



IMA-Delhi North Zone DOCTOR

THE BULLETIN OF INDIAN MEDICAL ASSOCIATION

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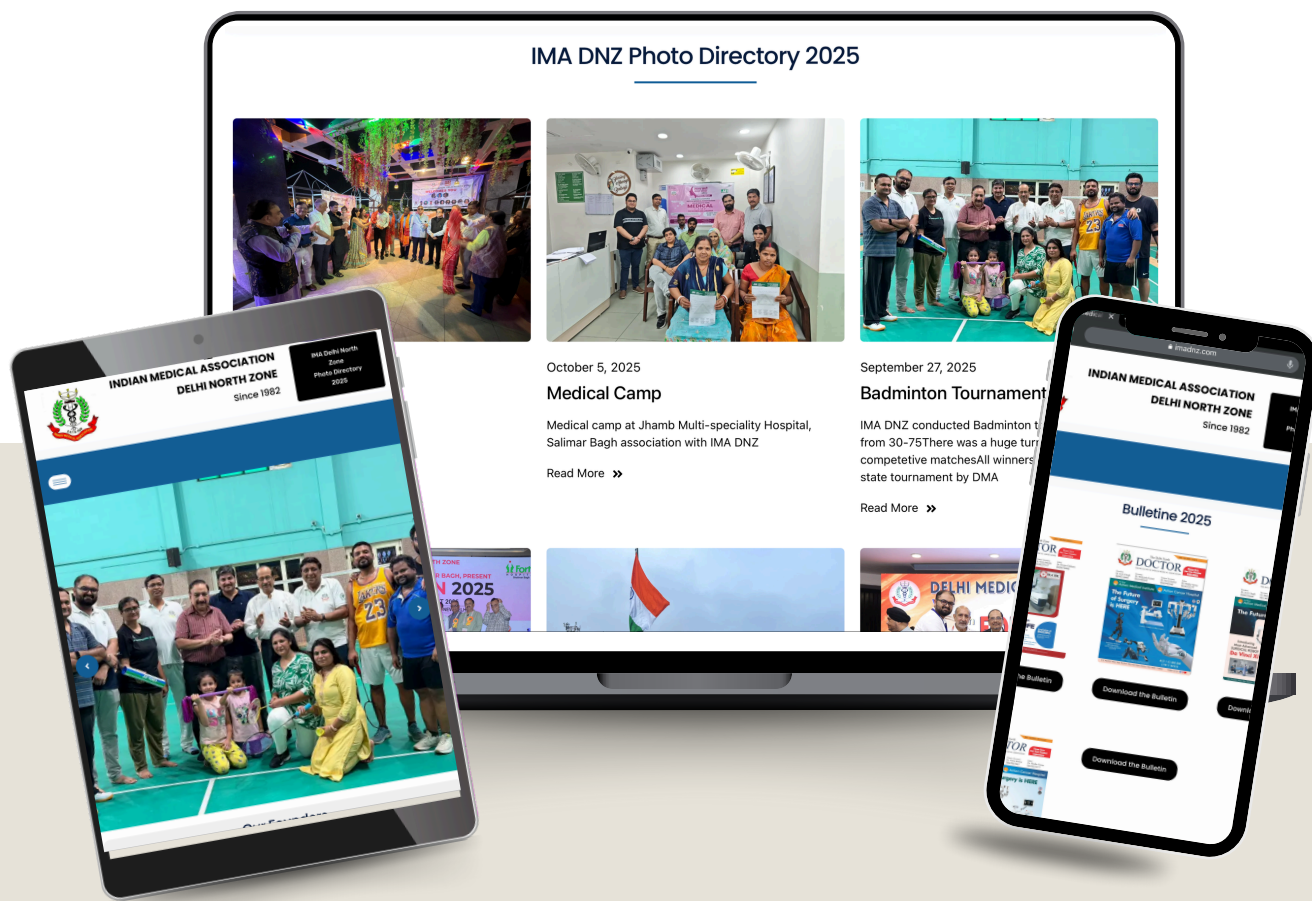
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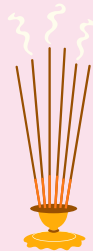
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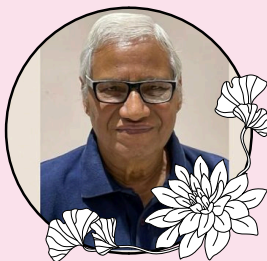
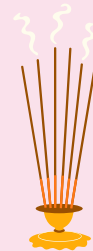
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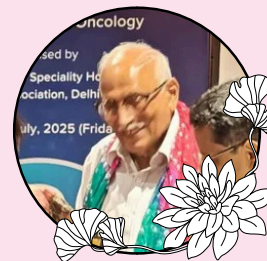
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From the President's Desk

Dr Praveen Bhatia

Consultant Physician
BHATIA HOSPITAL
President IMA DNZ



Dear Esteemed Members,

It is with immense pride and gratitude that I extend my greetings to all of you through the first edition of our association's bulletin. This marks the beginning of a new chapter in our collective journey toward strengthening medical excellence, professional unity and community service.

As healthcare professionals although we are entrusted with the noble responsibility of healing, guiding and supporting society but we should never forget our own colleagues - "The person behind the mask". They and their families also need emotional and physical support and each one of us must commit to stand with each other, especially at the time of crisis. Our association stands as a pillar of strength not only for advocacy and academic growth but also for fostering camaraderie among members.

This bulletin aims to serve as a platform for sharing knowledge, updates, achievements and opportunities within our fraternity. It is a reflection of our commitment to continuous learning, ethical practice and collaborative progress.

I urge all members to actively participate, share your insights and contribute to making this initiative a vibrant success. Together, let us work towards elevating the standards of healthcare and reinforcing the values that define our profession. My heartfelt thanks to all fellow colleagues, Partners and Associates for positive support and coordination and anticipating the same as we will roll on to the next 5 bulletins.

Looking forward to your support, enthusiasm and ideas as we embark on this meaningful journey.

Let's keep on working as a TEAM with expansion

T-Together
E-Everyone
A-Achievers
M-More

Dr Praveen Bhatia

Consultant Physician
BHATIA HOSPITAL
President IMA DNZ
INDIAN MEDICAL ASSOCIATION-DNZ



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From the Secretary's Desk

Dr. Navin Kumar
Secretary



Dear Members,

It gives me immense pleasure to connect with you through this bulletin, a platform that not only brings us closer but also keeps us informed, inspired, and united in our shared purpose of strengthening the medical fraternity.

As we navigate through ever-evolving challenges in healthcare, the role of IMA Delhi North Zone has never been more critical. Our collective responsibility towards patient care, professional ethics, public awareness, and policy advocacy remains at the forefront of our mission. Over the past months, the association has actively engaged with stakeholders to address issues concerning doctors' safety, healthcare infrastructure, and professional rights. I am proud to share that our persistent efforts have yielded positive outcomes in several domains.

The success of our CME programs, public health awareness campaigns, and medico-legal workshops reflects the dedication of our members and the relevance of continuous learning in today's clinical environment. I urge all members to actively participate in these academic and social activities, not only for knowledge enhancement but also for networking and camaraderie.

We are also working towards expanding our digital footprint — making information, resources, and services more accessible to members. Our upcoming website will offer seamless access to event updates, documentation, member directories, and more.

At IMA DNZ, we are committed to nurturing the younger generation of doctors, encouraging leadership, and promoting mental well-being among our peers. In these times of increasing professional pressure, let us also remind ourselves of the need to support each other — to listen, to share, and to heal not just our patients, but also one another.

I thank the entire executive team, past office bearers, and every member for your constant support and valuable contributions. The strength of any association lies in its unity, and together, I am confident we will continue to grow stronger and create meaningful impact.

Let us carry forward the legacy of IMA DNZ with pride, purpose, and passion.

Warm regards,

Dr. Navin Kumar
Secretary,
IMA Delhi North Zone



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Dr. Dixant Chhikara
Editor



From the Editor's Desk

It is an honour to step into the role of Editor for the IMA DNZ Monthly Bulletin. This platform has long served as a mirror reflecting the dynamic spirit, academic excellence, and unwavering commitment of our medical fraternity. I look forward to continuing this legacy with renewed energy and purpose.

Our profession stands at a critical juncture, where advancements in medicine meet the pressing challenges of public health, ethical practice, and the well-being of our fellow doctors. This bulletin will aim not just to inform, but to inspire—by highlighting achievements, sharing evidence-based updates, and giving voice to issues that matter to every medical professional in Delhi.

Each edition will feature clinical insights, member contributions, updates from IMA DNZ activities, and perspectives that broaden our horizons as practitioners and as citizens. I invite you all to actively engage—write, critique, and contribute—so that this becomes a truly collaborative space.

Let us work together to strengthen our fraternity through knowledge, unity, and purpose. Your suggestions and participation will shape the journey ahead.

Warm regards,

Dr. Dixant Chhikara

Editor, IMA DNZ Bulletin



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BENEFITS OF BREASTFEEDING

Why breastfeeding is important?

Babies are born to breastfeed and mother's milk is the most ideally designed food by Mother Nature for the first 4-6 months of life.

What makes mothers milk so special?

Well, only having all nutrients is not important but having all the nutrients in RIGHT PROPORTION is important.

Mother's milk contains

- Right form of sugar "Lactose" which makes the baby's body and brain grow optimally
- Right proportion of proteins and fats for easy assimilation and digestion
- Right amount of calcium, vitamins and iron so as to not overload baby's body but enough for growth

All this helps babies grow healthy and not necessarily CHUBBY

And mother's milk has customisation as well.

The composition and volume of milk is different for a premature baby, for twins, for first few days of life (colostrum) and latter stages of life. Why this is so important?

- Premature baby: higher protein content and more antibodies for catchup growth
- Twins: double the volume of milk
- Colostrum: full of antibodies, high in protein and low in sugar so that a small amount of milk is enough
- Infant: high in sugar and calories

Mother's milk gives so much more than nutrition which no formula milk can replicate

A) **Strengthens baby's immune system:** Babies get antibodies, immune factors, enzymes, and white blood cells via mother's milk, esp. with colostrum which strengthens baby's immunity not only while feeding but for a longer time afterwards.

B) **Prevents infections:** Mother's milk creates the right environment in baby's body to significantly decrease the risk of infections like pneumonia, diarrhea, ear infections, brain fever, etc..

C) **Better control of infections:** Babies who get infections and are on breastfeeding are protected by antibodies which the mother produces to fight those infections. Antibiotic usage is less and recovery is faster.

DR RAJAT AGGARWAL
PAEDIATRICIAN
SECRETARY IAP
NORTH DELHI

D) Decreased risk of allergies lifelong: Proven beyond doubt, babies who are breastfed have lesser chances of milk allergy, atopic dermatitis (eczema) and wheezing. And some benefits you would never have thought of:

- Lesser chances of getting obese later on in life
- Smarter babies with better IQs
- Decreased risk of Sudden Infant Death Syndrome by 50%
- Lesser chances of childhood blood cancers like leukaemia
- Some protection against diabetes, heart diseases, inflammatory bowel disease later on in life

Breastfeeding is so stressful at times! What do I get in the bargain?

- Better and secure bond in a new relationship to start with
- Emotional satisfaction and lesser baby blues and depression
- Financial savings for the family, approximately to the tune of Rs. 2500-3000 per month
- A natural and quite effective contraceptive for first six months
- A big menstruation holiday and no more tampons
- Helps you lose weight as breastfeeding consumes 500 calories per day
- Makes your bones stronger and decrease risk of osteoporosis as body absorbs calcium more effectively
- Faster recovery from childbirth and reduced post-delivery bleeding
- Proven to decrease chances of breast and ovarian cancer later in life
- Reduced risk of type 2 diabetes, rheumatoid arthritis, hypertension and high cholesterol later in life
- Nothing easier than breastfeeding while travelling



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DR ANJALI AHLAWAT

DNZ - 4392

MD- PATHOLOGY

SENIOR RESIDENT

BURARI HOSPITAL, GOVT OF NCT

INTRODUCTION

Sjögren's syndrome is a complex autoimmune disorder, named after Swedish ophthalmologist Henrik Sjögren in 1933. It is characterized by chronic inflammation of exocrine glands, particularly the salivary and lacrimal glands, leading to symptoms of dry mouth and dry eyes. It can also affect multiple organ systems, including the skin, respiratory, and musculoskeletal systems, leading to a spectrum of extraglandular manifestations (Brito-Zerón, P., et al., 2016). It exhibits a female predominance (with a female-to-male ratio of 9:1). Sjögren syndrome may occur in two forms:

Primary Sjögren syndrome and secondary Sjögren syndrome. The secondary syndrome is associated with another autoimmune diseases, usually rheumatoid arthritis.

The hallmark feature of Sjögren's syndrome is the infiltration of lymphocytes into exocrine glands, resulting in glandular dysfunction and subsequent dryness of mucosal surfaces (Fox, R. I., 2005). This syndrome poses significant challenges in diagnosis and management due to its diverse clinical manifestations and variable disease course. Its pathogenesis remains incompletely understood, involving a multifaceted interplay of genetic predisposition, environmental triggers, and dysregulated immune responses (Mavragani, C. P., & Moutsopoulos, H. M., 2014). Consequently, its diagnosis often requires a comprehensive assessment encompassing clinical evaluation, serological testing, and histopathological examination of glandular tissue (Shiboski, C. H., et al., 2017).

The ACR/EULAR classification criteria for primary Sjögren's Syndrome- Score ≥ 4 is compatible with a diagnosis of primary Sjögren syndrome in patients experiencing ocular or oral dryness or with clinical suspicion due to systemic features. Factors assessed include

1. Labial salivary gland biopsy with lymphocytic sialadenitis and focus score ≥ 1 (3 points)
2. Anti-SSA (Ro) positive serology (3 points)
3. Ocular staining score ≥ 5 (1 point)
4. Schirmer test ≤ 5 mm / 5 min (1 point)
5. Unstimulated whole saliva flow rate ≤ 1 mL/min (1 point)

In this paper, we aim to provide a comprehensive overview of Sjögren's syndrome, covering its epidemiology, pathogenesis, clinical manifestations and diagnostic approaches. By synthesizing current knowledge and highlighting areas of ongoing research, we aspire to contribute to the growing understanding of this enigmatic autoimmune disorder.

CASE REPORT

A 50-year-old female patient visited to the OPD of ENT in may 2023 with complaints of dryness of mouth, frequent oral ulcers and right side submandibular swelling since 3 months. Patient was advised USG neck which showed enlarged submandibular gland and heterogonous echotexture with increased vascularity on color Doppler suggestive of sialadenitis. Ophthalmic examination showed schirmers test, spread of moisture was 4mm bilaterally. Patient was referred to pathology department for FNAC in june 2023. On examination swelling was 1.5x1.5 cm, firm, slightly mobile, non-tender on right side submandibular region. On oral examination oral ulcers were present and tongue was parched out. FNAC was performed, obtaining smears showing polymorphous population of lymphoid cells comprising of predominantly mature lymphocytes, few centrocytes and centroblasts along with epithelial cells and macrophages. ZN stain for AFB was negative. CBNAAT was negative. On further evaluation blood serum showed the presence of antinuclear (ANA) antibodies with 3+ positivity at 1:320.

The fluorescence pattern of ANA antibodies was speckled. Furthermore for confirmatory HPE of lingual biopsy showed features consistent with SS, with focus score >1.

DISCUSSION

Sjögren's syndrome is a chronic autoimmune disorder primarily affecting the salivary and lacrimal exocrine glands. Despite extensive research, the exact etiology remains elusive. Key features include lymphocytic infiltrates within affected glands, leading to gland dysfunction and the clinical presentation of sicca syndrome (dry eyes and dry mouth).

The disease process involves a multistep cascade triggered by environmental factors (likely viral) in genetically predisposed individuals. Both innate and adaptive immune responses play central roles,

culminating in autoimmunity and chronic inflammation. Notably, Sjögren's syndrome is associated with systemic extraglandular manifestations, including arthritis, nephritis, cytopenia, pneumonitis, vasculitis, and an increased risk of lymphoma.

Diagnostic Criteria: Diagnosis relies on a combination of subjective and objective measures. The 2016 ACR/EULAR classification criteria emphasize salivary gland biopsy findings, specifically focal lymphocytic sialadenitis with a focus score (FS) ≥ 1 .

ACR-EULAR Classification Criteria for primary Sjögren's syndrome (pSS)

CONCLUSION

Sjögren's syndrome, a systemic autoimmune disorder, manifests primarily as dry eyes and dry mouth. Diagnosis involves a multifaceted approach, including clinical evaluation, serological tests (such as anti-SSA/Ro antibodies), and salivary gland biopsies.

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CASE STUDY

Role of Fractional Laser in Managing Post-Traumatic Scar on the Right Thigh Following Road Traffic Accident

DR DIXANT CHHIKARA
EDITOR / ASST FIN SECRETARY
IMA DNZ
CHIEF CONSULTANT
SKYNN CARE, ASHOK VIHAR

Abstract:

Scarring following road traffic accidents (RTA) is common, often leading to physical disfigurement, functional limitations, and psychological distress. This case study demonstrates the therapeutic impact of fractional CO₂ laser treatment on a hypertrophic post-traumatic scar on the right thigh of a young adult male, highlighting the aesthetic and functional improvement following multiple sessions.

Patient History:

A 28-year-old male presented with a hypertrophic scar measuring approximately 14 cm × 4 cm on the anterolateral aspect of his right thigh. The scar developed after a high-speed RTA 9 months prior, which required emergency debridement and secondary suturing. The patient reported itching, tightness, and a cosmetic concern regarding the raised, erythematous appearance of the scar.

Clinical Evaluation:

The scar was firm, non-adherent to deeper tissues, and displayed no ulceration or infection. The Vancouver Scar Scale (VSS) score was 9, indicating significant pigmentation, height, vascularity, and pliability issues. The patient was counselled on fractional CO₂ laser therapy and advised on the need for multiple sessions for optimal results.

Treatment Plan:

Fractional ablative CO₂ laser (10,600 nm wavelength) was chosen for its efficacy in treating hypertrophic and post-surgical scars. A test patch was first performed. After a week of no adverse reactions, the patient underwent 8 full sessions spaced at 4-week intervals.

Laser Settings Used:

- Energy: 20–30 mJ
- Density: 10–20%
- Spot Size: 120 μm
- Passes: Single pass per session
- Pre-treatment topical anaesthetic applied 45 minutes before the procedure

Post-procedure, a topical antibiotic was prescribed for 5 days along with sunscreen and emollient application. The patient was advised strict photoprotection and follow-up every 2 weeks.

Outcomes:

Progressive improvement was observed with each session. By the third session:

- VSS score reduced from 9 to 4
- Scar height and erythema significantly reduced
- Pigmentation improved
- Skin texture appeared smoother and more consistent with surrounding tissue
- Patient-reported symptoms of itching and tightness diminished notably
- Subjective satisfaction score reported by the patient was 8/10

No adverse effects such as post-inflammatory hyperpigmentation (PIH), infection, or worsening were noted.



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Discussion:

Fractional CO₂ laser works by creating controlled microthermal zones that induce dermal remodelling and collagen production while preserving surrounding tissue. This technique offers a balance between efficacy and downtime. In hypertrophic scars, fractional laser promotes collagen realignment and improves elasticity, pliability, and texture.

This case underscores the role of fractional lasers not only in cosmetic improvement but also in enhancing quality of life by alleviating discomfort and psychological burden. It also highlights the importance of combining laser therapy with strict aftercare, sun protection, and realistic patient expectations.

Conclusion:

Fractional CO₂ laser therapy is an effective and safe modality for managing post-traumatic hypertrophic scars. Early intervention post wound healing, tailored settings, and appropriate intervals between sessions play a crucial role in achieving desirable outcomes. In the era of minimally invasive aesthetics, laser treatment provides a non-surgical solution to a longstanding problem in trauma recovery.

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Violence Against Doctors in India: A Crisis Needing Urgent Redressal

DR GIRISH TIWARI

CHAIRMAN JUNIOR DOCTOR NETWORK
IMA DELHI STATE
SENIOR VICE PRESIDENT
IMA DNZ

The sacred doctor-patient relationship, once rooted in trust and compassion, is under severe threat in modern-day India. Increasing incidents of violence against doctors have shaken the medical fraternity, leaving a deep sense of fear, helplessness, and disillusionment. As frontline warriors of healthcare, doctors are expected to serve selflessly — often under immense pressure, limited infrastructure, and overwhelming workloads. Yet, they are becoming targets of physical assaults, verbal abuse, and even mob violence.

The Alarming Rise of Violence

Violence against healthcare professionals is not a recent phenomenon, but its rise in frequency and brutality in recent years is alarming. According to a report by the Indian Medical Association (IMA), more than 75% of doctors in India have faced violence at some point in their career. Most attacks occur in critical care units, emergency departments, or during high-stress situations where outcomes are uncertain.

These assaults are often triggered by misinformation, unrealistic expectations from patients or relatives, sudden death of a patient, or dissatisfaction with the treatment. In many cases, the root cause lies in communication gaps, lack of public awareness about medical procedures, and deep systemic deficiencies in India's public healthcare infrastructure.

Psychological and Systemic Impact

The impact of violence against doctors extends beyond the physical harm inflicted. It leads to mental trauma, increased stress, burnout, and in some cases, even early exit from the profession. It also undermines the morale of young medical graduates, who begin their careers with zeal but are quickly exposed to the harsh realities of the profession.

More tragically, this violence affects patient care. A fearful environment restricts doctors from making independent clinical decisions and leads to defensive medicine — unnecessary tests, referrals, and refusals to take high-risk patients — all of which increase costs and reduce trust in the healthcare system.

The Legal Landscape: What Laws Exist?

Despite the seriousness of the issue, laws protecting medical professionals remain weak, fragmented, and poorly enforced across states.

1. Indian Penal Code (IPC) Provisions – Doctors can seek protection under general provisions of the IPC (Section 323, 332, 352, 506, etc.) dealing with assault, grievous hurt, or criminal intimidation. However, these are non-specific and do not act as deterrents.
2. Epidemic Diseases (Amendment) Act, 2020 – A significant step was taken during the COVID-19 pandemic when the central government passed this amendment making violence against healthcare personnel a cognizable and non-bailable offense, with penalties including 3 months to 5 years of imprisonment and fines up to ₹2 lakh, and up to 7 years in grievous cases. However, this is not a permanent law and applies only during epidemics.
3. State-specific laws – About 19 states have passed the “Medical Protection Act” (MPA), including Delhi, Maharashtra, and Tamil Nadu. However, enforcement remains inadequate due to poor awareness among police personnel and lack of political will. Most of these Acts are non-cognizable, meaning police cannot act without court permission.



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The Way Forward

To restore dignity and safety in the medical profession, we must pursue multi-level interventions:

- Central Legislation: The need of the hour is a strong, uniform, central law protecting healthcare professionals, covering not just doctors but nurses, paramedics, and support staff – and ensuring fast-track courts for speedy justice.
- Security Infrastructure: Hospitals, especially in the public sector, must be equipped with CCTV cameras, security personnel, and emergency protocols to prevent and address incidents swiftly.
- Public Awareness Campaigns: Media and civil society must be engaged in educating the public about the limitations of medicine, the risks involved in treatment, and the need for empathy towards caregivers.
- Better Communication Training: Medical students and practitioners should be trained in effective communication and empathy-driven care to handle high-stress situations and difficult conversations.
- Zero Tolerance Policy: The government, hospitals, and associations like IMA must adopt and enforce a zero-tolerance policy towards any form of aggression in clinical settings.

Conclusion

As the Chairman of the Junior Doctor Network, IMA Delhi State, I strongly advocate for a national action plan against violence in healthcare. Every doctor deserves to work without fear. Protecting them is not just a professional necessity – it is a moral obligation of society. Let us not wait for more tragedies to occur. The time to act is now.

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3 BEST WORKERS WERE ALSO AWARDED

DR SANDEEP GARG, DR AMBICA MODI, DR DIXANT CHHIKARA



DR DIXANT CHHIKARA ALSO WON PODIUM PRIZE FOR DR KK SHARMA ESSAY COMPETITION



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