

‘C’ VIEW

THE BULLETIN OF THE BOMBAY ‘C’ WARD MEDICAL ASSOCIATION

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EDITORIAL

Sip the moment: with samosa and vada pav

I’ll never forget the day a handful of my university friends —spread across cities and careers—surprised our beloved professor with a reunion at his cozy bungalow in Madurai. As soon as we stepped in, the familiar aroma of his old filter coffee wrapped around us like a warm hug. Stories tumbled out—late night study marathons, narrow escapes from strict librarians, and the impromptu rain soaked picnic that turned into the best memory of our semester.

Somewhere between laughter and the first sip, our chatter shifted toward life’s usual suspects: tight deadlines, toddler tantrums, and the constant juggle of family and work. After a thoughtful pause, our professor called us to serve ourselves coffee—but handed out a mix of cups: delicate porcelain, a few plain glass ones, even some mugs with tiny chips. Unsurprisingly, the fanciest cups disappeared first. He looked around, eyes twinkling, and said gently, “In chasing the prettiest cup, we risk missing the taste of the coffee itself.”

Those words resonated deeply when we learned of the tragic passing of model and actor Shefali Jariwala, reportedly linked to her use of beauty products. It’s a heartbreak reminder of the pressures—sometimes deadly—that come with chasing an external ideal. In our clinics, we witness patients who define themselves by the mirror’s reflection—wringing worry over a blemish or hair fall—while the heart of their health story remains untasted.

Whether it’s the relief on a patient’s face when their eczema finally clears or the renewed confidence after a breakthrough treatment, skin conditions are more than skin deep—they touch on overall health and self-esteem.

As the monsoon breathes life into our city with its cool breezes and rhythmic rains, we too must pause. Stepping out for a plate of piping hot samosas or vada pav in the drizzle can recharge our spirits, giving us the clarity and compassion to care for those battling dengue, malaria, or stubborn skin conditions.

Please join us in the morning of case talks, laughter, and genuine camaraderie. Whether you arrive clutching your favorite latte cup or a simple tumbler, you’ll find that what really matters is the warmth we pour into each consultation—and the stories we carry back home.

Looking forward to seeing each of you—cup in hand and hearts open!

Warmly,
Dr. Sonia Kothari,
Editor

To get rich, never risk your health. For it is the truth that health is the wealth of wealth.

- LEIGH HUNT

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9820188986

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9819577799

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**The Bombay ‘C’ Ward
Medical Association.**

C/o Excel Diagnostic
Centre, Dhana Patel
Building, 232, Tardeo Rd,
Mumbai – 400 007.

Tel: 2361 2880

E-mail:
bcwmail@gmail.com

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PRESIDENT'S ADDRESS

Our last CME was a **resounding success**, drawing an impressive **105 delegates** despite several other events taking place on the same day.

I extend my sincere appreciation to our Clinical Secretary, **Dr. Jawahar Mukhtyar**, for organizing such a well-curated and insightful program. My special thanks also to all the speakers and panellists for generously sharing their expertise and time.

Recently, there was a move by the government to allow **Homeopaths**, who have completed the **Certificate Course in Modern Pharmacology**, to be registered with the **Maharashtra Medical Council (MMC)**. This proposal was strongly opposed by all allopathic doctor organizations, whose efforts led to the **suspension** of the government resolution (GR) directing the MMC to register these practitioners.

The government's rationale is based on the shortage of doctors in rural areas—arguing that such a step could extend the reach of modern medicine to underserved populations. It further points out that **BAMS** doctors in Maharashtra are already permitted to prescribe allopathic medicines, questioning why homeopaths should not be granted the same permission.

However, the allopathic medical fraternity has rightly expressed concerns. A **six-month course in pharmacology** cannot substitute the comprehensive medical education required to practice modern medicine safely. The **Supreme Court** has also consistently ruled against crosspathy, declaring it **negligence per se**. Under such circumstances, it is uncertain whether the government's stance—to allow BAMS and BHMS doctors to prescribe allopathic medicines—would withstand legal scrutiny.

There is also apprehension that this move might serve vested interests, potentially benefitting politicians who run homeopathy medical colleges by attracting more students and thereby increasing profits.

If the government's genuine concern is to ensure modern medical care reaches rural populations, a **more balanced approach** would be to allow BAMS and BHMS doctors, after completing the certificate course, to prescribe allopathic medicines **only in rural areas where there is a documented shortage of allopathic doctors**. Such a targeted policy would likely face less resistance from allopathic practitioners and may also be viewed more favourably by the courts.

Additionally, it is important to have a broader debate on the **scope of practice** for practitioners of various systems, especially as many homeopaths and Ayurvedic doctors now pursue master's degrees and even surgical training. Clearly defining what they can and cannot do is essential to protect patient safety and reduce medico-legal risks.

It must be acknowledged that many homeopaths and Ayurvedic doctors, particularly in Mumbai, have been practicing successfully for years, some with patient loads exceeding those of their MBBS counterparts. At the same time, there is a dwindling number of MBBS graduates opting to serve as **family physicians**, as most aspire to become specialists or super-specialists. Family physicians play a **critical role** at the foundation of our healthcare system—providing cost-effective care for common ailments and guiding patients who need specialist attention. As fewer MBBS doctors choose this path, it raises the question: **who will step in to fill this gap?**

It may be time for practitioners of all systems of medicine to come together on a **common platform** to discuss and define the boundaries of clinical practice, keeping in mind both qualifications and—most importantly—the interests of patients. The most effective healthcare system is one where each discipline recognises its strengths and limitations and collaborates for the **greater good of the patient**. Let us remember that the **patient remains at the heart of our practice and our purpose. We are, because patients are.**

Dr. Neelang Shah,
President.

SUMMARY OF LAST CME: ZOONOTIC DISORDERS

On July 6, 1885, Joseph Meister, a nine-year-old boy, was severely bitten by a rabid dog and brought to Louis Pasteur, as the boy's life was considered to be in imminent danger. Pasteur, who was not a medical doctor, worked with a physician, Dr. Grancher, to administer the vaccine. The treatment consisted of a series of injections of rabbit spinal cord suspensions containing progressively weakened rabies virus. Joseph Meister survived and became the first person to be successfully vaccinated against rabies. This landmark case demonstrated the potential of vaccination to prevent deadly diseases, paving the way for the development of other vaccines. It led to the rapid adoption of Pasteur's rabies vaccine worldwide and the establishment of the Institute Pasteur.

World Zoonosis Day is observed annually on **July 6th** to raise awareness. A zoonosis is an infectious disease that has jumped from a non-human animal to humans. Zoonotic pathogens may be bacterial, viral, parasitic, or involve unconventional agents, and they can spread to humans through direct contact or indirectly via food, water, or the environment.

More than half of all infectious diseases that affect humans are zoonotic. These diseases pose a major public health challenge globally due to our close relationships with animals in agriculture, as companions, and in natural environments. There are over **200 known types of zoonosis**.

Some diseases, such as HIV, began as zoonosis but later adapted into human-only strains. Others, like Ebola virus disease and salmonellosis, can cause recurring outbreaks. Emerging infections such as the novel coronavirus (COVID-19) have shown the potential to trigger global pandemics.

Antimicrobial resistance complicates the control and prevention of zoonosis. The widespread use of antibiotics in animals increases the risk of drug-resistant strains of zoonotic pathogens. Their global distribution, limited surveillance systems, and challenges in timely diagnosis further strain public health responses.

In India, **arboviral and zoonotic diseases** significantly increase morbidity and remain a major concern. Prevention and control strategies must be **multi-sectorial**, requiring coordinated efforts from veterinary, environmental, forestry, agriculture, climate change, and health sectors. This leads us to the concept of **“One Health,”** which recognises the interconnection between people, animals, plants, and their shared environment.

For India, One Health is particularly important. With its diverse wildlife, large livestock population, and dense human population, India faces heightened risks of cross-species disease transmission. The One Health approach promotes shared governance, communication, collaboration, and coordination—helping people better understand co-benefits, risks, trade-offs, and opportunities to advance equitable and holistic solutions.

The COVID-19 pandemic, outbreaks of **Lumpy Skin Disease** in cattle, and the ongoing threat of **Avian Influenza** highlight the urgency of addressing diseases across sectors. Livestock, wildlife, and plant sectors directly affect productivity, human and animal health, and conservation efforts. Integrated, robust, and agile response systems that leverage the strengths of each sector are essential.

The pdf factsheet brought out by the OSHA - ABSA alliance program (Occupational Safety & Health Administration & the American Biological Safety Association) is attached separately for your ready perusal. <https://absa.org/wp-content/uploads/2017/01/ZoonoticFactSheet.pdf>

Also attached: Technical guidance on zoonotic disease: PREVENTION, PREPAREDNESS AND RESPONSE - using One Health Approach. Issued by WHO & National Centre for Disease Control - Directorate General of Health Services - Ministry of Health & Family Welfare, Government of India. <https://ncdc.mohfw.gov.in/wp-content/uploads/2024/04/Technical-Guidance-on-Zoonotic-Disease.pdf>

Dr. Jawahar Mukhtayar,
Clinical Secretary

The Bombay 'C' Ward Medical Association and Bombay Medical Union

jointly with **Sir H.N. Reliance Foundation Hospital** Invite you to

Dr. Jaswant Mody Foundation CME on:

"Skin-fully Yours!" The Good, The Bad & The Itchy

Date: Sunday, 03rd August, 2025.

Time: 09:30 am to 01:00 pm

Venue: Convention Hall, Sir HN Reliance Foundation Hospital, Prarthana Samaj, Mumbai- 04

09.30 – 09.50 am	Registration, Fellowship, Tea / Coffee
09.50 – 10.00 am	Welcome : President – Dr. Neelang Shah Clinical Secretary– Dr. Jawahar Mukhtyar
10.00 – 10.20 am	Rash Judgements! Common Skin Conditions – Acne, Allergies, Atopic Dermatitis and Urticaria : Dr. Purvi Shah
10.20 – 10.40 am	"Your Skin Speaks What Your Body Feels" – Skin Manifestations of Systemic Diseases : Dr. Sama Rais
10.40 – 11.00 am	When HIV Makes a Skin Statement – Dermatology and HIV : Dr. Janak Maniar
11.00 – 11.20 am	From Flakes to Flares-A Monsoon Special – Monsoon Skin Maladies (Fever With A Skin Rash) : Dr. Rujuta Sathe
11.20 – 11.40 am	"Hair Today, Gone Tomorrow!" – From Hairfall to Hairloss : Dr. Saurabh Shah
11.40 – 12.00 pm	Not Just Skin Deep...! Atypical Presentations and Newer Treatment Modalities for – Vitiligo, Psoriasis and Alopecia Areata : Dr. Sangeeta Shah
12.00 – 12.45 pm	PANEL DISCUSSION : "If Your Skin Could Talk, What Would it Say – Skintastic Pot Pourri" Moderator: Dr. Hemen Shah. Panelist: Dr. Shimoni Kadakia, Dr. Saurabh Shah & Dr. Rujuta Sathe
12.45 – 12.55 pm	Q & A
12.55 – 01.00 pm	Vote of Thanks
01.00 pm onwards	Lunch

ADMISSION FREE BUT PRIOR REGISTRATION IS A MUST, AS SEATS ARE LIMITED.

PLEASE NOTE THE VENUE AND TIME.

PARKING AVAILABLE

Program Coordinator – DR. SAURABH SHAH

President

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DR. RUSHABH SHAH

Clinical Secretary

DR. JAWAHAR MUKHTYAR

For Registration: SMS/ Whatsapp - Mr. Manoj – 9819470617 Or Email to bcwma1@gmail.com

Our CME: 1st Sunday of every month

- **To know details of CME of every month, send your email id to bcwma1@gmail.com**
- **Applied for 1 MMC Credit Hour Certificate (Subject to approval): Rs 50/- (The Bombay C Ward Medical Association members), Rs 100/- (non-members)**