



Journal of Uttar Pradesh INDIAN MEDICAL ASSOCIATION

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Dr Rajiv Goel
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GLIMPSES OF BRANCHES



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Editorial Message...



IMA UP State Leaders,

Have a good day

This first issue of Journal of IMA UP state is in your hands.

The new team of IMA UP state is in charge of the affairs under leadership of Dr. Anil Kumar Shrivastava, ready to serve and do the job with new fresh energy. And to face challenges in front of medical community with new zeal. The

challenges which have become part of the life of a doctor, professional and otherwise too.

We all wish a successful tenure to them.

This first issue of Journal of IMA is truly a result of the teamwork. Please have a look and remember, your suggestions are always welcome.

LONG LIVE IMA

Dr. Rajiv Goel, ENT

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ONE FOR ALL AND ALL FOR ONE

IMA UP Coordinator



Dr Rajeev Goel



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Message of the President IMA UP State



It is matter of great pleasure that journal of Indian Medical Association U.P. State is going to be published very soon. I hope that the journal will be inspirational and beneficial for everyone with newer information and achievements in the field of Modern Medicine.

I extend my best wishes for successful publication of the journal and my good wishes to Honorable Editor and his team who are working a lot to publish a foresaid journal of I.M.A. U.P. State.

Don't forget regarding:

Membership Growth

Branch registration under Societies Act

G. S. T. Registration

2 Million marks in Social Media

One for All and All for One principle

Aao Gaon Chalen Program

Long Live I.M.A.

Dr. Anil Kumar Srivastava
President, I.M.A. U.P. State

Message of the Secretary IMA UP State



Dear Friends, Greeting from IMA UP State "One for All-All for one" a cohesive, Collective, enhance, communicative approach to break all sectorial walls and bring all clinicians at one platform to help in building a healthy Nation. This is the IMA HQ motto for the year and we have adopted the same.

It is not enough to simply voice our concerns, but it is equally important to actively engage in the process and work collaboratively towards common goals. Our collective efforts, driven by our individual participation, can bring about positive change and make a real difference in our community. As we come together, let us remember the words of Helen Keller, who once said, "Alone we can do so little, together we can do so much." Unity is key to our success. When we stand united, we can overcome any challenge and achieve our shared vision for a better future. So, let us actively participate, share our ideas, and work together towards solutions that will benefit all of us. Your individual participation matters, and when combined with the power of unity, we can make our Association and movement a resounding success.

This year we will be focusing our presence on social media and should achieve the two million mark on social media as per target by Our NP Dr Sharad Aggarwal ji. I will once again request your active participation, involvement and support for every movement of IMA, cutting across our affiliations to various groups and ideological differences and also to focus on membership growth.

Dr VB Jindal
Secretary, IMA UP State



National President Message



Dr Sharad Kumar Agarwal

MBBS, MD (Forensic Med. & Toxicology),
MHA, PGDHHM, FCGP, FAMS

**Executive Director & CEO J R Group of Hospitals
Consultant Healthcare Projects, Operations & Strategies
Medicolegal Expert**

**National President,
Indian Medical Association (IMA)**

- ◆ Council Member, World Medical Association (WMA)
- ◆ Head National Program, IMA-ICB UNESCO Chair Bioethics National Program, Department of Education, WMA Cooperating Centre
- ◆ Ex-Officio Member of National Board of Examination
- ◆ Invited Board Member of National Accreditation Board of Hospitals (NABH)
- ◆ Former National Chairman IMA Hospital Board of India
- ◆ National Senior Vice President IMA HQ (2015-16)
- ◆ State President IMA UP State (2014-15)
- ◆ State Secretary IMA UP State (2010-12)

Formerly Associated in leadership role with:

1. MAX Hospital
2. Medanta
3. CARE Hyderabad
4. AMRI Kolkata
5. American Oncology Institute, Nagpur

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IMA CGP No. : UP-362/LM-12137

IMA AMS No, : UP/1143/12/27/2014-15/L

ACADEMIC QUALIFICATION

- 2015 ◆ Fellow IMA Academy of medical specialist
- 2007-2010 ◆ M.D. in Forensic Medicine & Toxicology
S.M.C. Ghaziabad (C.C.S. University, Meerut)
- 2007 ◆ Masters in Hospital Administration
Allagappa University, Karikurri, Tamilnadu.
- 2006 ◆ Post Graduate Diploma in Health & Hospital Management
E.S.I. Hospital, Basaidharapur, New Delhi under IGNOU.
- 2005 ◆ F.C.G.P.
- 1988-1994 ◆ M.B.B.S. with one year rotator internship.
L.L.R.M. Medical College, Meerut (Meerut University)
- 1987 ◆ Intermediate, UP Board
- 1985 ◆ High school, UP Board

ACHIEVEMENTS/AWARDS

- ◆ IMA HQ Lifelong service Award on 27th December 2021 at PATNA NATCON 21
- ◆ IMA Ghaziabad prestigious BEST IMA MEMBER AWARD on 26th September 2021
- ◆ IMA Ghaziabad Branch prestigious Award "Doctor for Doctors" on 30th September 2020
- ◆ IMA UP State "Dr Radhakrishnan Award" on Teacher's Day 5th September 2020

- ◆ IMA UP State “Dr B C Roy state Award for Excellence in Covid Care 2020”
- ◆ IMA HQ CORONA WARIOR AWARD ON DOCTOR’S DAY 1st July 2020
- ◆ IMA National Award 2018 ,for Distinguish service.
- ◆ IMA UP STATE Most Prestigious H.N SHIVPURI MEMORIAL AWARD-2017 from National President IMA at Agra.
- ◆ National IMA Award 2015 for Best State President from union minister at Delhi
- ◆ National IMA Award 2014 for Lifetime achievement from Union Health Minister at Ahmedabad
- ◆ IMA UP STATE Most Prestigious H.N SHIVPURI MEMORIAL AWARD-2013, for the contribution towards community services and work for medical fraternity for past 05 yrs.
- ◆ IMA National Award of Best State Secretary IMA UP (2010-11)
- ◆ IMA National Award of Best Editor of State IMA Journal(2009-10)
- ◆ National Award for organizing Best Central Working Committee (April 2016) at AGRA
- ◆ Gold Medal in Chess in IMA UP Sports at Bareilly (2009)
- ◆ Dr M.G.Bhide Memorial Award of IMA HQ for paper on Rural Health Mission-answers for many problems.(2008-09)
- ◆ Best IMA Member Award of IMA UP State (2007-08)
- ◆ Distinguished Service Award by DMA on Doctor’s Day(2006)
- ◆ Best Branch Secretary National Award of IMA HQ(2006-07)
- ◆ Best branch secretary award of IMA UP STATE (2006-07)
- ◆ Dr C.T.THAKAR Award of IMA HQ for best community services(2005-06)
- ◆ Best branch secretary award of IMA UP STATE (2004-05)
- ◆ Best Medical Education and Research Award of IMA HQ (2004-05)

POSTHOLD

- ◆ National Senior Vice President IMA HQ 2015-16
- ◆ Convener for Central working committee meeting 2016 held at AGRA by IMA UP
- ◆ State President IMA UP STATE 2014-15
- ◆ CWC Member since 2010
- ◆ State Secretary IMA UP State(2010-12) Youngest state secretary in India
- ◆ Editor Journal of IMA UP State (2009-10)
- ◆ State Faculty Secretary of IMA CGP (2006-09)
- ◆ Governing Council Member of IMA CGPHQ (2006-09)
- ◆ Asst. Secretary IMA UP State (2004-05)
- ◆ SWC Member of IMA UP State since 2003 continuously.
- ◆ Branch Secretary IMA Ghaziabad (2004-07)
- ◆ Branch Finance Secretary (2003-04) & (2001-02)
- ◆ Branch Joint Treasurer (2000-01)

CERTIFICATES

- ◆ Facilitator of Management of HIV/AIDS- ARV Therapy by Clinton Foundation
- ◆ Facilitator for the management of Swine flu.
- ◆ Facilitator for the promotion of contraceptive
- ◆ Facilitator of Reduction of infant mortality project by ministry of family welfare.
- ◆ State coordinator for RNTCP (Revised National Tuberculosis Control Programme) project in UP
- ◆ State Coordinator for Workshop on Management of Diarrhea in children (under the age of 5 yrs) in association with UNICEF

PUBLICATION

- ◆ On BLS , ACLS ,Poisoning, Blood Transfusion , Medical Negligence and duties of a doctor in journal of Indian medical association and souvenir of alumni club of medical college.

PAPER

On Consent & Medical ethics

PRESENTATION

On Basic Life Support & Advance cardiac life support in national conference of Indian medical association.1. **Attended more than 300 CMEs and**

WORKSHOP/CME

- ◆ Attended more than 300 CMEs and Workshops.
- ◆ Attended > 20 Annual IMA HQ conferences.
- ◆ Attended > 25 State Annual Conferences

Family: Married to Dr Reshma Gupta employed in UP Govt. Blessed with two kids one son Mr. Rudraksh, 20yrs , persuing BSMS (Research) Indian Institute of Science Education & Reaserch, Kolkatta. One daughter Ms. Riddhima, 17yrs , studying in 12th standard in Delhi Public School.

Dr. Sharad Kumar Agarwal

Ghaizabad





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02.05.2023
New Delhi

MESSAGE

Greetings from Indian Medical Associations HQs !

I am delighted to know that IMA UP State is publishing the latest edition of the Journal. This edition features articles and research papers from esteemed professionals and scholars from the medical community and also Branch Report for the duration.

The Journal provides a platform for the medical fraternity to share their knowledge and expertise on various medical topics, with a focus on advancing medical research and practice in Uttar Pradesh. The articles in this edition cover a wide range of topics, including Healthcare management, public health policies, and advancements in medical technology.

I would like to express my gratitude to all the contributors who have dedicated their time and expertise to make this edition possible. Their insights and research have contributed to the growth and development of the medical community in Uttar Pradesh.

I would also like to extend my thanks to the editorial team for their meticulous effort in ensuring the quality and relevance of the articles published in this edition.

I hope that the Journal of the IMA Uttar Pradesh State Branch will continue to serve as a valuable resource for medical professionals, researchers, and scholars across the country.

I wish all the Grand Success!!

Long Live IMA !

Dr. Sharad Kumar Agarwal
National President, IMA

To,
Dr. Rajiv Goel
Editor Journal, IMA UP State



"One for All – All for One" ... a cohesive, collective, enhance, communicative approach to break all sectorial walls and bring all clinicians at one platform to help in building a Healthy Nation



Chronic Daily Headache



Chronic daily headache (CDH) describes a group of patients whose problem is self evident they have a lot of headache but whose management can be among the most challenging.

A simple definition of CDH is headache on 15 days or more a month. Recent population based studies show that nearly 5% of unselected populations have daily headache. Daily headache may be primary (like migraine, tension headaches or cluster headaches) or due to a number of secondary causes like CNS infection, tumor, post traumatic, medications over use etc. These are important to recognize since they are either completely treatable or life threatening Some warning signs for secondary headache are fever, neck stiffness, personality change or abnormal neurological signs, which deserve prompt attention. The vast majority of patients with headache that persists have a primary headache syndrome.

Clinical Approach

It is useful to obtain certain key clinical facts during the consultation. This is not an exhaustive list but serves to illustrate some important principles.

How long have you been having headaches It is useful to be sure that the response of relatively recent onset does not actually mean that the headache changed, became more frequent or more severe, or both, in recent times, although the patient has always been somewhat "headachey"

How often do you have a headache This may lead to many and varied responses but the key is how many days are affected and how many days have significant disability. If any doubt remains one can ask the patient to keep a diary. The patient records the days on which they have headache and lists all medications taken that day. It is crucial for management that all medications are recorded, particularly over-the-counter (OTC) preparations. Patients sometimes do not think of these preparations as "drugs"

Tell me about your worst attacks. If one accepts the concept of chronic migraine then the most illuminating history is that of the most severe attacks. In isolation such attacks will have some migrainous features, and this greatly aids in the diagnosis. A careful discussion of how these are treated will help plan management

Triggering and family history. Migraine genes seem to confer a set of sensitivities to various triggers. In essence the migraine brain has a varying level of sensitivity, which explains why triggers work on some days and not others. This variability is perfectly compatible with the current view of migraine as a channelopathy

The most common trigger of chronic headaches is stress, and stress can come from just about anything including:

- Major life changes such as a move, new job, marriage, or death in the family.
- Deadlines at work, problems with the boss or a coworker, or loss of a promotion
- Unexpected car repair Paying bills
- Driving to and from work
- Arguing with a spouse or significant other
- Difficulty with children

Chronic stress can lead to other chronic conditions such as anxiety or depression, both of which can cause chronic daily headaches. Chronic stress can also cause tension in the muscles of the neck which can cause tension-type headaches.

Analgesics And Daily Headache

Perhaps the most common association of CDH is analgesic overuse, taking medication for chronic headaches can actually cause the recurrence of them. This type of headache is known as a rebound headache and is most often caused by taking certain medications daily to relieve headaches and then stopping them abruptly. Medications such as

Opiate painkillers like hydrocodone or tramadol Tricyclic antidepressants including Elavil (amitriptyline)

Migraine medications called "triptans" including Sumatriptan or Rizatriptan (especially when taken for longer than 10 days)

NSAIDs or non-steroidal anti-inflammatories like Ibuprofen or Naproxen Sodium

Caffeine or combination medications containing caffeine including the prescriptions Cafergot (ergotamine/caffeine) and Fioricet (butalbital/acetaminophen/caffeine) as well as over-the-counter combination medicines like Excedrin Migraine (aspirin/acetaminophen/caffeine)

Medication overuse headaches are typically the result of using headache relief medications like the above for longer than 10



days. Treatment usually involved tapering the medication until it is discontinued, at which point the rebound headaches subside, and the normal headache pattern returns.

It is exceedingly common for patients with daily headache to be taking often large quantities of analgesics. In this context taking an acute attack medicine more than twice a week is probably over-use. Usually such patients have headache that is improved by the acute attack medicine, only to re-turn (rebound headache) as the drug effect wears off.

Management of Chronic Daily Headache

The management of CDH can be very rewarding. Most patients overusing analgesics respond very sensibly when the problem is explained.

The keys to managing daily headache are excluding treatable secondary causes, getting a clear analgesic history, and making a diagnosis of the primary headache type involved. It is essential that analgesic use be reduced and eliminated. Patients can reduce their use either by 10% every week or two, depending on their circumstances, or if they wish and there is no contraindication, by immediate cessation of use. Either approach can be facilitated by first keeping a careful diary over a month or two to be sure of the size of the problem. A small dose of a non-steroidal anti-inflammatory drug (NSAID), such as naproxen 500 mg twice daily for six weeks if tolerated, will take the edge off the pain as the analgesic use is reduced.

When the patient has reduced their analgesic use substantially a preventative medication should be introduced. The tricyclics, amitriptyline or dothiepin, at doses up to 1 mg/kg are very useful. These are started in low dose (10-25 mg daily) and best given 12 hours before the patient wishes to wake up to avoid excess morning sleepiness. The other very useful medications for these patients are the anticonvulsants, such as valproate, gabapentin, and topiramate. For valproate doses up to 1500 mg daily are used. The blood

The blood count and liver enzymes should be checked at baseline and the various side effects explained to patients.

For many people, complementary or alternative therapies offer relief from headache pain. It's important to be cautious. However, not all complementary or alternative therapies have been studied as headache treatments, and others need further research.

Acupuncture-This ancient technique uses hair-thin needles inserted into several areas of your skin at defined points. While the results are mixed, some studies have shown that acupuncture helps reduce the frequency and intensity of chronic headaches.

Biofeedback- You might be able to control headaches by becoming more aware of and then changing certain bodily responses, such as muscle tension, heart rate and skin temperature. **Massage-** Massage can reduce stress, relieve pain and promote relaxation. Although its value as a headache treatment hasn't been determined, massage might be particularly helpful if you have tight muscles in the back of your head, neck and shoulders. **Herbs, vitamins and minerals-** Some evidence exists that the herbs feverfew and butterbur help prevent migraines or reduce their severity. A high dose of vitamin B-2 (riboflavin) also might reduce migraines. Coenzyme Q10 supplements might be helpful in some individuals. And oral magnesium sulfate supplements might reduce the frequency of headaches in some people, although studies don't all agree. **Electrical stimulation of the occipital nerve-** A small battery-powered electrode is surgically implanted near the occipital nerve at the base of neck. The electrode sends continuous energy pulses to the nerve to ease pain. This approach is considered investigational.

Chronic daily headache: key points

- Chronic daily headache (CDH) implies headache on a daily or near daily basis, for 15 days or more a month
- CDH may be seen in both primary and secondary headache forms, the latter need careful consideration, while the primary forms are more common
- The two most common forms of CDH are chronic migraine and chronic tension type headache
- Chronic migraine implies that the patient has 15 days or more a month of headache that is biologically migrainous, not that each attack fulfils standard criteria for migraine because they often do not
- Medication overuse is a common complicating issue in CDH, it consists of using an acute attack treatment more than two days a week regularly, usually with the dose escalating over time.

Dr D P Singh
MD (Med.) DM (Neurology)
DNB (Neurology)

Hospital - Fire Safety by Laws

Building Details as NBC Table 7	Existing Norms	Proposed Building Detail	Proposed Norms
Less than 15m in height with plot area up to 1000 sqm storey, with beds	<ol style="list-style-type: none"> 1. Extinguishers 2. Hose reel 3. Sprinkler if basement more than 200 sqm 4. Manual call point 5. Terrace tank-5000L (add 5000 if basement) 6. Terrace Pump-450 LPM (Add 450 LPM if basement) 	(A1) Floor area not exceeding 300 sqm if any floor upto two floors.	<ol style="list-style-type: none"> 1. Extinguishers 2. Hose reel Sprinkler if basement more than 200 sqm. 3. Manual call point 4. Terrace tank-5000L (add 5000 if basement more than 200 sqm) 5. Pump-450 LPM
		(A2) Floor area not exceeding 300 sqm of any floor & more than two floor less than 15 mts	<ol style="list-style-type: none"> 1. Extinguishers 2. Hose reel 3. Down comer 4. Automatic detection system 5. Automatic Sprinkler system 6. Manual call point 7. Terrace tank-200001 8 Pump-900 LPM
Less than 15m in height with plot area up to 1000 B) ground plus two or more sqm storey, with beds	<ol style="list-style-type: none"> 1. Extinguishers 2. Hose reel 3. Wet riser 4. Automatic Sprinkler system. 5. Manual call point 6. Automatic detection system 7. Under ground tank 75000 8. Terrace tank-10000L 9. Diesel & electrical each 1620LPM & one jockey 150 LPM) 	(B1) Floor area exceeding 300 sqm but not more than 1000 qm on any floor upto two floor	<ol style="list-style-type: none"> 1. Extinguishers 2. Hose reel. 3. Down comer 4. Automatic Sprinkler system (with 900 LEM septate pump) 5. Manual call point 6. Automatic detection system 7. Terrace tank-25000L 8. Terrace Pump-900 LFM
		B2) Floor area exceeding 300 sqm but not more than 1000qm on any floor for more than two floors, less than 15 mtrs	<ol style="list-style-type: none"> 1. Extinguishers 2. Hose reel 3. Wet riser 4. Automatic Sprinkler system 5. Manual call point 6. Automatic detection system 7. Under ground tank 50000 8. Terrace tank-10000 L with pump 450 LPM 9. Two pump of 900 LPM capacity & one jockey 180 LPM
C) Less than 15m in height with plot area more than 1000 sqm	<ol style="list-style-type: none"> 1. Extinguishers 2. Hose reel 3. Wet riser 4. Automatic Sprinkler system 5. Manual call point 6. Automatic detection system 7. Under ground tank 100000 It 8. Terrace tank-10000L 9. Diesel & electrical each 1620 LPM & one jockey 180 LPM 	(C-1) Floor area exceeding 10001 sqm on any of the floor upto two floor	<ol style="list-style-type: none"> 1. Extinguishers 2. Hose reel 3. Down comer 4. Automatic Sprinkler system with 900 LPM separate pump. 5. Manual call point 6. Automatic detection system 7. Terrace tank-25000L 8. Terrace pump 900 LPM
		C-2) Floor area exceeding 1000 sqm on any of the floor for more than two floor and less than 15 mtrs.	<ol style="list-style-type: none"> 1. Extinguishers 2. Hose reel 3. Wet riser 4. Automatic Sprinkler system 5. Manual call point 6. Automatic detection system 7. Under ground tank 75000 8. Terrace tank-100001 9. Two pump of 16201PM capacity & one jockey 180 LPM
1.2	1. Coaching center, Doctor clinic Dental Clinic (Only OPD) (Situating on single floor)	1. Fire extinguishers. 2. Automatic fire extinguishers to be installed for electrical panel, UPS, Diesel generator set.	



Memorandum of Understanding Between IMA and Rajasthan State Government

Best possible achievement as per the scenario, adamant stand of state govt., after 15 days of successful strike for No to RTH and extreme forceful efforts to get the maximum relief for members.

1. HM has already excluded less than 50 bedded private multispeciality hospitals from RTH. Already declared in assembly by Health Minister [this point is just to reconciliation]
2. All Private hospitals established without taking any facilities from the government in the form of land and building at subsidised rate shall also be excluded from RTH act.

Means all private hospitals [who has not taken land on subsidised rate from Govt.] irrespective of their bed strength and speciality are out of ambit of RTH act.

No relation with Govt Health schemes

It must be clear that all kind of private hospitals, health care centres who are self owned & self-financed, build up and running irrespective of their bed strength, speciality, locations and enrolment in any govt health schemes are out of scope of RTH: Almost 98% hospitals of Rajasthan]

3. Thereafter, the following category of hospitals will be covered by RTH act:
 - a. Private medical college hospitals. [They run by NMC guidelines and University guidelines]
 - b. Hospitals established on PPP mode. [They are partner with government]
 - c. Hospitals established after taking land from government free of cost or on subsidised rates (as per their contract terms). [They will be governed by their terms of contract of subsidised land allotment; further rules would be defined later in due course]
 - d. Hospitals run by trusts. (Those funded by government in form of land and building) Only those who received land from government free of cost or on subsidised rates. [They will be governed by their terms of contract of subsidised land allotment; further rules would be defined later in due course]
4. Regularisation of hospitals constructed at various places in Rajasthan will be considered. Conversion & Regularisation of Hospital buildings in residential areas with due relaxations in byelaws of road width & set back violations etc.
5. Police cases and other cases registered during agitation shall be withdrawn.
6. Single window system for licences and other approvals for hospitals
6. Single window system for licences and other approvals for hospitals
7. Fire NOC renewal will be every 5 years considered. Currently it is yearly

Bio Medical Waste Disposal - The Pollution Control Board and The Waste Producer Validity of Authorization

- (a) For bedded Healthcare Facilities The validity of this authorization is synchronized with the validity of
 - 1) Consent under Air (Prevention and Control of Pollution) Act, 1981:
 - 2) Consent under the Water (Prevention and Control of Pollution) Act, 1974 (
- b) For non-bedded Healthcare Facilities One-time authorization is required to be obtained from respective SPCBs/PCCs in case of non-bedded health care facilities such as clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank, etc. These HCFs have to apply for a fresh authorization to amend earlier authorisation in case there is any change or variance in relation to the activities of HCF. Authorization for non-bedded HCFs shall be deemed to have been granted, if not objected by the prescribed authority within a period of ninety days from the date of receipt of duly completed application along with such necessary documents.

WHO day was celebrated in a big way all over the state. All branches reported camps, patient awareness lectures, awareness walk, blood donation drive and similar activities in UP.

The whole IMA and branches participated in token protest with members wearing black ribbon on the apron against Rajasthan government's decision to implement RTH in this election year.

Rajasthan doctors protested with their whole might and all the UP state medical fraternity stood behind Rajasthan IMA as one in a show of unity against oppression. Ultimately things were ultimately ended in a favorable outcome with intervention of IMA headquarters.

Social awareness rallies conducted by IMA Gorakhpur, IMA Bareilly and IMA Aligarh.

IMA HBI summit organized in Ghaziabad attended by members from IMA Meerut, Etawah, Hathras along with IMA Ghaziabad.

IMA Gorakhpur organized labor day camp attended by a huge gathering of general public and distributed food and medical help articles to the people.

IMA Kanpur welcomed National president Dr Sharad Agarwal sir with Dr Anand Prakash.

IMA Gorakhpur members meet our HONOURABLE CM Yogi Aditya Nath Ji.



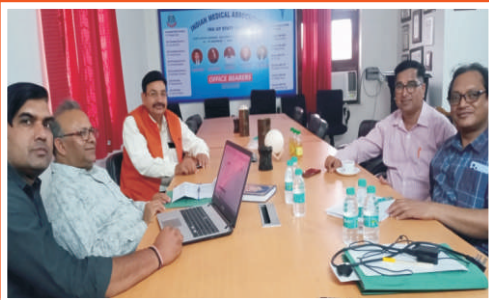
Thanks for investment of precious Time by Our seniors & Batchmates Plz counsel Babaji whenever u gets the opportunity to represent IMA fair सर्वजन हिताय policies implementation or if cannot then will try to get it to be implemented by Baba@Guruji of Baba ji



WMA (World Medical Association) International Chair in Bioethics has appointed IMA National President Dr Sharad Kumar Agarwal as Head of IMA-ICB UNESCO Chair Bioethics National Program.



GLIMPSES OF BRANCHES



Office Bearers, IMA UP State (2022-2023)



Dr. Anil Kumar Srivastava
State President



Dr. Pradeep Singh
Imm. Past President State



Dr. M. M. Paliwal
President Elect 22-23



Dr. V. B. Jindal
State Secretary



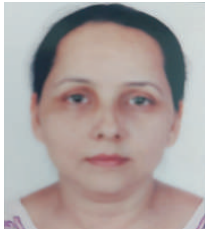
Dr. Ashish Agarwal
Finance Secretary



Dr. Tanu Raj Sirohi
Vice President Zone-I



Dr. Virendra Kumar
Vice President Zone-II



Dr. Archana Bhadauria
Vice President Zone-III



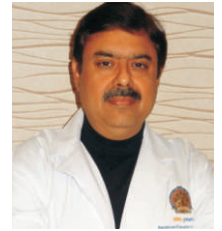
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Vice President Zone-IV



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Dr. Arun Kumar Tripathi
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Jt. Secretary - Secretary's Place



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Jt. Secretary - Conference Place



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Dr. Ravinder Verma
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Dr. Gagan Gupta
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Dr. M.B. Saxena
State Conference Chairman