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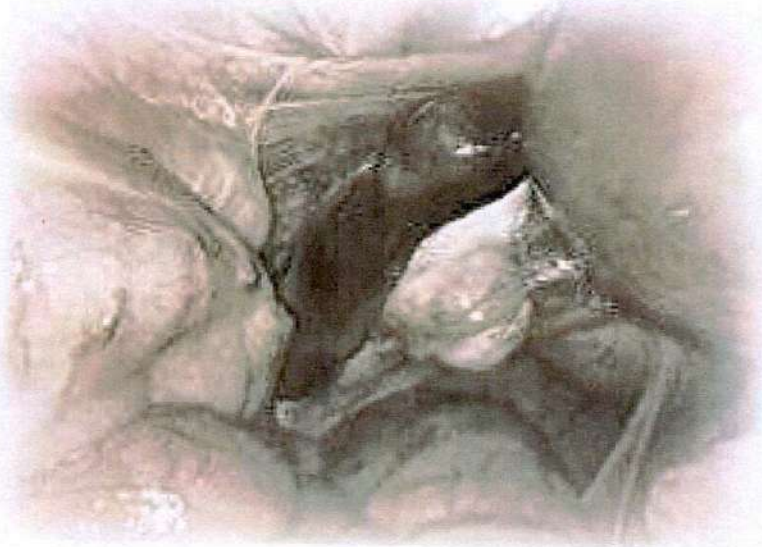

Alpesh Gandhi
Parikshit Tank
Ameya Purandare

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Answers

1.	b	2.	d	3.	d	4.	c	5.	d	6.	c
7.	[illegible]	8.	c								

2.9 INTRAUTERINE CONTRACEPTION (INCLUDING PPIUCD): COPPER DEVICES

Pushpa Junghare, Sayali Jahagirdar

[illegible]

INTRODUCTION

[illegible]

COPPER INTRAUTERINE CONTRACEPTIVE DEVICE

Copper wire or copper sleeves are put on the plastic frame made up of polyethylene. The various types of copper IUDs differ from each other by the amount of copper and the shape of the plastic frame (Table 1 and Figs. 1 to 6).

[illegible] which was made of polyethylene, impregnated with barium sulfate, is no more available in India. Lippes loop was much larger than copper IUDs and had naturally more untoward side effects. Hence, the IUD was reduced in size to reduce the side effects, but copper was added to it to increase the efficacy.

Contraceptive Effectiveness

- The IUD is effective as soon as it is inserted.
- It is one of the most cost-effective and long-lasting contraception methods.
- It is comparable with female/male sterilization in its effectiveness and has the advantage of being reversible.

[illegible]	[illegible]	[illegible]	Strings
[illegible]	380	10 years	Polyethylene, white
	[illegible]	5 years	
[illegible]	[illegible]	3 years	Monofilament nylon, blue
	[illegible]	2 years	

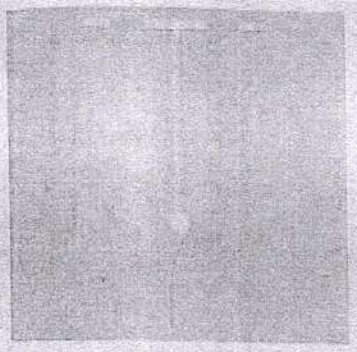


Fig. 1: Copper T 380A

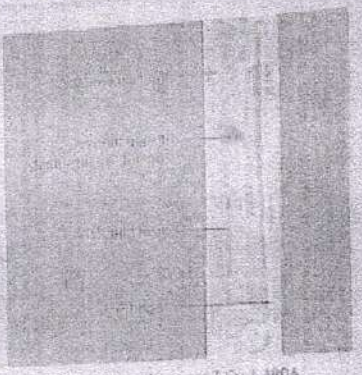


Fig. 2: Pack of Copper T Cu T 380A

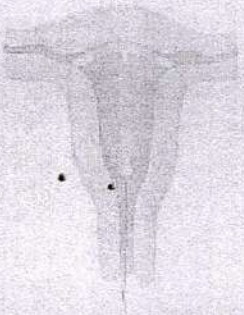


Fig. 3: Copper T (Cu T 380 A inside uterus)

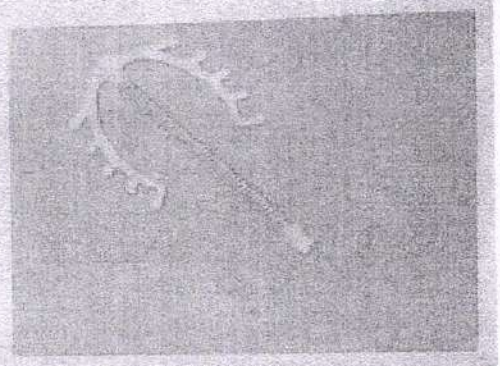


Fig. 4: Multiload 375

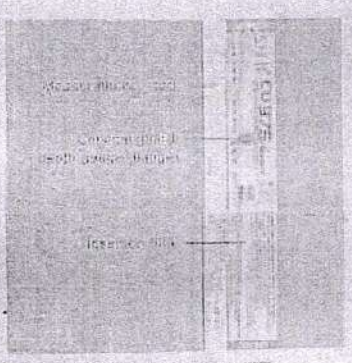


Fig. 5: Pack of Mugiload 375

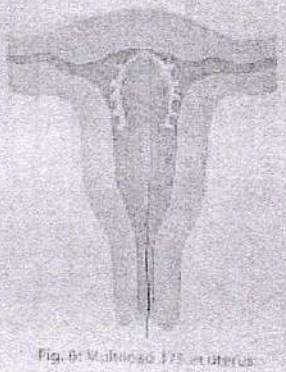
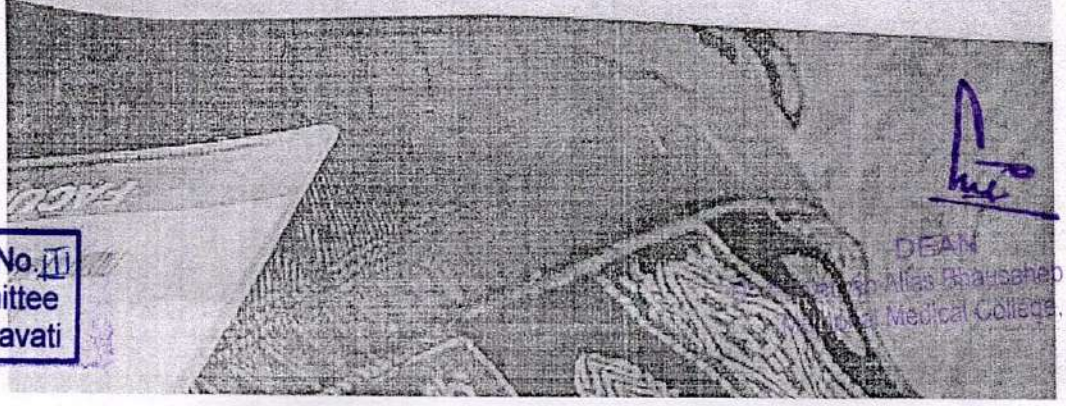


Fig. 6: Multiload 375 in uterus

The failure rate is 0.6% in the 1st year of use. This means that one pregnancy in 100 women in the 1st year of use. Of 5 women out of 1,000 users will become pregnant. The cumulative pregnancy rate for the copper T 380 A is 2.2 per 100 women-year.

Mechanism of Action

Mechanisms by which pregnancy is prevented are many. IUCD was initially considered to be interceptive as it was thought to prevent implantation of fertilized ovum in the uterus.



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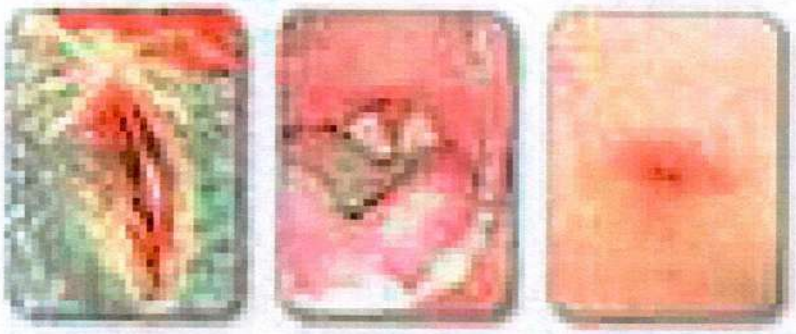

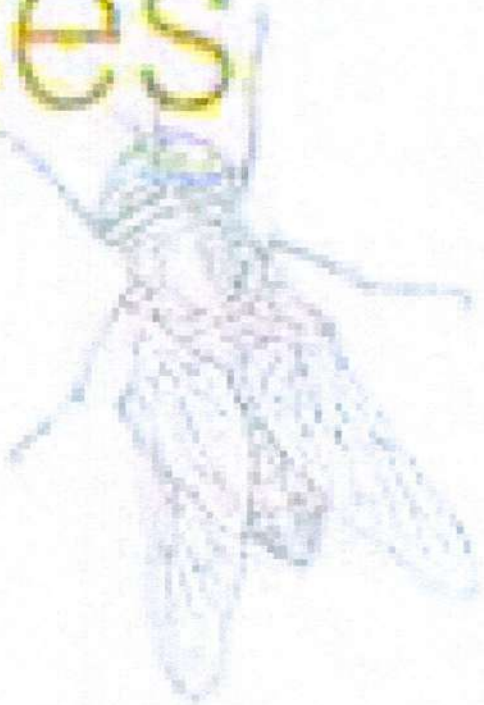

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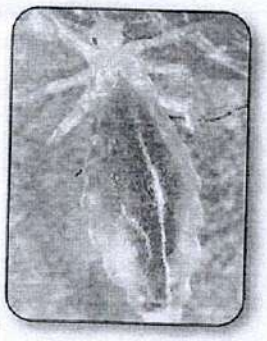
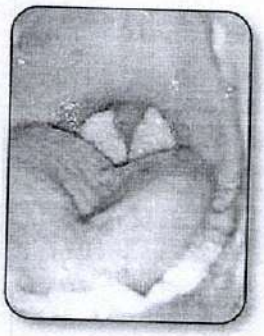
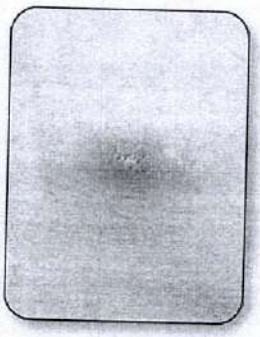
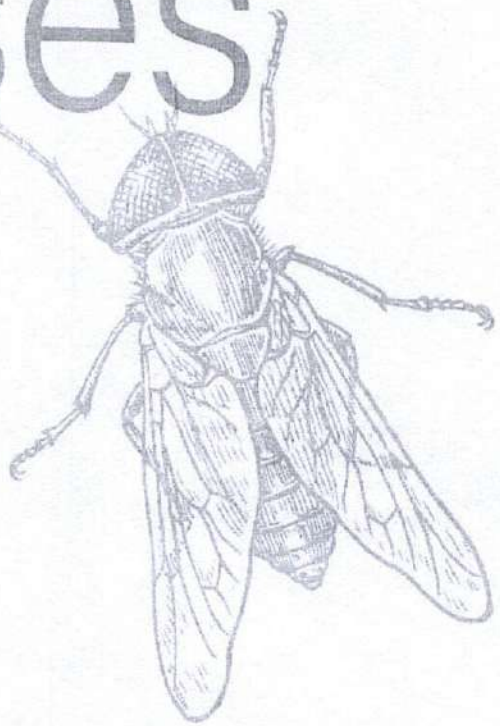

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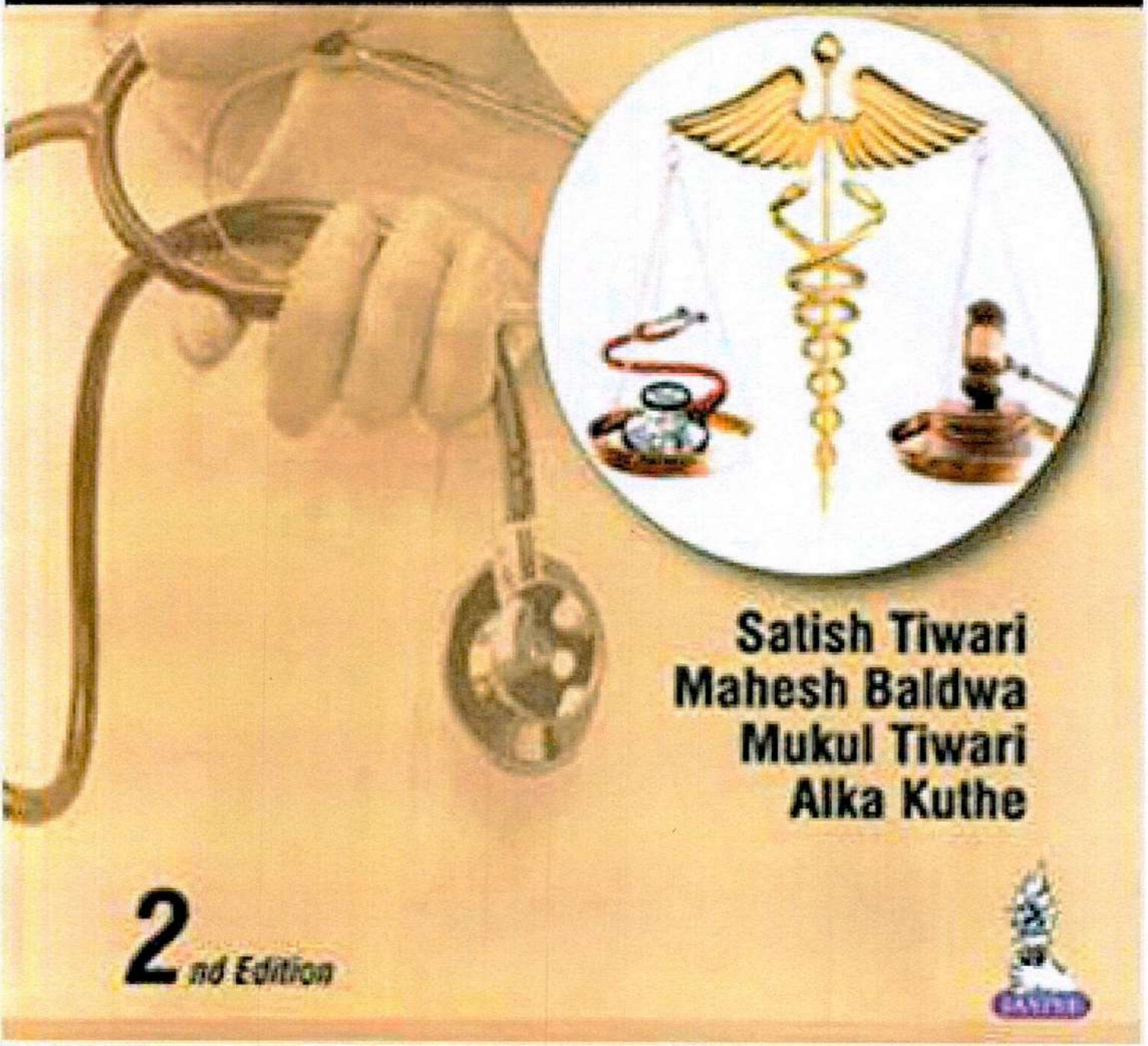

Satish Tiwari
Mahesh Baldwa
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Contents

Section 1: Basic Issues

Section 2: Documentation and Liabilities

Section 3: Legal Issues

Section 4: Issues in Various Subspecialties

Section 5: Miscellaneous Issues

15 Important Case Laws

Rajendra Borkar, CM Chhajer, Satish Tiwari

There are many cases related to medicolegal issues involving doctor-patient relationships. As far as the medical services were concerned, different courts had different rulings till Supreme Court in November 1995 by its ruling in the following case included medical services in Consumer Protection Act.

INDIAN MEDICAL ASSOCIATION VS. V.P. SHANTHA (AIR 1996 SC 550)

The honorable Supreme Court made the following observation:

The act seeks to protect the interest of consumers as a class. Medical service rendered by a practitioner can't be judged on the basis of any fixed norms. It is true that a requirement about a member having adequate knowledge or experience in dealing with the problems relating to medicine is absent. It will be for the parties to place the necessary material and the knowledge and the experience which the member will have in the fields indicated in the act would enable them to arrive at their findings on the basis of that material.

Hospitals where some are charged and some are treated free can't be excluded because it will mean that, higher standard and better quality for those who pay and inferior quality for those who avail free of cost.

Success and failure is beyond professional people's control. Hence, a minimum degree of competence and reasonable care is only required. The trend is towards narrowing of immunity to professionals. Medical practitioners are not immune from a claim for damages.

In cases of insurance policies, the patient is the beneficiary. The service can't be said to be free of cost though the payment is made by insurance company. Similarly payments made by employer for the employee also doesn't mean free service and such cases falls within the ambit of the Act.

POONAM VARMA VS. ASHWIN PATEL (AIR 1996 SC 2111)

This important case deals with **crosspathy**. In this case the, the honorable Supreme Court observed that:-

The right to practice, in any particular system of medicine, is dependent upon registration which is permissible only if qualification, and that too, a recognized qualification, is possessed by a person in that system. If registered under Homeopathy, he was under a statutory duty not

35 Legal Issues in Immunization

Satish Tiwari, Kritika Tiwari

INTRODUCTION

We are living in an era where the health is considered as one of the basic necessities of the human life. In fact health is guaranteed as one of the fundamental rights in the constitution of the nation. This doesn't include only rights to life but also quality of life.[1] Though we claim that we are living in a modernized era but most of the world inhabitants are still exposed to age old infectious disease related illnesses, which results in significant mortality and morbidity. It is said that an ounce of prevention is better than pound of treatment. Immunization is one of the most cost-effective ways of protection from the infectious diseases. Vaccination is supposed to be *"Magic bullet"* of medical science against many communicable diseases.

Whether to Immunize or Not?

Though we are living in the third millennium there are many misconceptions related to infectious diseases/immunization. As the modern medicine is developing and becoming evidence based many newer and newer side effects associated with drugs or vaccines are becoming more and more obvious. Access to internet has added fuel to the fire. Many parents now question the authenticity and side effects associated with modern drugs/vaccines. Even some of the modern medicine graduates are now discussing the need of the vaccines (especially as multinationals are coming out with newer and newer vaccines). Thus there is obvious **"Cleavage of opinion"** and different schools of thoughts regarding immunization. Many of us also believe that the population in developing nations is being used as "guinea pigs" for these **"under trial vaccines"**. The aim of the immunization is to protect the children against various communicable diseases, so as to improve the quality of life and to prevent long term morbidity and mortality. This raises the issues that whether all the vaccines those are available in market shall be administered to each and every child or there shall be selection bias.[2]

Compulsory Immunization

The compulsory vaccines are those which must be administered to all the children irrespective of their needs, affordability, socio-economic status etc. Most of the government schedules do not include these vaccines (Like MMR, typhoid etc.) and this raises the very important issue that what about those children who are economically deprived. Should they be allowed to suffer only

38 Legal Issues in Medical Education

CM Chhajer, Satish Tiwari

It has now been accepted that there is "holistic or spiritual component" in the health of an individual. It includes integrity, ethics, the purpose in life and commitment to some higher being. The recent industrialization, commercialization, and globalization have their effects on medical education also. Though the technical and scientific developments have resulted in many positive changes like decrease in mortality/morbidity rates, increased longevity, better quality of life, etc. But at the same time it has some negative as well as ill effects also. There is maldistribution of rural-urban healthcare providers, decrease in moral values, corporate culture in healthcare services and of course decreasing standard and commercialization of medical education.

PRIVATIZATION OF MEDICAL EDUCATION

The mushrooming of private medical colleges and Deemed Universities has added fuel to the fire. Inconsistencies in the cases of many deemed universities is too evident to be overlooked. The myth that private institutions have better facilities has also been disproved. They often use their clout to flout norms and unfairly profit from the business of higher education.[1] These private medical schools are run by managing committees which are under the influence of political heavyweight personalities. These politicians form the backbone of these institutions whose aim is only to mint money at any cost. Unfortunately, ethical considerations are often of least importance in such institutions. You cannot only buy an undergraduate seat but also a postgraduate degree.[2] The medical education has been made a commodity for the rich. The private managements are not only fooling the students, their parents but also the government, judiciary and regulatory bodies.

The Medical Council Regulations

The Medical Council of India was constituted under the Medical Council Act, 1956 in order to regulate the standard of medical education in India. But, it has been observed that the council has failed badly in its role. During discussions it was thought that one of the reasons for this is the outdated regulations and ethics by Medical Council of India (MCI).

According to chapter, 1.4.2 physicians shall display as suffix to their names only recognized medical degrees or such certificates/diplomas and memberships/honors which confer professional knowledge or recognizes any exemplary qualification/achievements. This regulation is very ambiguous because the word "or" for the certificates/diplomas and honors

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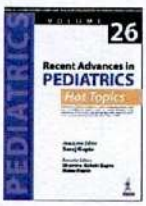

Suraj Gupte

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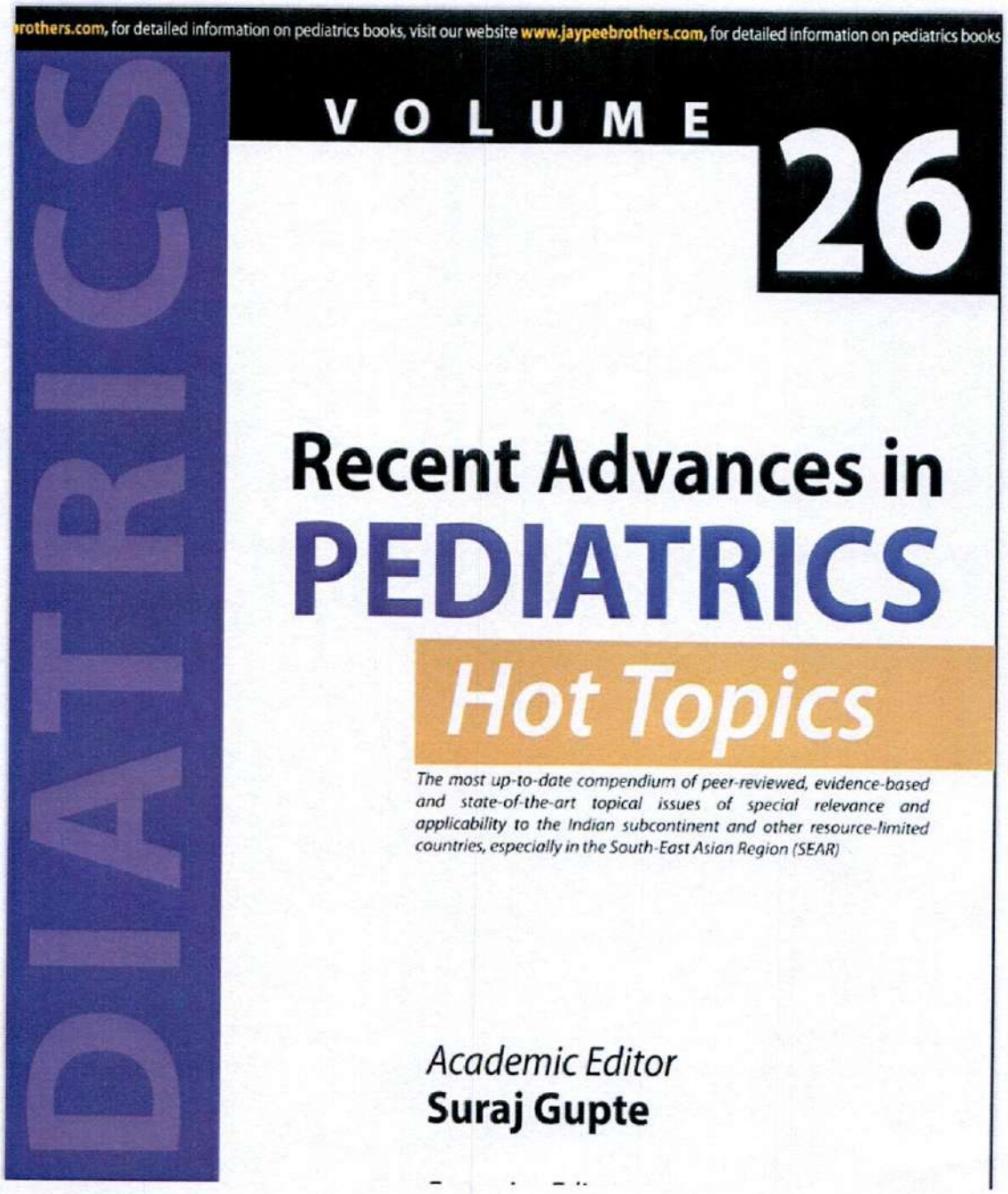

Contents

PART 1

7 Essentials of Pediatric Intensive Care

Sudhir Mishra, Satish K Tiwari

ABSTRACT

Many pediatric intensive care units (PICUs) developed out of need of other subspecialties requiring critical care for their seriously ill children and technology development. The ideal location depends on the structure of the hospital and availability of space. A unit of less than four beds risks inefficiency and that with more than 16 beds may be difficult to manage unless properly divided. The basic requirement is that these services are provided in timely manner. Protocols are essential to maintain uniformity of care for patients. Every PICU should have adequate infection control practices in place to avoid nosocomial infections. Most important support services required for a PICU are laboratory services. Every PICU should have a well-established and well documented quality assurance and improvement program.

Keywords: Critical care, Human resources, Infection control, Pediatric intensive care unit, Quality assurance.

INTRODUCTION

The first Pediatric Critical Care Unit (PCCU) was setup way back in 1955 by Goran Haglund at children's hospital of Goteborg in Sweden. Subsequently many PICUs developed out of need of other subspecialties requiring critical care for their seriously ill children and technology development that required advanced ventilator management and other sophisticated life support.[1] Marks Rogers is credited with first comprehensive textbook of Pediatric Intensive Care in 1987.[2]

The need for PICUs in India and their development in country received a boost in last 20 years. With improvement in outcome and requirement of complex surgical and medical conditions, now Pediatric Critical Care stands a distinct specialty.

8 Extracorporeal Life Support

Lokesh Tiwari, Bedangshu Saikia, Pankaj C Vaidya, Satish K Tiwari

ABSTRACT

Extracorporeal membrane oxygenation (ECMO) is used as temporary support system in reversible respiratory, cardiac or cardiorespiratory failure while waiting for the underlying condition to improve or resolve. It is found to be effective across all age groups however best outcome is observed in neonatal respiratory ECMO. It is costly and highly specialized intervention, thus, every ECMO unit has specific protocol and practice, however basic principles remain common. This chapter is intended to provide the basic understanding about ECMO circuit, functional aspects, indications and probable complications. Extracorporeal Life Support Organization (ELSO) is an international platform for communication and research in extracorporeal support and maintains a registry of all the ECMO centers across the world.

Keywords: Extracorporeal membrane oxygenation (ECMO), Extracorporeal life support (ECLS), Extracorporeal Life Support Organization (ELSO), ECMO complication, Trial off.

INTRODUCTION

Extracorporeal life support (ECLS) and extracorporeal membrane oxygenation (ECMO) is synonymous terminologies used for prolonged (days-weeks) but temporary mechanical support system used to support heart and lung function in patients with unresponsive cardiorespiratory failure. This uses the same principle as that of conventional cardiopulmonary bypass during open heart surgeries but with modifications. There is good evidence to suggest its efficacy across all age groups (newborns-adults) and therefore it is reasonable to refer a patient for ECMO when faced with severe cardiorespiratory failure. Patient selection is a key criterion for good outcome as ECMO is a supportive treatment while waiting for the underlying condition to improve or resolve. Most criteria have evolved from the neonatal ECMO experience.[1]

ECMO has been in use for over 40 years now. During this period, [illegible] has been done and ECMO circuit and membrane technology