiSystemic Approach**” conducted by Dr. Arati Shahade, Dr. Swapnil Deshmukh, Dr. Sanjay Lalwani and Dr. Sanjiv Khurd.. Installation Ceremony took place on the same day. Dr. Kumar Saptarshi was the Chief Guest and Guest of honor were Dr. Sanjay Bhosale and Dr. Shankar Todkar.



In the month of May, 16 May 2014, morning CME on **Ophthalmology and Meditation** conducted by B.K. Sarita Didi and Dr. Madhusudan Jhamwar.

CME on “**HIV and Dermatology**” conducted on 25<sup>th</sup> May 2014. Dr. Shirish Patwardhan, Dr. Prakash Mahajan, Dr. Amit Dravid, Dr. Sanjay Pujari and Dr. Nitin Dhepe were the resource persons.

In the month of June, 8<sup>th</sup> June 2014, CME conducted on “**Cardiac Update**”. Dr. Hasmukh Gujar, Dr. Ishwar Zanwar, Dr. Suhas Hardas and Dr. Siddhant Gadage delivered lectures in this CME.

On 15<sup>th</sup> June 2014, GPA Ladies Wing Priyadarshani Group arranged a Picnic at Lekha Farm. It was sponsored by Himalaya Pharma. Dr. Mane from Himalaya conducted a short and interactive lecture on “**Hair**”.

As per every year, in July, 6<sup>th</sup> July 2014, was celebrated as Doctors Day by conducting CME on **Neuropsychiatric Update** under the guidance of Dr. Pradeep Divte. Dr. Anuja Kulkarni, Dr. Ashutosh Chouhan. This CME was conducted at S.M.Joshi Hall.

**For Doctors day celebration**, chief guest was Mr. P.A. Inamdar and Guest of honor was Dr. Charudatta Apte. Dr. Prakash Mahajan was honored with GP of the year award. Guest of Honor Dr. Charudatta Apte felicitated 10<sup>th</sup> and 12<sup>th</sup> standard students for their achievement.

On 25<sup>th</sup> July, GPA Ladies wing Priyadarshani group arranged afternoon CME for only ladies members of GPA at Hotel Shangrila, Karveroad. Dr. Charulata Bapaye spoke on “Life with a choice”.

On August 28<sup>th</sup> 2014, GPA arranged evening CME for Managing Committee Members, Co-opted Members and Special Invitees. Dr. Dhairashil Saste, (Neurophysician) talk on “**Approach to 1<sup>st</sup> Seizure**”.

On 21<sup>st</sup> September GPA Priyadarshani organized **women's conference** for full day. Dr. Anagha Pai Raiturkar, Dr. Milind Telang, Dr. Sandhya Shetty conducted lectures in first session. Dr. Madhuri Joglekar. received Ladies GP of the year award by chief guest Ms. Namita Thapar. Second session conducted by Dr. Girish Godbole, Dr. Veena Rahatgaonkar and Dr. Vijay Ramanan.

On 9<sup>th</sup> November 2014 CME on “Orthopedic updates “ in association with Sai Shree hospital. Dr. Neeraj Adkar, Dr. Mangesh Patil, Dr. Ashutosh Subnis, Dr. S. Prashant, Dr. Mandar Acharya and Dr. Shailesh Kelkar conducted various lectures.

On 16<sup>th</sup> November 2014, First **GPCON Preconference** workshop was organized on “**Ophthalmology and ENT**”, convener were Dr. Sanjay Patil and Dr. Rupa Agarwal. Dr. Tejawini Walimbe, Dr. Sanjay Patil, Dr. Sushil Muthiyani, Dr. Parikshit Gogate, Dr. Ramesh Murthi, Dr. Amrita Kapoor, and Dr. Seemab Shaikh conducted sessions. Program ended with Panel Discussion.

7<sup>th</sup> December 2014, **Second Preconference** workshop held on “**Rheumatology**”, convener were Dr. Pravin Darak and Dr. Narendra Khenat. Dr. Aniruddha Tembe, Dr. Santosh Konde, Dr. Sunil Singh and Dr. Swapnil Bhalerao conducted lectures. It was followed by workshop by Dr. Aniruddha Tembe and Dr. Sunil Singh. Program ended with Quiz conducted by Dr. Aniruddha Tembe.



As per every year, mega event **GPCON** was organized by GPA in association with IMA CGP and IMA on 13<sup>th</sup> and 14<sup>th</sup> December 2014. Dr. Vilas Takane and Dr. Bharati Dhore Patil were Organizing Chairman for this conference. Chief Guest was Dr. Vishwanath Karad and Guest of Honor was Dr. Nandkumar Laud and Mr. Mukund Ranade. This conference was supported by various pharma companies. International and National level eminent speakers conducted sessions on various topics. This year, Lifetime Achievement Award was presented to Dr. Prasad Ambikar and Late Dr. Dilip Ghule Appreciation Award presented to GPCON Organizing chairman Dr. Vilas Takane and Dr. Bharati Dhore Patil.

8<sup>th</sup> March on the occasion of World Women's Day, GPA Priyadarshani organized **scientific symposium**. Chief Guest was Dr. Manisha Bobade ( CEO, Medical Officer, Jahangir Hospital). Dr. Priya Palimkar, Dr. Anuja Mule, Dr. Pratibha Phadake and Dr. Shona Nag conducted lectures.

On 22<sup>nd</sup> March CME on **Addiction and De-addiction for family physician** organized. Dr. Kunal Oswal, Dr. Ashutosh Chavhan and Dr. Prakash Mahajan conducted session.

On 27<sup>th</sup> March 2015, evening CME on **Management of Migraine** (Friday) was organized. Lecture delivered by Dr. Rahul Kulkarni on "Management of Migraine " .

On 29<sup>th</sup> March 2015 GPA's Health Forum organized **Abdominal Girth Reduction workshop** by Dr. Shirish Patwardhan. Dr. Shirish Patwardhan demonstrated day to day simple trick and consulted about importance of diet and exercise. Dr. Rajendra Deshmukh coordinated this workshop.

### Social Activities

This year as a part of social work , On 27<sup>th</sup> April 2014, Dr. Vijay Jagtap invited all GPA MC Members for DSK Educational Institute Visit. Dr. Jagtap welcome all members and told information about the institute.

27 May to 31 May 2014, GPA Ladies Wing Priyadarshani Group arranged a workshop on **Discover Yourself** for children between 12 to 18 years. Workshop was conducted by B.K.Sarita Didi.

5<sup>th</sup> June 2014, On occasion of "World Environment Day", GPA organized "**Doctors Cycle Ride**". Dr. Anil Bhandwalkar took initiative for this activity. Ride started from GPA office from morning 6.00 a.m. Chief guest was famous cartoonist Shree Mangesh Tendulkar . The route was GPA Office to Abhinav Chawk, Bajirao road to Laxmi road and at Alka Chawk all doctors stopped for announcements for public awareness about health and environment. All office bearers and Dr. Bendre took efforts for success of the rally.

This year GPA theme was "Health, Unity and Academic Excellence". According to theme on Sunday morning GPA organized Five kilometer **walking activity** in every month with various colleague associations – Kothrud, Karvenagar, South Pune, Warje, Sinhagad Road, Western Pune, Pimplegurav Sangvi, Yerwada and Vadgaon Sheri-Chandannagar, in their area like P.L Deshpande Udyan, Pune University, Taljai Pathar, Cipla Foundation, Race Course, ARAI Tekadi. Dr. Vivek Billempelly and his team took extra efforts on stretching exercises at various walking activities.

Every year GPA arranges the **Wari** for GPA doctors on 21<sup>st</sup> June 2014 Alandi to Pune and Pune to Saswad on 23<sup>rd</sup> June 2014.

GPA arranged **Health Check-up Camp** at two locations for two days, in IMA building parking and in Bhavani Peth.

29<sup>th</sup> June 2014, On occasion of Doctor's Day, GPA in association with IMA and Janakalyan Blood Bank, organized **blood donation camp** in Kelkar Hall. Inauguration done by IMA Maharashtra state



president Dr. Dilip Sarada, GPA President Dr. Vilas Takane and IMA Pune president Dr. Arun Halabe. Around 35 doctors donated blood.

GPA Ladies wing Priyadarshani group arranged the workshop on **Discover Yourself** for GPA couples during 14<sup>th</sup> July to 19<sup>th</sup> July. B.K.Sarita Didi conducted this workshop very nicely.

On 3<sup>rd</sup> August 2014, GPA and Vasundhara foundation organized **tree plantation** at Tukai Tekadi, Baner. Late Dr. Chandrakant Garudkar provided Indian Local Tree's for plantation. First tree planted by Eminent Pediatrician Dr. Sanjay Lalwani.

**Malin Gaon – Medical Help** – Natural disaster at Malingaon. Land slide happened on 30<sup>th</sup> July 2014. GPA along with Vanawasi Kalyan Ashram has arranged medical help camp at Malingaon during 4<sup>th</sup> – 6<sup>th</sup> August 2014. Mr. Jayant Kale arranged pickup-drop service and lunch facility for Doctors. Dr. Vishwajeet Chavan, Dr. Santosh Khedekar, Dr. Santosh Gosavi, Dr. Sunil Bhujbal, Dr. Pramod Borghare and Dr. Babasaheb Mundhe had participated in this camp and provided medical service and medicines.

GPA and Rotary club organized **Health Checkup for Kothrud Police Station** on 14<sup>th</sup> September 2014, In this checkup, Hemogram, BSL, ECG, ENT, Dental and Eye Checkup of all Police was done. Following Doctors participated in this Nobel cause – Dr. Vilas Takane, Dr. Avinash Bhondwe, Dr. Santosh Gosavi, Dr. Pravin Darak, Dr. Sanjay Wagh, Dr. Sanjay Butala, Dr. Mahesh Wayal, Dr. Ravindra Sonar, Dr. Bhujbal Sunil, Dr. Suresh Dhande, Dr. Sangita Khenat, Dr. Rupa Agarwal, Dr. Shitole, Dr. Sachin Wani, Dr. Vishwajeet Chavan, Dr. Anil Bhandwalkar and Dr. Niranjana Desai. Janakalyan Blood Bank supported Blood checkup. ACP Arvind Patil was the chief guest. Health checkup of almost 150 police had done. Dr. Avinash Bhondwe was convener for this activity.

On 23<sup>rd</sup> November 2014, First time under **Doctor's Health Forum, Health Checkup** was organized on Sunday Morning in GPA Office and Kelkar Hall. Delegated arrived at 7.30 a.m with fasting. Samarth Lab collected samples for Hemogram, BSL fasting, Lipid Profile and Creatinine. After this Dr. Vijay Ramanan and Dr. Dhanajay Kelkar conducted sessions.

On 15<sup>th</sup> February 2015 **Medical Check-Up Camp** was held at Yogiraj Shyamcharan Sanatan Mission at Degaon. Dr. Nitin Zankar arranged this checkup. Following doctors participated in this camp – Dr. Vilas Takane, Dr. Nitin Zankar, Dr. Sanjay Wagh, Dr. Gaurav Gandhi, Dr. Sangita Khenat, Dr. Narendra Khenat, Dr. Sunil Bhujbal, Dr. Dipali Bhujbal, Dr. Sunil Paigude.

This year Nisarga-bhraman Mandal, GPA had organized two treks for GPA and their family members. First trek was at **Rohideshwar and Shivthar Ghal Trek**. Dr. Vivek Billempelly and Dr. Sachin Wani coordinated this trek. It was a real thrilling experience in company of heavy Rain and Wind. Second trek was at Historical places- Shivneri and Lenyadri. Dr. Vivek Billempelly arranged this trek very smoothly.

### Cultural Programme

In leadership of Dr. Mrs. Dhanashree Wayal, GPA Ladies wing, Priyadarshani group organized "Mangala-gauri" Programme with great enthusiasm. They wore traditional dresses, worshiped Mangalagauri and sung songs and played games. Gents Doctors also participated actively in various games.

As per every year, Ganapati Festival was also celebrated with various competitions. Along with Gauri-Ganapati decoration this year various competitions like Recipe making, Mehendi, Rangoli, Pak-kala and on the spot competitions also arranged. Doctors and their families participated enthusiastically.

In Navaratri, Doctors with their family members enjoyed Ras-Dandiya.



GPA and Spreading Smiles organized Evergreen romantic pair Late Devanand and Vahid Raheman's Superhit film "Guide" at National Film Archives.

To encourage hidden artist in a doctor and relaxation with family GPA organizes cultural gathering every year. Cultural secretary Dr. Sanjay Wagh took extra efforts for success of this program. This year a good mix of dances, drama and songs were there. Chief Guest was a Senior Marathi actor Shree Shrikant Moghe. Prizes for various competitions are handed over by Chief Guest.

As a reward of work done throughout the year, GPA Ladies Wing, Priyadarshani Group received "**The Best Women Organization**" Award from Sukhakarta Sanskrutik Pratishan. Senior Marathi Actress Mrs. Leela Gandhi, Young Actress Sanskruti Balgude and Mrs. Sanjeevani Shinde (Chairman- Apulaki Samstha) presented this award.

This year GPA decided to launch our own orchestra. For that on the occasion of valentine day 14<sup>th</sup> February 2014, GPA inaugurated orchestra "**GPA Priyadarshani Swarasangam Melody Makers**".

## Sports

As per every year, January-2014 was celebrated as Sports Month. In this various competitions like Cricket, Table Tennis, Walking, Chess, Swimming, Parvati Climbing, Cycling etc. were organized.

Dr. Anil Bhandwalkar was Sports Chairman. Dr. Chandrashekhar Bendre and Dr. Yunus Inamdar organized cycling competitions. Chess competition was organized by Dr. Sanjay Wagh and Dr. Amit Gandhi.

Cricket match organized by Dr. Anil Bhandwalkar, Dr. Santosh Gosavi and Dr. Arvind Jagtap. Mr. Nandkumar Sutar (Resident Editor, Sakal) and Dr. Jain (Orthopedic Surgen, Inamdar Multispeciality Hospital inaugurated this event. This year there were 16 teams and first time two teams from outside Pune, i.e. Satara Doctors Association and Junnar Doctors Association. Nagar Road Doctors Association won the trophy.

Table Tennis Competition coordinated by Dr. Sanjay Butala and Dr. Bhushan Dhoot. Swimming Competition coordinated by Dr. Vilas Takane and Dr. Vishwajeet Chavan. Parvati Climbing Competition coordinated by Dr. Sangita Khenat and Dr. Jagdish Galinde. Carom coordinated by Dr. Pravin Darak and Dr. Narendra Kulkarni. Walking coordinated by Dr. Sangita Khenat and Dr. Santosh Gosavi.

First time GPA organized GPA Kabaddi Trophy. This event was inaugurated by Mr. Shantaram Jadhav (Arjun Award Winner) and Mr. Anant Shelke (Kabaddi Team Selector, Maharashtra State). There were 6 teams participated. This event was well managed by Dr. Mahesh Wayal and Dr. Narendra Khenat. Nagar Road Doctors Association won First GPA Kabaddi Trophy. First time GPA organized Running Competition. This event is coordinated by Dr. Vivek Billempelly and Dr. Shailendra Rajguru.

Sports Prize distribution was done by Mr. Surendra Bhave, Ex. Ranaji Player, Maharashtra State.

This year total 63 programs were arranged. More than 86 new Members joined in GPA family. GPA Managing Committee conducted 12 Managing Committee Meetings and AGM. This is possible by the participation and Support from all of you. On behalf of GPA I thank you all and expect same love and support for this year too..!! Thanks a Lot. Long Live GPA.





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## DIAGNOSTIC TESTS OF HIV INFECTION IN GENERAL PRACTICE

Dr. Prakash Mahajan

9850920278

In a few decades that the acquired immunodeficiency syndrome was first discovered in 1981, a big range of tests have been invented and put into practical use. The tests are performed for a number of purposes;

- To diagnose presence of HIV infection.
- To monitor HIV disease progression.
- To diagnose and manage opportunistic infections seen in late stages of disease.

The most easy to perform, cost effective tests are the antibody tests.

### Tests to detect HIV antibodies

These are of two types depending on whether they are highly sensitive (ability to detect the virus when it is present) or highly specific (ability to detect only HIV and nothing else).

- Screening tests are devised to detect all infected individuals and therefore possess high degree of sensitivity, but will detect non-HIV antibodies and give rise to false positive results. Tests used are Elisa and Rapid tests.

- Confirmatory tests are devised to identify individuals who have been tested false positive by a screening test, hence possess a high degree of specificity. The test used to confirm HIV infection is the Western blot test.

**Elisa Test:** This is the most commonly used test to screen for HIV infection as it is relatively simple to perform, large number of samples can be done at a time and is highly sensitive to detect HIV antibodies. Elisa tests are unlikely to let infected blood sneak through and hence false negative results are rare. However it is not absolutely specific to detect HIV antibodies and cross reaction with non-HIV antibodies may give a false positive result.

**Rapid Tests:** The disadvantages of ELISA test for HIV are that it requires sophisticated laboratory instruments for testing, if large number of samples are not required to be screened it does not become cost effective, and it takes about 24 hours for reporting. The 'Rapid Test' can overcome these disadvantages. Because the result can be obtained within half an hour, rapid tests have a wide utility and are easy to perform and as accurate as ELISA test when performed carefully following manufacturer's instructions.



Each test kit costs about Rs.75/- and is highly recommended in general practice.

**Western Blot test:** This test detects specific antibodies to different parts of HIV and hence used to confirm a positive test by RAPID or ELISA.

What if the costly Western Blot test is not affordable by the patient?

It is recommended in a resource poor setting to initially screen the patient using ELISA or a RAPID test followed by a second ELISA or a RAPID test if the first test is positive. Serum that is positive in both the first and second test is considered HIV infected. Serum that is not reactive in the first sample is considered negative and not subjected to repeat testing, as false negative results are rare. Serum that is positive in the first sample but negative in the second test is considered "indeterminate". Only this sample is then subjected to W.B. testing. (It is important however to confirm that the initial and second test is of different principal or using different antigens. This can be ascertained from the laboratory or from the manufacturer's brochures.)

### Tests to detect HIV antigens

These are required in 2 situations:

- To diagnose HIV infection in the window



period.

- b) To diagnosis of HIV infection in children less than 18 months of age.

The relevant tests are:

- P24 antigen essay
- HIV DNA PCR
- HIV RNA PCR
- NAAT test

### Tests to Monitor HIV progression

#### CD4 cell count:

The CD4 count in normal individuals is variable but is about 1000 cells/mm<sup>3</sup>. On average there is a loss of 30 – 60 CD4 cells/mm<sup>3</sup> per year. Above CD4 of 500 cells/mm<sup>3</sup>, the patient is usually asymptomatic. As the CD4 count drops below 500 cells/mm<sup>3</sup>, the patient suffers from minor infections like Herpes simplex or oral candidiasis. As the CD4 drops below 200 cells/mm<sup>3</sup>, there is a significant risk of opportunistic infections and malignancies.

The CD4 count is used in the following situations:

1. To decide whether to start ART or not. Generally it is agreed that ART should be started when CD4 count drops below 500 in private and below 350 cells/mm<sup>3</sup> in govt ART centers.

2. To monitor patients who have been put on ART.

CD4 counts are subject to considerable variations and the treating physician should be aware of the factors, which cause these variations.

- Any change in WBC count because of infection will affect the CD4 count.
- CD4 count in normal individuals is around 800 to 1000 cells/mm<sup>3</sup>. But in some people this could normally be 500 cells/mm<sup>3</sup>. Hence doing base line CD4 count at the time of diagnosis is important.
- CD4 count is subject to diurnal variations.
- Storing the blood sample in freeze dramatically increases the CD4 count.
- Samples should be send to a single well repeated laboratory every time only.

An absolute CD4 count of 500 cells/mm<sup>3</sup> corresponds to 29% CD4 count. An absolute CD4 count 200 cells/mm<sup>3</sup> corresponds to 14% CD4 count.

#### Viral load Tests:

Plasma HIV-RNA determinations are the best indicators of risk of disease progression as well as the efficacy of anti-viral drugs. This is done by estimation of plasma HIV-RNA test using PCR technique.

#### Indications of doing viral load:

- Detection of HIV disease
- To decide when to start ART
- To monitor therapy

Failure to achieve a viral load of 400 copies/ml in 6 months is considered as “virological failure”.

Other tests like HIV culture are not used in clinical practice and mainly used for research purpose only.



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## Internet addiction disorder (IAD)

**Dr. Prakash B. Bhambure**

Consultant Psychiatrist, 9423328872

Internet overuse is one of the rapidly increasing problem worldwide. It is common in school going children, teenagers, adolescents & adults spending a lot of time online only becomes a problem when it absorbs too much time causing you to neglect your relationships, your work, school or other important things in your life.



When you feel more comfortable with your online friends than your real ones or you can't stop yourself from playing games, gambling or compulsive checking your smart phones, tablet or other mobile devices, even when it has negative consequences in your life, then you may be using internet too much.

- ❑ Internet addiction also known as computer addiction or online addiction covers variety of impulse. Control problems including.
  1. Cyber relationship addiction :- Addiction to social networking, chat rooms, texting and messaging.
  2. Net compulsion :- It includes compulsive online gambling, gaming, stock trading, online auction shopping often resulting in financial or job related problems.
  3. Cyber sex addiction : - compulsive use of internet pornography, adult chat rooms or adult fantasy role play sites impacting negatively on real life intimate relationships.
  4. Information overload – compulsive web surfing or database searching leading to lower work productivity.
  5. computer addiction – obsessive playing of offline computer games.
- ❑ Working signs of internet addiction –
- ❑ Preoccupation with internet (thoughts about previous online activity or anticipation of the next online session)
- ❑ Use of internet in increasing amount of time in order to achieve satisfaction.
- ❑ Repeated unsuccessful efforts to control, cutback or stop internet use.

Feeling of restless, moodiness, depression or irritability when attempting to cutback internet use.

Lies to family members, therapist or others to conceal the involvement with the internet.

Use of internet is a way to escape from problems or to relieve a dysphoric mood

- ❑ withdrawal symptoms – Anger, depression, mood swings, anxiety, fear, irritability, sadness, loneliness, restlessness, boredom, stomach upset etc.
- ❑ Physical problems due to internet overuse – Carpel Tunnel syndrome, dry eyes, backache, headache, eating irregularities, failure to attend to personal hygiene, sleep disturbances etc.
- ❑ Self help tips –
- ❑ Recognize any under using problem such as anxiety, depression, stress, alcohol or drug abuse, that may support your internet addiction.
- ❑ Build your coping skills to cope up with your stress or angry feelings, or you may have



trouble relating to others excessively shy with people in real life.

Strengthen your support network – The more relationships you have in real life the less you will need the internet for social interaction. If you try finding common interest groups such as sports team, education class or book reading clubs.

- ❑ Modify your internet use step by step.
  - Identify triggers in your day that makes you stay online for hours.
  - set goals like scheduling internet use for certain times of day, or making commitment to turn off computer, tablet or smart phone at the same time each night.
  - Replace your internet usage with healthy habits.
- ❑ Therapy & counseling for internet addiction.

Cognitive behaviors and change your perception regarding internet, smart phones and computer use. It also helps to cope up with uncomfortable emotions such as stress, anxiety, depression etc.

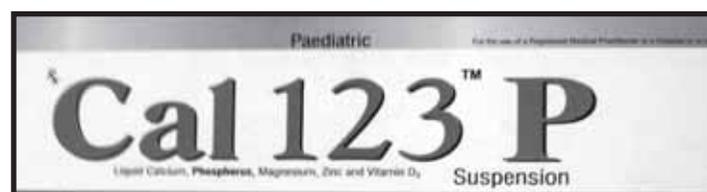


## Congratulations..!!

**Dr. Gaurav Gandhi** has passed MD (Homeopathy) with Distinction

**Dr Vivek Billampelly** was invited as Faculty to address the conference of Mumbai Obstetrics and Gynaecological Society (MOGS) in collaboration with Family Planning Association (FPA) India and Association of Maharashtra Obstetrics and Gynaecological Society (AMOGS) on 22 march 2015 . His talk on "Preparing and Strengthening Life Skills with Sex Education " was very informative and well presented .It was very well appreciated by all the delegates .

We are glad to share with you the acknowledgments **Dr Ashwini Billampelly** received at Satara on April 19, 2015. She was invited as a expert speaker to deliver a lecture on : "Sexual dysfunctions" in the Satara Annual GPCON at Shau Kala Mandir Satara. Her lecture was attended by an 600 strong audience including respected doctors from Satara, Karad, Shirwal etc. It was a 45 minute captivating talk in both English and Marathi, and was hugely applauded by the fraternity. They found the talk extremely informative as well as easy to relate with the daily problems encountered by the GPs as well as Gynecologists, Infertility consultants, and psychiatrists. She also spent a lot of time interacting with the doctors and answering their queries.





## ACNE

Dr. Rajiv Sule, M.D.

9822307661

Acne is problem of youth but it should not be taken lightly because it is said that the permanent scars of acne not only appear on the face but on the psyche of a person. Acne commonly occurs in age group of 14 to 24years. Though both sexes are equally affected girls seek to take treatment more often.



### Pathogenesis of Acne :

Acne is a disease of sebaceous glands. At the time of puberty due to influence of androgenic hormones sebum is secreted in large quantities and face becomes oily. Addition to that sebaceous glands gets blocked due to keratinisation of pilo-sebaceous openings. This leads to micro-comedones formation. Propionibacterium acne is a commonal of facial skin which grows in abundance in favourable medium of sebum. This bacterium contains enzyme lipase which breaks triglycerides from sebum to release free fatty acids which are highly irritant causing inflammation. Thus comedons progress to papules, pustules and nodules and cysts.

### Clinical presentation of Acne :

Common acne we see in day today practice is called acne vulgaris. Acne is mainly present on face but sometimes back, chest and shoulders are also involved.

Grade1 acne: White heads and black heads also called closed and open comedons,

Grade2 acne: Papules and pustules.

Grade3 acne: Papules, pustules and few nodules.

Grade4 acne: Nodules and cysts.

Sequel of acne: Hyper pigmentation and scars are result of mismanaged acne. Acne can cause ice pick scars, box scars or rolling scars. Sometimes hypertrophic scars occur on nose.

### Variants of Acne :

Acne excoriata : this occurs mainly in girls who excoriate face especially in situations of mental stress . like examinations.

Acne conglobata : Sever type of acne causing nodulocystic lesions on face, back, chest and even buttocks. Acne conglobata may persist in third and fourth decade.

Drug induced acne : systemic and local steroids, anabolic steroids, INH, iodides, OC pills can induce acne which in mainly truncal.

Neonatal acne : sometimes neonates get transient acne under maternal hormonal influence.

Acne fulminant : sever crusted acne with fever.

Acne rosecea : this condition affects women in 3rd and 4th decade. Steroid application to face, excess hot drinks, and alcohol are contributory factors.

### MANAGEMENT OF ACNE

Treatment of acne needs patience and compassion. Usually treatment is long as relapses are common. It is common misconception that dandruff leads to acne.



To prevent acne

- 1) One should wash the face often if the skin is oily.
- 2) Drink plenty of water
- 3) Avoid oily and spicy food.
- 4) Do regular exercise
- 5) Avoid late nights

### **Topical treatment of acne**

#### 1) Retinoids

Retinoic acid and adaplene are vit A related drugs. They cause keratolysis and open comedons so are very effective in gradel acne. They should be applied at night initially short contact then gradually kept overnight. They can cause dryness in winter.

#### 2) Benzoyl peroxide

Benzoyl peroxide 2% to 10% used locally is very effective in inflammatory acne. It is bactericidal drug. It can lead to irritation so should be used in low concentration initially.

#### 3) Antibiotics

Erythromycin cream 2% is very effective locally. Unfortunately it is not available freely, as erythromycin has come under DPC. Clindamycin gel 2% is also effective in inflammatory acne. Widespread use of Clindamycin has led to resistance. Nadifloxacin, Dapsone are other options which can be used topically.

4) Resorcinol, sulphur, salicylic acid are other drugs which are effective in comedonal acne.

### **ORAL DRUGS IN ACNE**

1) Doxycycline : previously tetracycline was use extensively in treatment of acne but due to G.I.T. side effects focus is shifted to Doxycycline hydrochloride. It is given 100mg twice a day for 6 weeks to 3months. Doxycycline should not be used in children below 12 years and in pregnant women.

2) Minocycline: it used in acne resistant to Doxycycline in a dose 50mg twice a day for at least 6 weeks. Its side effects like sever drug rash, erythema multiforme should be watched for.

3) Clindamycin 300mg twice a day is used in resistant cases. It can lead to complications like pseudo membranous colitis which can be fatal.

4) Sulpha drugs: Combination of trimethoprim and sulfamethoxazole is also effective but it leads to sever drug reaction sometimes.

### **ISOTRETINOIN**

Isotretinon have revolutionized treatment of severe acne. It is vit A analog. It decreases sebum production. It is used in dose of 0.5 to 2mg/kg dose in nodulocystic acne. Isotretinon leads to sever dryness of skin, hepatic derangement and lipid profile abnormalities. Isotretinon is teratogenic so absolutely contraindicated in pregnancy. It should be discontinued 6 months prior to conception. Isotretinon is given for 3 months in resistant acne.

### **ANTIANDROGENS**

Drugs like spironolactone and ciproterone acetate are used for their anti-androgenic properties. They are especially used in condition like polycystic ovarian syndrome. Oral contraceptive pills



with combination of oestrogen and ciproteroneacetate. are used cyclically for 6 months. This gives good result in hormone induced acne.

**MANAGEMENT OF COMPLICATIONS OF ACNE** Post inflammatory hyper pigmentation

Acne and excoriations commonly leaves hyper pigmentation. Liquorice extract, Arbutin, Kojic acid are used locally in milder cases. Hydroquinone 2 to 4%, Azeleic acid 10 to 20 % are also very effective.

**Acne scars**

Acne scars is complication of maltreated acne. There can be ice pick scars, box scars and role on scars. Some patients develop hypertrophic scars.

**Skin peeling**

Skin peeling is very effective and rewarding tool in hands of dermatologists. Salicylic acid 20 to 30% peels are used in active, inflammatory acne. Glycolic acid 20 to 70% is used in post inflammatory hyper pigmentation and superficial acne scars. Repeated sittings are done to give good results.

**Derma roller**

Derma roller is instrument having multiple needles. It is rolled on skin causing multiple punctures. Healing causes elevation of scars.

**Acne surgery**

Subcision is a method in which acne scars are released by undermining with needle. It is done under surface anaesthesia. Punch float is a method in which punch incision is made on box scar and scar is elevated to the surface and let it heal with good results.

LASER surgery CO2 pixel laser is effective in acne scars. CO2 resurfacing can also be done with laser.



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## Organ Donation- The Best Kind of Donation

**Mrs. Aarti Gokhale**

Central Co-ordinator, ZTCC

9890210011



Hundreds of Organ Transplant surgeries are performed in various hospitals in India every year. Organ transplantation is a part of our culture. Many Hindu religious/ mythological books suggest that world's first organ transplantation was performed on Lord Ganesh by Lord Shiva. Religious books also suggest that Lord Ganesh was given an elephant's head. These days, unfortunately, most part of India's population is not even aware about the basic concepts of organ transplantation.

Let's take a look at some points to know more about Organ Transplantation.

### Kidney transplantation

Kidney transplantation is one of the most widely known Organ transplantation surgeries around the world. It is the procedure in which a specialist surgically removes one of any two kidneys of the donor (living or dead donor), and transplants it into the patient whose both kidneys are failed (patient suffering from end-stage renal disease).

THO- The Transplantation of Human Organs Act

There were thousands of cases related to human organ theft reported during 80s and early 90s. In order to deal with the rising cases of organ theft, the Indian govt passed the legislation called the THO- Transplantation of Human Organ Act in 1994.

There are two types of donors, living and dead donors (brain dead). According to this Act, in case of living donation, the relatives who are allowed to donate their kidney or liver (some parts) are- patient's mother, father, brothers, sisters, son, daughter, spouse and grandparents.

This Act has introduced lot of limitations for organ transplant procedure, it has been observed in several cases that even close relatives of the patient cannot help the patient with their organ if they (relatives) are not medically fit in the criteria set as per THO. Due to this, many patients are forced to be on dialysis, and be under constant threat of death.

Brain dead and its declaration

According to this new provision, a person can be declared medically dead if his/her brain stops functioning. Patient's heart stops functioning in 24 to 48 hours after the patient becomes brain dead. The person is declared brain dead after certification from two doctors (brain specialists). These doctors have to test the patient after a gap of six to eight hours, and then certify if the patient is brain dead or not.

Even if the person is brain dead, the blood supply to various organs continues till 24 to 48 hours (till the time his/her heart stops functioning). After conducting various blood tests, these organs need to be surgically removed from the "brain dead" person within 24 to 48 hours from the time when he or she is declared brain dead. Organ transplantation has to be performed under the supervision of specialists and doctors at hospitals which are authorized by the Govt to carry out transplantations.

It is very important to take necessary permissions from the relatives of person who is brain dead. According to the concerned laws, these relatives should be ready to give the necessary permissions without asking for financial or any other kind of favors. This law does not allow the relatives of the brain dead person to find the name of the organ recipient.

There are several hospitals in cities like- Mumbai, Pune, Aurangabad, Nagpur in the Indian state



of Maharashtra which perform transplantation surgeries. According to reports, till today, 62 kidney transplant surgeries and 9 liver transplant surgeries have been performed in various hospitals in Pune.

These organ transplantation surgeries are possible because of efforts put in by various Doctors, kidney and liver transplantation specialists, teams working in ICU units and Trauma units of the concerned hospital, and NGOs who spread awareness about organ donation.

Costly and time consuming procedure

Kidney and liver transplant surgeries are very expensive surgeries. These surgeries require 4 to 5 hours. Patient needs to stay in the hospital under medical supervision for next 10 to 12 days after the transplantation surgery. There are lots of expenses involved in various tests and medicines which the patient needs to take after the surgery. So, it becomes very difficult for doctors and hospitals to offer organ transplant surgeries for free.

ZTCC- The Zonal Transplant Coordination Committee

The Govt of Maharashtra has established ZTCC to create awareness about organ donation among the people, and also to ensure fair distribution of organs in the concerned city. This committee maintains a list of patients who need organ transplant (who cannot get it from their relatives), and also collects the data about brain dead patients in the city. The ZTCC makes sure that all the patients get organs according to their names in the list. The ZTCC has offices in Pune, Mumbai, Aurangabad and Nagpur. All the hospitals which perform organ transplantation, work under the guidelines of this committee.

Awareness can help to save many lives

It is very unfortunate that people are not aware about the good will involved in organ donation. Many people avoid organ donation because they think it will damage their loved one's body and it will be against religious beliefs. Some way or the other, almost each and every religion promotes organ donation. There is nothing as good as saving someone's life, and helping someone to stay in this beautiful world.

Death cannot be avoided; everyone has to die one day or the other. Death brings lot of sorrow in the diseased person's family. There is no way to reduce this loss or pain, however, what best the family members can do is donate the diseased person's organs to someone and fill the recipient's life with happiness.

### **Help someone smile**

There are lots of other processes involved, if the donor or brain dead person has medico legal case (case of injury or ailment); it also involves registering FIR with the police and post mortem documentation. This requires time and joint efforts of police department, relatives of diseased person, and Doctors. After completing all these procedures and transplantation surgeries, it will help bring back that smile on the face of two patients suffering blindness, two patients with dead kidneys and one patient whose liver is dead. All these 5 patients will give blessings to the person because of whom they got that smile on their face.

We believe in donating food, clothing, and money after someone's death, won't it be good to donate our loved one's organs after their death and help someone to survive? Let's play our part in making life better for others and earn blessings and goodwill! Fill your organ donation declaration form today!





## Laboratory evaluation of Thyroid Gland.

Dr. Manish Karekar

9819644388

Thyroid function is essential for optimal health. The synthesis of thyroid hormones, which regulate metabolism and gene expression, is complex and tightly regulated.

Thyroid disease can be broadly divided into three main categories: Hypothyroidism (insufficient thyroid hormones), Hyperthyroidism (excess thyroid hormones), and Cancer (inappropriate cell growth).

Laboratory tests play a crucial role in the diagnosis and effective management of thyroid disease because the signs and symptoms are nonspecific.



Thyroid hormones are essential to health. The thyroid hormones, thyroxine/tetraiodothyronine (T<sub>4</sub>) and triiodothyronine (T<sub>3</sub>), act on virtually every tissue in the body. They regulate metabolism of protein, fats, and carbohydrates, and are essential for normal development of the fetus and newborn.

Thyroid hormone synthesis is complex. The synthesis of the thyroid hormones requires iodine, which is ingested as iodide. Iodide is concentrated within thyroid follicular cells, where it is converted to organic iodine by thyroid peroxidase (TPO). Thyroid follicular cells surround a space filled with colloidal material that consists of thyroglobulin (Tg)

Thyroid disease can be serious. Hyperthyroidism and hypothyroidism are classified into overt disease and subclinical disease.

Subclinical disease is characterized by abnormal levels of TSH and normal levels of free T<sub>3</sub> and free T<sub>4</sub>.

Thyroid cancer, however, is rare, and in most cases very treatable. It is common for thyroid cancers to be euthyroid, that is, neither hypothyroid nor hyperthyroid.

Thyroid disease requires therapy to maintain thyroid hormones at normal levels. Abnormal thyroid function is associated with cardiovascular disease, depression, neurological symptoms and metabolic disturbances.

The signs and symptoms associated with thyroid disease, both hypo- and hyperthyroidism, are nonspecific; thus, laboratory tests play crucial roles in the diagnosis and management of disease, including monitoring response to therapy

### THYROID TESTS- DESCRIPTION AND UTILITY

**TSH u (Ultrasensitive)** : thyroid-stimulating hormone, also known as thyrotropin (TSH); it is the primary screening test for thyroid dysfunction (hyperthyroidism and hypothyroidism).

**Free T<sub>4</sub> Measures Ft<sub>4</sub>** : Used to evaluate thyroid function; elevations associated with hyperthyroidism, low levels associated with hypothyroidism. Free T<sub>4</sub> is the portion of T<sub>4</sub> not bound to protein and is metabolically active.

**Total T<sub>4</sub>** : Measures all of T<sub>4</sub> hormone, protein bound and free.

**Free T<sub>3</sub> Measures Ft<sub>3</sub>** : Used to evaluate thyroid function; elevations associated with hyperthyroidism, low levels associated with hypothyroidism. It is the unbound portion of T<sub>3</sub> and is metabolically active.

**Total T<sub>3</sub>** : Measures all of T<sub>3</sub> hormone, protein bound and free.

**TPOAb/aTPO:(AMA- ANTI MICROSOMAL Ab)** : Measures antibodies to thyroid peroxidase



(TPOAb/aTPO). TPO converts iodide to organic iodine, an important step in thyroid hormone synthesis. It is useful in differentiating Hashimoto's thyroiditis from other hypothyroid conditions.

**Thyroglobulin/Tg Measures thyroglobulin** : Used in differentiated thyroid cancer to monitor treatment response.

**TgAb/aTg (anti thyroglobulin antibody)** : Measures antibodies to thyroglobulin (TgAb/aTg); useful for evaluating for possible interference in thyroglobulin assays; also useful in both hyper- and hypothyroidism and differentiated thyroid cancer.

**ATAB** : Anthyroid antibody includes ANTI TPO + ANTI Thyroglobulin Ab

**TRAb Measures TSH receptor antibodies** : Both inhibitory and stimulating immunoglobulins. Used to confirm Graves' disease. (Hyperthyroidism)

**TSI/TSIAb** : Measures thyroid-stimulating antibodies (TSI/TSIAb), a subset of thyroid receptor antibodies that are specific to Graves' disease; therefore, a choice assay to confirm Graves' disease.

**Thyroxine-binding globulin/TBG** : Measures TBG, the major thyroid hormone-binding protein.

**Calcitonin Measures calcitonin** : Which is produced by the C cells of the thyroid and by medullary thyroid cancer cells; useful as an aid in the diagnosis and management of medullary thyroid cancer.

### Case study 01

A 22-year-old married female presents with symptoms and signs of fatigue, weight gain, and weakness. She has missed her periods, and pregnancy test was Positive?

Test results:

In addition to a routine ANC profile a TSH was added .

Results: High TSH , Low FT4 Low FT3

To rule out Hashimoto's Disease. ATAB was done, of which Anti TPO was Positive.

Hypothyroidism in pregnant women is associated with adverse outcomes that include lasting neurocognitive deficits in their progeny.

One of the most common types of primary hypothyroidism is Hashimoto's disease. It is an autoimmune disease in which the thyroid gland is gradually destroyed by cellular and autoimmune mediated immune processes. Hashimoto's is characterized by the presence of anti-TPO antibodies and chronic inflammation of the thyroid gland.

This young lady will require thyroid hormone supplementation and her thyroid function will need to be assessed again and treatment modified as needed to keep her euthyroid and to reduce the risk of adverse pregnancy outcomes. The patient is supplemented with thyroxine and returns after six weeks for follow-up.

Current Guidelines for TSH levels in pregnancy

0-12 weeks – 0.1 – 2.5 mIU/l

12-24 weeks- 0.2 – 3.0 mIU/L

24- Term - 0.3 – 3.0 mIU/l

### Case study 02

A 40-year-old female has been experiencing nervousness, irritability, palpitations, and difficulty sleeping for the past three months. On examination, her thyroid gland is diffusely enlarged?

**Test results:**

TSH less than 0.01 mIU/l, High FT4 values.

High TPO antibody and high TSI Ab

The clinician suspects that the patient may have hyperthyroidism and possibly Graves' disease. TSI Ab is strongly associated with Graves' disease; anti-TPO antibodies are also commonly found in these patients.

Diagnosis of Hyperthyroidism is characterized by excess thyroid hormones. Hyperthyroidism can occur due to problems in the thyroid itself (primary disease), pituitary (secondary disease), or hypothalamus (tertiary disease).

Among the several types of hyperthyroidism, the most common are Graves' disease (diffuse toxic goiter), toxic multinodular goiter, and iatrogenic disease (excess supplementation during replacement therapy).

Thyroid tests are essential for the diagnosis and monitoring of hyperthyroidism and hypothyroidism. Accurate diagnosis and appropriate management of thyroid disease is dependent on the appropriate choice of thyroid laboratory tests and the proper interpretation of their results.



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