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Associate Member	**Single ...... Rs. 3,000/-**	**Couple .... Rs. 5,000/-**

All the members are requested to pass on these message to their colleagues & friends. Try to increase the membership strength of MMA.

DR. SANJIV MANIAR
President

DR. HARSHAD JOSHI
Hon. Gen. Secretary

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98217 67777

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Hon.Gen. Secretary
99303 10410

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Chairperson Premises
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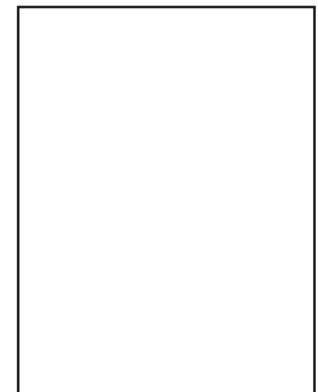

Desk of the President

Dear Friends

It gives me great pleasure to connect with you all as a president of Malad Medical Association for very first time.

Let me assure you this year is going to be full of activities and academic Fiesta also me as a President and my team put our best efforts to make this year most vibrant.

It was a very good learning curve to work in Malad Medical Association at different post under so many efficient precedent in past and reach till this post.

My dream my goal or our team goal is to keep a balance between social activity academic activity and cultural activity.

I do feel a great sense of responsibility on my shoulder which I will fulfill it and maintained the decorum of MMA set by my predecessors.

I am very happy that the beginning of the Year is with the blessings through a wonderful spiritual drama; fabulous first event a completely packed ASPEE auditorium with more than 500 friend attending one of the best drama of the century -

महात्मा का महात्मा युगपुरूष

with blessing of Shrimad Raj Chandra & my parents & with the help of my entire team

I begin this year with all of yours full support. want to share with you all what I had mentioned in my speech that today this year is the year for which I was dreaming when I was probably 10 or 12 years old. During those days I saw my parents after finishing OPD of probably 200 to 300 patient per day they used to work for MMA to uplift and bring our colleagues together and those days like any other teenagers I asked my parents that why are you doing so much of hard work what are you going to gain out of it?

And they replied so nicely which I can never ever forget= “There are certain things in life we do it not to get something but to give something,

to give back to the Society;
to give back to the Association;
to give back to the humanity”.
so yes it is my turn to give back and I will the best.

I am happy to have experienced past office bearers like **Dr. Yatin Shah, Dr. M.G. Agrawal, Dr. Arvind Ghongane** & **Dr. Mehul Bhatt** in my team. Looking forward to a great year ahead.

DR. SANJIV MANIAR
dr.sanjiv.maniar@gmail.com
98217 67777

PLEASE NOTE

Register for MMA SMS updates.

To receive sms updates from MMA hence forth all you need to do is type **Join MMAMLD** & send it to **9220092200.**

Those who don’t register will not get any sms from MMA.

Please Inform your collegues & Friends.

X-RAY AND SONOGRAPHY CENTRE

Dr. Rajendra L. Sharma

D.N.B., D.M.R.D., M.B.B.S.

CONSULTANT RADIOLOGIST & ULTRASONOLOGIST

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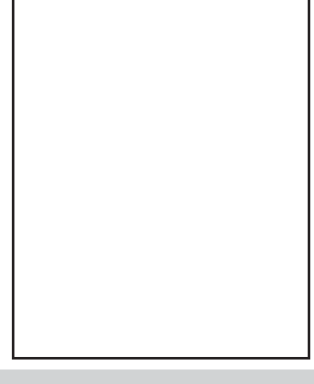

Desk of Hon. Gen. Secretary

Hello friends,

First of all thanks to all members and special thanks to our Managing Trustee Dr.Anil Suchak and Trustees to trust and select me for the most responsible post of MMA as an Hon.Gen.Secretary.

It's my pleasure to work with newly elected managing committee where most of the managing committee members are past office bearers of MMA. This will be a great year for me to work as an Hon.Gen.Secretary with our dynamic President Dr.Sanjiv D. Maniar and experienced past office bearers Dr. M.G. Agrawal, Dr. Yatin Shah, Dr. Arvind Ghongane, Dr. Mehul Bhatt & Dr. V.S. Manek. Hon. Joint Secretary Dr. Naresh Dandekar will be with me as a helping hand.

We have team of talented and an enthusiastic all Chairpersons. As a Scientific Chairperson Dr. Indu Bubna who is very sincere in her work for MMA. Chairperson Cultural Dr. Rajesh Jain and Co-chairperson Dr. Divyangan Sarvaiya will give you full entertainment events for coming year.. Dr. Mehul Bhatt as a most experienced Editor & Dr. Hemal Maniar as a Web editor, Chairperson Sports Dr. Vipul Patel, Chairperson Public health Dr. Shalin Soni, Chairperson Ladies wing Dr. Twinkle Jain, Chairperson Medicolegal Dr. Siddharth Shah, Chairperson Primises Dr. Yatin Shah.

With the hard work & efforts of President Dr. Sanjiv D. Maniar & Dr. Rajesh Jain along with entire Managing Committee, our first cultural event the drama **"Yugpurush"** played at Aspee auditorium was successful.

Our team will try to give you good Scientific, Cultural, Sports and Ladies wing programmes.

At last we welcome your suggestions and inputs.

DR. HARSHAD G JOSHI
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99303 10410

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PRACTICE CHANGING UPDATE IN MEDICINE

Malad Medical Association along with **Mumbai Kidney Foundation**
has organized a **MEDICINE UPDATE**

on **18th June 2017**

at the MMA Hall from 9.30 am to 4.00 pm.

This update will focus on what is new in Medicine and Highlight the practice changing advances in the field of Medicine.

The Programme is as Follows:

08.30-09.15 am	Breakfast	
09.15-09.30 am	President's Welcome - **Dr. S. Maniar** Scientific Secretary's Remarks - **Dr. Indu Bubna**	
09.30-10.00 am	Update in Chest Medicine	Dr. Agam Vora
10.00-10.30 am	Update in Diabetes	Dr. Ameya Joshi
10.30-11.00 am	Update in Hypertension	Dr. Mangesh Tiwaskar
11.00-11.30 am	Update in Hematology	Dr. Mukesh Desai
11.30-11.45 am	**TEA BREAK**	
11.45-12.15 pm	Update in Antibiotics	Dr. Vasant Nagvekar
12.15-12.45 pm	Update in cardiology	Dr. Bhupen Desai
12.45-01.15 pm	Update in Neurology	Dr. Manoj Hunnur
01.15-02.00 pm	**LUNCH**	
02.00-02.30 pm	Update in Rheumatology	Dr. Preeti Nagnur
02.30-03.00 pm	Update in Gastroenterology	Dr. Molina Khanna
03.00-03.30 pm	Update in AKI Management	Dr. Keyur Dave
03.30-04.00 pm	Update in CKD Management	Dr. Umesh Khanna

DR. SANJIV MANIAR
President

DR. HARSHAD JOSHI
Hon.Gen.Secretary

DR. INDU BUBNA
Scientific Chairperson

DR. RAJESH PANCHAL
Scientific Co-Chairperson

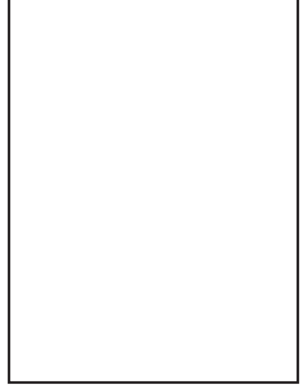
DR. UMESH KHANNA
Chairman, Mumbai Kidney Foundation
Programme Co-Ordinator

MATRIMONIAL

Vegetarian teetotaler mumbai based postgraduate Medico for
an Agarwal Jain Girl of Highly Educated Family.

29 / 5'3"/ pleasing personality / pursuing DNB (Pathology).

Contact : ravijain1956@yahoo.co.in / 98201 51927



Editorial

*G*reeting Members,

It feels great to be back as editor of this Magazine. This according to me is the most fun job in MMA and I enjoy doing it. Over past few years **Dr. Hemal Barchha** and **Dr.Arti Vyas Joshi** have uplifted the quality of this Magazine by many notches. This time I will be continuing the theme based monthly Magazines & try to make every monthly issue as informative as possible.

This year under the presidentship of **Dr. Sanjiv Maniar**, I see a lot of enthusiasm among the team. It's great to see veterans of MMA like **Dr. M.G. Agrawal, Dr. Dinesh Joshi** and **Dr. Yatin Shah** in action. I am happy to have guidance and support from our trustees, especially **Dr. Anil Suchak, Dr. Jayesh Lele, Dr. Ketan Mehta** & **Dr. Agam Vora**. They have always been a great source of encouragement for me. In the end I would like to make one request to all Diagnostic Centres, Hospitals & Nursing Homes of MMA to contribute to this magazine. Friends, our magazine MAGIC is one of the most active and regular monthly bulletin among western suburbs. It has a reach of around 1700 members every month. Kindly contribute to association by giving articles and advertisements for MAGIC.

I am thankful to **Dr. Jay Kotecha** for helping me prepare this issue on **"Gasteroenterology"**. Hope you all like it. Feel free to call me with any kind of feedback.

DR. MEHUL BHATT
93204 07074
dr.mehul.\bhatt@gmail.com

MMA CONFERENCE

DATE : **16TH JULY, 2017, SUNDAY**

Venue : MMA Hall, Malad (West), Mumbai - 400 064.

AGENDA

TIME	TOPIC	SPEAKER
08.30-09.30AM	REGISTRATION & BREAKFAST	
09.30-10.00AM	LUPUS KNOWS NO BOUNDARIES	DR SUNIL SINGH
10.00-10.30AM	RECENT ADVANCES IN STONE MANAGEMENT	DR NEERAJ SHAH
10.30-11.00AM	INTERVENTIONAL RADIOLOGY	DR JATHIN RAI
11.00-11.30AM	NEUROSURGERY	DR SAMIR PARIKH
11.30-12 NOON	GET RID OF GLASSES!	DR AARTI AGARWAL BAHUVA
12.00-12.30 PM	LIVER TRANSPLANT	DR CHATOPADHYA
12.30-01.30 PM	LUNCH	
01.30-02.00 PM	ROBOTIC HEAD, NECK CANCER SURGEON	DR MANDAR DESHPANDE
02.00-02.30 PM	MEDICAL ONCOLOGIST	DR IMRAN SHAIKH
02.30-03.00 PM	RADIATION ONCOLOGIST	DR PRANAV CHADDHA

REGITRATION CHARGES - Rs.100/- (by SMS)

Limited Registration.   No Spot registration.

Applied for 2 (TWO) MMC credit points

Please Register only by SMS on **9892554078**
with **your Name, Date of CME, Degree**,**MMC Reg No.**

Last date for Registration : **Friday 24th February 2017, 5.00 pm**

DR. SANJIV MANIAR
President

DR. HARSHAD JOSHI
Hon.Gen.Secretary

DR. INDU BUBNA
Scientific Chairperson

DR. RAJESH PANCHAL
Scientific Co-Chairperson

MAGIC

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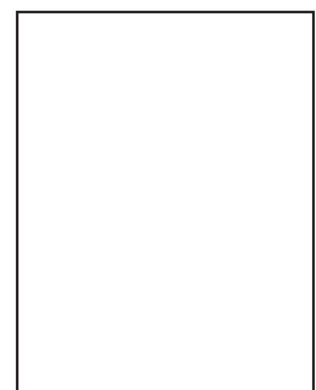
EDITOR - 93204 07074



Desk of Chairperson Scientific

Dear Friends,

I sincerely thank our new President DR. SANJIV MANIAR and the whole Malad Medical Association Committee for giving me this opportunity to be the Scientific Chairperson for the Year 2017-2018.

I have been working in the Scientific Team for two years under the President-ship of Dr. Mehul Bhatt and Dr. Hemal Barccha. MMA always attempts to keep their members up-to-date in medicine. I will try my Best to bring on the Best Speakers and the Latest in Medicine. Starting this year, our first conference is on **"PRACTICE CHANGING UPDATE IN MEDICINE"**. This update will focus on what is new in medicine & highlight the practice changing advances in the field of Medicine. I thank DR. UMESH KHANNA to bring this conference together.

I promise to deliver my Best and I also Hope that I get all your love and support, so come in maximum numbers for our Upcoming CME's. Also, mail me your suggestions, feedback, any speakers you are keen to listen to, any topic that will help us in growing our practice and help us treating our patients better.

Looking Forward to see you all at MMA Hall!

Regards,

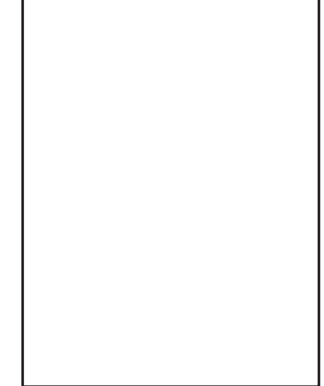
DR INDU BUBNA
drindububna@gmail.com
9820174285

Scientific Co-Chairperson

Dr. Rajesh Panchal

Scientific Sub-Committee

Dr. Vishal Baldua Dr. Anuj Bahuva
Dr. Mahendra Bhatt



Desk of Chairperson Sports

Dear Friends,

I thank MMA President & Secretary for this opportunity to lead the Sports activity.

I and my team will make sure-each of our members get an opportunity to participate in Sports activity. We plan to have Box Cricket, Badminton, Table Tennis, Trekking and Running events for our members. And of course we will participate in IMA cricket and other tournaments as before.

I am sure we will have a great sporting year ahead.

DR. VIPUL PATEL
vipul_1970@hotmail.com
98219 3464

Environmental Medical Association

invites you all at

23 NESCON 2017

23rd National Conference of
Environmental Sciences & Pulmonary Diseases

During 7 to 9th July 2017

Hotel Retreat, Madh - Marve, Malad (West).

Key Topics

1. Tuberculosis
2. Asthma / COPD
3. Air pollution
4. Debates
5. panel discussions on various respiratory diseases, ILD, Pulmoanry hypertension, nutritional disorders, thyroid diseases
6. Orations (total 6 orations)

Chief Guests :

1. **Mr. Sunil Khaparde ....** – Deputy Director General of health services (TB)
2. **Dr Deelip Mhaisekar .....** – Vice chancellor - MUHS
3. **Dr Randeep Gulleria .....** – Director – AIMS – New Delhi
4. **Shri K N Rai ....** – honorable speaker Sikkim Legislative assembly

With the blessings of BK Yoginiben.

There will be **three workshops** on 7th July

1. **Pulmonary function test** – Nanavati hospital
2. **Interstitial lung disease** – Somaiya hospital
3. **Endoscopic ultrasound** – Asian Oncology Institute.

Conference will be granted 6 MMC credit points.

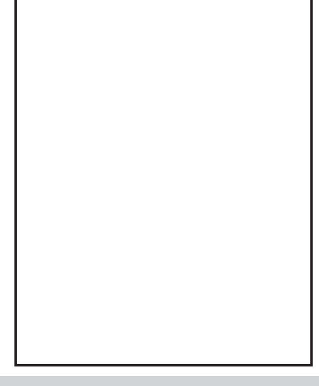
You may register at concessional Registration of **Rs. 500/-** only (for the conference)

Details of the programme & registartion is available on

http://www.environmentalmedicalassociation.com/nescon-2017/

This conference is tribute to Prof Dir Dr K C Mohanty for his 5 decades of fight against TB.

DR. AGAM VORA - Org Secretary
dragamvora@gmail.com
Office no : 26213500 / 28924812 / 9920870050



Desk of Chairperson Cultural

Hello Everyone

Our First Cultural event was held at Aspee Auditorium on 4th June at Malad West which was a totally house full event inspite of India Pakistan Match at the same day and same time. There was a huge demand of tickets and the demands were fulfilled till the last minute. The drama was appreciated by everyone who were present there I promise all my members that whole year will be full of entertainment from our end with numerous cultural activities lined up But all this can't be possible without your support. My special thanks to my team of Malad Medical Association Dr. Sanjiv Maniar, Dr. Harshad Joshi and my Special Doctor's friends esp. Dr. Sandip Saraf, Dr. Rajiv P. Bhanej & Dr. Amit Metha who are always there as a pillars to support me.

My special thanks to Dr. M.G.Agrawal sir.

Dr. D. Sarvaiya and last but not least our mother (PRESIDENT Mother) from we get inspire Dr. Maniar Ranjan Dinesh.

Dr. RAJESH JAIN
dr.rajeshjain@ymail.com
98217 85951

Cultural Subcommittee

Dr. Deepak Karla — Dr. Vinay Kushwaha
Dr. Rajiv Bhanej — Dr. Prashant Dubey

CULTURAL AND LADIES WING OF MMA

Jointly Celebrate

INTERNATIONAL YOGA DAY

ON 21st June 2017

Venue : MMA Hall

with 2 Batches of Yoga Classes

6:30 - 7:30 am & 7:30 - 8:30 am

Registration Charges - Rs. 100/- (No Spot Registration)
Breakfast and Surprise Gift to all the participants.

FOR REGISTRATION CONTACT
(Exclusive for MMA Members and their family)

DR. RAJESH JAIN
Cultural Chairperson
9821785951

DR. TWINKLE JAIN
Ladies wing Chairperson
9820167063

DR. SANJIV MANIAR
President
98217 67777

DR. HARSHAD JOSHI
Hon. Secretary
99303 10410

Desk of Public Health Cell

Dear Colleagues,

Our new president Dr. Sanjeev Maniar has given me the responsibility to chair the public health cell. **Dr. Gaurang Kapadia has been appointed the Co-Chairman**. MMA has a legacy of conducting very useful and successful Public health cell programmes. As chairman and co-chairman of the Public Health Cell, we will try our best to conduct programmes that will be of importance to fellow members as well as society at large. To begin with, we will be having our **Blood Donation Drive** around Doctors Day to symbolise the appreciation of doctors towards society. The Blood Donation Drive will be held on **2nd July, Sunday**, at **Suchak Hospital**, like every year. We request each and every member of our association to Donate Blood on that day and help in saving valuable lives. We also request you to encourage family members, relatives, friends and patients for donating blood on that day. Together we can make a difference!

We welcome suggestions from you for activities to be conducted throughout the year in the Public Health Cell. I also extend my best wishes to our new managing committee and the President Dr. Sanjeev Maniar and Hon. Gen. Secretary Dr. Harshad Joshi for a great year ahead.

DR. SHALIN SONI
drshalinsoni@gmail.com
98204 71214

MMA MONSOON RAIN DANCE

with Morning Breakfast, Veg. Lunch and DJ party.

On

Sunday, 23rd July 2017

Time: 9.00 am to 3.30 pm

At

"NANDANVAN", Patelwadi, Near INS Hamla Gate,
Marve Road, Malad (West), Mumbai - 400 095.

1. Rs.300/- (Three Hundred Only) per person on first come first basis.
2. Limited Registration(150)
3. Self Transportation, Parking Available.

For Registration Contact:

Dr. Sanjiv Maniar	**Dr. Harshad joshi**	**Dr. Rajesh Jain**	**Dr. Divyangan Sarvaiya**
President	Hon. Secretary	Cultural Chairperson	Co-Ordinator
7738244444	9930310410	9821785951 7021304115	9833011228

WHAT IS GASTRITIS ?

DR. JAY D KOTECHA
Consultant Gastroenterologist

Nowadays we are flocked with patients giving vague complaints of abdominal pain, ranging from mild to severe, mainly affecting the upper abdomen & retrosternal region. Our first impression is to rule out an imminent cardiac pathology although retrospectively we think it to be just a case of gastritis.

Gastritis is a part of a disease complex called, **Acid Peptic Disorder**. It is the inflammation of gastric mucosa due to increased acid production. This high acid content in the stomach causes damage not only to the gastric mucosal lining but also the lower esophageal wall proximally and the duodenal bulb distally.

What are the symptoms of gastritis?

Abdominal pain, Belching, Nausea / Vomiting, Bloating, Fullness of stomach, Dyspepsia.

Less commonly - chest pain, loss of appetite, pain radiating to shoulders and neck, back pain.

What causes Gastritis?

1. Stress-Stress is a major factor affecting the gastric lining by increased production of gastric juices and weakening of the mucosal lining.
2. Food Habits – Every patient tells us that he has been very strict with his diet, but on detailed investigation, they reveal that the timing of their food habits is improper. 'Food habits' not only means 'What to eat, but also When to eat'.
3. Infections - Most commonly associated infection with Gastritis is due to H.Pylori bacteria.
4. Less common causes - Alcohol consumption, NSAID Medications, Addictions like tobacco chewing and smoking. Some surgical and medical conditions can also induce Stress Related Gastritis.

   Alcohol, NSAID & Smoking are one of the major factors of recurrence of gastritis.

How to diagnose Gastritis?

It is worthwhile to investigate the patient to rule out other systemic pathologies. Clinical judgement should be widely used in ordering the following tests.

- Cardiac evaluation if the patient is elderly or middle aged with family history of cardiac ailments.
- Ultrasound examination of the abdomen to rule out gallstones or any liver pathologies.
- Stool examination to check for occult blood and any helminthic or parasitic infections.
- Pregnancy evaluation if the patient is a female and history of missed periods.

The patient may be subjected to an Upper GI Endoscopy procedure for confirmation of the diagnosis and also take a sample for testing for H. Pylori infection.

What is the treatment for Gastritis?

The first line of management of gastritis is a Proton Pump Inhibitor(PPI). This medication has changed the outlook of Gastritis and drastically reduced the complication rate of untreated gastritis. PPI are given for a period ranging from 4-8 weeks, depending on clinical response.

Second line of medications include prokinetics, Probiotic, Histamine (H2) Blocking Agents and Coating agents like Sucralfate.

Management of gastritis should not only be relied on medications, as the relapse rate is very high when not coupled with lifestyle modification. Every patient should be counselled to try and overcome the first two hurdles in etiology of gastritis (Stress and Food Habits). Unless this is done, more than 50% patients have recurrence of symptoms after stoppage of medications, thus increasing the follow up rate and patient dissatisfaction over the treatment.

What Foods to avoid in Gastritis?

Spicy foods		Alcohol
Coffee & other beverages and drinks that contain caffeine (for example-colas)
Fatty foods		Fried foods

What Diet to take in Gastritis?

Avoid caffeinated, decaffeinated and carbonated drinks; and fruit juices that contain citric acid, for example, grapefruit, orange, pineapple, etc.

Avoid high-fat foods.

The growth of H. pylori may be stopped by a diet rich in fiber, and foods that contain flavonoids, for example:

Certain teas	Onions
Garlic	Berries
Celery	Broccoli
Parsley	Thyme
Legumes	

Why treatment of Gastritis is important?

Gastritis affects the quality of Life of a patient due to persistent abdominal discomfort and other symptoms. Also, long standing Gastritis (Chronic Gastritis) can be a cause of Pernicious Anemia, Perforation, Bleeding Peptic Ulcers, Gastric Cancers, MALT – Lymphoma, Strictures of Esophagus and Small Bowel.

Take Home Message - Counselling about the condition is the mainstay in treatment of Gastritis.

Dr. Kinjal D. Modi
M.D.(Pul. Med.)(Mum.), DNB, F.C.C.P. (USA),
HERMES DIPLOMATE (EUROPE), PGDHHM, PGDMLS
Interventional Pulmonologist (Malaysia)
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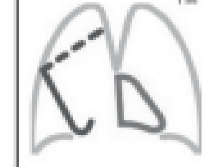

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NAFLD : NON-ALCOHOLIC FATTY LIVER DISEASE

DR. MANJURHUSEIN AGHARIYA

INTRODUCTION:

The definition of NAFLD requires that (i) there is evidence of hepatic steatosis (fat), either by imaging or by histology and (ii) there are no causes for secondary hepatic fat accumulation such as significant alcohol consumption, use of steatogenic medication, or hereditary disorders.

NAFLD is histologically further categorized into non-alcoholic fatty liver (NAFL) and non-alcoholic steatohepatitis (NASH). NAFL is defined as the presence of hepatic steatosis with no evidence of hepatocellular injury in the form of ballooning of the hepatocytes.

NASH is defined as the presence of hepatic steatosis and inflammation with hepatocyte injury (ballooning) with or without fibrosis-cirrhosis.

Risk Factors:

Obesity, Diabetes mellitus,
Dyslipidemia, Metabolic syndrome

Secondary causes of fatty liver:

Alcohol, Hepatitis C infection, Wilson's disease, Medications (Amiodarone, methotrexate, corticosteroids, tamoxifen), Parenteral nutrition, Abetalipoproteinemia.

Clinical features:

Most patients are asymptomatic. Although some may complain of discomfort or continuous pain in right hypochondrium, vast majority are detected incidentally, by USG or abnormal LFT.

Many patients present directly with cirrhosis and portal hypertension related complications, like ascites, variceal GI bleeding, coagulopathy, hepatic encephalopathy or hepatocellular carcinoma.

Thus suspecting and looking for the NAFLD, especially in high risk groups as mentioned before, is the key to early diagnosis and timely management of these patients.

Laboratory features:

Early stage of the disease usually has normal liver biochemistry.

Some patients have only elevation of SGPT (ALT) and SGOT (AST) as the sole abnormality. Values are usually less than 300 IU/ml. ALT is usually greater than AST. This can get reversed in case of development of cirrhosis in these patients.

In advanced stage, albumin is low with elevation of bilirubin and/or Prothrombin time. Thrombocytopenia is a marker of cirrhosis and portal hypertension.

Other biochemical abnormalities may suggest underlying risk factors like diabetes and dyslipidaemia.

Imaging:

Ultrasonography (USG):

It shows increased liver parenchymal echotexture (brighter appearance) & vascular blurring.

In advanced disease, there is usually a cirrhosis and features of portal hypertension, like ascites, splenomegaly, dilated portal vein.

USG may fail to detect fatty liver in patients with lower liver fat content (<30%).

Transient Elastography (Fibroscan):

It is used to assess the stiffness of the liver parenchyma which correlates directly to the stage of fibrosis. It has a good accuracy for detecting advanced fibrosis & cirrhosis. It is usually needed to determine the stage of fibrosis, which means it should

not be done if there is enough evidence of cirrhosis and/or portal hypertension.

Other imaging modalities are CT scan and MRI: These can detect fatty liver, cirrhosis, HCC, Portal vein thrombosis and other features of portal hypertension with higher sensitivity and specificity.

Liver Biopsy:

Liver biopsy should be considered in patients with NAFLD who are at increased risk to have steatohepatitis and advanced fibrosis. The presence of metabolic syndrome & the NAFLD Fibrosis Score may be used for identifying patients who are at risk for steatohepatitis & advanced fibrosis.

Liver biopsy should be considered in patients with suspected NAFLD in whom competing etiologies for hepatic steatosis & coexisting chronic liver diseases cannot be excluded without a liver biopsy.

Treatment:

Lifestyle modifications:

Dietary changes like total caloric restriction, diet with low carbohydrate and saturated fats are effective in reducing the liver fat content.

Exercise (aerobic)- 200 mins/week, of moderate physical activity, reduces liver fat and liver inflammation significantly.

Weight reduction: At least 5% weight loss is required to have reduction in the fat content of the liver. Achieving 10% weight loss, leads to reduction in liver fat as well as inflammation and hepatocyte necrosis.

Bariatric surgery, when done for morbid obesity with/without comorbidities, leads to significant reduction in hepatic steatosis (fat), inflammation as well as fibrosis.

Drugs:

Drug therapy should be offered to only patients with NASH or those NAFL patients who have high likelihood of NASH.

Vitamin E : Vitamin E administered at daily dose of 800 IU/day improves liver histology in non-diabetic adults with biopsy-proven NASH and therefore it should be considered as a first-line pharmacotherapy for this patient population.

Obeticholic acid : It is a newer agent with novel mechanism of action and has promi sing results in NASH. It is still not available in Indian market.

Pioglitazone : Pioglitazone (30mg/day) can be used to treat steatohepatitis innon-diabetic patients with biopsy-proven NASH.

Metformin : Metformin (2gm/day) has no significant effect on liver histology and is not recommended as a specific treatment for liver disease in adults with NASH.

Omega-3 fatty acids : It may be considered as the first-line agent to treat hyper-triglyceridemia in patients with NAFLD but not specifically for NASH.

Statins : Statins can be used to treat dyslipidemia in patients with NAFLD and NASH, but should not be used specifically to treat NASH.

UDCA : UDCA is not recommended for the treatment of NAFLD or NASH.

Liver Transplantation:

It is the treatment of choice for decompensated liver cirrhosis.

NEXT MONTH theme
For MAGIC
is

ONCO DIAGNOSIS & RADIATION THERAPY

Doctors who wish to contribute articles,
Please Contact :
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DR. MEHUL BHATT - 93204 07074

MANAGEMENT OF CHRONIC HEPATITIS B & C

DR. VEDANT H. KARVIR, MD(Gastro), FACG(USA)
Consultant Gastroenterologist

Hepatitis B & C are the most Common causes of CLD in India after Alcohol with reported incidence of Hepatitis B & C in India of around 2-4%.

Modes of Transmission of Hepatitis B & C

Apart from the common modes of transmissions like Mother to child transmission (Most common), Infected Blood & blood products, Unsafe sexual practices, uncommon modes include, IV drug abusers sharing needles & Sterile tattoo needles carrying the infected ink.

Investigations

Apart from routine blood investigations like CBC, Ser. Creatinine, Complete LFTs, PT-INR and Triple Viral Markers (HBsAg, A-HCV & HIV)

For HBsAg positive patients : HBeAg& HBV DNA Quantitative

For A-HCV positive Patients: HCV RNA Quantitative & Genotype

Imaging studies like USG Abdo + Hepato-portal Doppler & sometimes CT Abdo Triple Phase(For suspected HCC)

TRANSIENT ELASTOGRAPHY (FIBROSCAN) is one of the most accurate Non-invasive diagnostic tool for evaluating Fibrosis of Liver. For practical purpose, values of >7 kPa indicate significant fibrosis (F2 to F4)

Management of Hepatitis B related CLD

AASLD & APASL recommends starting treatment in HBeAg positive/Negative with HBV DNA Quanti> 2,000 and persistent ALT > 2 x Upper Limit of Normal with above mentioned Imaging studies showing evidence of CLD. Choice of Treatment include Tenofovir 300mg O.D or Entecavir 0.5mg O.D. to be continued on long term.

Asymptomatic HBsAg carriers with normal LFT & No imaging evidence of CLD do not require Anti-viral therapy & must be advised 6 monthly surveillance with LFT & annual USG abdomen.

Management of Hepatitis C related CLD

Treatment indicated in all cases with detectable HCV RNA Quantitative & as per the Genotype. Recently introduced Direct Acting Antivirals (DAA) are safe, cheap and give good results.

Chosen as per the Genotype, options include 3-6 months therapy of Sofosbuvir (400mg) as the primary drug & is combined with one of the following three drugs; viz. Daclatasvir(60mg), Ledipasvir(90mg), Velpatasvir(100mg)

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DIAGNOSIS AND TREATMENT OF CELIAC DISEASE

DR. BIJAL V. KARVIR, DNB (Peads) FPGHN (MUM)
Consultant Pediatric Gastroenterologist and Hepatologist

DEFINITION :

Celiac Disease: is an immune-mediated enteropathy caused by a permanent sensitivity to gluten in genetically susceptible individuals

PREVALENCE IN CHILDREN BETWEEN 2.5 AND 15 YEARS OF AGE :

3 to 13 per 1000 children or approximately 1 in 300 (In USA)

TESTING IS RECOMMENDED FOR CHILDREN WITH :

- Diarrhea and failure to thrive
- Persistent GI symptoms including recurrent abdominal pain, anorexia, constipation and vomiting
- Dermatitis herpetiformis
- Dental enamel hypoplasia of permanent teeth
- Osteoporosis
- Short stature
- Delayed puberty
- Iron-deficient anemia resistant to oral iron

It is recommended that testing of asymptomatic children who belong to groups at risk begin around 3 years of age provided they have had an adequate gluten containing diet for at least one year prior to testing.

Conditions associated with an increased prevalence of celiac disease

Type 1 diabetes, Autoimmune thyroiditis, Down Syndrome, Turner Syndrome, Williams Syndrome, Selective IgA deficiency, First degree relatives of celiac patients

SEROLOGICAL TESTING

- Measure TTG (tissue transglutaminase) (>10 x ULN) for initial blood testing. TTG is the IgA antibody to human recombinant tissue transglutaminase.
- Measurement of endomysial antibody (IgA anti-body to endomysium, EMA) may also be reliable but is subject to added cost and interpretation error.
- AGA IgA and AGA IgG tests are no longer recommended as initial testing due to the inferior accuracy of antigliadin antibody tests (AGA). In individuals with known selective IgA deficiency and symptoms suggestive of CD, testing with TTG IgG is recommended.

INTESTINAL BIOPSY

It is currently recommended that confirmation of the diagnosis of CD requires an intestinal biopsy in all cases.

Endoscopic gross appearance of scalloping of duodenal folds and biopsy findings of intra epithelial lymphocytes, crypt hyperplasia and villous blunting or atrophy (Marsh classification) are characteristic of celiac disease.

TREATMENT :

- A gluten-free diet for life long is recommended for all symp-tomatic children with intestinal histopathological abnormalities that are characteristic of Celiac histologic and for asymptomatic children who have a condition associated with Celiac Disease and characteristic histological findings on small intestinal biopsy.Dietary lactose restrictions are not usually necessary

MONITORING

Measurement of TTG 6 months after treatment with a gluten-free diet is begun, and then approximately once a year if the patient has no symptoms

- Measurement of TTG at any time after starting a gluten-free diet if the patient has persistent or recurring symptoms

MANAGEMENT OF CIRRHOSIS AND ITS COMPLICATIONS

DR. MOLINA KHANNA
Consultant Gastroenterologist

Cirrhosis is progressive hepatic fibrosis with alteration of hepatic architecture and formation of nodules. The important causes are Hepatitis B, C, alcohol and non alcoholic fatty liver disease.

Major complications of cirrhosis include

- Varicealhemorrhage
- Ascites
- Spontaneous bacterial peritonitis
- Hepatic encephalopathy
- Hepatocellular carcinoma
- Hepatorenal syndrome
- Hepatopulmonary syndrome

Once these complications develop, patients are considered to have decom-pensated cirrhosis. Multiple factors can predispose to decompensation in a patient with cirrhosis. Risk factors for decom-pen-sation include bleeding, infection, alcohol intake, medications, dehydration and constipation. In addition, patients with obesity are at increased risk for decompensation.

GENERAL MANAGEMENT - The major goals of Managing Patients with cirrhosis include:

1) Slowing or reversing the progression of liver disease
2) Preventing superimposed insults to the liver
3) Identifying medications that require dose adjustments or should be avoided entirely
4) Managing symptoms and laboratory abnormalities
5) Preventing, identifying, and treating the complications of cirrhosis
6) Determining the appropriateness & optimal timing for liver transplantation.

Slowing or Reversing the progression of liver disease

Cirrhosis is generally considered to be irreversible in its advanced stages, the exact point at which it becomes irreversible is unclear. Some chronic liver diseases respond to treatment even when the liver disease has progressed to cirrhosis. These include Hepatitis B, C and Alcoholic liver disease.

Preventing superimposed insults to the liver

This is done by

a) **Vaccination :** In chronic liver disease check for past exposure to Hepatitis A and B by doing HBsAg, IgG anti HBc and IgG Anti HAV. If negative then give vaccines for the same. The other vaccines advocated are Pneumo-coccal vaccine every 5 years and yearly influenza vaccine.
b) Avoidinghepatotoxins like Alcohol and drugs like NSAIDs.

Medication dose adjustments

These are required because of risk of toxicity due to impaired hepatic metabolism.

Managing symptoms and Laboratory abnormalities

Muscle Cramps: Look for & correct electrolyte abnormalities or dehydration. Other Treat-ments includeoral branched chain amino acids, taurine, Vitamin E and low dose Quinine.

Hyponatremia : is most often dilutional and/ or diureticinduced. Treatment is only required for symptomatic hyponatremia or severe hyponatremia (Na< 120meq/lit)

Low platelets & increased prothrombin time: This is treated only in presence of active bleed-ing or if any invasive procedure is to be planned.

Umbilical Hernias : are most often seen with severe liver disease and Ascites and pose a substantial surgical risk. Hence surgery is advocated only in the presence of incarcerate-dhernias or impending rupture, thinning of overlying skin or leaking hernias.

Preventing, identifying, and treating the complications of cirrhosis

Measures to decrease the risk of complications include judicious diuresis and avoiding proton pump inhibitors in patients without clear indications for their use (spontaneous bacterial peritonitis); treating infections (spontaneous bacterial peri- tonitis, hepatic encephalopathy); avoiding sedatives and treating hypokalemia and hyponatremia (hepatic encephalopathy); avoiding nephro-toxic agents & aggressive diuresis (hepatorenal syndrome); and only using urinary catheters, mechanical ventilation and central lines when clearly indicated (secondary infections). Some of the complications are discussed below

Ascites : Salt restriction is advocated. Patient should have 2 gms of Sodium which is equivalent to 1 tsp of table salt. Herbs & spices should be used instead of salt substitutes. Combination of loop diuretic (Furosemide or Torsemide) with a potassium sparing diuretic (spironolactone or Amiloride) is used so as to prevent Potassium abnormalities. Ideal dose combination is 40 mg of Furosemide with 100 mg of Spironolactone. Non response to diuretics may necessitate repeated large volume paracentesis or TIPS (Transjugularin trahepatic porto systemic shunt)

Variceal bleeding : All patients with cirrhosis should undergo screening for esophageal varices with upper endoscopy so that prophy-lactic therapy can be given to those with varices that are at increased risk for bleeding and to determine the risk of variceal hemor-rhage. Prophylactic therapy most commonly involves treatment with a nonselective beta blocker or endoscopic variceal ligation, which reduces the risk of variceal bleeding.

Spontaneous Bacterial Peritonitis : The risk of spontaneous bacterial peritonitis (SBP) can be reduced by efforts to diurese patients since diuresis concentrates ascitic fluid, thereby raising ascitic fluid opsonic activity. Early recognition and aggressive treatment of localized infections (eg.cystitis, cellulitis) can also help to prevent bacteremia and SBP. Finally, prophylactic antibiotics aimed at decontaminating the gut have a role in specific clinical settings (Cirrhosis with GI bleeding; H/o one or more episodes of SBP; Ascites with asciticfluid protein < 1.5gm/dl with high Creatinine or Bil>3mg; or hospitalized cirrhotics with Ascitic fluid protein<1gm/dl)

Hepatorenal syndrome : refers to the development of renal failure in a patient who has advanced liver disease due to cirrhosis, severe alcoholic hepatitis, acute liver failure, or less often, a metastatic tumor. Nephrotoxic agents (such as amino-glycosides) & vigorous diuresis should be avoided in patients with cirrhosis since they can precipitate renal failure. The prognosis is poor unless hepatic function improves or a liver transplantation is performed.

Hepatic Encephalopathy : describes the spectrum of potentially reversible neuro-psychi-atric abnormalities seen in patients with liver dysfunction. Disturbance in the diurnal sleep pattern (insomnia and hypersomnia) is a common early feature followed by asterixis, hyperactive deep tendon reflexes and less commonly, transient decerebrate posturing. Treatments include addressing any predisposing conditions (eg. infection or gastrointestinal bleeding), synthetic disaccharides (eg. lactulose) and nonabsorbable antibiotics (eg. Rifaximin).

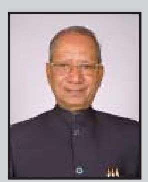
Hepatocellular Carcinoma (HCC) : Because of the high risk of HCC in cirrhotics, ultrasound of the liver is done every six months for screening.

Other Complications : include portal vein thrombosis, hepatopulmonary syndrome, portopulmonary hypertension and cirrhotic cardiomyopathy.

Liver Transplantation: is the definitive treatment for patients with decompensated cirrhosis. It is important to determine whether patients may be eligible for transplantation & to refer them to a transplant center for evaluation.

OBITUARY

Prof Dir Dr. K. C. Mohanty era is over



All time hero, real stalwart, lion-hearted teacher, walking encyclopedia, great thinker and guiding force behind hundreds of chest Physicians, Physicians, policy makers and all those involved in the fight against tuberculosis, who left a legacy of four generations of chest physicians behind him, left us for heavenly abode on 1st June 2017.

"We always lead… we show the path..." were his words & he lived his life true to that.

Born on 18th June 1940, he hailed from Odisha, after graduation in Medicine, he left for Mumbai to pursue his post-graduate studies in tuberculosis and took up the first assignment as Honorary TB specialist at the Group of TB hospitals, Sewri and Professor at the department of TB & Chest diseases at Grant Medical College and Sir J.J.Group of Hospitals in 1972. In last 45 years that he served as teacher & dynamic physician and continued to head the department till 1999. He was examiner and inspector of TB and Chest diseases at several universities and institutions across the country, including the University of Bombay and Delhi and the National Board of Examinations. He joined the Department of TB& Chest diseases at the K. J. Somaiya Medical College, Mumbai as Director Professor and Head in 1999 and continued to serve till 2014.

During the five decades of services, he treated and cured more than 25 lakhs patients of Tuberculosis. His most pioneering contributions were the introduction of Ciprofloxacin (1989) and Meropenem with clavulanic acid (2010) as anti-TB drugs, the efficacy of immunomodulators, especially levamisole and immunoglobulins in TB, the efficacy of partially supervised TB treatment and the integration of TB-HIV health services. He also scripted and produced a 35 minute film on "TB-The number one killer".

He received innumerable State and National awards and as a mark of respect various organizations instituted awards, shields and orations in his name. He authored number of chapters & edited more than 20 books He was founder& pillar of many organizations like Mumbai district TB society & Tb Clinics at Bhartiya Arogya Nidhi, Muslim Society Trust etc. He shouldered responsibilities of various charitable organizations including Environmental Medical Association, which was very close to his heart.

He was a hardcore environmentalist and tirelessly he worked for upliftment of adivasis& rural areas. He adopted village Pathraj near Karjat& looked after complete needs of the villagers-social, financial & emotional issues. He constructed Saibaba temple without any professional laborers and architects, and made a community center. Temple offers free meals to all on Sundays and special festival days. He got more than 300 adivasi couples married at village. He had special love for North east region of India and made herculean efforts to integrate north east region to mainland. He was very close to His Excellency Shri P B Acharya - Governor of Nagaland. Prof. Mohanty did multiple camps at Nagaland. He visited more than 25 times the North East region and did many multiple state level conferences. He holds record of doing conference at Tavang- at the height of 13,500 feet - one of its type of regional conference done by civilians for civilians. He

encouraged a lot of doctors to travel to these areas and gave them platform to contribute for scientific upliftment of under privileged parts of India.

He started life at very ground level, struggled very hard to make both ends meet but always kept his spirits up. He always lived life his way, making no compromises.

He was Sai Bhakt & through his life, he came in touch with various saints & spiritual leaders. Infect one spiritual leader exchanged his life for him & that's the reason he got life after complete straight line on monitor for full 3 minutes. He lived for 2 decades after that episode. He never opted for any five star hospital attachments. He never accepted any invitation from out of India as speaker. He rejected very lucrative offers from foreign countries to migrate & head departments. He continued to serve the poor & needy. "I am the doctor of mass & not the class" as he would always say. Poorest of poor would get the best of treatment from him.

He always promoted juniors & I am the live example. His Midas touch changed my life completely. I want to become like you, is what I told him in my first meeting with him. "It would need a lot of compromises" he said. But he saw to it that I rise in my career. I owe everything I have to him.

My association with him was over 20 years & in these 20 years he not only taught me respiratory medicine but also groomed me to be a better person & better doctor & better organizer.

" If I have to die I want to die in Agam's hospital" were his last words for me. I was not with him when he spoke this. "He will feel bad if I die anywhere else…" He developed acute viral infection that lead to myocarditis, then ARDS and then gradually muti-system failure. When I last interacted with him (he was intubated and communicated with eyes and notes on paper) he told me show must go on. Do not cancel conference, I read in his eyes. Very firm message he gave me. 23 NESCON 2017 - a National annual conference on Environmental & respiratory diseases, is dedicated to him. Can there be any other way to offer our tribute to the teacher's teacher and the best chest physician and TB specialist India ever produced?

Sir, I promise to do it the way you would have done it, the way you would have wanted me to do it.

Dr. Mohanty achieved so much in the subject that he chose for himself and generations of physicians would be grateful to him for his contribution to the subject.
May his soul rest in peace.

DR. AGAM VORA

REPORTS - YUGPURUSH DRAMA

Our first Cultural event was held at Aspee Auditorium on 4th June at Malad West which was a totally housefull event inspite of India Pakistan Match at the same day and same time.

There was a huge demand of Tickets and the demands were fulfilled till the last minute. The drama was appreciated by everyone who were present there I promise all my members that whole year will be full of entertainment from our end with numerous Cultural Activities lined up. But all this can't be possible without your support My special thanks to my team of Malad Medical Association Dr. Sanjiv Maniar, Dr. Harshad Joshi and my Special Doctor's friends esp. Dr. Sandip Saraf, Dr. Rajiv P. Bhanej and Dr. Amit Metha who are always there as a pillars to support me.

DR. RAJESH JAIN, Cultural Secretary
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