



# INDIAN MEDICAL ASSOCIATION

Dr

# IMA NEWS

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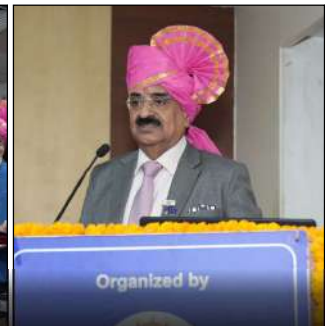
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Meeting of IMA State Presidents & Secretaries alongwith IMA HQs. Office Bearers and its Wings & Schemes held on 22nd – 23rd March 2025 at Mumbai



The installation ceremony of the IMA Pune president was held at the Dr Nitu Mandke IMA House. Dr Sunil Ingale took over the charge from Dr Rajan Sancheti.



CGST Delhi North Commissionerate organised a session on CPR on the occasion of World Health Day. Dr. Srirang Abkari, Joint Secretary, IMA HQ took the session and explained various techniques and stepwise demonstration of the CPR on a live subject"



Meeting of IMA Finance Committee held on 22nd March 2025 at Mumbai



On World Health Day, National President, IMA and senior doctors visited Swami Dayanand Hospital, Delhi, spreading the message of care and wellness with the theme "Healthy beginnings, hopeful futures."



Installation Ceremony  
Mumbai West Branch

*Empowering Medical Fraternity*



**Donate Organs, Save Lives'**

**"One pledge, one decision,  
can save multiple lives"**



**Give the gift of life :**  
**"Pledge to donate your organs today!**  
**Join the mission, save lives" - Indian Medical Association**



**Dr. Anil J. Nayak** President Elect. (2025-26) **Dr. R.V. Asokan** Imm Past President **Dr. Dilip Bhanushali** National President **Dr. Ketan Desai** Chief Patron, Past President IMA, WMA & MCI **Dr. Sarbari Dutta** Hon'y Secretary General **Dr. Piyush Jain** Hon'y Finance Secretary

SCIENTIFIC WEBINAR ON ADVANCEMENTS IN TB CARE

**STOP TB PARTNERSHIP-CMA-CMAAO  
INTERNATIONAL SEMINAR ON UPDATED TB CARE**



**SUNDAY 27 APRIL 2025**

**10am WAT / 11am CEST / 12h EAT /  
2:30pm IST / 4pm WIB / 5pm PHT**

Online via ZOOM

**Opening Speech**



**Dr. Maria Minerva P. Calimag**  
President of Confederation of  
Medical Associations of Asia and  
Oceania (CMAAO)  
**Dr. J. A. Jaykiet**  
President of Commonwealth  
Medical Association (CMA)

**Keynote Address**



**Dr. Teodoro Javier Herboso**  
Hon. Secretary, Department of Health,  
Government of The Philippine  
Chair, Stop TB Partnership Board

**Screening &  
Diagnosis**



**The Burden of TB and  
Advances in Screening and  
Diagnostic Tools**  
**Dr. Suvanand Sahu**  
Stop TB Partnership



**Diagnosis of childhood TB  
and EPTB**  
**Dr. Nasrati Kaswandani**  
Department of Child Health,  
Faculty of Medicine, Universitas  
Indonesia



**New Tools in the  
Downstream Pipeline**  
**Dr. Jacob Creswell**  
Stop TB Partnership

**Treatment &  
Prevention**



**Headways in TB Prevention**  
**Dr. Sreenivas Nair**  
Stop TB Partnership



**Treatment of drug-  
susceptible TB for adults &  
children**  
**Dr. Vincent Balanag, Jr.**  
Executive Director IV  
Lung Center of Philippines



**Treatment of drug-  
resistant TB for adults &  
children**  
**Dr. Erlina Burhan**  
Stop TB Partnership

**PANEL DISCUSSION**

**How can private practitioners access NTP**  
 Example from India - Dr. Raghuram Rao  
 Examples from Africa - Dr. Chakaya  
 Examples from Indonesia - Dr. Kolanda Maria S.  
 Examples from Philippine - Dr. Julie C. G. Visperas  
 Example from Global Fund supported  
 countries - Dr. Mohammed Yassin



**Moderator Panel Discussion**  
**Dr. RV Asokan**

Hosted in INDIA  
by Indian Medical Association



**Dr. Dilip Bhanushali**  
National President, IMA **Dr. Sarbari Dutta**  
Honorary Secretary General, IMA

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## From the Desk of National President



Dear Friends, Namaskar!

Warm Greetings from IMA HQs!

Heartfelt thanks to all the State branches for their active participation in the Central Working Committee (CWC) Meeting held on the 5th and 6th of April, 2025. Your presence and involvement made the meeting both meaningful and productive. Several important matters concerning the future of our Association were discussed in depth. I am happy to inform you that most of the States through its CWC members had participated in CWC Meeting, but few of them were absent in the meeting. I request all these State branches to participate in the meeting.

I also request those State branches that could not participate this time to ensure their presence in upcoming meetings. Special appeal to our North Eastern States—if physical presence is not possible, kindly make it a point to attend via Zoom. Your voices matter.

The decisions of the above CWC have already been sent to the State branches. You are requested to kindly go through the same.

We are proud to share a landmark legal victory—**IMA Kerala State Branch has successfully won the GST case** at the Division Bench of the Kerala High Court. The ruling clearly states that **GST cannot be applied to Associations like IMA without amending the Constitution of India**. This is a great achievement for the entire medical fraternity. Hearty congratulations to the Kerala team, ably led by **Dr. Joseph Benavan**, for this historic win. It sets a significant precedent for all Associations across the country. However, I would like to draw your kind attention towards the High court order while the judgment is fully in IMA's favour, there's a chance the tax department may challenge it in the Supreme Court. Till the time the matter attains finality, I recommend continuing to charge GST to stay on the safer side. This way we avoid any future risk if the order gets overturned. Any update in this regard, will be intimated to you. Please circulate this information to your local branches as well.

Let us unite in observing **Fire Safety Week from 21st to 26th April 2025** across all our hospitals and healthcare facilities. Official communication regarding this initiative has already been sent to all State branches. Your active participation in this vital initiative will significantly contribute to enhancing safety standards in our institutions, ensuring a secure environment for both **patients and healthcare staff**.

We are taking a significant step forward with the **construction of a new IMA Building**. To bring this vision to life, we seek the generous support and wholehearted participation of all our State and Local branches. **I appeal to each Member to contribute generously to the IMA Building Fund**. This new building will belong to every member of the IMA family and reflect the collective pride and legacy of our great Association.

In addition, we request all branches to intensify efforts to **increase IMA membership strength**. A stronger membership base is vital for our collective voice, representation, and sustainability.

We also wish to inform you that **the HFC (Headquarters Fund Contribution) fee has been revised with effect from 6th April, 2025**. A detailed email communication regarding the revised structure has already been sent to all branches.

Kindly encourage members to enrol in the various beneficial schemes of IMA, including **IMA National Health Scheme, National Social Security Scheme, National Family Welfare Scheme and National Professional Protection Scheme**. These have been specially designed to offer financial security and professional support to our members.

Lastly, I urge all branches to strengthen the MSN (Medical Students Network) and JDN (Junior Doctors Network). These young wings are the future pillars of IMA, and empowering them is key to our continued strength and relevance.

With warm regards and best wishes!

Dr. Dilip Bhanushali  
National President, IMA

**From the Desk of Honorary Secretary General**

Dear Friends,

Greetings from IMA HQs. !

At the outset, I wish to extend my apologies that due to unforeseen circumstances beyond my control, I was unable to participate in the recently held meeting of CWC on 5th & 6th April, 2025 at Dehradun. It was a great disappointment for me personally, as I was looking forward to being a part of the discussions and engaging with esteemed colleagues. Nevertheless, I am confident that the meeting was a success and that all participants had a meaningful and enriching experience. I am sure, various issues of importance must be discussed in the meeting. I have no doubt that the IMA Uttarakhand State Branch extended their signature warmth and generous hospitality, making the event both memorable and enjoyable for everyone present.

The Indian Medical Association (IMA) successfully conducted a meeting of State Presidents, Secretaries, Office Bearers of IMA Headquarters, and representatives of its Wings and Schemes on the 22nd and 23rd of March, 2025, in Mumbai. The event was graciously hosted by the Mumbai West Branch under the able leadership of Dr. Jayesh Lele. Ample time was allotted for office bearers from the States, Wings, and Schemes to raise and discuss their concerns. The meeting saw enthusiastic participation and meaningful deliberations. However, it was noted that a few states were unable to attend. I urge those states to make it a point to participate in such meetings in the future, as they offer valuable opportunities for discussion, collaboration, and shared learning.

I kindly request all Office Bearers of Wings and Schemes to share their respective information with the State Presidents and Secretaries, enabling them to disseminate it effectively to their Local Branches.

I further urge everyone to actively strengthen the Junior Doctors Network and the Medical Students Network in your respective state branches.

Under the capable leadership of the Kerala State Branch, the IMA has successfully secured a favorable verdict in the GST case at the Division Bench of the Kerala High Court. However, based on the advice of our Chartered Accountant, there is a possibility that the GST Department may appeal this decision in the Supreme Court. To remain on the safer side, we have been advised to continue charging GST. This precautionary measure will help mitigate any potential risks in the event the current order is overturned. We will keep you updated on any further developments in this matter.

I am sure you have taken advantage of this year's Discounted Membership Drive and have successfully increased the membership of your State Branch. This is to inform you that the Headquarters Fund Contribution (HFC) has been revised w.e.f. 6th April, 2025. The revised rates have been shared with all State Presidents and Secretaries for their information and necessary compliance.

I am happy to announce the launch of IMA Job Portal, a pioneering initiative of the IMA HQs. This platform is designed to empower doctors with better employment opportunities both domestically and internationally. It serves as a gateway for medical professionals to connect with esteemed academic institutions worldwide, enhancing research opportunities and career development. All members are requested to register on the portal and take advantage of this exceptional resource. Furthermore, I request your support in encouraging healthcare institutions to register and post their workforce requirements. This collective effort will enable us to create a comprehensive and vibrant platform that benefits the entire medical community.

I appeal to all our esteemed members to contribute generously towards the rebuilding of our IMA Headquarters building. This is a unique opportunity for the present generation to gift a renewed and strengthened IMA HQ to the generations to come. Let us unite in this mission—because without the wholehearted support of each and every member, this shared dream cannot become a reality.

Long Live IMA

Dr. Sarbari Dutta, Hony. Secretary General





08.04.2025

**DECISIONS OF THE CWC MEETING HELD ON 5TH & 6TH APRIL, 2025 AT DEHRADUN**

To,  
The Presidents and Honorary Secretaries  
All State Branches of IMA

Dear Sir,

Greetings from IMA Hqs!

This has reference to the successful conduction of our 233rd meeting of the Central Working Committee held on 5th & 6th April, 2025 at Dehradun. Following are the decisions taken by the above CWC :

1. The efforts for Central Act on violence will be continued by IMA HQs. In the meantime all the state branches are directed to work with their State Governments to incorporate the amendments of Epidemic Diseases Act 2020 into their State Acts.
2. The efforts to exempt medical professionals from Criminal prosecution will be continued.
3. Repeal of PCPNDT Act in its present form and re-enacting the same with mandatory detection of sex of the foetus and tagging as well as safeguarding all unborn children irrespective of sex to delivery is the demand of IMA. Both female foeticide and infanticide are heinous crimes. IMA stands for the safety of the girl child from the moment of conception.
4. Mixopathy is acknowledged as the biggest threat to the profession of modern medicine. No effort will be spared to stop this catastrophic Initiative.
5. IMA reiterates its opposition to NExT.
6. All efforts to expedite the construction of IMA HQs Building will be taken on war footing basis.
7. IMA will work towards exemption of medical professionals from the ambit of CPA.
8. IMA demands to abolish GST on drugs, medical equipments, hospital beds and Health Insurance.
9. IMA HQs will work with the MoH to exempt hospitals less than 50 beds from Central CEA. The state branches are directed to work with their respective State Governments to do the same in their state legislations.
10. IMA ethical branding of Clinical Establishments will be implemented by IMA HBI.

In addition to the above, you are requested to send us the names of members from your State to educate 50,000 members under HPV Vaccination Programme in collaboration between FOGSI & IMA.



Please write to your State Governments requesting them to exempt clinics and nursing homes and hospitals less than 50 beds from the ambit of CEA. We have successful examples of Haryana and Bihar (copies attached), where such exemptions were granted.

Please make necessary efforts to strengthen your State Acts against violence towards medical professionals. This includes advocating for the declaration of hospitals as "safe zones" and ensuring that acts of violence are made a non-bailable offense with a minimum of 7 years of punishment. Please write to your State Governments requesting them to incorporate amendments to the Epidemic Disease Act 2020 into your respective State Acts concerning violence against doctors.

This is for your information and necessary action.

Dr. Dilip Bhanushali  
National President, IMA HQs

Dr. Sarbari Dutta  
Hony. Secretary General

25-03-2025

### PRESS RELEASE

World Tuberculosis (TB) Day 2025: "Yes! We can end TB! Commit, Invest, Deliver"

In observance of World Tuberculosis (TB) Day, the Indian Medical Association (IMA) reaffirms its unwavering commitment to combating tuberculosis and supports the global effort to end the disease by 2030. This year's theme, "Yes! We can end TB! Commit, Invest, Deliver," calls for collective action to raise awareness, enhance investment, and ensure effective delivery of TB prevention and care.

World TB Day, observed annually on March 24th, marks the historic day in 1882 when Dr. Robert Koch discovered the bacterium that causes TB. This breakthrough opened the doors to the diagnosis and treatment of TB, but despite these advancements, TB remains one of the world's leading infectious killers, claiming approximately 1.5 million lives annually. In 2022, India accounted for over 2.8 million reported TB cases, making it a key focus in the global fight against the disease.







The IMA, as the largest voluntary organization of medical professionals in India, has been at the forefront of the battle against TB. Over the years, the IMA has worked diligently to:

- Raise public and healthcare awareness on the dangers of TB and the importance of early detection and treatment.
- Support government-led initiatives aimed at strengthening TB control programs.
- Advocate for increased funding and resources to combat TB.
- Provide specialized training and capacity-building programs for healthcare professionals to improve the diagnosis, treatment, and management of TB.

As the world moves towards the target of ending TB by 2030 under the United Nations' Sustainable Development Goals (SDGs), the IMA emphasizes the need for intensified efforts in:

- Detecting and treating TB cases, especially in high-risk populations.
- Strengthening TB control programs, including surveillance, contact tracing, and ensuring treatment adherence.
- Promoting research into innovative TB diagnostics, treatments, and vaccines.
- Encouraging collaboration between governments, healthcare providers, and communities to fight the disease.

We believe that a TB-free world is possible if we all commit, invest, and deliver on our promises. IMA stands united with healthcare workers, policymakers, and the public in our collective mission to end TB

On this World TB Day 2025, the IMA calls upon all citizens to play their part in raising awareness, taking preventive measures, and ensuring that TB is diagnosed and treated early. By working together, we can help end the suffering caused by this deadly disease and move closer to achieving a TB-free India and a TB-free world

Dr. Dilip Bhanushali  
National President, IMA

Dr. Sarbari Dutta  
Honorary Secretary General, IMA



08.04.2025

**REVISION IN HFC FROM 6TH APRIL, 2025**

To

The Honorary Secretaries  
All State and Local Branches, IMA

Dear Doctor,

This is to draw your kind attention to the decision of the amendment approved at the 220th meeting of the Central Working Committee of IMA held at Indore on 17-18 November 2018 duly ratified by the Central Council Meeting at its 79th annual meeting held at Bangalore on 27-28 December, 2018, to increase 15% of the current HFC on every fourth year. The last HFC hike was on 1st April 2022.

Due to the extension of the Membership Drive (25% fee reduction) until 5th April, 2025, the revision of HFC will be effective from 6th April, 2025.

You are hereby informed that the HFC shall be as under w.e.f. 6th April, 2025: -

Particular's	SLM	CLM	HCM
<b>Membership Fee (H.F.C. w.e.f. 06-04-2025)</b>	<b>11,155.00</b>	<b>16,722.00</b>	<b>5,567.00</b>
<b>Less : State share deducted by State</b>	<b>2,465.00</b>	<b>3,696.00</b>	<b>1,230.00</b>
<b>IMA Hqrs Share LM Fee</b>	<b>8,690.00</b>	<b>13,026.00</b>	<b>4,337.00</b>
<b>IMA HQs Share LM Fee</b>	<b>8,690.00</b>	<b>13,026.00</b>	<b>4,337.00</b>
<b>If State does not have GST no., then membership + GST amount (Single LM-8690+2008=10698) and Couple LM (13026+3010=16036) and Half Couple LM (4337+1002=5339)</b>	<b>10,698.00</b>	<b>16,036.00</b>	<b>5,339.00</b>
<b>If State paid GST on Hqrs Share then membership fee (SLM-8690+1564=10254) and Couple LM Fee (13026+2345=15371) and Half Couple LM (4337+781=5118)</b>	<b>10,254.00</b>	<b>15,371.00</b>	<b>5,118.00</b>

Next revision of HFC will be effective from 1<sup>st</sup> April, 2028

All State and Local Branch Secretaries may kindly take note of the revision of HFC will be effective from 6th April, 2025. and the same should be remitted to IMA Hqrs. as per the revised rates.

With kind regards,

Dr. Sarbari Dutta  
Hony. Secretary General, IMA

Dr. Piyush Jain  
Hony. Finance Secretary, IMA





## भारतीय भेषज संहिता आयोग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार  
सेक्टर - २३, राज नगर,  
गान्जियाबाद - २०१ ००२, उत्तर प्रदेश, भारत



## INDIAN PHARMACOPOEIA COMMISSION

Ministry of Health & Family Welfare, Government of India  
Sector - 23, Raj Nagar  
Ghaziabad- 201 002 (U.P.), INDIA

File No. P.17019/03/2025-DSA

Dated: March 12, 2025

## Monthly Drug Safety Alerts

The analysis of Adverse Drug Reactions (ADRs) from the PvPI database revealed the following;

S. No.	Suspected Drugs	Indication(s)	Adverse Drug Reactions
1	Metronidazole	For the treatment of amoebiasis, urogenital trichomoniasis & giardiasis.	Acute Generalised Exanthematous Pustulosis (AGEP)
2	Luliconazole	For the treatment of cutaneous mycosis viz. Tinea pedis, Tinea corporis and Tinea cruris.	Chloasma/Melasma
3	Dalteparin	For the extended treatment of symptomatic Venous Thromboembolism (VTE) proximal Deep Vein Thrombosis (DVT) and/or Pulmonary Embolism (PE) to reduce the recurrence of VTE in patients with cancer.	Muscle spasms
4	Gliclazide	Indicated for the treatment of all types of maturity onset diabetes, diabetes without or with obesity in adults.	Erythema multiforme
5	Tramadol	For the treatment of severe acute and chronic pain, diagnostic measures and surgical pain.	Fixed Drug Eruption

Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drugs. If, such reactions are encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form/Medicines Side Effect Reporting Form for Consumer (<http://www.ipc.gov.in>), through **PvPI Helpline No. 1800-180-3024**.

INDIAN PHARMACOPOEIA (IP)  
Official Book of Drug Standards in India

IP REFERENCE SUBSTANCES (IPRS) AND IMPURITIES  
Official Physical Standards for Assessing the Quality of Drugs

NATIONAL FORMULARY OF INDIA (NFI)  
Reference Book to Promote Rational Use of Generic Medicines

PHARMACOVIGILANCE PROGRAMME OF INDIA (PvPI)  
WHO Collaborating Centre for Pharmacovigilance in Public Health Programmes and Regulatory Services

Tel No: +91-120-2783392, 2783400, 2783401;

E-mail: [lab.ipc@gov.in](mailto:lab.ipc@gov.in);Website: [www.ipc.gov.in](http://www.ipc.gov.in)



## Drug Safety Alerts



The NCC-PvPI, IPC issued the following drug safety alerts and shared with AMCs through email for the sensitization of healthcare professionals, thereby strengthening the reporting of ICSRs to PvPI. The PvPI, IPC being a WHO Collaborative Centre also shared the drug safety alerts with South-East Asia Regional Network (SEARN) countries through email.

S. No.	Issue Date	Suspected drugs	Indication(s)	Adverse Drug Reactions
1.	28 <sup>th</sup> November 2024	Amphotericin B	i. Treatment of Febrile Neutropenia in cancer patients. ii. Treatment for invasive fungal infection in patients, who are refractory to or intolerant of conventional Amphotericin B therapy. iii. Indicated for the treatment of Visceral Leishmaniasis.	Hyperkalaemia
2.		Carbimazole	Indicated for the treatment of thyrotoxicosis including thyrotoxicosis crisis.	Agranulocytosis
3.	26 <sup>th</sup> December 2024	Beta-blockers (Metoprolol, Propranolol, Atenolol)	<b>Metoprolol:</b> For the treatment of essential hypertension in adults, functional heart disorders, migraine prophylaxis, cardiac arrhythmias, prevention of cardiac death and reinfarction after the acute phase of myocardial infarction, stable symptomatic CHF and angina pectoris. <b>Propranolol:</b> For the treatment of cardiac arrhythmias; tachycardia; hypertrophic obstructive cardiac myopathy; pheochromocytoma; thrombosis; management of angina; essential and renal hypertension; prophylaxis of migraine. <b>Atenolol:</b> For the treatment of hypertension, angina pectoris, cardiac arrhythmias.	Hypokalaemia



Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drugs. If, such reactions are encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form for HCP/Medicines Side Effect Reporting Form for Consumer available at <http://www.ipc.gov.in> and also through PvPI Helpline Number 1800-180-3024.





## New drugs approved in India



The following new drugs were approved by the CDSCO during this index period;

S. No	New Drugs	Approved Indication(s)	Date of Issue
1.	Mavacamten capsules 2.5 mg, 5 mg, 10 mg, 15 mg	Mavacamten is indicated for the treatment of symptomatic (NEW York Heart Association, NYHA, class II-III) Obstructive Hypertrophic Cardiomyopathy (OHCM) in adult patients.	8 <sup>th</sup> October 2024
2.	Ferumoxytol Bulk Drug & Ferumoxytol Injection 510 mg Elemental Iron/17 ml (30 mg/ml)	It is an iron replacement product indicated for the treatment of Iron Deficiency Anemia (IDA) in adult patients: <ul style="list-style-type: none"> <li>Who have intolerance to oral iron or have had unsatisfactory response to oral iron or</li> <li>Who have Chronic Kidney Disease (CKD)</li> </ul>	8 <sup>th</sup> October 2024
3.	Belumosudil Tablet 200 mg	For the treatment of patients 12 years and older with chronic Graft versus-Host Disease(cGvHD) after failure of at least two prior lines of systemic therapy	22 <sup>nd</sup> November 2024
4.	Lumateperone Tosylate Bulk Drug & Lumateperone capsules 42 mg	Indicated for the treatment of depressive episodes associated with bipolar I or II disorder (bipolar depression) in adults as mono therapy and as adjunctive therapy with lithium or valproate.	26 <sup>th</sup> December 2024
5.	Trelagliptin Succinate Bulk & Trelagliptin Tablets 25 mg, 50 mg, and 100 mg	For treatment of Type 2 diabetes.	



Healthcare professionals, patients/consumers are advised to closely monitor the possibility of the Adverse Events associated with the use of above new drugs. If any reaction is encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form for HCPs and Medicines Side Effect Reporting Form for Consumers (<http://www.ipc.gov.in>). You can also report through PvPI Helpline No. 1800-180-3024 (Toll-Free).



Tuberculosis (TB) is a major infectious disease causing significant morbidity and mortality worldwide. India remains the highest contributor to the global TB burden, necessitating continuous advancements in diagnosis, treatment, and prevention strategies.

### Epidemiology

India reported 2.77 million TB cases in 2022, with an incidence rate of 199 per 100,000 population. Drug-resistant TB (DR-TB) accounts for 2.5% of new cases and 13% of previously treated cases. HIV-TB co-infection affects 2% of TB patients, and major risk factors include undernutrition, diabetes, smoking, and immunosuppression. Strengthened private sector engagement and digital surveillance have improved case notification rates.

### Updated Case Definitions

TB classification emphasizes microbiological confirmation, treatment history, and drug resistance patterns. Cases are categorized as bacteriologically confirmed or clinically diagnosed. DR-TB is classified into multidrug-resistant (MDR-TB), pre-extensively drug-resistant (Pre-XDR-TB), and extensively drug-resistant (XDR-TB), guiding appropriate treatment strategies.

### Advancements in Diagnosis

Rapid detection technologies such as CBNAAT, Truenat, and Line Probe Assay (LPA) enhance TB control efforts. The Cy-TB test, a novel blood-based assay, significantly improves the detection of latent TB, contributing to expanded preventive therapy. Universal Drug Sensitivity Testing (UDST) is now emphasized to ensure individualized treatment strategies.

### Evolving Treatment Strategies

The BPaL-M regimen (Bedaquiline, Pretomanid, Linezolid, Moxifloxacin) offers a six-month, all-oral therapy for DR-TB, improving cure rates. Drug-sensitive TB (DS-TB) continues to be treated with a standard six-month, four-drug regimen. Digital adherence tools like 99DOTS, video-supported therapy (VST), and AI-driven monitoring improve treatment success.

### Tuberculosis Preventive Therapy (TPT)

TPT focuses on high-risk populations, including household contacts and people living with HIV (PLHIV). Preventive regimens include Isoniazid (INH) for 6–9 months and Rifampicin for 4 months, with digital adherence tracking to improve compliance.

### Strengthened Prevention and Support Initiatives

The Nikshay Poshan Yojana (NPY) provides ₹500 per month to TB patients for nutritional support. Private facilities receive Rs. 500 for notifying each TB patient and another Rs. 500 for declaring the treatment outcome. The Nikshay Mitra Initiative encourages NGOs, corporations, and individuals to adopt TB patients, offering nutritional and psychosocial support to enhance adherence.

### Conclusion

India's TB control strategy integrates advanced diagnostics, innovative treatments, preventive therapy, financial support, and community-driven programs. Early detection, preventive measures, and digital health interventions are critical for achieving a TB-free India by 2025.

### Dr. Parul Vadgama

Professor & Head, Department of Respiratory Medicine,  
Government Medical College, Surat





## HPV VACCINATION



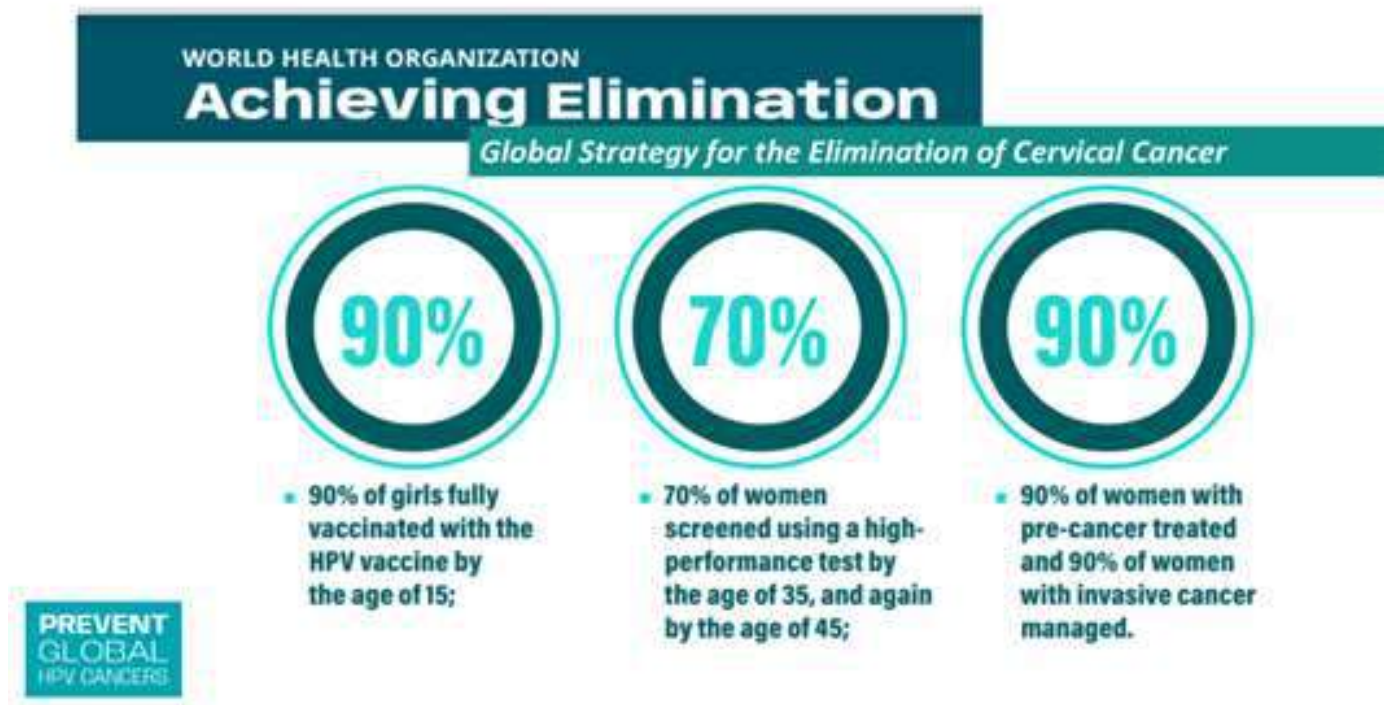
Project Title: Physicians Leading the Way: Cervical Cancer Elimination through HPV Vaccination in India

Under FOGSI's Presidential project 2025 "Do Teeke Zindagi Ke"

Introduction:

India's Burden of Cervical Cancer, Annual: 9 women die every hour in India from Cervix Cancer amounting to 80000 death every year.

If we don't act ...new cases will increase 54% from 2020 to 2040.



### Shifting Global Landscape

- 145 (75%) countries have introduced HPV vaccine in national immunization programme
- Single Dose: 64 countries have adopted off-label 1-dose HPV vaccination (January 2025)
- HPV Vaccine delivery to boys and girls: 71 countries female only, 76 countries both sexes (January 2025)

About the Project: The Federation of Obstetric and Gynaecological Societies of India (FOGSI) & The Indian Medical Association (IMA)

Objective: The collaboration between FOGSI and IMA to implement a training program aimed at educating 50,000 physician members of IMA on HPV vaccination. The training will be conducted by Trained Master Trainers- Phase faculty from FOGSI and will support the broader goal of increasing HPV vaccination uptake across communities ensuring that every daughter in India grows up protected from cervical cancer.

- FOGSI and IMA share a commitment to eliminate cervical cancer from India – a fully preventable cancer that continues to kill one woman every 8 minutes in India, specifically through the prevention of cervical cancer through HPV vaccination.
- FOGSI has undertaken a mission to enhance the knowledge and communication skills of medical practitioners in HPV vaccination through structured peer-training and physicians championship programs.



- IMA represents the largest network of physicians and seeks to support capacity-building initiatives that align with its mission of advancing medical education and improving health outcomes in the Indian sub-continent.

**Methodology:** One hour pre-set training module is designed. All the members will undergo virtual trainings. Zoom connection will be given by FOGSI. All the participants with 100 % attendance will receive certificates from American Cancer Society, FOGSI.

IMA to co-ordinate through nominated State Co-ordinators in order to mobilize and motivate members to enrol for the programme. The members will be trained by National HPV Faculties of FOGSI. The project is monitored by Cancer Foundation of India, Kolkata.

Content of the Training:

- Cervical Cancer: Burden & Impact
- Human Papillomavirus (HPV) Infection
- Cervical Cancer Prevention: HPV Vaccination
- Communication: Making a Recommendation and Answering Parents' Questions about HPV Vaccine

Doctors are Critical to Cervical Cancer Elimination:

Doctors are the most trusted source of HPV vaccination information for parents.

Increasing HPV vaccine coverage in girls will avert more deaths per person vaccinated than any other immunization activity.

Over 80% of cervical cancers can be prevented through HPV vaccination.

**We can eliminate cervical cancer in India!**

Dr Sunita Tandulwadkar  
President, FOGSI

Dr Dilip Bhanushali  
President, IMA

Dr. Suvarna Khadilkar  
Secretary General, FOGSI

Dr. Sarbari Dutta  
Honorary Secretary General IMA

Dr Priya Ganeshkumar  
National Convenor, FOGSI

Dr Nomeeta Gupta  
National Convenor, IMA

Dr. Srirang Abkari  
Hony. Joint Secretary, IMA



**Cancer  
Foundation  
of India**



## IMA & FOGSI presents HPV Vaccine Training

*Elimination of Cervical Cancer through HPV Vaccination*



**Expert Led  
Training**



**Certification  
on Completion**



**Felicitation by  
IMA & FOGSI**



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This project is supported by the **Cancer Foundation of India** and the **American Cancer Society**

### ENROL >> HPV Vaccine Training!

India is gearing up to eliminate cervical cancer through HPV vaccination. IMA & FOGSI are on a mission to build community acceptance for this cancer prevention vaccine. JOIN to learn how to effectively communicate about the vaccine with the community. Enrol on this Link <https://docs.google.com/forms/d/e/1FAIpQLSf-0sBj1pNxOWrRkGF-0XvVkyDZzTW4DS11jGdQyLe5eQmVcg/viewform>  
Let's talk HPV—loud and clear across India!

**Dr. Dilip Bhanushali**  
President, IMA

**Dr. Nomeeta Gupta**  
Coordinator, IMA

**Dr. Sunita Tandulwadkar**  
President, FOGSI

**Dr. Priya Ganesh Kumar**  
National Coordinator, FOGSI





## VIOLENCE AGAINST DOCTORS



There is a sharp escalation of cases of violence against doctors in the recent past. Violence against healthcare professionals has occurred in the form of physical violence, verbal abuse, aggressive gestures, blackmail, and cyber-bullying. Violence against doctors has been observed in the United States, Australia, India, China, Pakistan, Nepal, Sri Lanka and others.

**Australia:** In 2019, a survey showed that in the last three years, there has been a 48 percent increase in assaults against nurses in Queensland. and in other cities too.

**India:** The Indian Medical Association has reported that 75% of doctors face verbal or physical abuse in hospital premises and fear of violence was the most common cause for stress for 43% doctors.

In May 2023, a junior doctor was stabbed to death while on night duty, by a patient brought to casualty for medical examination by the Police in a Government hospital in the Indian state of Kerala. The incident sparked widespread outrage and protests by doctors resulting in the Kerala Government passing an ordinance to provide stricter punishment for violence against hospitals and healthcare workers.

On 9 August 2024, a second-year postgraduate trainee (PGT) doctor at RG Kar Medical College in Kolkata, West Bengal, India was found dead in a seminar hall on the college campus. The incident has sparked significant outrage and nationwide protests which demand a thorough investigation while also questioning the safety of women in India.

**In China,** a 2019 survey by Dingxiang Yuan, a website for healthcare professionals, showed that 85% of doctors had experienced violence in their workplace.

**United States:** A 2018 survey conducted by the American College of Emergency Physicians showed that out of more than 3,500 E.R. doctors, 47% of the doctors had been assaulted. 97% of the time, the assailant was a patient.

### **Prevalence and Types of Violence:**

**Verbal Abuse Predominant:** While physical violence does occur, verbal abuse and threats are the most common forms of violence reported by doctors.

**Emergency Services and ICUs:** Emergency services and intensive care units (ICUs) are identified as high-risk areas for violence against doctors.

**Reasons for Violence:** Common triggers for violence include patient death, perceived delays in treatment, lack of medicines, and inadequate attention to the patient.

**Examples of Violence:** Reported incidents include verbal threats, physical assaults, and even instances of doctors being manhandled or threatened by patient relatives.

### **Factors Contributing to Violence:**

**Systemic Issues:** Poor healthcare infrastructure, lack of resources, and long working. communication between doctors and patients/their families can lead to misunderstandings and escalations.



## Lack of Grievance Redressal

**Media Representation:** Negative portrayals of doctors in the media can fuel public resentment and contribute to a climate of distrust.

**High Expectations:** High public expectations and lack of understanding of the complexities of medical care can also contribute to violence.

## LEGAL & PREVENTIVE MEASURES

**Legislation:** Some states in India have enacted legislation to prevent violence against healthcare workers, but enforcement and awareness remain challenges.

- **Hospital Security:** Hospitals are urged to implement security measures, including protection teams, posters warning against violence, and restricting visitor access.
- **Training:** Training for healthcare staff on de-escalation techniques and conflict resolution is crucial.

## Strengthening Doctor-Patient Relationships:

**IMA has been demanding a strong Central Law for protection of the healthcare professionals.** This is because although several states have some form of a law for this purpose it has failed to prevent acts of violence. The recent RG Kar incident has shaken the entire country and we must ensure that such a tragic occurrence should never be repeated again.

Historically, the erstwhile state of Andhra Pradesh was first to bring in a law for this purpose. The Andhra Pradesh Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2008, was established to safeguard Medicare service personnel and protect property within healthcare institutions. Subsequently, several states have passed a law for this purpose. However the punishment varies from state to state and in most of the states the offence is non-cognisable and bailable.

In 2019 a bill was tabled in parliament for making the Central Act for protection of healthcare workers. However, there was no further progress on this issue. The argument that health is a state subject and so we cannot have a central law is incorrect. We had witnessed that during the covid-19 pandemic the central government took to the Epidemic Diseases Act 1987 and enforced it during the Covid-19 pandemic by way of Epidemic Diseases (Amendment) Ordinance 2020. In similar lines we need to work towards a central act which will serve as a strong deterrent. The States should strengthen their own Acts and make it 7 year punishment and a non-bailable offence. Also, as has been done in Karnataka, the onus should be on the accused to prove himself/herself innocent and not on the complainant to prove the accused guilty.

In Kerala too, following the gruesome murder of Dr. Vanada Das, a young medico on duty, the "Kerala Healthcare Service Persons and Healthcare Service Institutions (Prevention of Violence and Damage to Property) Amendment Act of 2023" was introduced which is one of the strongest State laws in India for protecting health professionals. This act extends protection to a wide range of healthcare workers, including doctors, nurses, paramedics, pharmacists, lab technicians, clerks, ministerial staff, and security guards. The High Court of Kerala has directed that an FIR be filed within one hour after the incidence of violence. The Kerala Act also makes violence against healthcare workers VAHCW a cognisable and non-bailable offence. It also allows for expedited delivery of justice by stipulating that an Inspector must complete an investigation into the offence within sixty days of filing an FIR. Once produced in court, the victims must be examined on consecutive days. This ensures that the court trial process is short and not drawn out. The Kerala Act has also given provisions for special sessions courts with a special prosecutor to try cases under this Act to ensure speedy justice delivery.



Cognizable offence is a serious crime that a police officer can investigate and arrest without a warrant. The police can also file a first information report (FIR) for cognizable offenses.

- Examples of cognizable offenses murder, rape, kidnapping, theft, and dowry death. Cognizable offenses are usually serious and carry a sentence of 3 years or more
- Cognizable offenses are mostly non-bailable
- Cognizable offenses do not have provisions for compromise between the parties involved.

State Laws: nearly 24 states have their own laws to protect medical professionals,  
Why a Central Act?

- **Uniformity:** A central law would ensure consistent application of the law across different states.
- **Stronger Deterrent:** Stricter penalties for violence against healthcare workers can deter potential aggressors.
- **Enhanced Security:**

#### Challenges:

- **Implementation:** Even with a central law, effective implementation and enforcement are crucial.
- **Public Awareness:**

#### What are provisions brought in by centre ?

On August 16, the Ministry of healthy and Family Welfare issued an order that " in the event of any violence against any health care worker while on duty,the head of the institution shall be responsible for filing an institutional FIR within a maximum of six hours of the incident,"

**The National Task Force (NTF), formed by the Supreme Court** in connection with the suo motu matter of RG Kar rape and murder case, has suggested in its report a 'separate central law' is not needed to protect healthcare professionals.

The NTF report filed in the apex court cited that existing state laws and the Bharatiya Nyaya Sanhita, 2023 (BNS), can address violence against doctors and other medical professionals. The report dealt with the question of whether existing law enforcement mechanisms needed to be strengthened to address violence against healthcare professionals. The NTF report highlighted that 24 states have already enacted laws addressing violence against regard. Most of the state laws cover minor offences and prescribe punishment for them. The major offences/heinous offences are adequately covered under BNS,"

The Indian Medical Association (IMA) earlier wrote to the NTF demanding a deterrent central law to safeguard doctors and healthcare staff, as well as designating the hospitals as safe zones. The task force also suggested filing FIRs, including zero FIRs, within six hours of reporting any violence against medical professionals at their workplaces, it also identified poor communication between medical professionals and families of the patients as a significant contributor to frustration, mistrust and tension that lead violence and mob attacks.

**THE STATES SHOULD STRENGTHEN THEIR OWN ACTS AND MAKE IT 7 YEARS PUNISHMENT AND A NON-BAILABLE OFFENCE AND NATIONAL IMA SHOULD CONTINUE TO FIGHT FOR CENTRAL ACT AGAINST VIOLENCE. LONG LIVE IMA.**

**Dr. E. Ravindra Reddy**  
Chairman, IMA Standing Committee for Action



**LAUNCH OF THE IMA JOB PORTAL FOR IMA MEMBERS**

To

All Office Bearers of IMA HQs and its Wings & Schemes  
Past National Presidents & Past Hony. Secretary Generals, IMA  
All State President's & Secretaries, IMA  
Central Working Committee Members. IMA  
Central Council Members, IMA

Dear Sir,

Greetings from IMA Employment and Career Facilitation Bureau !

We are delighted to announce the launch of IMA Job Portal, a pioneering initiative of the Indian Medical Association HQs. This platform is designed to empower doctors with better employment opportunities both domestically and internationally.

The IMA Job Portal serves as a gateway for medical professionals to connect with esteemed academic institutions worldwide, enhancing research opportunities and career development.

The IMA Job Portal aims to bridge the gap between healthcare institutions and medical professionals, facilitating a seamless and efficient recruitment process. By registering on the portal, members can explore a vast array of job & career opportunities, stay updated on the latest industry trends, and connect with peers and mentors.

How This Portal Benefits You:

- Access to domestic and international job opportunities in reputed healthcare institutions.
- Connections to academic institutions worldwide for research and career growth.
- A user-friendly interface that simplifies job searching and applications.
- Regular updates on industry trends, conferences, and workshops to keep you ahead in your field.

We invite all members to register on the portal and take advantage of this exceptional resource. Furthermore, we request your support in encouraging healthcare institutions to register and post their workforce requirements. This collective effort will enable us to create a comprehensive and vibrant platform that benefits the entire medical community.

Let's work together to make this initiative a resounding success!

Link to register: <https://imacareers4doctors.com>

Register today and take the next step in your professional journey.

Thank you for your support.,

Regards,

**Dr. Dilip Bhanushali**  
National President , IMA

**Dr. R. V Asokan**  
Imm. Past President, IMA

**Dr. Anilkumar J Nayak**  
National President Elect, IMA

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## IMA Employment and Career Facilitation Bureau



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## MEETING OF IMA STATE PRESIDENTS & SECRETARIES ALONGWITH IMA HQ. OFFICE BEARERS AND ITS WINGS & SCHEMES HELD ON 22 & 23 MARCH 2025 AT MUMBAI







## MEETING OF IMA STATE PRESIDENTS & SECRETARIES ALONGWITH IMA HQ. OFFICE BEARERS AND ITS WINGS & SCHEMES HELD ON 22 & 23 MARCH 2025 AT MUMBAI



**INDIAN MEDICAL ASSOCIATION**

IMA House, I P Marg, New Delhi – 110 002

Ph. : +91-11-2337 0009, 2337 8680, 2337 8819, 2337 0250

Website : [www.ima-india.org](http://www.ima-india.org), Email : [hsg@ima-india.org](mailto:hsg@ima-india.org),Email : [pmc@ima-india.org](mailto:pmc@ima-india.org)**PARAMEDICAL COURSES**

Indian Medical Association conducts the following Paramedical courses:

1. Diploma in Medical Laboratory Technology
2. Diploma in X-RAY/IMAGING Technology
3. Diploma in O.T. Technician
4. Diploma in Medical Record Technology
5. Diploma in Cardiac Technology
6. Diploma in Dialysis Technician
7. Certificate Course in Blood Bank Technology
8. Certificate Course in CT
9. Certificate Course in MRI
10. Certificate Course in CT and MRI
11. Certificate Course in Hyperbaric Technician

**Duration :** Two years for Diploma courses. Six months and one year for Certificate courses.**Eligibility Criteria :** (i) 10+2 with 40% with science stream (**Physics, Chemistry, Biology, Mathematics, Agriculture, etc.**) for Diploma courses.

(ii) 10+2 from any other stream with minimum 50% of aggregate marks with an undertaking / Affidavit from the students.

For certificate in Blood bank course, eligibility criteria is DMLT, B.Sc. MLT, B.Sc (Micro). For CT and MRI courses, eligibility criteria is two or three years Degree/Diploma in Radiography with internship.

**IMA Paramedical Diploma courses are recognized by Govt. of NCT of Delhi, Department of Health and Family Welfare.**

Diploma in Medical Laboratory Technology and Diploma in X-RAY/IMAGING Technology - both are also running jointly by National Institute of Open Schooling(NIOS), Ministry of HRD, Govt. of India, Noida (U. P.) and Indian Medical Association HQs. , New Delhi.

An MoU has been signed recently between Baba Farid University of Health Sciences (BFUHS) - Indian Medical Association (IMA) for collaborative Paramedical Courses.

**For details, please contact or write to :**Dr. Dilip Bhanushali  
National President, IMADr. Sarbari Dutta  
Honorary Secretary General, IMA





## IMA BRANCH ACTIVITIES



IMA Nedumangad organized a Mega Blood Donation Camp at KNM Arts College, Kerala on March 10, 2025



IMA Kancheepuram Branch, Tamil Nadu organized a Life Support Training Program on March 21, 2025



World TB Day was celebrated by IMA Bengal State Branch on March 24, 2025



IMA Indore Branch, Madhya Pradesh celebrated Doctors Day on March 4, 2025



The Cycle Marathon was organised by IMA Mumbai Branch on March 16, 2025





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