

CIMA NEWS LETTER

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My greetings to all members and friends

We are marching with lot of activities in this month. Right from international women's day on 6th to Women empowerment, Eye Screening HPV vaccination, Glaucoma and walkathon, adoption of Tribal village, every Week Yoga and ends with Women's day celebration.

We are the Second largest branch in our country. Our aim is number one in all our activities including membership growth. Our State IMA is giving 25% Concession for membership fees and our branch also extent 25% concession as our Branch share.

It is right time to introduce more and increase the number of members. In addition, our FSS and PPLSSS Schemes are also giving 20% concession the combo pack. It is very beneficial for New Members. We request every member to introduce one member in this month.

Let us all work together to raise membership No to 3000 this month. Your participation in all the branch activities will be beneficial for development of our branch. We will meet again with more information.

Long Live IMA

with warm regards,
Dr.M. Doraikannan,
Editor, Ph : 98430 53255.

OFFICE BEARERS 2026

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IMA AMS Secretary	: Dr.S.Sivakumar
IMA Women Dr's Wing Chairman	: Dr Anusha Koshal Ram
IMA Women Dr's Wing Secretary	: Dr Harini
IMA NHB Chairman	: Dr Devdutt Thomas
IMA NHB Secretary	: Dr.C.P.S.Suman
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Dr.S. Karthick Prabhu
Founder Editor



Dr. Koshal Ram
President



Dr.D. Parameswaran
Honorary Secretary



Dr.R. Balamurugan,
Finance Secretary



President's Message Dr. B. Koshal Ram

It gives me great pleasure to share that the Indian Medical Association Coimbatore Branch had a highly productive and service-oriented month in March 2026. We began the month on a note of commitment to the organization by contributing ₹2 lakhs towards the IMA Headquarters Fund at the State Council Meeting held at Sathyamangalam. In connection with Women's Day, our branch organized an HPV Awareness and Vaccination Drive at Karunya Institute of Technology and Sciences, where 86 students were vaccinated. We also conducted a focused academic session to train doctors on HPV vaccination, reinforcing our emphasis on preventive healthcare. Academic excellence continued

with active participation in World Kidney Day programs and the successful conduct of the Diabetic–Obesity Summit CME, which saw enthusiastic involvement from our members. Community outreach remained a cornerstone of our activities. We organized and participated in multiple initiatives including glaucoma awareness programs and screening camps, medical camps in collaboration with service organizations, rural health outreach under the AAO GAO CHALON initiative, organ donation awareness programs, and head injury awareness campaigns promoting road safety. I sincerely thank all office bearers and members for their unwavering support and active participation.

LONG LIVE IMA.

Honorary Secretary's Message Dr. D. Parameswaran



The AAO GAO CHALO Camp was successfully conducted during the month of March, benefiting a large number of underprivileged patients through the dedicated efforts of our IMA team. Regular CGP and AMS meetings were held with encouraging participation and good attendance, reflecting the continued academic enthusiasm among our members. The World Women's Day

Celebration was conducted in a grand manner. Distinguished women achievers were honored with awards across various categories, making the event truly memorable. Under the FSS Scheme, two doctors received financial support during this month. We once again urge all members to enroll in the FSS Scheme, which serves as a valuable support system for our Dr D Parameswaran

LONG LIVE IMA.



Dr. S. Karthick Prabhu
Immediate Past State Secretary
IMA Tamil Nadu State Branch

Dear Colleagues,

Greetings!

I am extremely happy, though belated, to greet each one of you through this edition of our Newsletter. I also thank our Editor, Dr. Dorai Kanan, for the interest and effort taken in bringing out this edition.

I am sure all of you are aware of the newly revised Dearness Allowance (DA), which is ₹ 5,544 with effect from 1st April 2026. The basic wages have to be paid as per GO No. 21 dated 26 May 2025.

The gross total wages for employees in our healthcare industry should include the Basic plus current DA, along with allowances such as stay, food, uniform, etc.

Please ensure that all records and registers are properly maintained and kept ready, as inspections may be conducted following the revised DA implementation.

Best wishes to all the office bearers for the good work being done.

LONG LIVE IMA !

HEAD QUARTERS BUILDING FUND

Dear members of IMA CBE,

We wish to inform you that we have received a formal request from IMA Headquarters seeking contributions from IMA Coimbatore branch towards the construction of the New IMA Headquarters Building in New Delhi. This initiative is being coordinated through Dr. Abul Hasan, Chairman, Hospital Board of India.

As one of the oldest and largest branches of the Indian Medical Association, it is our collective responsibility to support this important national initiative. In this regard, we request every member of IMA Coimbatore to contribute a minimum of ₹1,000 (or more as desired) towards the Head Quarters Building fund.

Your generous support will help strengthen the national presence of our association and contribute significantly to the development of the new headquarters.

We request all members to extend their support in this initiative.

Payment can be made by the QR code (attached) or NEFT.

Dr.B.Koshal Ram

President

Indian Medical Association
Indian Overseas Bank
Ramnagar Branch
SB A/c No.132801000000290
IFSC IOBA 0001328



International Women's Day IMA Coimbatore at EASA College on 06.03.2026



As part of International Women's Day, the IMA Women Doctors Wing (WDW) conducted an awareness program on General Health of Adolescent Girls and HPV Awareness at Easa College of Engineering, Chalavadi. This program was an initiative of Dr. Suman, Secretary – IMA NHB (NHB), who is coordinating the "Wonder Women" program in association with Young Indians (Yi) and CII. Around 300 students actively participated in the program. In addition, a Basic Life Support (BLS) training session was also conducted for the students to equip them with essential life-saving skills. The program was well received and helped create awareness about important health issues among young women.

A Women Empowerment Program – "Thendral" at Karpagam College of Engineering on 06.03.2026



A Women Empowerment Program – "Thendral" was conducted at Karpagam College of Engineering. Dr. Anusha, Chairman – IMA Women Doctors Wing (WDW) delivered an inspirational talk on Women Empowerment, motivating the students to believe in their strengths, pursue their dreams, and take up leadership roles in society. The session was well received by the students and faculty, making the event meaningful and inspiring.



Eye screening program and BLS demonstration
on 07.03.2026
at GCT college. 50 students were benefitted



State council meet at Sathiyamangalam
on 8.3.26

HPV Awareness Program and Vaccination Drive Women's Day Initiative at Karunya on 09.03.2026



An HPV awareness program and vaccination drive was conducted at Karunya Institute of Technology and Sciences on 9th March 2026 as part of the Women's Day initiatives. The program was introduced by Dr.B.Koshalram, President of IMA, who introduced the IMA team and set the context of the meet. Dr.Anusha delivered a talk on adolescent health, wellness, and the importance of HPV vaccination. Dr.Lakshmi Shanthi addressed the students on mental health and emotional wellbeing among adolescents. Dr.M.Doraikannan spoke about the benefits of vaccination and clarified common myths regarding HPV vaccines, making the session interactive. Around 300 students attended the awareness program. Following the session, an HPV vaccination drive was conducted in which 84 girl students received the vaccine. The vaccination was carried out carefully and meticulously by the IMA medical team comprising Dr.Lakshmi Shanthi, Dr.M.Doraikannan, and Dr.Vinodh, coordinated by Dr.Anusha. Rotary club of Coimbatore Central had sponsored the vaccination for this initiative. The Chief of Karunya University, Dr.Samuel Thomas and the Vice Chancellor expressed their appreciation and thanked the IMA doctors for conducting this important awareness and preventive health initiative for the students.

INDIAN MEDICAL ASSOCIATION
COIMBATORE BRANCH
College of General Practitioners

CME Invitation
HPV vaccination Training Program

We cordially invite you for the online CME on 10th March 2026, Tuesday, 06.00PM-05.00PM.

IMA Coimbatore prepares a focused 45-minute Training Program on HPV Vaccination for doctors. This program is designed to update clinicians on HPV Vaccination Latest HPV vaccination guidelines, dosage, schedules, and age-specific recommendations. The session will be conducted by expert faculty and is structured to provide concise evidence-based learning within a short duration. At the end of the program, all participating doctors will receive an official Certificate of Completion. Join us in strengthening HPV awareness and prevention efforts—towards a future free from cervical cancer.

<p>Program Schedule</p> <p>Program</p> <p>Welcome address by President Honorary Secretary's address HPV program coordinator IMA HQS Introduction Vote of Thanks</p>	<p>Dr.B.Rasheed Rami President</p> <p>Dr.D.Paramaswaran Honorary Secretary</p> <p>Dr.R.Ramanathan Finance Secretary</p> <p>Dr.K.Karthikeyan Chairman, CGP</p> <p>Dr.V.Rajesh Babu Secretary, CGP</p> <p>Dr.V.Nandagopal Assistant Coimbatore Branch Secretary</p>
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10.03.2026 Thursday
Jala Zoon Meeting
Will be initiated soon

Theme 2026: Members Advancing Together

HPV Vaccination Online Training Program on 10.03.2026

IMA Coimbatore prepares a focused 45-minute Training Program on HPV Vaccination for doctors. This program is designed to update clinicians on HPV Vaccination. This program is coordinated by Dr Nomeeta Gupta from IMA head quarters HPV program coordinator Latest HPV vaccination guidelines, dosage, schedules, & age-specific recommendations. The session will be conducted by expert faculty and is structured to provide concise, evidence-based learning within a short duration. At the end of the program, all participating doctors will receive an official Certificate of Completion. Join us in strengthening HPV awareness and prevention efforts—towards a future free from cervical cancer.

World Glaucoma Day at Siloam Thomas Hospital by Dr.Devdutt Thomas on 13.03.2026 & 14.03.2026



IMA CBE AMS CME at Hotel Grand Regent on 13.03.2026

Diabetic—Obesity Summit CME organized by the Academy of Medical Specialities, IMA Coimbatore Branch was successfully conducted on 13th March 2026 at Hotel Grand Regent, Coimbatore with an enthusiastic participation of members on 13/03/2026. Dr.R.Balamurugan, Senior Diabetologist, delivered a talk on the metabolic links between obesity and Type-2 diabetes and discussed the evolving role of dual agonist therapy. Dr.R.Srinivasan, Endocrinologist, presented an engaging session on the importance of managing obesity effectively and reviewed the clinical evidence comparing newer treatment modalities. A lively panel discussion on obesity management followed with participation from Dr.T.Saravanan, Dr.Vengo Jeyaprasath, Dr.V.Nandagopal, Dr.Venkatesh, Dr.Thiyagarajan, Dr.S.Balamurugan (Bariatric Surgeon), and Dr.Madhura Prasad Suman



Glaucoma Awareness Walkathon - 14.03.2026 at Semmozhi Poonga



IMA Coimbatore conducted a Glaucoma Awareness Walkathon today (14/03/2026) at Semmozhi Poonga as part of World Glaucoma Week. Around 100 participants, including doctors and optometry students, actively took part in the walkathon to spread awareness about the importance of early detection and treatment of glaucoma, a leading cause of preventable blindness. BLS training was also done to the general public.

HPV Vaccination Camp at KV Matriculation School, Saravanampatti by IMA Women Doctors Wing on 16.03.2026



HPV Vaccination Camp was successfully conducted at KV Matriculation School, Saravanampatti by the IMA Women Doctors Wing on 16/03/2026 3-5pm. An awareness program was held before vaccination by Dr.Anusha who explained the benefits of vaccination. Dr.Sridevi Vasanth also interacted with the students. A total of 85 students in the 15–16 years age group were vaccinated. The program was conducted smoothly with good cooperation from the school authorities and students. Rotary Club of Coimbatore central had helped in arranging the Vaccination drive.



Recent Updates in National Tuberculosis Elimination Programme (NTEP)

Dr.K.GANESHKUMAR

The National Tuberculosis Elimination Programme (NTEP) aims to eliminate TB in India by 2030 based on the pillars: Detect – Treat – Prevent – Build.

1. Enhanced Case Detection:

- a. Active Case Finding (ACF) targeting high-risk groups (urban slums, diabetics, HIV, contacts).
- b. AI-assisted Chest X-ray used as a triage tool in community screening.
- c. Universal molecular testing (CBNAAT / TrueNat) as first-line diagnostic.

2. Advances in Treatment

- a. **Drug-Sensitive TB (DS-TB):** (2)HRZE (4)HRE- daily fixed-dose combination regimens. Emphasis on early initiation & decentralised treatment.
- b. **Drug-Resistant TB (DR-TB) :** Shift to shorter, all-oral regimens (no injectables) Introduction of BPaL / BPaLM regimens (Bedaquiline, Pretomanid, Linezolid, Moxifloxacin):
Duration reduced to ~6 months with Higher success rates (~80%)

3. Patient-Centric & Digital Care

Nikshay Portal: real-time case tracking, adherence monitoring.
Digital adherence technologies (SMS reminders, apps).
Differentiated TB care for high-risk groups (DM, HIV, paediatric).

4. Nutritional & Financial Support

Nikshay Poshan Yojana: DBT support (~₹1000/month).
Nikshay Mitra initiative: community adoption

of TB patients.

Focus on zero catastrophic cost to patients.

5. Prevention Strategies

TB Preventive Treatment (TPT) with - 6,3HP, 1HP scaled for:

Household contacts

PLHIV and vulnerable populations

Airborne infection control and contact tracing strengthened.

6. Community & Private Sector Engagement

Mandatory TB notification from private sector.

Integration with Ayushman Bharat & primary health centres.

TB Mukh Bharat Abhiyaan for Jan Andolan approach.

7. New Campaigns & Innovations

100-Day TB Elimination Campaign targeting vulnerable groups to accelerate detection & outcomes.

Use of AI, digital surveillance, and indigenous TB burden models.

Decentralisation of services to Ayushman Arogya Mandirs. The Times of India

8. Programme Impact

Decline in TB incidence (~17–21%) and mortality since 2015.

Improved treatment success rates (~89% for DS-TB).

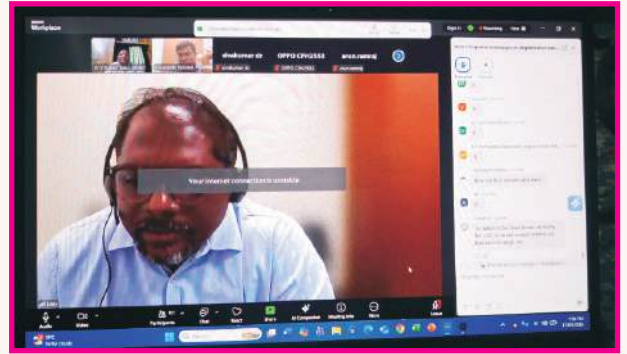
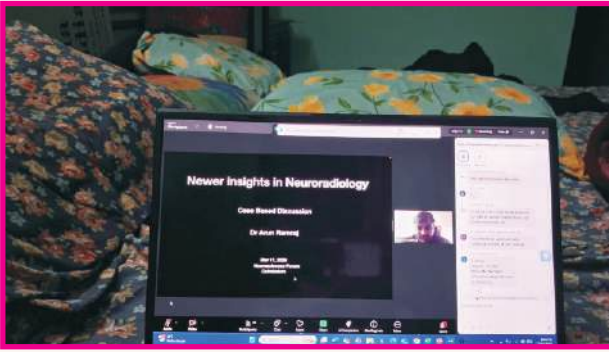
Better outcomes in MDR/XDR TB with newer regimens.

Conclusion

NTEP has evolved into a patient-centric, technology-driven programme with:

Rapid diagnostics, Shorter oral regimens, Strong community participation.

IMA AMS Neuro science Forum online CME on 17.03.2026



Organ Donation Awareness Program –Nehru College of Engineering on 17.03.2026



IMA Coimbatore conducted an Organ Donation Awareness Program at Nehru College of Engineering. Dr. Koshalram gave the introductory address and set the context of the meeting. Dr. Anusha spoke on eye donation under the theme "An Eye for an Eye" and explained its importance. Eye donation pledge forms were also circulated. Dr. Rajesh Babu, Chairman, IMA Tamil Nadu State Organ Donation Committee, spoke on blood donation and total organ donation. The session ended with an interactive discussion, and the program was well received by the students.

Adoption Of Tribal Village Perumal Kovil Medu



Managing Committee Meeting at IMA Hall on 18.03.2026

CGP Zoom online CME on 24.03.2026

Weekly NCD Camps at IMA Campus – 07.03.2026, 14.03.2026, 21.03.2026, 28.03.2026 on Saturdays by Dr B Koshal Ram & Dr D Parameswaran



Dr. Balamurugan

OBESITY – A PATHOPHYSIOLOGICAL UNDERSTANDING

What is obesity?

Obesity is one of the most significant health problems which is commonly missed.

Obesity is commonly assessed using BMI and waist-hip ratio.

BMI in Asian population:

18.5–22.9 ↓ Normal

23–24.9 ↓ Overweight

25–29.9 ↓ Obesity I

≥30 ↓ Obesity II

Waist-hip ratio used to assess cardiovascular & metabolic risk:

In men: W/H ratio ≥ 0.9 → High risk

In women: W/H ratio ≥ 0.8 → High risk

Why obesity occurs?

1. Genetics ↓ People with family history of obesity have higher risk.
2. Environmental ↓ Availability of high-calorie food, limited physical activity.
3. Behavioral ↓ Overeating, lack of exercise, emotional eating, stress, lack of quality sleep.
4. Hormones ↓ PCOS, hypothyroidism, Cushing disease.

Why we bother about obesity?

Obesity is now considered as a disease per se.

Because obesity is associated with a wide range of complications:

i.e., T2DM, Dyslipidemia, metabolic syndrome, HTN, CAD, CVA, OA, OSA, MAFLD, MASH, GERD, depression.

How? What happens in our body?

Let's learn the science behind obesity.

When there is excessive fat in our body, it leads to adipocyte dysfunction, which is a key factor for complications.

- These dysfunctioning adipocytes contribute to accumulation of lipids in **ectopic and visceral fat depots.**

Ectopic fat (What it is?):

- Fat around heart
- Liver
- Pancreas
- Kidney
- Muscle

Visceral fat:

- Retroperitoneal fat
- Omental fat
- Mesenteric fat

These fats lead to local inflammation and insulin resistance.

Why is management of obesity difficult?

One can lose weight and fat by different methods, but maintaining weight loss is challenging because the body's compensatory mechanisms favor weight regain:

1. Body's energy expenditure is reduced
2. Hunger (by neuronal/brain and hormonal mechanisms: leptin, ghrelin, CCK, GIP, GLP-1, amylin) ↓ Satiety
→ Leads to weight gain

How do we manage obesity?

A) Lifestyle modification

1. Diet:
 - o Low-calorie diet and calorie deficit
 - o Balanced diet
 - o Moderate protein intake
 - o Intermittent fasting
 - o Low fat intake
2. Physical activity:
 - o Brisk walking
 - o Cycling
 - o Swimming

3) Behavioural Therapy:

- Self-monitoring and motivation
- Goal setting
- Stress management

B) Medical Management:

- Considered for:
 - o BMI ≥ 30
 - o BMI ≥ 27 with comorbidities mentioned above

There are many oral and injectable medicines available for effective weight loss. Some can be taken once weekly and may lead to weight reduction of up to ~20%.

C) Surgical Management:

- Surgeries like bariatric surgery help in weight loss by:
 - o Reducing stomach size
 - o Altering absorption and digestion

Women's Day Celebration



YOGA AT IMA HALL ON SUNDAYS





Dr.M.Doraikannan

Gomukhasana (Cow Face Pose)



Gomukhasana is a seated Yoga posture that deeply opens the hip and Shoulder while stretching the arms, chest, and Triceps muscle.

It resembles like cow face providing improve posture and front mobility

Sit in dandasana comfortably take deep breathing.

Slowly bend your left leg at Knee level and place the foot to outside of the Right hip.

Then bend the Right Knee and cross over the left leg place the right foot beside the left hip

Raise the Right arm overhead, bend the elbow And Cross the right shoulder & place the hand on the upper back in between scapula.

Take the Left arm behind your back and clasp the right hand with Left hand.

Keep the spine straight, Chest open and maintains this posture for 30 to 60 seconds..

Exhale and release the hands and bring both hands in front.

Repeat the same to the Left side.

Benefits

Releases tension in the hip, Shoulders and chest.

Enhances flexibility in the Shoulder, triceps muscle and hip joint

Promote posture correct jour Helps to stimulate the kidney and liver and Pancras.

Opens the Chest & increase oxygen uptake.

Reduces stress and anxiety and Boosts blood circulation.

Reproduction organs are toned and massage in regular parade.

Cure the stiffness of Shoulder Strengthen muscles of ankle, hip thigh shoulder, triceps and Chest

1 Shoulder pan or injury

2. Soft Tissue Injuries of Legs or Any Part of the Body

3. Bleeding Piles

4. Spondylitis



**"Please join the free Yoga class,
Every Sunday
at IMA, and keep yourself healthy."**



DR.G.S.KUMAR. M.B.B.S. B.G.I. L.L.B.M.L.
CONVEVER. LEGAL COMMITTEE. I.M.A. TNSB.

Doctors must have the safety to practice medicine without fear of law for they are the most entities in the eyes of law.

"An Hospital is a temple of natural justice."

"Things have gone wrong and therefore somebody must be found to be blamed" is the order of the day." blame culture as pervaded the entire society today'. But in the eyes of law liability arises from the action and not the outcome of the action. The classical statement of law in bolam's case has been widely accepted as the standard of care by professional men generally and medical practitioners in particular.

A surgeon with shaky hands under fear of legal action and a physician with quivering mind cannot give perfect results. As quoted in THE Jacob Mathew v/s state of Punjab case.(2005 CRI.L.3710)

ASA DOCTOR our defence would involve the following things.

- documenting the patient's history treatment, decision made
- individual consent for every procedure signed by the patient or the legal guardian which is explained in the regional language .
- showing adherence to standard protocols and following the same guidelines .
- accepted medical practice(BOLAM'S TEST) a doctor cannot be held negligent neither in regard to diagnosis or treatment or in disclosing the risks involved in a particular surgical procedure or treatment if the doctor has acted with normal care, in accordance with recognised practices accepted by body of medical men skilled in that particular field, even though there may be a body of that takes a contrary view. (Supreme Court in the case of Sameera Koli v/s Dr. Prabha Manchanda. para 31, chapter 41, volume 21)

Immunities and defences for doctors.

- evidence of informed consent wherever applicable as per law
- Expert Opinion supporting our evidence of care
- good record maintenance system. Generally registers to be maintained in hospitals are
 - a. Outpatient register
 - b. Patient register.
 - c. Accident register.
 - d. Police intimation register.
 - e. wound certificate register.
- a good rapport maintained with the patients, public, and the politicians, will help to save our head in crisis.

No special immunity is given to doctors under Indian law. A doctor treating an emergency case in an emergency situation has got immunity from legal actions in certain situations. Hospitals in our country, if they are totally charitable, are outside the purview of the consumer protection act. But charitable hospitals that provide both free and paid services cannot take the benefit of this immunity. Government hospitals when providing completely free services have limited immunity as they are outside the purview of CPA.

Defences available to doctors.

1. Complete denial. If the doctor is confident that no negligent act was committed, complete denial that the injury has been caused due to negligence would be a complete defence.
2. Justification or necessity action is a complete defence that will support the doctors conduct lawful . It is more lawful in case of emergency.
3. Duty delegation. This defence will be different in different types of situations. There are some duties delegated to our

competent and qualified assistant, partner, laboratory attendant or nursing staff, but in case of negligence, both the delegatee and delegator will be considered negligent. I.e. A neurosurgeon delegates his duty to a qualified assistant to conduct lumbar puncture. For any negligence of the assistant, both the neurosurgeon and the assistant are liable.

- some fundamental duties cannot be delegated for example, A radiologist cannot delegate his duty of writing reports.
4. Contributory negligence on the part of the patient: it is lack of ordinary care on the part of the patient without which the injury could not have occurred. This defence can minimise or even absolve the doctor of his wrong.
 5. Intervening cause. intervening cause is an independent act that destroys the causal connection between the negligent act of the doctor and the wrongful injury caused to the patient only if the Independent act and not the original act was the immediate cause of injury.
 6. Known and normal complications of drugs or procedures. This is a valid defence, only if the basic facilities to treat the complications are available at the working place.
 7. Documentation and record maintenance. out patient records to be maintained minimum 3 years only. in_ patient records are to be maintained for 3 to 5 years. in medicolegal cases records to be maintained up to 15 years in case of court proceedings records to be maintained until final judgement
 - 7a. Unexpected results. Doctors guarantee care and not cure. Medicine is a science and not a mathematical calculation. Doctors cannot be held responsible for unexpected results.
 8. Rarest of rare cases. If the case is an emergency and the doctor has not been able to get an expert opinion, it will be a complete defence.
 9. Bonafide mistakes and errors of judgement. When given the good quality of standard of care even deviation from normal professional practice is not necessarily evidence of negligence. Certain risks are inherent in all treatments, and a doctor cannot be liable for negligence if any such risk actually takes place. The supreme court in the case of A.S. MITTAL AND ANR V/S state of UP and others (AIR 1989 SC 1570)

approvingly coated"... But the law recognizes the dangers which are inherent in surgical operations. Mistakes will occur on occasions despite the exercise of reasonable skill and care.

10. Difference of opinion or deviation from normal practice. Doctors are not expected to follow any particular line of treatment. But Bolam's test must be followed.
11. Emergency situations, free service, no duty of care, (a casual advice given over telephone does not rise to duty of care), absence of proof, are some of the defeats for doctor against medical negligence
12. Causation. When there is no link between the alleged negligent conduct of the doctor and the resulting injury patient or in case the negligent conduct is not a substantial factor causing injury, both these aspects will operate as complete defence.
13. Limitations. Limitation prescribes the affected time for the affected party to file a case.

In civil cases the period of limitation is 3 years.

Criminal cases there is no limitation but the delay may be a factor to affect the merits of the case.

The limitation of period in consumer case is 2 years from the date the action arises, as per the CPA 2019.

However the forum may give extension of time, upon the explanation of the reason given by the patient.

RES JUDICATA. Means that any case between the same parties once finally decided on merits cannot be filed again. If a patient has filed a case for medical negligence and the case is disposed of, he cannot file another case for excessive bill collection. If the patient has initiated proceedings in the wrong forum, either the legal proceedings can be transferred to the proper Court or dismissed.

There are some important aspects of medical practice on which the Indian courts have refrained from expressing any opinion, but these are of importance to the doctors, patients and even to the Healthcare sector. Hence it is in the interest of doctors that before law intervenes, doctors and medical associations must take conscious efforts and agree on suitable self-regulatory measures, especially on these aspects.



Free Glaucoma Screening Camp at Siloam Thomas Eye Hospital A Comprehensive Report

Dr. Devdutt Thomas

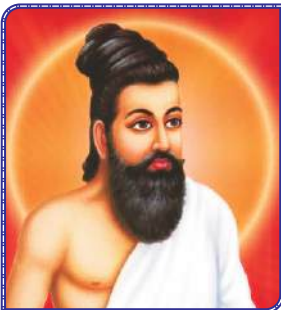
Glaucoma is a Silent Vision killer Disease affecting 2-3 % of our Indian Population. Glaucoma is the individual Second leading cause of Irreversible Blindness which should be detected Early and treated early. Glaucoma is caused by Raised Eye Fluid Pressure inside the eye which gradually compresses the Retinal Ganglion cells and the Optic nerve leading to gradual loss of peripheral field of Vision. Glaucoma usually affects one eye to start without any symptoms of pain, redness and hence known as the Silent Thief of vision.

Who are at Risk??

Patients above 40 years of age, with associated Diabetes, Hypertension, Thyroid dysfunction, Family history of Glaucoma and patients on long term use of steroid medications for Asthma, Arthritis have a high risk of developing high eye fluid pressure which will ultimately lead to Glaucoma. Routine Glaucoma screening after 40 is a must, Healthy Eyes with Healthy Vision improves quality of Life

World Glaucoma week is observed in the month of March every year and Siloam Thomas Eye Hospital conducted Free Glaucoma Screening camp in association with Indian Medical Association, Coimbatore on 14th March 2026 at the hospital premises. Many of our Doctors attended the camp. Advanced Diagnostic equipments like OCT, Applanation tonometry and Humphrey Field Analyser were used for Glaucoma screening . General Public also benefitted from the camp.

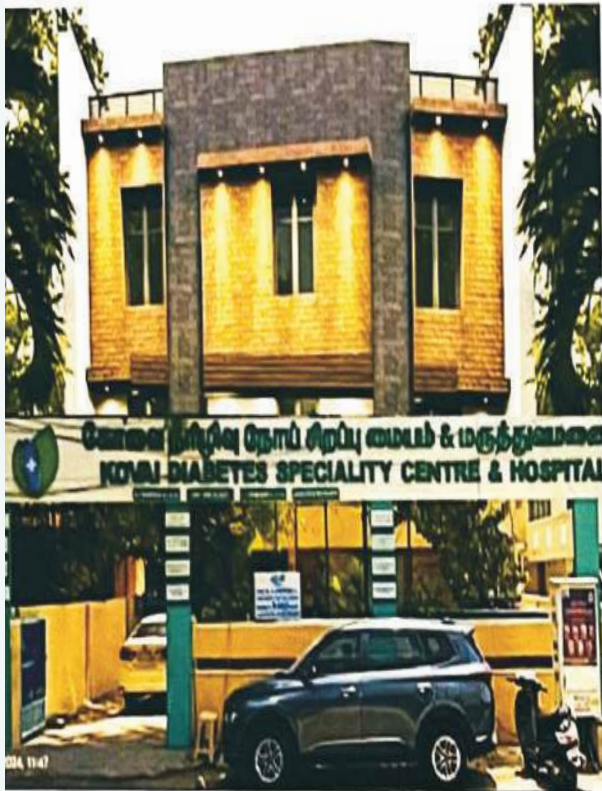
திருக்குறள் 999



சொல்லுக சொல்லைப் பிறிதோர்சொல் அச்சொல்லை
வெல்லும்சொல் இன்மை அறிந்து.

நாம் பேசும்போது, நாம் சொல்லும் சொல்லுக்கும் அதன்
கருத்திற்கும் மாற்று சொல்லால் மறுத்து கூறாதபடி ஆராய்ந்து
தெளிவான சொல்லையே பேச வேண்டும்.

மருத்துவர். மா.துரைக்கண்ணன்



Trusted Destination for Comprehensive Diabetes Care

Koval Diabetes Speciality Centre & Hospital (KDSCH) is a premier, advanced diabetic care hospital committed to delivering world-class treatment with compassion and precision. The hospital is certified by NABH for Small Healthcare Organizations, demonstrating its adherence to stringent quality and safety benchmarks.

Complete Diabetes Care - All Under One Roof

KDSCH is a 25-bedded, high-tech specialty hospital designed exclusively for diabetes management and its related complications. Equipped with modern infrastructure and cutting-edge technology, we provide holistic care that meets international standards.

Our Centers of Excellence Include:

- ✦ Dedicated **Diabetic Intensive Care Unit (ICU)**
- ✦ Two advanced **Operation Theatres** specializing in diabetic foot, diabetic eye care, and diabetes-related procedures
- ✦ Comprehensive **Diabetic Foot & Eye Care Services**
- ✦ Specialized **Dietary, Obesity & Nutrition Clinics**
- ✦ Integrated departments of **Cardiology, Radiology & Physiotherapy**
- ✦ 24/7 Fully Automated, Computerized Laboratory Services
- ✦ 24/7 Diabetes Specialty Pharmacy

Innovation, Research & Advanced Treatment

At KDSCH, we go beyond treatment. Our dedicated **Clinical Research Department** focuses on pioneering research and new drug development, ensuring our patients benefit from the latest advancements in diabetic care.

Expert Team. Compassionate Care.

Our strength lies in our highly experienced doctors, skilled paramedical professionals, and certified diabetes educators who work together to provide personalized, evidence-based care tailored to every patient.

KDSCH - Redefining Diabetes Care with Excellence, Innovation, and Compassion.

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