



ASSAM STATE BRANCH

IMA CALLING

Volume XVIII, No II (Special Issue)



An Official Publication of Indian Medical Association, Assam State Branch



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ASSAM STATE BRANCH
IMA CALLING

Volume XVIII, No II

**A special issue commemorating
226th CWC Meeting at Guwahati
9th & 10th November 2021**



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

Journal cum Official Mouthpiece of Assam State Branch of Indian Medical Association

IMA CALLING : IMA ASB
Volume XVIII, No. II Special Issue
Editorial board/ Journal Committee



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The information and opinions presented in the IMA ASB CALLING reflect the views of the authors and do not necessarily represent the IMA Assam State Branch, Editor or Journal Committee

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ড° হিমন্ত বিশ্ব শৰ্মা
Dr. Himanta Biswa Sarma



মুখ্যমন্ত্রী, অসম
Chief Minister, Assam



Dispur
12 Kati, 1428 Bhaskarabda
October 30, 2021

MESSAGE

I am delighted to know that Indian Medical Association, Assam is publishing a special issue of its mouthpiece 'IMA Calling' on the occasion of 226th CWC Meeting of Indian Medical Association at Guwahati on 9th and 10th November, 2021.

It is heartening that the CWC meeting of IMA is being held at Guwahati. This policy making and review meeting of the national body proposes to hold exhaustive discussion and activities in administrative, academic and professional fronts with an aim to uphold the interest of doctors as well as the well being of the community at large. I hope that the CWC meeting will turn into a knowledge sharing ground where all the delegates will be empowered from the deliberations and the outcome.

I convey my best wishes for all success of the CWC meeting. I hope the special issue of 'IMA Calling' is well-read and appreciated by all.

(Dr. Himanta Biswa Sarma)

Keshab Mahanta



MINISTER

Health & Family Welfare,
Science, Technology and
Climate Change Department,
Information Technology,
Government of Assam

MESSAGE

Indian Medical Association is a national voluntary organisation of physicians in India, which cares for the interest of doctors and the well being of the community at large.

I am pleased to know that the Central Executive Body of the 'Indian Medical Association' (IMA), known as the 'CWC Meeting', will be held at Guwahati on the 9th and 10th November 2021. I am delighted that the IMA is going to held the CWC Meeting for the first time in Assam.

I am sure that the decisions to be taken in this Guwahati meeting of the IMA CWC will have positive influence in the health scenario of the country. I wish all the attending leaders and doctors a pleasant stay at Guwahati and I am confident that they will love the Assamese hospitality. I wish the meeting a grand success.

(Keshab Mahanta)



Indian Medical Association HQs

Dr. J. A. JAYALAL
National President, IMA

The New Year is tilling us, do not cry for the old year, opportunities are looking at us, grab them and forget your fear! Goodbye 2021 and Welcome 2022 Happy New Year!..... Let's celebrate this blissful, cheerful, colourful New year with a smile.

Guwahati is a sprawling city beside the Brahmaputra River in the northeast Indian state of Assam. It's known for holy sites like the hilltop Kamakhya Temple, featuring shrines to the Hindu deities Shiva and Vishnu. To the east, 18th-century Navagraha Temple is an astronomical center with planetary shrines. Umananda Temple, dedicated to Shiva and covered with engravings, stands on Peacock Island in the river.

It is the pleasure of IMA that after the COVID Pandemic is over, the first offline "226th Meeting of Central Working Committee" to be held on 9th & 10th November, 2021 at Hotel Krianshree Grand, Guwahati (Assam).

I am delighted to note that on this auspicious occasion, IMA Assam State Branch is going to publish a special issue of "IMA CALLING", a mouthpiece of IMA Assam State Branch.

I thank all the delegates for their participation in such large number for making this event a grand success. I am sure, the organizing Committee will leave no stone unturned to give the best hospitality and scientific feast.

I sincerely hope that in the coming times, this hospitality of Guwahati will be remembered by everyone for a long time.

I Wish the 226th Meeting of IMA Central Working Committee a grand success.

JAI HIND – JAI IMA !!!!

Dr. J. A. JAYALAL
National President, IMA



Indian Medical Association
HQs



Dr. Sahajanand Pd. Singh
National President (Elect), IMA

Greetings from Indian Medical Association (HQs.)

The year 2021 has been quite a difficult one for most of us, the Coronavirus Pandemic did not only wreck our health and sanity, but also left quite a lasting impact on most of our lives. One that will continue to affect our lives even when this whole nightmare is over but we will continue to hold on to hope and preserve for a brighter and better tomorrow.

After a long time of Covid, I am delighted to note that IMA (HQs.) is organising its CWC on November 9-10, 2021 (Tuesday and Wednesday) at Hotel, Kiranshree Grand, Guwahati, Assam

I am also happy to note that Assam State Branch, IMA is going to publish a special issue of "IMA Calling" to commemorate this great occasion.

Assam is a State in north-eastern India known for its wildlife, archaeological sites and tea plantations.

I hope that under your able leadership and your state office bearers, this CWC will deliberate various health issues of importance and will come out with effective suggestions which are effective for the medical fraternity.

I extend my warm greetings and felicitations to the organizers and the participants and wish the CWC a tremendous success.

Dr. Sahajanand Pd. Singh
National President (Elect), IMA



Indian Medical Association HQs

Dr. Jayesh Lele Hony. Secretary General

Year 2021 comes to meet the New Year 2022, sending my blessing of cheers and joys galore and wishing you a wonderful year 2022.

The capital city of Assam and home to the world famous one-horned rhinoceros. Guwahati is one of the best places to visit in the northeast of India. Guwahati is particularly famous for its Kamakhya temple situated atop the Nilachal hill.

I am very happy to inform that after the Covid Pandemic IMA has decided to organize an offline meeting of the 226th meeting of the Central Working Committee which is going to be held this time in Assam State Branch, IMA on Tuesday and Wednesday the 9th and 10th November, 2021 at Hotel Kiranshree Grand, Guwahati (Assam) where after a long time we can meet, greet and exchange our ideas related to our healthcare issues of concern.

I am also happy to inform you that on this occasion Assam State Branch, IMA is going to publish a special issue of "IMA Calling" which is being brought out to mark the occasion.

I hope that under the able leadership of its office-bearers, the CWC of IMA will come out with effective and suggestive proposal to improve the health conditions in our country.

I wish the organizer and other members of the IMA Assam State Branch and a Souvenir Committee for the CWC to be a grand success.

Long Live IMA!

Dr. Jayesh Lele
Hony. Secretary General



Indian Medical Association Assam State Branch



**Dr. Satyajit Borah
State President**

We are blessed.....


It is a matter of great pride for the IMA Assam State Branch that it has been given an opportunity to host a Central Working Committee Meeting in Assam for the first time. We really feel blessed to host many national leaders of the organization including Leader of the Leaders Prof. Ketan Desai sir and many Past Presidents during this meeting in Assam. The National President Prof. JA Jayalal and the Hon. Secretary General Dr. Jayesh M Lele have been expressing full confidence on the organising team and they have been guiding and helping us all along in a proactive way. The unexpectedly positive response and enthusiasm of the esteemed CWC members from all over the country, despite the fear of the pandemic have made us really elated. Many of them have been visiting the state for the first time and it is really heartening to see that many have come with families with a wider agenda to visit some places in the region. I wish all have a comfortable stay and go back with pleasant memories.

Assam is also known as the land of red river and blue hills. The red river or the Bor-Luit (the Brahmaputra) is our heart and soul; as we grew up along this ageless and turbulent river and it witnessed the many ups and downs in this valley. The blue hills in Assam are easily visible if one takes a tour of the country side.

Assam has a glorious history which dates back to the Kamrupa dynasty of 4th century and the famous Kamakhya temple of Guwahati is a testimony of even protohistoric civilization. The Ahom dynasty was established by Sukaphaa in the thirteenth century and several tribal communities also came into the historical forefront of Assam since then. Baishnavite and Satriya culture and philosophy propagated by the great Saint Sree Sree Sankardeva, Bihu festivals and Bihu dance, various ethnic and tribal customs and folk dances constitute some of the

essences of a rich cultural heritage of Assam. Borgeet and Satriya dance are recognized classical song and dance forms from the state. Assam has also many tourism hotspots, Kaziranga Wildlife Sanctuary, National Parks of Manah, Pobitora and Orang are famous for one horned rhinoceros, tiger, wild elephants and Asiatic buffalos. Majuli, the largest riverine island is famous for Baishnavite culture and heritages, there are many bird parks, the Kamakhya temple, monuments and ruins of Ahom dynasty are to mention a few. I believe our guests who will be visiting some of these destinations will have a memorable experience, as we proudly say- 'once you visit Assam, it stays with you forever!' I am proud that we have many hardcore and hardworking IMA cadres and leaders in the CWC Organising Team and we have put in every effort to see that the meeting runs smoothly, and we have also tried to add some entertainments in the backdrop. However it is not possible that everything will be flawless while extending hospitality to so many leaders of IMA from all over the country, and few of them are real stalwarts of the present day; my sincere unconditional apologies in advance for all the deficiencies.

Long live IMA.

A handwritten signature in blue ink, appearing to read 'S. Borah', with a horizontal line underneath the name.

(Dr. Satyajit Borah)
President, IMA Assam State Branch
Organising Chairman,
226th CWC : Guwahati, Assam



Indian Medical Association

Assam State Branch

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3. **Dr. Apurba Kumar Bhattacharya (Ghy)**

4. **Dr. Hemanga Baishya**

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2. **Dr. Rajumoni Sarma**

3. **Dr. Hiranmay Adhikary (Bongaigaon)**

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6. **Dr. Renuka Deka (Nalbari)**

7. **Dr. Gayatri Gogoi (Dibrugarh)**

8. **Dr. B.D. Bharali (Gohpur)**

Editorial



First Let me wish you all a very happening new year post covid 19. The Pandemic did affect the life of all sects to a great extent. But now it is becoming weak and the people have learnt to cope with it. The world has seen what the doctors are made of. The frontline workers chased death away. Proud to be one of the communities. The world also has seen the other side of some of the so-called health related workers. The Medical education sector seen a great change for two reasons. One, the unscientific way the curriculum is modified and forced upon the new generation and the second the rise of a Department called Medical Education department. Although no advertisements and selections are seen, but the department slowly placed itself above every other talented department and the result is going to shock everyone soon. The positive thing was the online learning platform. We became more or less proficient in meeting online and most of the teachers took online classes fluently. In medical science the effect of this purely theoretical exercise affected how much we don't know, but teachers kept on trying to teach. In the process they learnt too. After a long gap the celebrations were allowed and the Devotees thronged the puja venues to offer the puja and prayed to Goddess Durga in a festive way. We also have a very dynamic Chief Minister in Assam. A person from different breed. Not afraid to call a spade a spade. A fearless leader who thinks everything is possible. We have now few more medical colleges and the present capacity to produce MBBS doctors in the state is increased to 1100.

The IMA was in the forefront in the medical activism during this time. All members took part in all the programs in energetic way. We had a Medi meet in Bongaigaon. It was a superlative program and all enjoyed the contacts during the program. Many of the IMA members won laurels in the national as well as the state level activity. Leading from the front was our very own state President Dr. Satyajit Borah ably supported by the Honorary State Secretary Dr. Sikha Sharma. All executives did very well and congratulations to all for being so active and bringing attention to the State. Dr. Manjima Baishya Ganguly was of course behind my effort to be the Editor, Dr. Prerna did wonderfully well in both IMA as well as the personal academic front. Congratulations to her and her Dynamic Husband Dr. Prashant, A person who is always ready to work more.

We did our part in Jorhat too. We brought out the first ever multi-institute publication on the SOP of Operating environment in the COVID 19 times. A web talk show was started in the JMCH under the guidance of the Principal Prof. R.K. Talukdar, a famous Gynaecological Surgeon of the state. It was named "JMCH Reflections" and it spread far and wide thereby bring Jorhat Medical College, a small and rural College to the attention of the most developed countries of the world. On my request our friends from the USA, CANADA, BRAZIL, UAE participated. This program was planned and pioneered entirely by My team at the JMCH. Dr. Apurba Kumar Bhattacharya, and invaluable member of the IMA, as publicity in charge made circulate the even amongst his contacts too.

Hoping to continue the academic works in a better way in the coming days. Once the COVID 19 Restrictions are withdrawn, the IMA must make it a point to work tirelessly to weed out the corruption that has taken roots in the Medical Education sectors as well as the various centres under the NMC. The ethical conundrums must be cleared now, otherwise the future Doctors who are joining the medical colleges in the coming years will make the healthcare scenario a very complicated one.

Whatever happens, it must happen now. Otherwise, it will take centuries to correct the defect. The worst sufferers will be the people, in which yours and our children will be involved too.

Let us hope for the best and get ourselves ready and strong to fight against the evils amongst us. I believe we shall prevail over the evil once more.


Dr. Narendra N Ganguly M.S, PhD
Editor

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Report of Honorary State Secretary, IMA Assam State Branch

First of all, I would like to thank all the honourable members of IMA Assam State Branch for giving me the opportunity to serve as honorary State Secretary of IMA Assam State Branch. Here I am presenting my reports after taking over the charge:

1. Installation of New Office Bearers of IMA ASB for 2021-23 was held during the Medimeet 2021 at Bongaigaon in presence of the National President Prof. J. A. Jayalal on 21/03/2021.
2. Rejuvenation of Guwahati Branch: As per direction of the State Council of IMA ASB, Guwahati Branch was rejuvenated with formation of a new executive committee. I am very much thankful to State President Dr. Satyajit Borah who took the initiative in this process. I am thankful to senior members Dr. Gokul Das, Dr. Manabendra Goswami, Dr. Mihir Baruah, Dr. Apurba Bhattacharya and Dr. Amaldev Goswami. The new committee is very active and doing various activities.
3. World Health Day was celebrated on 07/04/2021: State President Dr. Satyajit Borah delivered a talk on "Women Empowerment" in a virtual meeting organised by LGB regional Institute of Mental health. Digboi Branch organized an awareness program on "Tobacco use and its adverse effects" in Margherita higher Secondary School. Dr. Dipen Barthakur, Secretary IMA Digboi Branch delivered a talk on the topic.
4. Safe Motherhood Day on 11/04/2021: an awareness program was held at Health City Hospital, Guwahati organized by WDW IMA Assam. Dr. Kalpana Choudhury convener of WDW IMA Assam spoke on Safe motherhood.
5. Covid related Activities by Local Branches:
 - i. Guwahati Branch started Covid helpline in collaboration with Pratishruti.
 - ii. Bongaigaon Branch in association with other organizations of the district also worked for Covid patients by establishing 24×7 Covid Help Line Committee, providing transportation, oxygen and financial rehabilitation etc.
 - iii. Sibsagar Branch donated 1000 ORS to Joint Director Sibsagar for Covid Warriors.
 - iv. Tezpur Branch distributed PPE Kits, Masks and sanitizers to health workers and masks and sanitizers to Police and local people On 8th June under PPE initiative Program. They also distributed PPE kit, Sanitizer, masks and Gloves to the ASHA workers.
 - v. North Lakhimpur Branch rendered their services to the Covid patients through telemedicine, monitoring home isolation, creating awareness among people etc.
6. Activities by MPH Wing:
 - i. MPH Wing of IMA Assam distributed hand sanitisers, sanitary pads, hygiene wash, masks and gloves to the para medical staff, patients, and lab technicians on 26th April.
 - ii. On May 28th Dr. Prerna Keshan conducted a Webinar on Menstrual hygiene in association with Local Marwari Yuva Mancha branch.
 - iii. On 2nd June, a webinar on "Anaemia prevention and Menstrual Hygiene" with Dhemaji Girl's School was conducted by Dr. Gayatri Gogoi.
 - iv. On 14th June, Webinar on "Importance of maintenance of healthy haemoglobin levels and Blood Donation" was conducted by Dr. Prerna Keshan.



7. Violence with Doctors:

June 1st 2021 was a BLACK DAY for the entire medical fraternity of country. The mob attack on Dr. Seuj Kr. Senapati, a Medical Officer at a Covid Care Centre in Udali Model Hospital, Hojai of Nagaon district created a nationwide rage. This gruesome incident was highly condemned by all sections of people. State President IMA ASB personally took up the issue with the Hojai District Administration and DGP, Assam demanding immediate arrest of all the culprits. National President Dr. J.A Jayalal & HSG Dr. Lele condemned the brutal assault and wrote a letter to honourable Home Minister Mr. Amit Shah instantly. On 2nd June, IMA ASB including all doctors of Assam abstained from OPD services including diagnostic services. IMA ASB sent a letter to honourable CM of Assam. The honourable Chief Minister of Assam took the matter seriously and directed Assam police to arrest all the culprits at the earliest. Eight culprits were arrested till midnight, 24 till the next morning and 36 within the next few days. The Assam Police has submitted the chargesheet of the case on 29th June, within 29 days. We are grateful to the administration for their prompt action.

8. Meeting with the Chief Minister:

On 6th June, a delegation of IMA Assam met honourable CM of Assam & discussed about the frequent incidents of violence against health care workers. IMA ASB forwarded a few important suggestions for the permanent solution of the problem like arrangement of armed security in all Health Care Facilities including all Covid Care Centers, Erecting Healthcare Establishment Security Force. A patient hearing and positive reassurance was given to IMA by CM. In that meeting with the CM IMA ASB also placed two more requests: to establish a Dr. Bhubaneswar Barooah State Institute of Post- Graduate Medical Education and Research & to institute a yearly “Lokabandhu Dr. Bhubaneswar Barooah State Award” recognizing a doctor serving in the state. On that day, IMA Assam State branch donated Rupees One lakh to CM’s Relief fund.

9. Extended Action Committee Meeting of HQ on 13th June:

Held to discuss on (A) Plan of action of the state for IMA Protest Day (B) Details of assault in the last one-year (C) Video presentation from the celebrities of the state highlighting the good work done by the modern medical practitioners and their condemnation on assault on doctors. State President Dr. Satyajit Borah forwarded his wonderful presentation with the videos from celebrities of Assam - Papon Angarag Mahanta, Jublee Barua, Barasha Rani Bishaya and many others. Everyone present in the meeting including National President and Past National Presidents appreciated his presentation.

10. IMA ASB Webinar on 13th June 2021:

A webinar was held in collaboration with Medical Learning Hub on Covid Management and Covid Vaccination. Dr. Mathew Varghese HOD Orthopaedics, St. Stephen Hospital, New Delhi delivered an amazing lecture on Covid Management and Dr. Ripun Borpuzari, Senior Consultant Physician & Diabetologist from Sivasagar delivered a wonderful topic on Covid Management. The webinar was attended by more than 250 participants.

11. National Protest Day: As per direction of the HQ, National Protest Day was observed in the state on 8th June with demand for “stop violence on Profession and Professional”. Responding to the appeal of IMA ASB all local branches and doctors from different sectors like Government and Private hospitals, Plantation doctors, Laboratories, Private Clinics, AMSA, JDA and MSN actively joined in the peaceful protest. Many eminent personalities from all over Assam raised their voice against assault on



doctors. On behalf of the State Branch State President Dr. Satyajit Borah, State Secretary Dr. Sikha Sarma, Immediate Past Secretary Dr. Hemanga Baishya and Senior Vice President Dr. Arun Madhab Baruah observed the protest day at Nemcare Hospital, Guwahati in association with Guwahati Branch and in presence of some celebrities like veteran actor Pranjal Saikia and some others who spoke before media persons on assault against doctors. At the same time, they also joined in the Live Zoom Meeting in IMA HQ along with members of IMA Assam.

12. **Safe Motherhood Week:** IMA HQ appealed all the states to observe Safe Motherhood week in the first week of July all over India. Accordingly, IMA ASB observed the week by doing Hb estimation of Antenatal cases across the State. On 1st July, the program was inaugurated by Treasurer WMA & Past National President Dr. Ravi Wankhedkar on a virtual platform. In this PAN Assam Hb estimation campaign 160 doctors took part from all over Assam. In addition to this, awareness programmes were also organized by different branches like IMA Guwahati, Jorhat and Tezpur. As a part of Safe Motherhood Program, as per direction of State President Dr. Satyajit Borah, a Mega Training Camp was organized in Tinsukia District on a virtual platform with the help of District administration on 5th July 2021. Almost 100 ASHA Karmi took part in the training. The program was inaugurated by Mr. Lakshmanan, Mission Director, NRHM and the training was conducted by Dr. Purna Keshan, State Co Ordinator, Safe Motherhood Committee.
13. **Doctor's Day Celebration:** On 1st July, Doctor's Day was celebrated all over India to remember Dr. Bidhan Ch. Ray. IMA HQ announced the names of doctors for financial help from Covid Martyrs Funds, in which the name of Late Dr. Parash Pratim Kataky from IMA Tinsukia Branch was also included. IMA HQ also awarded six Covid Warriors from each State. The awardees from Assam were: Dr. Tulshi Prasad Chutia from North Lakhimpur Branch, Dr. Anupal Sharma from Guwahati Branch, Dr. Riturag Thakuria from Cachar Branch, Dr. Uttam Kr. Nath from Jorhat Branch, Dr. Suvradip Biswas from Bongaigaon Branch and Dr. Piyush Agarwal from Tezpur Branch.
 Dr. Amaldev Goswami Hon. Secretary and Dr. Pritom Borthakur Hon. Finance Secretary IMA Guwahati were felicitated in the Doctor's Day function at Khetri of Kamrup District, which was organized by National Health Mission, Assam.
 IMA Assam State Branch observed Doctor's Day in a Virtual (Zoom) Platform for the first- time inviting celebrities like Dr. Anima Choudhury, Zubeen Garg, Zubeen Baruah and Garima Saikia. The members from various local branches all across the state exhibited their talents by performing songs, recitation, dance, playing instruments etc. The function was inaugurated by the National President Dr. J. A. Jayalal. Assam Police DSP Rosy Talukdar, the investigating officer of the Udali Doctor Assault case was felicitated in the meeting through IMA members from Hojai Dr. C. Islam and Dr. A. H. Choudhury.
14. On 11th July, 156th State working committee was held on a virtual platform due to Covid pandemic. 40 members from local branches and members of state working committee were present. In the meeting few resolutions were taken and it was decided in the meeting to observe 31st August as "Saviours' Day" in memory of Dr. Deben Dutta who was brutally killed on 31st August 2019.
15. On 12th July Second Mega training camp for grass root level workers was organized on a virtual platform in Sibsagar District where more than 200 ASHA workers joined in the training programme. The training was conducted by Dr. Vandana Gupta Co Ordinator of Sibsagar Branch.



16. On 18th July a webinar on Covid in children- Concerns & Update was organized by IMA Assam State Branch. Faculties were Dr. Dhiren Gupta, Consultant Paediatrician Sir Ganga Ram Hospital Delhi who spoke on Covid concern and MIS-C in children and Dr. Vipin Vasistha Consultant Paediatrician Mangla Hospital Bijnor, who delivered his speech on Paediatric Covid Vaccination – What are the key issues. It was followed by a good interactive session.
17. On 20th July third Mega training camp of grass root level workers was organized on Virtual platform in Majuli District. Mr. Bikram Kairi IAS. Honourable Deputy Commissioner of Majuli was Chief guest. More than 200 ASHA workers took part in the training which was conducted by Dr. Purna Keshan.
18. On 25th July another webinar on” Post Covid management” was organized by IMA Assam State branch in collaboration with Times Hospital, Tezpur. More than 150 participants were attended the webinar. Speakers were Dr. Nibedita Pani Prof & HOD Anaesthesia & Critical Care SCB Medical College, Cuttack, Odisha & President IMA Odisha State Branch, Dr. Deepti Rekha Barua Consultant Cardiologist Times Hospital and Dr. Himika Basu Consultant Anaesthesia& Critical Care, Times Hospital Tezpur.
19. On 27th July IMA CPR Day was observed with CPR training to traffic Police in by Kaliabor,, Dibrugarh and Sibsagar.
20. On 5th August fourth mega training camp of grass root level workers was organised on virtual platform by North Lakhimpur Branch. Mr. Sumit Sattavan, IAS was the Chief guest of the meeting. More than 300 ASHA workers from different blocks were present and actively participated in the training which was conducted by Branch Coordinator Dr. Amiya Kachari.
21. World Breast Feeding Week: (A) On 6th August a webinar was organised by IMA Assam State Branch on” Breast Feeding -A community outreach programme” for Nurses and non- medical women. More than 60 participants joined in the meeting. Dr. Reeta Bora, renowned Neonatologist was the Chief guest and Child specialist, Dr. Barnali Borah from Tinsukia delivered her speech on the topic.
(B) On 7th August, a Panel discussion on “Protect Breast Feeding: A Shared responsibility” was organised jointly by Guwahati Obs.& Gynae Society, IAP, Guwahati Chapter and Women Doctor’s Wing of IMA Assam.
21. On 31st August “Saviours’ Day” was observed by IMA Assam in memory of Late Dr. Deben Dutta. All local branches of IMA Assam observed this day by wearing Saviour’s Day badge during working hours and with floral tribute. Many branches organised meeting in virtual as well as in physical platform.
22. Lokabandhu Day: On 4th September Lokabandhu day was celebrated by IMA Assam in collaboration with B. Borooah Cancer Institute Guwahati. National President IMA J. A. Jayalal graced the occasion and he presented the awards to the Covid warriors of IMA Assam State Branch. “LOKABANDHU” a biopic on Dr. Bhubaneswar Borooah was screened in presence of National President IMA, producer of the film Dr. Dilip Ghosal, veteran actor Mr. Pranjal Saikia, Director of BBCI Dr. Amal Ch. Kataki. honourable past Presidents, secretaries and members of IMA Assam State Branch. Lokabandhu Day was also observed by different local branches of IMA Assam like Guwahati, Dibrugarh, Tezpur, Hojai, Gohpur, Nalbari , Dhekiajuli, Nagaon, Bongaigaon , Biswanath and other branches.



23. On 5th September 2021 Teacher's Day was celebrated at HQ New Delhi along with the Meeting of State Presidents and Secretaries. Dr. Satyajit Borah State Secretary IMA Assam received IMA young Academic Excellence award and Dr. Sankar Das President Bongaigaon Branch was awarded the IMA Professorship from National President.
24. 5th Mega training camp of IMA ASB was organized by Cachar Branch on 11th September on virtual platform. Dr. Divya Saxena Chairperson National MPH was the guest of honour and Mr. Eldad L Faihrein ADC Health, Cachar was the chief guest. It was a wonderful programme where more than 300 ASHA workers from different blocks of Cachar district took part in the training programme. Dr. Sarmistha Bhattacharjee Programme Coordinator, IMA Cachar branch conducted the training.
25. IMA AMS ASSAM organized a webinar on 11/09/2021. Retd. Prof. Paediatrics Dr. J.N.Sharma delivered a very informative speech on "IMPACT OF COVID 19 ON CHILDREN: PHYSICAL AND MENTAL". Prof Arati Deka was chairperson of the webinar. Chairman IMA AMS Dr. Shree Hari Rao inaugurated the meeting and Secretary IMA AMS appeared as Chief guest.
26. On 19th September a meeting of State Presidents and Secretaries were held at HQ on virtual platform and on that day, it was confirmed that 226th CWC will be hosted by IMA ASB on 9th and 10th November. State President Dr. Satyajit Borah forwarded a nice presentation on the venue planned for CWC. In that meeting it was also decided to offer discount on IMA membership fees for the month of October & November 2021.
27. I would like to share good news that IMA Margherita Branch is rejuvenated and a committee is formed with Dr. Manoj Kr, Gogoi as President and Dr. Nirmal Das as Hon. Secretary on 19th September 2021.
28. On 30/09/2021 National President Prof J.A. Jayalal and HSG Dr. Jayesh Lele visited Assam to see the venue of 226th CWC. They expressed their satisfaction on the venue and forwarded their suggestions to the officials of IMA ASB.
29. Covid Martyrs Fund: Till now IMA ASB donated 2.5 lakhs to the Covid Martyrs Funds. IMA ASB requested its members to donate some amount to the fund.
30. IMA ASB Website: The website is working efficiently by updating all news related to IMA. Moreover, a twitter account has also been created for better reach
31. Membership drive: 45 new members from different local branches viz Cachar, North Lakhimpur, Dispur, Guwahati, Barpeta Road, Nalbari, Biswanath and from Direct Branch have been added to our membership list.

I am happy to inform you all that the dormant UCO Branch of IMA ASB is activated and its fixed deposit amount of Rs. 6.5 lakh is transferred to the house building account of UBI.

With these words, I conclude my report and I thank everyone for your active support and guidance. I wish your active cooperation and guidance in the coming days too.

Long Live IMA.
Thank you

Dr. Sikha Sarma Hon State Secretary
IMA Assam State Branch

Leptospirosis — A New Challenge in Health



Dr. Jutika Ojah
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Leptospirosis is one of the zoonotic diseases which is showing an increasing trend in Assam. It is a bacterial disease caused by the bacteria *Leptospira*. The disease affects the animals, man is the accidental host. This disease is present worldwide and most commonly seen in tropical and subtropical areas. It is recognized as an important cause of fever of unknown origin.

The disease Leptospirosis has variety of names in different countries.

- Seven day fever in Japan.
- Rice field fever in Indonesia
- Fort Berg fever in US etc.

In India, the first cause of Leptospirosis was reported in 1929 by Taylor and Goyal from Andaman and Nicobar Island. Following this, it was increasingly reported from Kerala, Gujarat, Tamil Nadu, Karnataka. Sporadic cases were reported from Goa, Andhra Pradesh, Assam also.

In Assam, 271 cases of Leptospirosis were confirmed in the year 2019. A decreasing trend was seen in the year 2020 with 57 positive cases in the year 2021, 145 cases were recorded up to 30th September in Assam. Why there is lack of recognition of Leptospirosis - Leptospirosis may present with a wide variety of clinical manifestations ranging from mild flu-like illness to serious and sometimes fatal disease.

It may also mimic dengue fever and other viral hemorrhagic diseases.

- Icterus is a relatively common symptom in leptospirosis, but it is also found in many other diseases — The diagnosis is confirmed by laboratory tests, but these are not always available in developing countries.
- Epidemiological Determinants —
- Leptospirosis is caused by the bacteria *Leptospira* which are cork-screw shaped.

They are too thin to be visible under the ordinary microscope. Dark field microscopy is often used to observe the bacteria,

- Infected urine of rat mice is the main source of infection.
- Man is the accidental host. The disease is more prevalent in males in comparison to the females due to outdoor activities. Most common age group for this disease is 20-45 years.
- Agricultural workers, some occupational groups, truck drivers and masons are in increased risk of this infection. The organism remains in the renal tubules of the infected animals. People exposed to water contaminated by urine of infected animals, mostly by rodents, are at high risk of contracting the disease. The bacteria enter the body through cuts or abrasions in the skin. It may also enter the body through ingestion of contaminated food and inhalation of infected urine droplets. Direct man to man transmission is rare.

Pathogenesis:

After entry, the organism resists the innate immune response and proliferates within the blood stream. It then disseminates by the hematogenous route to all organs leading to interstitial nephritis, vascular injury to hepatic capillaries, meningitis, and thrombocytopenia etc. Subsequently the organism is cleared from the body by the host's immune response to the infecter. However they may settle in the convoluted tubules of the kidney from few weeks to several months.

Incubation period 7-10 days. May range from 2 to 30 days.

Clinically, there are two types of presentation.



— The Anicteric form is the milder form. It occurs in 90% of patients with fever and myalgia,

The icteric form occurs in 5-10% of the patients and is the severe form of the disease. It starts with Jaundice headache, oliguria, proteinuria, nausea, Vomiting and abdominal pain.

When to suspect - patients having 2 symptoms like chill & fever, myalgia, fatigue and 3 signs conjunctival suffusion, calf muscle tenderness and enlarged lymph nodes.

Treatment — for adults, tab Doxycycline 100 mg twice daily for 7 days. In Pregnancy and Lactating mothers, cap Amoxicillin is given in the dose of 500 mg thrice daily for seven days. Prevention and Control.

Prevention of Leptospirosis based on the control of reservoir. It must be done by means of environmental and personal hygiene control measures against leptospirosis should comprise of.

Protection of people against contagion by available means — Avoidance of direct and indirect human contact with animal urine.

- Workers in flooded field should be continued against contact with contaminated water or mud. they should be advised to use boot, rubber shoes and
- In case of any cuts or abrasions on the

lower extremities of the body, the worker should apply antiseptic ointment before entering the field and after exit.

- Maintaining personal hygiene
- Intensive educational campaigns to create awareness about the disease.
- Vaccination of animals can be done. Leptospiral vaccines confer a limited duration of immunity. Booster doses are needed every one to two years. Vaccination should be used only in endemic situation having high incidence of leptospirosis.
- In an area where significant Leptospirosis cases are reported, selective rodent control measures should be undertaken. Rodents can be poisoned, trapped, denied access to human living environment by erecting fences, screen rodent proof building etc.
- Keep surrounding clean, proper waste disposal should be carried out.
- proper disposal of domestic animal excreta
- clean Drinking water.

New initiative was undertaken by Gov. of India under 12th 5 years plan namely NPPCL (National Program for prevention and control of Leptospirosis).

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A Comprehensive Care Model of Snake Bite in India



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India is World's 'Snakebite Capital' with 2.8 million bites a year with 35,000–50,000 people dying per year according to World Health Organization (WHO) [1,2]. Lack of a coordinated comprehensive care in snake bite management is the key factor of highest numbers of deaths and morbidity in India.

Comprehensive care is a planned coordinated preventive, promotive, curative, mental & socioeconomic care to snake bite victims.

Why India needs a comprehensive care ?

1. Lack of awareness amongst public.
2. Majority attended faith healers [3, 4].
3. Poorly trained health care workers (HCW) in rural districts [5,6]. Fear of HCW to administer ASV (Anti snake Venom).
4. Poor transportation system to hospital.
5. Delayed ASV administration [7,8]
6. Nonavailability of ASV
7. No support to victim's family due to huge financial burden [9], if treatment is prolonged.
8. No address to mental issues post snake bite [10]
9. It is not approached as acute emergency.
10. Myth that snake bite cases can be treated only in tertiary center.

India has huge gaps from prehospital, point of source hospital, secondary care hospital to Government level. For effective treatment of snake bite victims, we should have an organized care system.

Prehospital management: Venom Response Team (VRT):

Prehospital management is greatly neglected in India due to lack of education of our society. After

snake bite our public completely lost and often misled. A VRT can be constructed to guide snake bite victims in each gram panchayat level comprising gram Sevak, local organizations & ASHA workers. They can be trained so that they can activate, communicate HCW & can transfer victims safely to nearest hospital. It is the need of the hour.

Our effort towards comprehensive care in snake bite in Upper Assam:

It is true that public and society have to rush to hospital once there is any snake bite. If they don't rush to hospital immediately, morbidity and mortality couldn't be prevented at all. So, our model starts from public/society and ends in Government.

A. Public awareness & Education is the key. How we did it ?

We have to take help of 3Ps. Public, Press & Politician. Now a days, digital platform is the best to reach out many within short span of time. We have to publish our own successful stories in our own local language in various digital formats. Facebook and what's app are the most popular digital media in various nook and corners of India, we should post our success stories of venomous snake bite treatments with photographs and address of the victim (with their written informed consent) (Fig1). Let public know that snake bite means hospital admission. Make them believe that there is a full proof medical management of venomous/nonvenomous snake bite in India. We have also participated in Television talk show (Fig2) and Radio talk (Fig3) show campaigning for hospital admission immediately after snake bite.



Fig1: Facebook



Fig 2: TV



Fig 3 Radio

We have formed a what's app group with our general public. The name of our group is SNAKE: Public awareness group (Fig 4). It works like VRT. Every small community should have such group. We are readily accessible, and we came to know any snake bite incident in our local area, who are immediately transferred to nearby hospital.

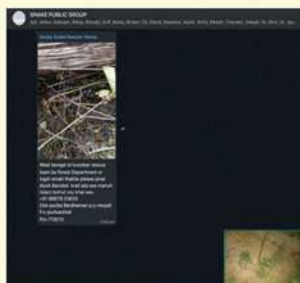


Fig 4: WA group with public Fig 5: CME with public

On 29th September 2019, we have conducted a scientific CME about snake bite with our local public and General Practitioners (Fig 5). We have trained general public along with doctors, paramedical staff & ASHA workers.

B. Strengthening the health care system:

We have interviewed 100 victims of snake bite. We found all had full faith on local healers and they believed there is no medical treatment in snake bite. Few of them reached nearest hospital at the earliest but soon referred from one hospital to other and died in the ambulance itself. Many hospitals had ASV but did not administer due to possibilities of litigation and fear. Few had expired ASV, and many hospitals did not have the ASV at all. We have also witnessed nearby hospitals were 100-200 km apart and, in some places, transportation was also not feasible.

We have to strengthen our primary (PHC) and community health Centre (CHC). It is true that bites from Cobra and Russell's vipers, we may not get time. From 0hrs-3hrs, patient may develop fast neurotoxic symptoms. People staying in remotest village and transfer such victims to district hospital may kill these groups of patients. Point of source identification (at PHC and CHC level) of venomous snake bite symptoms and administration of ASV (and neostigmine in neurotoxic) will definitely prevent many deaths in India. Even if patients come late to hospital with full blown neurotoxic symptoms to a PHC, our HCW should be educated and trained enough for simple maneuver like bag and mask ventilation and transfer with ASV.

We suggest every PHC/CHC should have snake bite room and SOP of snake bite treatment. Snake bite room is an organized room where all medications including ASV are kept, so that we can readily administer if required. Big display (photos) of venomous snakes of the local area should be there, so that patients can identify the snake who bitten him (Fig 6,7,8).



Fig: 6, 7, 8 our snake bite room in Demow CHC

C. Involving Government and policy makers:

Without involving Government and policy makers it is near impossible to solve the problem. We have repeatedly requested our government and policy makers and we have suggested followings to Government and policy makers. We will soon meet our Chief Minister in this regard.

1. One class should be included in MBBS curriculum especially in 5th year (last year) of MBBS training. This class should be taken by a physician who is regularly treating a snake bite victim and by a herpetologist, as geographically some snakes are not available in some parts of India. Notably Saw scaled viper and Russel Vipers are not available in Assam. But some parts of lower Assam may have some Russel Viper. After passing out of MBBS and internship, they will do compulsory rural posting in different rural health centers, as per Government bond. If we can train/teach them at MBBS level, the fear to

handle snake bite victims will be less at point of source (PHC/CHC level). If we start treating victims at PHC/CHC level, many mortalities and morbidity will be prevented. We have observed that emergency departments are run by just passed out Interns and as they are not trained in this subject, many a time they miss early clinical symptoms, causing unfortunate deaths. Therefore, a class at last year of MBBS will greatly help them to train in the subject.

2. All Government Hospital should have a dedicated snake bite room.
3. Yearly update of HCW about snake bite management.
4. Referral to higher center should be stopped unless indicated.
5. Snake bite victims should be approached as acute medical emergency, like road traffic accident.

With our continued request, we are happy that Government of Assam is going to organize a webinar on snake bite in next month (August 2021) itself. Government will order it as compulsory attendance to all Doctors working in PHC & CHC. We will share our experiences of treatment of venomous snakes in CHC level. It will definitely enrich our doctors and encourage them to start snake bite treatment at point of source level.

Our Suggested comprehensive model in India:

Any snake bite incident, report to local VRT. Team will provide prehospital management and transport. Communication and activation of trained HCW in nearby hospital. Point of source HCW assesses the situation, treats there & if needed transfer to nearby ICU with bag & mask ventilation and ASV (for neurotoxic bite). Communication activation of tertiary care Centre by Primary/Secondary center. Government aids to these victims if treatment is prolonged, e.g., need of plastic surgery/amputation etc. Follow up of these victims both by physician and psychiatrist atleast for 6 month.



As of now Indian clinicians are treating snake bite victims with SYNDROMIC approach. Clinicians have to wait for symptoms to develop. If our scientists can find a venom detection kits, it will be paradigm shift in future in snake bite management in India.

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Conclusion:

A comprehensive model for snake bite treatment in India starts from public, society, different social organizations, different electronic & print media, strengthening our health care systems & manpower from PHC level and willingness of our policy makers and Government. We all have to work as a unit, then only we can prevent many preventable deaths from snake bite.

Assam Cup Tea advertisement. The background is dark with a subtle pattern of tea leaves. At the top, the 'assam cup' logo is visible. Below it, the text 'ASSAMCUP PROMISE' is written. The main headline reads 'We make good tea' in a large, white, serif font. In the center, there is a black cup of tea on a saucer, with a steam rising from it. Behind the cup are three tea bags: 'La jawab Chai' (green), 'NAMSAI TEA' (red), and 'Hostea' (brown). At the bottom, the text 'Baruah Innovation' is displayed, followed by the address: 'OFFICE: 6 GAUTAM PATH, BASISTHAPUR-2, GUWAHATI 781028' and 'PUNE OFFICE: 134, DHUMAL NIVAS, SHINDE ALL, SHUKRUWAR PETH, PUNE 411002'. The website 'WWW.BARUAHTEA.COM' is also listed.



DEEP BRAIN STIMULATION (DBS): THE BRAIN “PACEMAKER”

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Parkinson's disease (PD) is a degenerative disease of the nervous system, affecting primarily the brain, but also other structures such as the peripheral autonomic nervous system. PD is more common in older people (affecting about 1% of people over the age of 60), but younger individuals can also be affected. It is slightly more common in men than women. The common motor problems of PD are rest tremor (although this is not present in all patients), bradykinesia (slowing of movements that makes everyday tasks difficult) and muscle rigidity.

The diagnosis of PD is based on the presence of these motor problems. The bradykinesia of PD is often described by patients as a “weakness” of a hand or leg, but strength testing reveals no abnormalities. Imbalance (postural instability) with falls occurs only in the later stages of the disease. Most patients with early-stage PD experience motor symptoms on only one side of the body. However, it soon spreads to the other side but typically remains asymmetric throughout the disease course.

Non-motor symptoms also occur frequently. Some examples include fatigue, anxiety, depression, slowness of thinking, difficulty concentrating, visual hallucinations, pain or paraesthesia, constipation, urinary frequency or urgency, postural light headedness, excessive sweating, and sleep disturbances (e.g., dream-enacting behaviours with shouting or kicking during sleep, or excessive sleepiness during the day). In some patients, non-motor symptoms such as hyposmia (reduced ability to smell and to detect odours), REM sleep behavior (RBD), constipation and depression have been found to precede motor symptoms of PD.

A lack of the neurotransmitter dopamine in the brain is the cause of the motor (and possibly some non-motor) problems in PD. However, the underlying reason why people develop PD is still not fully understood, hence the term “idiopathic” PD.

Deep brain stimulation (DBS) surgery of the sub thalamic nucleus (STN) or globus pallidus internus (GPi) has been in clinical use for the treatment of PD since the 1980s. In the latest version of the International Movement Disorder Society, Evidence-Based Medicine (EBM) guidelines for the treatment of PD motor symptoms, DBS of the STN or GPi was designated “efficacious” (the highest level of efficacy designation) and “clinically useful” for the treatment of both motor fluctuations and dyskinesia. DBS results in an average 50-70% improvement in motor fluctuations (ON-OFF phenomenon) and levodopa induced dyskinesia and is superior to best medical therapy in improving quality of life in PD patients. Studies have also demonstrated the effectiveness of DBS in improving L-dopa-responsive signs and symptoms in the long term. In general, patients undergoing DBS should be under the age of 70 and otherwise medically fit, without major cognitive impairment or severe treatment-refractory psychiatric disorders.

Another important factor is the post DBS programming which should be done by the neurologist and DBS specialist. If this is done inadequately the results are sub-optimal. Reprogramming such patients properly can give very good results as expected preoperatively, provided the patient selection is adequate. DBS should be done as a teamwork involving movement disorder specialist who is a neurologist, functional neurosurgeon, psychiatrist, neuropsychologist and neurocritical team who makes sure that the right candidate for the treatment is considered. Currently DBS is approved for as early as 4 years of onset of PD symptoms with motor fluctuations (ON-OFF phenomenon). DBS is a wonderful surgery provided it is done by a right team for the right patient at the right time, giving the maximum benefit & finally improving the quality of life to the patient and decreasing the caregiver burden.



Golden Words in Cancer

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'To confront cancer is an encounter with parallel species' Cancer is an expansionist disease; it invades through tissues, sets up colonies in hostile landscapes, seeking "sanctuary" in one organ and then immigrating to another'... very rightly perfectly described by an Oncologist and Famous Author Dr Siddhartha Mukherjee in his award winning book 'The Emperor of all maladies'.

Cancer has tremendous physical, mental and psychosocial implications. It is the topmost or second most leading cause of death before age of 70 years in 91 of 172 countries according to GLOBONCON 2018. In India, one man out of ten and one women out of nine likely develop cancer before the age of 75 years. It is the second highest cause of death in our country after cardiovascular disease. The International Agency for Research on Cancer estimate that one-in-five men and one-in-six women worldwide will develop cancer over the course of their lifetime, and that one-in-eight men and one-in-eleven women will die of it.

The lung is the leading cancer for all ages and both genders together worldwide and breast, colon in subsequent ranks. Notably the breast is the topmost followed by lip/oral cavity in second and uterine cervical cancer in 3rd rank in India. Cancer is hereditary in 5 to 10% and rest are environmental factors attributed which increase with ageing. What is new revelation is that the incidence is much higher in nations with high human development index for cancers to be more linked to life style and industrialization. Whereas low or medium human development index nations like Africa or Asian subcontinents-data suggests that poverty - or infection-related cancers incidence high i.e. cervical cancer.

The data also bring us positive findings to focus on few golden points as person, society and policy makers. Mortality from cancer in the USA has been falling continuously since 1991, when cancer-related death rates peaked, resulting in a 29% overall decline

in mortality from cancer through 2017, notes a new report from the American Cancer Society. These Positive trends are golden words, and magnanimously life saving. However in country like every upcoming cancer registries. These parameters are dependent on whether we are focusing our priority to disseminate knowledge and awareness about preventable and curable cancers among the masses.

Cancer prevention is an action taken to lower the risk of getting cancer. Whether cancer is preventable when we do not know what exactly drive to development of cancer to a particular individual in particular organ after a particular time? Is the cancer curable when we see such high degree of mortality? Here one must be clear that not all cancers are preventable or curable. Theoretically cancers are curable if they are caught early enough. But in most cases, it is practically impossible to detect cancer at such stages. The circumstances are such either it has no effective simple method or it does not produce symptoms to seek medical attention. Alternatively golden rule is to do regular screening test which is available in particular few cancers before cancer cause any symptoms.

The Golden word in cancer is the steps are available for Prediction of Risk and early detection. The risk of development of cancer for a person, gender, community, geographic location including their life style and family history is possible. For example 90% of oral cancer is associated tobacco use. So it can be prevented by avoiding or by screening regularly by looking at early lesions that can transform into full blown invasive cancer development.



Screening test is simple sensitive, non harmful procedure to apply in a normal healthy person which when applied can detect or suspect any abnormality or cancer. The screening tests such as mammograms for breast cancer, Pap smear for uterine cervix cancer, oral cancer screening for mouth tongue, lip gum cheek etc. These have scientific evidences and adopted by developed countries in last many decades in systematic manner in population which is why death from these cancer reduced up to 50% in cervical and 30% in breast. When cancers are caught early, they tend to be smaller; they are thus either easier to remove surgically or more likely to shrink in response to chemotherapy or radiation therapy. Early detection is often the key to surviving any form of cancer. Low dose CT scan of Chest yearly in previous smokers or current smokers are advised to diagnosed lung cancer early. Similarly Colonoscopy is advised in high risk familial colon and rectal cancers.

Approximately 50% of all cancers are preventable, offers the most cost-effective long-term strategy for the control. National policies and programmes should be implemented to raise awareness, to reduce exposure to cancer risk factors and to ensure that people are provided with the information and support. This is not happening in ground because neither the Government nor we as society taking the charge of our own health. The result is highest mortality from India's 1st, 2nd, 3rd ranked cancers [Breast/oral/cervical]. Either these are preventable or curable. These 3 cancers have widely accepted screening methods to be detected early or as pre cancerous. This article has no scope to detail however what I mean is real courage is seeing the things which others ignore.

We have to accept the fact that the tobacco use is the single greatest avoidable risk factor for cancer. Tobacco or smoking causes cancers of the lung, oesophagus, larynx, mouth, throat, kidney, bladder, pancreas, stomach etc. Second-hand smoke, also known as environmental tobacco smoke, has been proven to cause lung cancer. Approximately 15% of all cancers are attributable to infectious agents such as helicobacter pylori, human papilloma

virus, hepatitis B and C, and Epstein-Barr virus. Vaccines are available, can reduce the risk of liver and cervical cancers. So reduction of cancer mortality is possible and actionable. Our determination, education, income, gender and where we live can determine our survival. Progress is possible, better future is within our reach.

Pollution of air, water and soil with carcinogenic chemicals contributes to the cancer burden. The major cities like Delhi is largest furnaces of toxic substances in India making it unsafe, unlivable. More than 40 agents, mixtures and exposure circumstances in the working environment are carcinogenic to humans and are classified as occupational carcinogens. Exposure to ionizing radiation, Ultraviolet Radiation both increases the risk of leukemia, Solid tumours and skin cancer etc. Risks increase when the exposure occurs at a young age. However Radiation is used in medicine in very small amount and can help save lives as well as prevent the need for more invasive procedures. Age, physical inactivity, dietary factors, obesity and being overweight seem to have link to cancer however it has strong link to other non communicable disease. These conditions if present have negative impact in effective treatment of cancer. Alcohol use is a risk factor for cancer of oral cavity, pharynx, larynx, oesophagus, liver, colorectum predominantly in men and it is linked to the amount of alcohol consumed.

Cancer feels like curse if not prepared. Let us open our eyes, ears that more cancers can be prevented, treated, even cured if we talk, accept, act. Also need to ask our government to be accountable for the facilities we require for better care and cure. More people are alive within 5 years of cancer diagnosis and ever before due to effective novel treatment. You are with cancer today, I may be next in queue, together we can bring breakthrough with our tiny golden steps. Empower yourself with little tips of preventable and curable cancer which defeat fears and stigma.

The golden words on Cancer is 'focus more on early diagnosis' of and spend some fund in screening and awareness to for a definite outcome. Indian Medical Association, Women Doctors Wing



Project 'Swayam' is being implemented in Assam this year 2021. The objective is to create awareness and Screening of breast and Cervical Cancers. It is of course a challenging tasks where a systematic plan and effective strategy will be required for a long term impact on the ground in the form of reduction of diagnosis of advanced stage cancers.

This is one of the best way to downsize preventable and curable cancer deaths. All of us as

planner, doers, builders, helpers, dreamers, fighters, every action will build up our momentum. It can give us a beautiful equal and just society with access to life saving treatment, that's the society is longing for. We need so much, more to be done. Only questions now, who are you, what are you doing? Follow the golden words, answer will come. I am and I will continue to work on these Golden words.

VINAYAK

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WORLD BREASTFEEDING WEEK



Dr. Manjima Baishya Ganguly

The World Breastfeeding Week is an annual event celebrated throughout the world from August 1st to August 7th in more than 120 countries worldwide. It started in the year 1991 and has been active for thirty years now and is observed worldwide by the governments, ngo's, and individuals. It is organized by the World Alliance for Breastfeeding Action (WABA), WHO and the UNICEF. The aim is to promote exclusive breastfeeding for the first 6 months of life due to the many benefits such as providing of essential nutrients to the baby, giving immunity against various diseases and helping in the growth and development of the baby.

WBW was first celebrated in 1992. WABA was first started in 1991 to promote breastfeeding worldwide. WHO and the American Academy of Paediatrics promote breastfeeding for the benefit of mother and child. Six months exclusive breastfeeding is promoted with supplemented breast feeding for at least one year and recommended upto two years.

The World Breastfeeding Week is a campaign to raise awareness and mobilise action on issues related to breastfeeding. Healthcare systems, women and work, the International code of Marketing of Breastmilk substitutes, human rights are all included in the annual themes designed to promote breastfeeding. Since 2016 WBW is aligned with the Sustainable Development Goals. In 2018 World Health Assembly resolution recognized WBW as an important breastfeeding galvanizing event.

The objectives of the WBW is firstly, to inform celebrants about the selected theme of the year. Secondly it is to anchor the theme within the global breast feeding agenda. Thirdly it is to engage with individuals and organizations and fourthly it is to galvanise action on the selected theme and related issues.

The WBW2021 Campaign will focus on how breastfeeding contributes to the survival, health and wellbeing of all and the need to protect breastfeeding worldwide. The theme is aligned with the WBW-SDG 2030 Campaign which emphasises the links between breastfeeding and survival, health and well being of women, children and nations. After the covid19 pandemic the need to 'build back better' will create the supportive chain for breastfeeding. The aim is also to protect against industrial and commercial influence.

Scaling up breast feeding can prevent 20,000 maternal deaths annually, 823000 child deaths and \$302 billion in economic losses yearly. Warm Chain of Support for Breastfeeding campaign strives to link different groups by coordinating at all levels to provide care to mother and baby for the first 1000 days.

There are certain myths associated with breastfeeding which must be made known. They are listed as follows. Formula feeding can be a substitute for breastfeeding. But in reality though formula feeding can be used if there are any issues regarding breastfeeding, only breast milk has the immune boosting ability. Another myth is that in order to produce milk the mother has to drink milk but this is not true. Also a myth says babies naturally know how to breastfeed but babies in reality take sometime to get used to the correct way of breastfeeding. Another myth is that breastfeeding is painful but in reality it is not if proper care is given to the nipples as due to the hormonal changes nipples maybe sensitive. There is also a myth that exercise is not recommended for breastfeeding mothers but exercise is to be recommended in mothers as it does not hamper breast milk flow and moreover exercise helps mothers to get in shape.



UNICEF and WHO have several reasons to call on governments for breastfeeding. They are firstly to invest to ensure breastfeeding counselling. Financing for such programmes and monitoring and policy implementation is needed. Secondly all healthworkers like midwives and nurses must be trained so that skilled counselling can be provided by them. Thirdly it is to ensure that skilled breast feeding counselling is available as routine health exercise. Fourthly it is to partner with civil society and health professionals for appropriate counselling. Last but not the least there is the need to protect all health workers from the influence of the baby food industry.

The manifold benefits of breastfeeding must be made known. Breastmilk is the ideal food for babies. It protects newborns from infections and is known to reduce the later development of diabetes, obesity and asthma. Breastfeeding helps to contract the uterus and lowers bleeding after birth in mothers. It reduces risk of ovarian and breast cancers. A unique bond is developed between mother and child. Being the best source of nutrition the protein present in breastmilk can be easily digested than that found in cow's or formula milk. Calcium and iron found in breastmilk are more easily absorbed. Artificial feeding contributes to the negative effects on the environment as it serves to drain natural resources.

There are certain aspects that need to be

known regarding breastfeeding and the current covid pandemic scenario. WHO recommends that mothers with covid 19 and those suspected of carrying the virus can breast feed provided they follow safety protocols. Breastfeeding promotes anti-inflammatory responses along with anti microbial properties and provides good immune responses. Expressed breastmilk feeding or wearing of protective mask and faceshield can be recommended along with sanitization and disinfection of breast pumps, hand hygiene etc.

Covid vaccine is now recommended to breastfeeding as well as pregnant women. Vaccination is the best way to protect against covid and women need not stop breastfeeding in order to get vaccinated. Likewise women need not defer pregnancy after vaccination. Also having the vaccine however does not remove the need of risk assessment to pregnant employees. They will follow the necessary government guidelines.

Let us all join hands to promote breastfeeding for the survival and development of the human species. Guwahati Obstetrics and Gynaecological Society is celebrating this important week in various hospitals of the city to create awareness among the new mothers as well as the public about the manifold benefits of breastfeeding and its importance to the human race.


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WOMB TO WORLD

*Encased in a fluid filled sac,
Tossing and turning,
Floating and kicking,
Drinking my own wee wee,
Its been nine months now.*

*I can't see but I can hear
I can hear the musical voice of my mother,
As she reads me stories and sings me lullabies,
Oh, what a treat her voice is to the ear.*

*She tells me the stories of the kings and queens,
Stories of her childhood spent in distant lands,
The colours of the rainbow and how the rain feels,
Its beauty I can only imagine!*

*At times, I feel the warmth of two hands on me,
Mamma says its my pop pop,
They mostly discuss the names they'd gift me,
And quarrels over whether I'd be a lad or lady,
I already know my name by now,
But to them, my gender stays unrevealed. ;)*

*I am so happy today as I come down,
I can't play like the other days,
But they say I am going to be out,
Out in the open where I'll finally breathe,
I'll see the things that I have always dreamt of,
And know what colours mean.*

*My mamma is shouting in what she calls 'pain',
I don't know what that means,
She never mentioned 'pain' in her stories,
But I don't feel the calm in her voice anymore today.*

*And as I am thinking all of these,
I try to move my head a bit,
And suddenly the big balloon of water around me breaks,
I'm scared now as I collide to something hard,
I feel like being on a roller coaster ride.*

*But then I feel something soft over my head,
May be someone's hands on it.
And then as I try to open my eyes,
I see a spark too bright
Oh, is that what my mamma calls light?*

*I open my mouth and breathe in a huge gulp of air,
I finally know what my nostrils are for,
I finally learn how to cry,
And then I see everyone around me smile.*

*They show me to my mother,
And I get to see her too,
Those red cheeks and the wide grin,
Her welcoming eyes and her glowing skin,
Oh, what a beauty she is I think
As the nurse slowly makes me clean.*

Dr. Anisha Bhattacharya
IMA, Guwahati

KNOW CANCER....., NO CANCER



Prerna Keshan

Women - the most beautiful of God's creation, from the day she is born through different stages of her life, she executes her responsibilities to the fullest, sometimes as a daughter, sometimes as a sister, then as a mother and so on... But the biggest question is how well does she know her body and its functions. The knowledge of the normal can only help detect the abnormal.

As per the National cancer registry programme in India 2020, cancer is one of the leading causes of death (9%) of all non communicable diseases. Breast and cervical cancers are the leading sites of cancer amongst women in India, posing an important public health problem that needs multidisciplinary approach, awareness, preventive measures, screening programme for early detection are vital towards reducing both incidence and mortality.

The incidence of breast cancer has been steadily increasing in the last few decades. The magnitude of the burden is such that 1 woman is diagnosed with breast cancer every four minutes, 1 woman dies of breast cancer every 13 minutes.

Self breast examination plays a very important role in early detection wherein the following can be the warning signs – lump, nipple discharge, change in size shape of breast, nipple inversion or retraction and overlying skin puckering.

Identification of women at high risk of breast cancer and mammography in indicated cases with clinical breast examination and breast ultrasonography as an adjunct, paves the way towards proper screening. Breast cancer cannot be prevented but definitely be treated well with early detection.

Cervical cancer burden worldwide is such that 14 million new cases are detected and 8 million

women die every year. 1 in 53 women suffer with cervical cancer during their lifetime. The magnitude of the burden is such that >200 women die every day in India, 8 women die every hour and 1 woman die every 7 minutes.

For prevention of cervical cancer a three pronged approach is necessary –

- 1) Awareness about the symptoms such as inter menstrual bleeding, post coital bleeding, abnormal vaginal discharge, unexplained weight loss. However early stages are usually asymptomatic.
- 2) Universal screening by simple, easy and quick PAP smear test.
- 3) HPV vaccination as per WHO vaccination between 9 years or before the first sexual intercourse, can also be given till 45 years of age.

Two vaccines available are –

Quadrivalent vaccine – effective against HPV strains 6, 11, 16, 18

Bivalent vaccine – effective against HPV strains 16, 18.

In today's era, in spite of the availability of HPV vaccine and effective methods of early detection and treatment of cervical cancer precursor lesions, cervical cancer still continues to be a public health threat.

Rightly quoted by Leslie Esparanza “Stand in your light and shine brightly that is how you defeat darkness”.

To defeat the darkness of cancer, we need to stand in the light of awareness.



SUCCESS

We all expect to get success but not everyone works in that direction. Some people can't stop thinking about their work even in their bathrooms and some don't even bother to work in their work places. I say, instead of running after success, we should run after the work which makes us more productive. Success comes automatically on the platform of sincerity and seriousness.

Learning life is an experience but education without practice cannot bring experience, which is more important to live life and to extract productivity.

Everyone can be successful. In reality he or she is already successful, but they don't realize it. Many people set goals and if they achieve it, then they are declared as successful. That's wrong! Reaching a goal cannot be termed as success. Sometimes even failure can be included in arena of success. There are many unseen and undetermined goals set in our lives and these can be achieved unconsciously. You never know what may bring you to success. This is called indirect success.

A parent, a teacher or a coach can be successful through their children and their apprentice. It is a fact that we may learn more from our failures than that of our success. Accepting failure is an art and conceiving or digesting success humbly, is equally an art we should all learn. Not everyone is the same. In most cases our nature is reflected at the time of our success or failure!

If you are self-centred, many will say that you will get more success. Although in reality, that is not how it works.

Yes, to some extent you can buy some rewards and comfort but you cannot get the happiness out of this success. I quote "let your life set goals and not your goals set life".

To get something, you should be interested to achieve it mentally, not materially. I firmly believe that now- a- days, our education system is a converting device or exchange machine for money in lives of many.

"Leaders are those who empower others"- Bill Gates

There is no glamour in inheriting enormous wealth and opportunities under influence. They are lucky that they have inherited the wealth and thus opportunities.

But they are unlucky too, that the credits of their own performances and their own success are dimmed and blurred, people usually do not give the accreditation they deserve.

We all play for success, but sometimes people play just to maintain the success they already have and some play to achieve that success, no matter what. In the latter one, success is not a burden as it is something they don't have yet but in the previous instance, success is a burden that they find hard to keep up with. He/she is a victim of success and is making them more mentally disturbed.

In Women's Ground tennis ,2021, a 18 yrs old young girl named Emma played to win, but as a 150th rank player, she had nothing to lose. Her expectation was very short. She won the title that year.



On the other hand, a contrasting picture was seen in final game of tennis 2021 where Joe Covis was about to be the receiver of the highest honour in history of tennis, but he lost the finals. He was dissatisfied and broke his racket against the court. This man played tennis with burden of his success!!

Famous writer Dr. Chopra in his book wrote, "we should know how to be happy, sometimes even without a cause, like a baby. If you are happy for some cause, please remember that the cause is not necessarily going to be permanent". Therefore, we should not allow any cause to burden us in terms of being happy. Our focus should be on the process, not the results. That's why the great Indian Mythological Scripture 'THE BHAGAVAD GITA' says "Just keep working, do not expect results".

Preparation to face situation, acclimatization to harsh hours is very important to achieve success. No one can achieve success without practice. It is rather good to sweat while you prepare than to bleed in war. I am fortunate to be close to many successful people, all of them have been ordinary, the only eye opening and remarkable thing I observed is that, they choose to be extra ordinary in their work pattern. They make their lives a huge source of probabilities and endless joy.

Dr A.P.J. Kalam sir used to say that, "to dream big to achieve the unachieved and walk to grasp the success. To dream consciously or at unconscious mind you do need the power of imagination. Imagination is the most powerful and mighty device to open hardest lock the the world". We have seen poets using the power of imagination and reflect their power in black letters. Even a scientist loves to behave as fairly more practical poet to use his imagination to act on real life. The scientists try to penetrate the depth of reality and thus to reveal the secrets of nature.

The other day, I was very fortunate to see an interview in a television Channel Prag, in program named 'Mezmel' with Bikram Singha, the famous Sculptor who did not have a professional degree in Arts or being a Sculptor. Despite of this he created more than 400 statues starting from statue of Bir Lachit Borphukon in the midst of The river Brahmaputra, statue of Bharat Ratna Dr. Bhupen Hazarika in Dighalipukhuri, Guwahati, statue of LakhinathBezbarua, Swami Vivekananda, Netaji Subhash Chandra Bose, Gopinath Bordoloi, Mahatma Gandhi, KalaguruBishnu Prasad Rabha, Pratima Pandey and many more . I was surprised and very impressed that he studied up to just 8th standard, faced huge financial constraint in his early part of his life. He hailed from the poorest family in a remote village of Assam.

He came out of his village and reached, Guwahati to feed himself. He even was compelled to spend eleven nights on the footpath outside the Guwahati railway station. He said he believes more on his proficient working capacity, he knew all the problems he would have to go through, but he did not give importance to the problems as it may deem his goal. Today Mr. Biren Singha is a big name as an artist and a sculptor and he was conferred with doctorate degree by Gauhati University. I am convinced of the fact that what he said in his interview that there is no alternative to loyal labour to achieve success. Last words with which he impressed me were that he is very lucky to be attached with the work he loves, to live. He was asked by the interviewer Prasanta Bordoloi what would he have done if he could live his whole life again from zero. He said he would try to reduce the wrongs that he did in his present life.

Shankar Das

Assam.... a tourist's delight



Dr. Archana Deka
Consultant Anaesthesiologist
Tezpur

Depicted as the land of blue hills and red river, Assam is a place of magical beauty and bewildering diversity. It is also the gateway to the beautiful and mysterious North East of India where only the avid traveler and true adventurer treads. It is a collage of various ethnic groups, language and culture bound together in unison. It has several places of historical importance, archeological relics and cultural epitomes and boast of five national parks and twenty wildlife and bird sanctuaries. Assam silk – Pat, Eri and Muga are treasured souvenirs to take back. Monsoon has its own share of beauty but for the traveler, the weather in Assam is very pleasant during the winters from November to April. We have identified and enlisted a few easily accessible and exciting options of the region which you and your family can explore during your stay at Guwahati. We hope your endeavor would give you an insight into the region's most valuable treasures – its natural bounty, strong heritage and cultural richness.

MAJULI

Situated around 264 km east of Guwahati and 20 km from Jorhat city it is proudly called the cultural capital of Assam and has been the cradle of Assamese civilization for the last 500 years. It is a 924.6 square km freshwater island and declared the largest in South East Asia. It is also the most populous river island with a population of 1.5 lakhs. It is famous for its sand Vaishnavite Satras or monasteries which attracts a lot of tourists and devotees, both national and international. The island is flocked by many migratory birds and is a bird watchers delight! It harbors many rare and endangered avifauna like the Great Adjutant Stork, Pelican, Siberian Crane and Whistling Teal. For the unique geographical and cultural identity Majuli is in the process to be declared as one of the UNESCO World Heritage sites.



Majuli... the largest riverine island



Majuli : Dakhsinpat Satra

JORHAT

This city is 318 kms from Guwahati by road. The city has air connectivity to some important places in India. A very picturesque city, surrounded by tea gardens on all sides it has around 135 gardens in the district. Hence it is also called the tea capital of Assam. Several old Colonial tea garden bungalows are still well preserved and add charm to the city. Many of these houses have been converted to guest houses and are much sought after by those looking for the old world. Hence it is also called the tea capital of Assam. Several old Colonial tea garden bungalows are still well preserved and add charm to the city. Many of these houses have been converted to guest houses and are much sought after by those looking for the old world. Few stay options for a great experience are the Thengal Manor, Bura-Saheb Bungalow and Misti-

Saheb Bungalow situated in the periphery of the town. Another added attraction to a visitor is the Mulai Kathoni, a 550 hectares of forest, developed single handedly by world famous environmentalist Padmashree Sri Jadev Payeng also known as the Forest Man of India on the sand bed of Brahmaputra river near Kokilamukh area. For the golf enthusiast, the Jorhat Gymkhana club is the oldest golf course in Asia and the third oldest in the world. Jorhat is another educational hub in Assam after Guwahati and Dibrugarh.



Jorhat- Thengal Bungalow



Jorhat :Burha Sahib's Bungalow



Jorhat: Kaziranga Golf Resort amidst sprawling Tea Gardens

TEZPUR

Tezpur a small town 180 km from Guwahati is steeped in history and culture also called 'city of eternal romance' surrounding the eternal love

between Aniruddha and Usha. Legend has it that Aniruddha was the grandson of Lord Krishna and Usha the daughter of Ashura king Bana, who was an astute devotee of Lord Shiva and their forbidden love led to the famous Hara (Shiva) – Hari (Krishna) battle. Tezpur is dotted with remains of many ancient relics and is the birth place of the cultural iconic trio of Assam – Jyoti Prasad Agarwala, Bishnu Prasad Rabha and Phani Sharma. The Nameri National Park, is popular among the visitors for river rafting and ecotourism and is accessible from this town. The Orang National Park also near Tezpur is popular with the wildlife enthusiasts.



Kolia Bhomora Bridge- on way to Tezpur



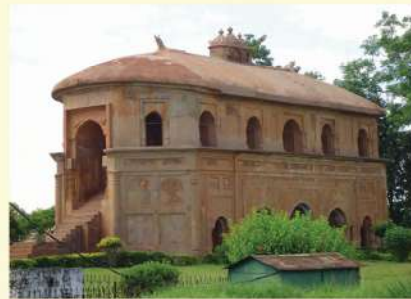
Tezpur : Agnigarh hill



Tezpur- Da Parbatia Gate

SIVASAGAR

It was the seat of the powerful Ahom kingdom, the remains of which are evident in the magnificent Rang Ghar, Kareng Ghar, Talatal Ghar, Sivasagar Tank, Joysagar Tank, Gaurisagar Tank and Gauri-Dol. A very much recommended visit is to the Rang Ghar. It is a double storied structure built by Ahom King, SwargadeoPramatta Singha in the 18th Century. This 10 meters high royal sports pavilion was constructed to watch cultural programmes and traditional games like buffalo fight, elephant fight, cock fight and wrestling, held in its wide grounds surrounding it, especially organized during the Bihu Festival. The entrance of the Rang Ghar has two beautiful stone-carved crocodile structures on either sides and the roof of the structure is like a boat, kept upside down. It is a fine example of Ahom architecture made exclusively of red baked bricks and a special variety of rice and eggs. Another place worth visiting is Charaideo the erstwhile capital of the Ahom kingdom, which is about 30 km from Sibsagar town. It retains the burial grounds of Ahom kings and queens and is also the sacred place of ancestral Gods of the Ahoms. These tombs (Maidams) of Charaideo hill-ocks are objects of wonder revealing the excellent architecture and skill of the sculptors. A little distance away is the Kareng Ghar at Gargaon built in 1752 AD. It is another architectural marvel of the Ahoms which has withstood the vagaries of time. The monument is a four- storied building and arranged in gradually receding tiers. The top floor has a dome like roof with a chamber. It had four watch towers originally of which now only two can be seen. The ground floor has three west facing halls and provided with a front and rear chamber. The palace was well secured by digging canals around it and then building fort like walls on the canals bank with soil, which is called 'Garh'. There believed to be a secret underground tunnel from Kareng Ghar to 'Talatal Ghar' in Rangpur which is many kilometers away from there and across the Dikhow river.



Sibsagar : Rang Ghar



Sibsagar :Kareng Ghar



Sibasagar :Charaideo Maidam

TINSUKIA

This city in upper Assam is 480 kms by road from Guwahati. It can also be accessed by airway from Dibrugarh and is well connected by train to the rest of the country. The district has many tea gardens and produces the best quality tea. It is a commercial city and deals in produces like orange, ginger, other citrus fruits, wood related products like top quality plywood. The positional advantage of the city is its very close proximity to the national parks and wildlife sanctuary. A visitor can easily access the theDibruSaikhowa National Park, a bio-diversity hotspot just 12 km from the town. It has semi evergreen forest, conserved to protect the rare White Winged Wood Duck but also

has a large population of water buffalo, feral horse, tiger-capped langur. The Padumoni wild life sanctuary is also just 6 km from the town which is worth a visit.



DibruSaikhowa



Eco-tourism in DibruSaikhowa

DIBRUGARH

This is the second largest city of the state and 493 km east of Guwahati by road. It is well connected by air and railways to rest of India. Dibrugarh is the surrounded by vast stretches of tea gardens on all sides and produces world famous good quality tea. Besides it is famous for its wood and woodwork, cane and bamboo furniture and ply wood. The places to visit are the Jokai botanical garden and Germplasm centre 12 km from the city. Sixty km from the city is the Jeypore Rain Forest which houses the Royal Bengal tiger, clouded leopard, common leopard, golden cat and the marbled cat. Other interesting places are the DehingPatkai Wildlife Sanctuary which has an elephant reserve, World War Cemeteries, satras, dols containing relics of the powerful Ahom kingdom and maidams or royal graveyard. Dibrugarh University, a reputed teaching cum affiliating university was established in 1965. The state's oldest medical college, the Assam Medical College (established in 1947) is more than a 100 years old when it was first established as a medical School in 1900, and subsequently converted to a full-fledged medical collegee.



Jeypore Rainforest

SUALKUCHI

On the bank of river Brahmaputra, Sualkuchi is 35 km from Guwahati. It has a large number of cottage handloom industries and weaves out exquisite silk in Pat, Muga (the golden yarn) and Eri (Endi) silk. Hence it is also known as Manchester of Assam. Sualkuchi produces excellent quality products for not only Assam but also for different places of the nation and has an international market too at selected places.



Welcome to Sualkuchi



Enchanting design on muga silk

BORDOWA

This small town near Nagaon town is renowned for being the birthplace of the 15th century saint, great social reformer, scholar, playwright, poet, musician Srimanta Sankardeva, who unified the heterogenous Assamese society into a common monastic order and propagated Vaisnavism in Assam.

He created a unique art form of borgeet, Sattriya dance and dance drama –Bhaona. Bardowa is famous for its two satras, namely the Narowa Satra and Salaguri Satra, the place also has a mini museum that offers glimpses into Assam's past. The site is popularly known as Dwitiya Vaikuntha or the second heaven. The visitor can have a glimpse of the unique cultural aspect of the satras during Fagua, the Holi Festival, and during birth and death anniversaries of the Vaishnava saints which are celebrated in a grand manner in these satras.



Bordowa Satra

KAZIRANGA NATIONAL PARK

A World Heritage site and a biodiversity hotspot, the park is only 220 km from Guwahati. Its vast stretches of grassland, tropical moist mixed deciduous and semi-evergreen forest, marshland and water bodies, rich flora and fauna attracts hordes of tourists from all over the world. It is a 430 km sq park and declared a tiger reserve in 2006 and declared a tiger reserve in 2006. At present it has a high tiger density of 1 tiger per 5 /km sq. Visitors throng the Park to get a glimpse of its famous five – the wild water buffalo, the Asian Elephant, the Tiger, the Swamp Deer and the One-horned Rhinoceros. It is also home to a wide variety of birds.



Asiatic elephants in Kaziranga



Fresh water buffalo
in Kaziranga

Kaziranga :
Orchids in full bloom



Hornbill in Kaziranga

MANAS WILDLIFE SANCTUARY

150 km away from Guwahati, on a gentle slope in the foothills of the Himalayas, where wooded hills give way to alluvial grasslands and tropical forests, the Manas sanctuary is home to a great variety of wildlife, including 22 of India's most threatened species of mammals, such as tiger, greater one-horned rhino, swamp deer, pygmy hog and Bengal florican. It is a biodiversity hotspot covering an area of 39,100 hectares and also is an UNESCO Natural World Heritage site, a Project Tiger Reserve, an Elephant Reserve. The vegetation of Manas has tremendous regenerating and self-sustaining capabilities due to its high fertility and response to natural grazing by herbivorous animals. In total, there are nearly 60 mammal species, 42 reptile species, 7 amphibians and 500 species of birds, of which 26 are globally threatened.



Manas :
scenic beauty



Manas- Capped Langur

POBITORA WILDLIFE SANCTUARY

Pobitora is a very small sanctuary – about 15 km sq. It is 48 km by road from Guwahati and so it is very popular with visitors who come to Guwahati. The sanctuary has a sizable rhino population besides feral semi-wild buffalo, wild boar and jackal. There are more than 80 rhinos in this small sanctuary so rhino sighting is easy and visitors can have a close view of the magnificent animal. Pobitora has also played a very important role in the conservation of rhinos where animals from Pobitora have been translocated to Manas National Park.



One-horned Rhinoceros in Pabitora



Elephant
Safari
at Pabitora

HAFLONG

Situated at 310 km from Guwahati by road and 680 km above sea level Haflong is the only hill station in Assam. Its main attractions are Haflong Lake, Jatinga Bird Observatory and the ethnic villages. It is a production centre of good quality horticultural produce like pineapple and oranges. The town retains vestiges of British colonial architecture in many of its buildings. Other places of interest for the visitors are the Orchard gardens and the Borail Ranges. The Indian Railways has recently introduced the Vistadome Train to Haflong which is equipped with state of the art glass windows and all glass roofs, providing 360 degree view of the open sky, mountains, tunnels, hills and lush green forests to the tourists.



Train journey to Haflong... Vistadome



Haflong Lake

India is a land of diversity and Assam perfectly blends into this diverse mosaic. Situated on the banks of rivers Brahmaputra and Barak its people came from as far as Myanmar and Thailand. Today it is a bustling crowded state like the rest of India but its unique natural beauty, mysticism, spirituality, vibrant culture, friendly people and exotic cuisine are worth exploring and knowing about and sure to make you fall in love with the beautiful Assam.



Enchanting North-East

Dr Apurba Kumar Bhattacharya
CWC Member
IMA Assam State Branch



The North Eastern part of India is a true frontier region. It has over 2000 km of border with Bhutan, China, Myanmar and Bangladesh and is connected to the rest of India by a narrow 20 km wide corridor of land. One of the most ethnically and linguistically diverse regions in Asia, each state has its distinct cultures and traditions.

From time immemorial, India's North East has been the meeting point of many communities, faiths and cultures. A place renowned for its magical beauty and bewildering diversity, North East India is the home for more than 166 separate tribes speaking a wide range of languages. Some groups have migrated over the centuries from places as far as South East Asia; they retain their cultural traditions and values but are beginning to adapt to contemporary lifestyles. Its jungles are dense, its rivers powerful and rain, and thunderstorms sweep across the hills, valleys and plains during the annual monsoons.

The lushness of its landscape, the range of communities and geographical and ecological diversity makes the North East quite different from other parts of the subcontinent. In winters, mist carpets the valleys but swirls around the traveler in hills during summer rains, thus creating an enchanting and romantic atmosphere. The region has borders with Myanmar Bhutan and Bangladesh.

The festivals and celebrations in the North-Eastern states of India are a colorful reflection of the people and their lives. Throughout the year, different people celebrate festivals with lot of fanfare in different ways, most of them centering around their modes of living and livelihood.

North East India comprised of seven states commonly known as the "Seven Sisters"- Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura and now "Eight Sisters", the eighth being the queen of hills- Sikkim. Each state is a traveler's paradise, with picturesque hills and green meadows which shelters thousand of species of flora and fauna. In addition, the states provide scope for angling, boating, rafting, trekking and hiking. Besides, there are a number of wild life sanctuaries and national parks where rare animals, birds and plants which will surely provide fascinating insight to the visitors.

North East India festivals highlight the region's rich indigenous culture with folk songs, tribal dances, food and crafts. Assam has three cultural festivals a year, all known as Bihu, that mark a particular period on the agricultural calendar. The biggest and most colorful of the three is Bohag Bihu (also known as Rongali Bihu), which is celebrated at seeding time in spring with plenty of singing and dancing. It also marks the start of the Assamese New year here. Kati Bihu, at the completion of paddy transplanting, is a relatively solemn occasion involving the lighting of lamps to guide souls to heaven. The end of the harvest season is marked by Magh Bihu (also known as Bhogali Bihu), with bonfires feasting, buffalo fights, and pot breaking.

Nagaland, which shares a border with Myanmar, has really embraced the concept of tourism. The Hornbill Festival is perhaps the most renowned and largest of the North East India festivals, and it's certainly Nagaland's huge draw card



The most superb tourist attraction in Arunachal Pradesh is Tawang Monastery. Perched at 10,000 feet above sea level, it overlooks the Tawang Valley near the border of Bhutan. The monastery is the largest Buddhist monasteries in India. It also has a fascinating collection of thangkas (Tibetan paintings). The best time to visit it is during the Torgya Festival. Those who like white water rafting can try the stretch along the Kameng which passes through the Kameng Gorge.

Assam is the largest and most accessible of the north east India states. It's best known for its tea, and around 60% of India's tea is grown there. Guwahati, the capital city and the gateway of Assam is the best place to organize tours around Assam and the other north east India states. There are also a number of temples of interest in around Guwahati, of which Kamakhya-temple in the Nilachal hill is the centre of attraction of tourists, others being Basisthatemple, Nabagrahatemple, Ugratara temple and Balaji temple. However, the most famous attraction in Assam is Kaziranga National Park, home to the rare Great Indian one-horned rhinoceros along with wild deers, wild elephants, buffaloes, tigers and different varieties of birds and aquatic animals. Pabitora Sanctuary, just an hour from Guwahati is an excellent place to see animals like rhinoceros (highest density), wild buffaloes along with different varieties of birds and butterflies. Some of the other places of tourist attractions of Assam, Sibsagar – the capital of Ahom Kingdom, Tezpur, Dibru-Saikhowa Park, Majuli, (the world's largest inhabited river island) and Hajo, the pilgrimage place of three religions- Hinduism, Islam and Buddhism.

There are 16 major tribes in Nagaland, which shares a border with Myanmar. Relatively new to tourism, the people are curious, warm and informal -- and open to attracting Tourists from different parts of the world. There are tourist lodges in the capital,

Kohima and Dimapur along with the other District Headquarters. However, what's really placed Nagaland on the tourist map is the fascinating tribal Hornbill Festival (first week of December), and Moatsu Festival (first week of May).

Manipur, located on the far north east border below Nagaland, has been described as the Jewel of the East due to its picturesque hills and valleys. Its capital, Imphal, is surrounded by wooded hills and lakes. Manipur is also the home of Loktak Lake, the largest fresh water lake in the north-east region. Much of it falls within Keibuk Lamjao National Park. Manipur has recently begun taking steps to develop its tourist potential, which is essential as the state struggles to overcome poverty in rural areas and rebellions between ethnic groups. A Lemon Festival is held every January in Kachai and the Kang Chingba Festival is also a huge event.

Meghalaya known as the "Abode of the Clouds", it's one of the wettest places on earth. Capital Shillong was a popular hill station during colonial times, with leftover features being a championship golf course and polo ground, Victorian bungalows, and churches. The abundant natural attractions in Meghalaya include peaks, caves, waterfalls, lakes, and ancient living root bridges with unique engineering skills. In fact, Meghalaya has the largest number of known caves in India.

Mizoram juts out at the bottom of the north east region, finger-like in its form. Its landscape is stunning and varied, with dense bamboo jungles, plunging gorges, rivers, and lush paddy fields. Mizoram will hold a great deal of appeal for nature lovers. The state's festivals provide a good dose of culture as well, with the Chapchar Kut being one of the most popular.

Tripura, surrounded by Bangladesh, is the second smallest state in India. Heavily forested, it is renowned for its vast array of bamboo products.



Enchanting North East.....

Handloom weaving is also a significant industry there. The mixed European - Mughal style Ujjayanta Palace provides interest at Tripura's capital, Agartala. Tripura's star attraction, however, is the lake place of Neermahal. It was constructed as a summer resort in 1930 by late Maharaja Birbikram Kishore Manikya Bahadur. Tripura also has a number of Hindu and Buddhist temples, giving it appeal as a place of pilgrimage. Unakoti, a Shiva pilgrimage site, has the largest rock-cut images and stone idols of Lord Shiva in India.

The Himalayan state of Sikkim is recognized as a part of northeast India since last two decades. Bordered by China, Nepal and Bhutan, Sikkim has long been regarded as one of the last Himalayan Shangri-las. There's something very soothing to the soul about the mountainous beauty and ancient Tibetan Buddhist culture in Sikkim.

We are very much delighted to see you all in the long waited central working committee meeting of IMA in this beautiful part of the country. We like to welcome you all, who are coming from the different parts of the country in this meeting and enjoy the scenic beauty of the North-east.

ACTIVITIES OF IMA ASSAM STATE BRANCH



Protest against Mixopathy and Visit of National President, IMA to Assam to observe hunger strike against Mixopathy.



Report of the Hony Secretary IMA Guwahati Branch (13/04/2021 to 03/ 10/2021)

Presented in 157th SWC meeting held at Hotel Shoolin Grand Guwahati on 3/10/2021.

1) 4/04/2021 : GB meeting at IMA house where the present body was formed



The New Executive Body

Adviser	Dr Alaka Goswami	9864015955
President	Dr Gokul Ch Das	9864064104
Vice President	Dr Biju Choudhury	9864027636
Secretary	Dr Arnal Dev Goswami	9864077085
Finance Secy	Dr Pritom Kr Borthakur	9864038697
Jt Secy	Dr Tridib Medhi	9864067350
	Dr Bimala Deka	9435335013
Executive Members		
	Dr Naba Hazarika	7086093628
	Dr Manabendra Goswami	9435193724
	Dr Bidyawati Das	6003697274
	Dr Mihir Baruah	9864097513
	Dr Arati Deka	9435107632
	Dr Arup Kalita	9101301426
	Dr Anjali Baruah	9864094119
Publication IC	Dr Arunima Goswami	9435044373
Ex officio	Prof NN Barman	9864040638
	Prof MK Choudhury	9864034231



- 2) 13/4/21 : Charge taken from the outgoing EB
- 3) 25/05/21 : COVID Teleconsultation team formed in association with NGO
- 4) COVID Martyr Fund donation started from 26/05
- 5) 02/06/2021 : Protest OPD Boycott against attack on Dr Seuj Kr Senapati at Udali, Hojai
- 6) 18/06/2021 IMA Protest with "Save The Saviour"



Write up by Dr. Manabendra Goswami
in Assamese Newspaper

- 7) 18/06/2021 First Webinar on Post Covid Complication



- 9) 01/07/2021 : In the evening popular talk by Dr PK Borthakur
(2nd Webinar)



- 11) 16/07/2021 #rd Webinar in
association with GMS



- 13) 31/08/2021 evening : Web talk on
the occasion of SAVIOURs day
by Dr Manabendra Goswami





14) 04/09/2021 Lokabandhu Day Felicitation at IMA House



Prof Alaka Goswami, Prof NN Barman and Prof Naba Kumar Hazarika were felicitated

15) 21/09/2021 : 4th CME on Neurology



16) 28/09/2021 World Rabies Day observed in association with Lokhora CHC with a Public Awareness meeting and tree plantation



With thanks and regards,

(Dr Amal Dev Goswami)

Hon. Secretary Report Sibsagar Branch

IMA, Sibsagar is now owner of 1 bigha plot, 3km from National Highway 37 and Pragati Hospital. Soon earth filling will be started for IMA house.

IMA Sibsagar organized following events:

1. 08/03/2020: International women's day celebration. Screening for cervical and breast cancer. 120 women were screened by Dr. Vandana Gupta (Obstetrician), Dr. Beena Pani Hazarika, Dr. Sanjeev Mahanta, Dr. Anjona Sharmah, Dr. Monisha Gogoi (Pathologist) and Dr. Dijen Konch (Pathologist) participated in the programme.
2. 8/12/2020 to 11/12/2020: No to Mixopathy strike in busy public place of Sivasagar with media interaction.
3. 14th February 2021: Nationwide Relay Hunger strike with media interaction.
4. 07/03/2021 : Public Awareness programme about snake bite in Disagmukh. More than 100 general public were made aware of snake bite.
5. 31/05/2021 : 1000 numbers of ORS handed over to Joint Director for COVID warriors.
6. 18/06/2021 : Strike against violence to health care workers. Save the saviour in various places of Sivasagar.
7. 01/07/2021 : Safe motherhood week. Webinar on anaemia in female and its management. 300 plus numbers of Sibsagar college girl attended the programme.
8. IMA Assam Mega training camp for grass root level workers of Sivasagar and charaideo district on 12th July 2021. 300 numbers of ASHA workers participated in the online programme.
9. 27/08/2021 : CPR day with police personnel.
10. General body meeting on 30th October 2021.

Please find few of our snapshots.



1. International Women's Day



2. No to Mixopathy.



3. Relay Hungerstrike



4. Public awareness programme on snake bite.



5. 1000 numbers of ORS packet handed over to Joint Director office for COVID warriors.



6. Save the saviors by IMA members in different places.



7. Save motherhood week in different hospitals of Sivasagar



8. IMA Assam mega training camp for grass root workers.



9. CPR day with police personnel.



This is a brief report from Honorary Secretary of IMA Tezpur Branch for the organizational period 2021 – 22

Membership strength:

- a. Couple life members 41
- b. Single life members 140

Celebration of calendar days:

- a. Doctors' Day was observed on 1st July 2021. Tribute paid to Dr. B.C. Roy and a virtual General Meeting was held. Members who are doing frontline duty in the CoVid Pandemic were honoured with a certificate of appreciation.
- b. Independence Day was celebrated on 15th August 2021. National Tri-Colour was hoisted by Branch President Dr. Atul Kumar Kalita.
- c. Saviours Day was observed on 31st August 2021. Banners were displayed in various places of Tezpur pointing out the reason for observing Saviours Day. Tribute was paid to late Dr. Deben Dutta.
- d. Lokabondhu Day was observed on 4th September 2021. Members paid tribute to Lokabondhu Dr. Bhubaneswar Barooah. The IMA House was illuminated in the evening and 126 nos of earthen lamps were lit.
- e. National Voluntary Blood Donation Day was observed on 1-10-2021 in association with blood bank, KCH.

Agitation Program:

- a) A total cease work of all the non essential and non Covid services was observed on 2nd June 2021 against the brutal incident of attack against on duty doctor at Hojai.
- b) IMA National Protest day was observed on 18th June 2021 and memorandums were sent to honourable PM.

Social and Community Services:

- a) N 95 Masks were provided to the members from 3M at a concessional rate for the members. A total number of 1100 masks are being provided so far.
 - b) IMA Tezpur Branch is collecting and Donating PPE Kits to the frontline health workers. We are also providing the health workers on Covid Duty with ORS, Masks and Sanitizers.
 - c) Safe motherhood week was observed from July 1 to July 8 with various activities. (Virtual as well as physical)
- CME: IMA Tezpur Branch Conference, the TIMACON was held on 10th and 11th April 2021. Speakers from various specialities delivered their talks.

Executive Committee Meetings:

- a) An Executive Committee Meeting was held on 28-08-2021 to discuss about various issues including the plan for observation of Saviours Day and feasibility of organizing AGM.
- b) An ECM was held on 01-10-2021.

SWC Meeting: Members from IMA Tezpur Branch participated in the SWC meeting held at Guwahati. Participating members were, Dr. Satyajit Borah, Dr. Hemendra Kumar Borah, Dr. Laksheswar Bhuyan, Dr. Hiranya Borah and Dr. Mihir Sen.

Condolence Meeting: Members of IMA, Tezpur Branch participated in a condolence meeting held on 3-09-2021 to condole the death of Dr. Pramatheswar Barooah. All the members remembered Dr. Barooah with a heavy heart and said that this was an irreplaceable loss. The members suggested that there should be a Dr. Pramatheswar Barooah memorial lecture in the medimeet. A Nam-Prasanga was organized on 2nd October 2021 on the occasion of Adya Shraddha of Dr. Pramatheswar Barooah.

Other Activities:

- a) Dr. Piyush Agarwalla achieved IMA HQ Covid Warrior award.

Long Live IMA Tezpur Branch
Long Live IMA ASB
Long Live IMA

Dr. Angarag Bhagawati
Honorary Secretary
IMA Tezpur Branch



“Khelo Cricket “ organised by IMA ASB



Installation of new Committee of IMA ASB for 2021-23



Protest by IMA ASB against assault on Doctors (Dr. Seuj Senapati) on 18/06/2021



With Honourable CM



With Dr. Seuj Senapati



Safe Motherhood week celebration by IMA Assam State Branch From 1st July to 7th July 2021



Doctors Day Celebration by IMA ASB.



Covid Warriors Awards



Covid Martyrs



“SAVIOURS’ DAY” observed by IMA ASB on 31/08/2021



“LOKABANDHU DAY” celebration at B. Barooah Cancer Institute , Guwahati by IMA ASB on 04/09/2021



Dr. Satyajit Borah received “ IMA YOUNG ACADEMIC EXCELLENCE AWARD”
Dr. Sankar Das received “ IMA PROFESSORSHIP AWARD”



“SAHITYA AKADEMI AWARDS” to Dr. Apurba Kr. Saikia,
a renowned story writer and member of IMA Dispur Branch



157th SWC Meeting of IMA ASB at Guwahati



Handed over the cheque to Mrs of Dr. Parash P Katakya from Hq IMA.



Visit of National President & Hon. Secretary General IMA to “Kiranshree Grand” at Guwahati, the venue for 226th CWC on 30/09/21



Launching of Swayam Project in Assam on 15/10/2021 First physical programme of “Project Swayam” in Dibrugarh on 24/10/21



Blood Donation Camp at Guwahati Medical College & Hospital By IMA ASB on 23/10/2021

Bongaigaon Activities



Bongaigaon Lokabandhu Day



National Protest Bongaigaon



Saviors Day Bongaigaon

Dispur Activity



Myxopathy Hungerstrike Bongaigaon



Dispur Activity

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Dr. Rubul Chandra Baruah, MBBS, MD
(Medicine)

3. SR. CHILD SPECIALIST

Dr. Mukul Dutta, MBBS, DCH

4. GYNAECOLOGIST

Dr. Purna Keshan Agarwal
(MBBS, DGO, FICOG - consultant obstetrician and gynecologist and Infertility specialist and endoscopic surgeon)

5. MEDICINE SPECIALIST

Dr. Ramesh Agarwal (Physician & Cardiologist)

O.P.D DOCTORS

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Dr. K. K Das MBBS, DLO, MS
(Gold Medalist)

7. CONSULTANT PULMONOLOGIST

Dr. Miganka Madhav Mishra (MBBS, MD, FRSM)

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Dr. A J Saikia (MBBS, MS, FIAGES, EFIAGES, FAGIE)

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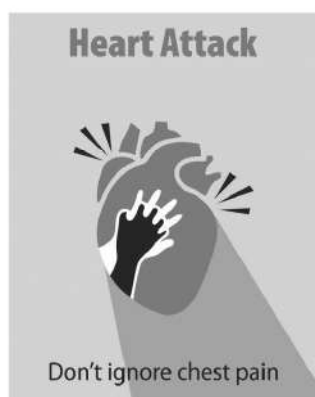
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