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INDIAN MEDICAL ASSOCIATION

VADODARA BRANCH

The Monthly Bulletin

February 2024



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Dr. Mehul Desai
Dr. Pragnesh Shah

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Dr. Mitesh C. Shah

Hon. Secretary

Dr. Mehul Desai

IMA, VADODARA BRANCH

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98791 72160

Dr. B. M. Shah IMA House,
Vinoba Bhawe Marg, Salatwada, Vadodara - 390 001.
Reg. No. : Gujarat/1190/Vadodara Date : 03.09.1996
Time : 10.00 am to 6.00 pm (Monday to Saturday)

Dr. Mehul J. Desai
Hon. Secretary
94263 75899

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Dr. Mitesh Shah

Vice Chairman

Dr. Ketan Mehta

Date : 13.02.2024

A General Body Meeting of IMA Vadodara shall be held on Saturday 09th March 2024 at 04.30 pm at Dr. B. M. Shah IMA House, Salatwada, Vadodara to transact the following Agenda :

01. To read and approve the minutes of the last General Body Meeting
02. To elect / nominate (34) Thirty Four Central Council Members.
03. To present & adopt the Budget for IMA Vadodara for the following year.
04. To appoint Hon. Auditor for the following year.
05. To discuss & approve the matters decided at the Managing Committee Meetings.
06. Anything else with the permission of the chair.

Nominations are invited from members for 34 (Thirty Four) posts of Central Council Members to be submitted at IMA office between 11 to 5 pm, on or before 29.02.2024.

Please Note :

Members elected / nominated for the above posts, shall represent IMA Vadodara at Central Council Meetings and it shall be obligatory on their part to make it convenient to attend all such meetings.

Dr. Mitesh C. Shah
President

Dr. Mehul Desai
Hon. Secretary

IMA Vadodara Team 2023-24

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Dr. Mitesh C. Shah 98791 72160

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Dr. Samir R. Shah 98795 40888

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Dr. Rinki H. Shah

Dr. Sandeep B. Shah

Dr. Milan K. Thakar

Dr. Plyushkumar G. Vaghela

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Adiponectin the Molecule of the Millennium

VA Kothiwale

Adiponectin is the most important adipokine synthesized majorly by the adipose tissue among the various other sources being osteoblasts, liver cells and placement cells. Adiponectin acts via the adiponectin receptors to produce various physiological effects on the body which include hypolipidemic, hypolycaemic, insulin sensitizing, antiarthrosclerotic. The vascular protective and angiogenic action is carried out via its ability to increase nitric oxide production by activating epithelial nitric oxide synthase in an AMPK dependent manner and by increasing the cyclooxygenase expression. The hypolipidemic action is caused by the ability of adiponectin to increase the fatty acid oxidation and reduce the triacylglycerol stores. Adiponectin concentration being inversely proportional to the visceral fat concentration, in obesity the visceral fat being high the adiponectin concentration is low which is responsible to the various negative effects. It has glucose lowering and insulin sensitizing effect on body by the suppression of gluconeogenesis and glycogenolysis via the PPAR receptor action. Adiponectin is protective against various cancers and as its low concentration is associated with ovarian, endometrial and papillary thyroid cancer. We have understood why understood why adiponectin is rightly called the molecule of the millennial as it is protective against obesity, diabetes mellitus, peripheral arterial dysfunction and various neoplasms and also importantly its physiological actions would be a possible way to treat various metabolic diseases in the near future.

Capture ICTAL Nystagmus with Devices

Telemedicine devices, such as smartphones, can be utilized to capture ictal nystagmus during vertigo attacks.

This allows for real-time recording of eye movements, providing valuable visual data that can aid in the diagnosis assessment of vertigo episodes. These approaches demonstrate how advancements in telemedicine technology, particularly the use of smartphones, can significantly enhance the ability to capture and document vertigo episodes. This not only improves diagnostic accuracy but also provides valuable data for tailoring treatment strategies to individual patient's needs

An insight to nystagmocatcher

The "Nystagmocatcher" is a device designed to capture and record nystagmus, which is a rhythmic, involuntary eye movement that can be indicative of various vestibular disorders, including vertigo.

Conclusion

The Nystagmocatcher, a smartphone based adapter, shows potential in enhancing diagnostic accuracy for patients experiencing episodic vestibular symptoms, highlighting the value of incorporating technology into diagnostic processes.

The Nystagmocatcher, along with telemedicine devices, presents promising avenues for enhancing the diagnostic process of vestibular disorders characterized by vertigo episodes.

These technological advancements address key challenges, ultimately leading to more accurate assessments and improved patient care.

Source: newer Inventions-net

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Dear Friends,

There are various modes of health awareness programs that can be implemented to improve the health of society and, in turn, the nation as a whole. These programs play a crucial role in educating individuals about various health issues, promoting healthy behaviors, and preventing diseases. The impact of such programs on the health of society and the nation can be significant.

One mode of health awareness program is through community-based campaigns. These campaigns aim to reach individuals at the grassroots level, particularly those who may have limited access to healthcare services. By organizing health camps, workshops, and seminars, these programs educate people about various health issues such as communicable and non-communicable diseases, hygiene practices, and nutrition. They may also provide free or subsidized healthcare services, such as vaccinations or health check-ups. These programs help in creating health awareness among the masses and empower individuals to take proactive steps towards maintaining good health.

Another mode of health awareness program is through media campaigns. Television, radio, and social media platforms can effectively be used to disseminate health-related information to a wide audience. This includes awareness about diseases, their symptoms, and preventive measures. For example, public service announcements highlighting the importance of regular exercise, healthy eating habits, and regular health check-ups can have a positive impact on the overall health of the population.

School-based health awareness programs are another effective mode of imparting health education. By integrating health topics into the curriculum, students are educated about the importance of maintaining good health and adopting healthy habits. School-based programs can include physical education classes, health workshops, and awareness campaigns. These programs not only impact students' health directly but also encourage them to share the knowledge gained with their families, thus promoting healthy behaviors within the community.

The impact of health awareness programs on the health of society and the nation is significant. By educating individuals about diseases, preventive measures, and healthy lifestyles, these programs help in reducing the occurrence of diseases and deaths. They also lay emphasis on early detection and timely treatment, thereby reducing the burden on healthcare systems. Moreover, health awareness programs empower individuals to make informed decisions about their health, resulting in healthier and more productive lives.

In conclusion, health awareness programs implemented through community-based campaigns, media campaigns, and school-based initiatives have a positive impact on the health of society and the nation as a whole. By educating individuals about health issues and promoting healthy behaviors, these programs contribute to the overall well-being of the population, reduce the burden on healthcare systems, and improve the nation's health outcomes.

WELCOME NEW MEMBERS

TOTAL MEMBERS : 3572

SLM :

Dr. Patel Viral Maheshbhai
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Dr. Joshi Darshan P.
Dr. Valla Shivani Ajay
Dr. Kansara Nikunkumar Chandulal
Dr. Patel Dhavalkumar Vitthalbhai
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Dr. Vadher Alesh Nathabhai
Dr. Patel Kaushani Hetalbhai
Dr. Modi Parth Rajeshkumar

CLM :

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Dr. Kishnani Priya Parmanand
Dr. Parmar Pinkesh Dineshbhai
Dr. Shah Shweta Dhirajkumar
Dr. Bamaniya Divyprasad Manilal
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Dr. Patel Virenkumar Jayendrakumar
Dr. Desai Shivani Virenkumar
Dr. Vyas Harsh Sanjay
Dr. Mistry Ankita Arvindbhai
Dr. Aaudichya (Parmar) Abhaykumar S.
Dr. Vaswani Shruti Yashpal
Dr. Mehta Nishant Hiteshbhai
Dr. Mistry Heti Prakashbhai
Dr. Khanna Aman Romesh
Dr. Khanna Mallika Aman



IMA Matrimony Site



Our Long Awaited IMA VADODARA
activity for our own members.
Specially designed webpage
with easy access on our main website

www.imavadodara.org

Stay Tuned.....

IMA Matrimony Committee

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President, IMA Vadodara

Dr. Mehul J. Desai
Hon. Secretary, IMA Vadodara

Dr Sandeep Shah
Chairman

Dr Nitin Shah
Coordinator

Dr Saini Madam
Coordinator

Dr Hitesh Vasava
Coordinator



President's Address



Dr. Mitesh C. Shah

President

IMA Vadodara, Branch

drmiteshcshah@gmail.com

Dear friends,

In 2024, the year commenced with a vibrant celebration of humanity in our country, marked by the Pran Pratishtha Mahotsava at the Ram Mandir in Ayodhya. The monumental journey, from the construction of the temple to its public inauguration, stands as a shining example of unity and political determination.

With a shared commitment, the IMA is dedicated to enhancing the well-being of its members. Presently, we are called upon to demonstrate our unity once more in response to the government's recent decision regarding the stringent enforcement of the Clinical Establishment Act, implemented in December 2023. This act contains several provisions that pose challenges for small-scale nursing homes. Additionally, hospitals participating in the PMJAY project are encountering obstacles in receiving payments. The IMA is diligently advocating for the resolution of these issues, representing them at both local and national levels of health authorities.

We have successfully streamlined our biomedical waste management facilities, implementing a fully online payment process. Our Aao Gao Chale program continues to thrive, contributing positively to our communities. Individuals interested in serving the community are encouraged to reach out to our team for further updates and opportunities to get involved.

As a cricket enthusiast, I deeply appreciate the dedication of our sports team, skillfully managed under the leadership of Dr. Rahul Parmar and Dr. Piyush Vaghela. Anticipating even larger crowds in the upcoming matches, I extend my heartfelt congratulations to all winning teams and players who have been recognized with awards for their outstanding performances in each match.

Under the auspices of the IMA Vadodara Club, we are delighted to announce the forthcoming establishment of a GYM facility exclusively for our members. This initiative aims to provide access to state-of-the-art equipment and professional guidance at a nominal cost. Stay tuned for further updates on this exciting endeavour!

I strongly encourage every member to actively contribute to enhancing the vibrancy of our association. Together, through our collective efforts and dedication, we can foster a stronger and more dynamic community.

Maya Angelou rightly said,

*"I've learned that people will forget what you said, people will forget what you did,
but people will never forget how you made them feel."*

With regards.



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- Punctal Plugs • Phakic IOLs
- Bio Adhesives
- Corneal Foreign Body Removal

Dr. Sachin Mungale
M.S. (Ophth)
Specialty Fellowship
Glaucoma (LVPEI Hyd)



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- Comprehensive Glaucoma work up
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- Disc Photography
- Gonioscopy & Gonio photography
- Perimetry (HVA-3) • Fundus Photography

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Secretary's Desk



Dr. Mehul J. Desai
Hon. Secretary
IMA Vadodara, Branch
mehuldesai36@gmail.com

Dear IMA Vadodara members,
Greetings to you all.

January was a great month as everyone witnessed the Pran Pratishtha ceremony of Lord Ram at Ayodhya. Indeed it was a great pleasure to see it. I wish everyone would practice the principles of Lord Ram in their personal and professional life.

- A lot of changes are happening in functioning of IMA Vadodara and IMA Vadodara BMWMC to make it easy for members.
- It is with great pleasure I would like to say that a very well planned and equipped gymnasium is about to start by the end of February 2024. Details regarding the membership, rules and regulations will be circulated soon.
- IMA Vadodara has celebrated COVID martyrs day on 30/01/2024 to honour the family members of the doctors and paramedical staff who had lost their life in battle against COVID. We are highly thankful and appreciate the family members of the COVID martyrs who remain present in the event with all courage and heavy heart. Our heartfelt condolences, gratitude and regards to all.
- I request all the members to save **IMA Vadodara office number 7984441521** and **IMA Vadodara BMWMC number 9409196571** in their contact list. We are regularly sending important messages through these numbers. All the members are requested to read the messages. All the members are requested to update their contact number, WhatsApp number and email ID either on **7984441521** or on **imavadodara@gmail.com**. This will help them to get regular updates from the IMA Vadodara office.
- Another important thing is regarding IMA Vadodara co-operative credit society. All the members interested in seeking various loans must be members of IMA Vadodara co-operative credit society at least six months prior to applying for a loan.
- It is a gentle reminder especially for the newly enrolled members to become members of various schemes of IMA like SSS, NSSS, and HEALTH SCHEME.

Regards



Dr. Nita Mehta
Centre Director

Ph: 9638144374, 8733888771
0265-2352222
ultimatevision4me@yahoo.com
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IMA ISPL 2024 IMA Inter-Speciality Cricket League



Organised by **IMA VADODARA**

Starting From 21st January-2024



GROUP - A

- 1 Advance Multispecialty
- 2 Ophthalmology
- 3 Orthopaedic
- 4 Multispecialty
- 5 Anaesthesia

21st, 28th, Jan. & 11th, 18th, 25th Feb. 2024

**VENUE : SRP-1 GROUND
LALBAUG, VADODARA**

4th February - 2024

**VENUE : Pavilion Ground
MSU, VADODARA**

GROUP - B

- 1 Paediatric
- 2 Physician
- 3 Pathology
- 4 Surgery
- 5 Super speciality

MATCHES RESULTS

Date	08:30 am to 10:30 am	Result	10:30 am to 12:30 pm	Result	12:30 pm to 02:30 pm	Result	02:30 pm to 04:30 pm	Result
21 st January 2024	Multi-Specialty V/s Advance Multi-Specialty	Advance Multispecialty MOM: Dr. Harshad Joshi	Pediatric V/s Pathology	Pathology MOM: Dr. Lalji	Anesthesia v/s Ophthalmology	Anesthesia MOM: Dr. Hiral	Surgery V/s Super speciality	Surgery MOM: Dr. Shyam
28 th January 2024	Physician V/s Surgery	Physician MOM: Dr. Anand Patel	Multi-Specialty V/s Anaesthesia	Multispecialty MOM: Dr. Ketan Mahajan	Pathology V/s Super Speciality	Pathology MOM: Dr. Primal Patel	Advance Multi-Specialty V/s Ortho	Orthopaedic MOM: Dr. Rupal Shah
4 th February 2024	Advance Multi-specialty v/s Ophthalmology	Ophthalmology MOM: Jignesh Jethva	Physician V/s Pathology	Physician MOM: Dr. Abhishek Sharma	Multi-specialty V/s Ortho.	Multispecialty MOM: Dr. Ketan Mahajan	Paediatric V/s Super speciality	Paediatric MOM: Dr. Hitesh Patel

21st & 28th January and 11th, 18th & 25th February 2024 matches are on SRP-1 ground, Lalbaug. 4th February Match is on Pavilion ground, MSU

MATCHES SCHEDULE

DATE	TIME				REFEREE
	8.30 am to 10.30 am	10.30 am to 12.30 pm	12.30 pm to 2.30 pm	2.30 pm to 4.30 pm	
11 th Feb. 2024	Pathology V/s Surgery	Anesthesia V/s Orthopaedic	Paediatric V/s Physician	Multi-specialty V/s Ophthalmology	Dr. Shravan Dave & Dr. Suresh Damor
18 th Feb. 2024	Ophthalmology V/s Orthopaedic	Paediatric V/s Surgery	Anaesthesia V/s Adv. Multi-Specialty	Super-specialty V/s Physician	Dr. Mehul Desai & Dr. Vipul Gandharv
25 th Feb. 2024	Semifinal - 1 A1 Vs. B2	Semifinal - 2 A2 Vs. B1	Women Match	Final	Dr. Pragnesh Shah & Dr. Samir Shah

• All matches are 12 overs.

• After all league matches, the top two teams in each group will entered in semi final...

Dr. Mitesh Shah
President
IMA Vadodara

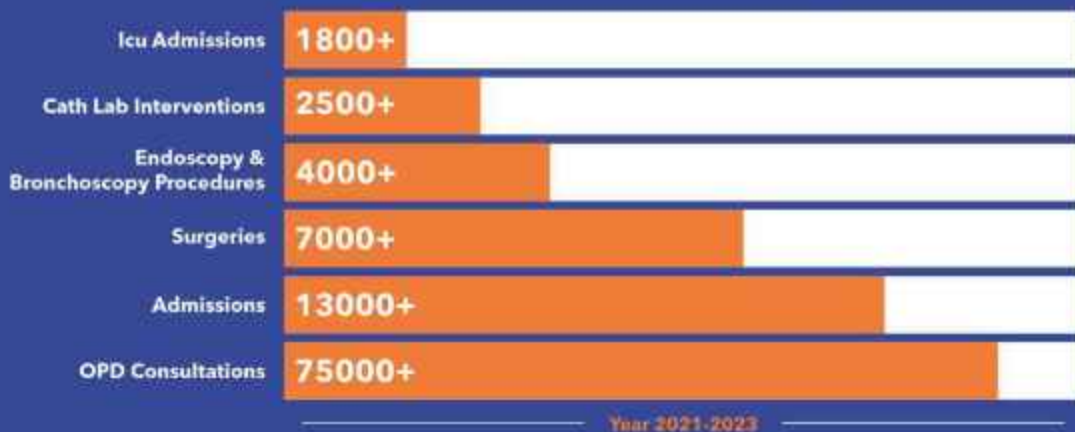
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Hon. Secretary
IMA Vadodara

Dr. Rahul Parmar
Sports Secretary
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**Time : 6:30am to 9:30pm (Mon. to Sat.)
7:30am to 2:00pm (Sunday)**

New Introduction

▲ Tests for screening of Von Willebrand disease (VWD)

- Von Willebrand Factor Antigen (VWF:Ag) — Quantitative
- Platelet dependent Von Willebrand Factor Activity (VWF:GPIbM)
- Factor VIII activity

▲ VWD may present with excessive mucocutaneous bleeding, heavy menstrual bleeding, epistaxis, easy bruising, prolonged bleeding from minor wounds and the oral cavity, gastrointestinal bleeding, bleeding after dental work, childbirth, surgery and musculoskeletal bleeding in the most severe cases.

Collection Centers' Contact Numbers

- | | |
|--------------------------------|---------------------------------|
| • Race Course 2341442 | • Gorwa . . . 2282245, 2341442 |
| • Raopura 2437861 | • Bhayli 2341442 |
| • Makarpura 2638224 | • Rajpipla 7211187890 |
| • Karelibaug 2495193 | • Dabhoi 6351979438 |
| • Nizampura 2780342 | • Bodeli 9316751521 |
| • Waghodia Rd. . . . 2522555 | |

Sunday Open : Race Course (7:30am to 2:00pm) / Makarpura, Waghodia Rd. (7:00am to 12:00noon)

New Address | **Makarpura** : Ground Floor, The Horizone Complex, Nr. Bank Of Baroda, Opp. Officers Mess.
Waghodia Rd. : Ground Floor, 25-A, Udaynagar Society, Opp. Indrapuri Atithigruh, Nr. Uma Char Rasta.

email : topranilabs@hotmail.com

web : topranilabs.co.in

Sweet Memories

Date : 5,6,7 January, Glimpse Of Baroda Medical College Alumni Association Conference _BMC@ 75 (Nostalgia Narratives Networking)



11-1-2024 Dr. Manibhai Patel Oration



National IMA HQ Has Given _Special Award To IMA Vadodara_



Sweet Memories

30-01-2024 IMA COVID MARTYRS DAY



21-1-24 onwards IMA Vadodra Organised Macsys Interspeciality Cricket Tournament 2024



Sweet Memories

21-1-24 onwards IMA Vadodara Organised Macsys Interspeciality Cricket Tournament 2024





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(A Unit of Quali-Health Care Pvt. Ltd.)



NIRAMAY CARE CENTER (OLD AGE CARE CENTER)

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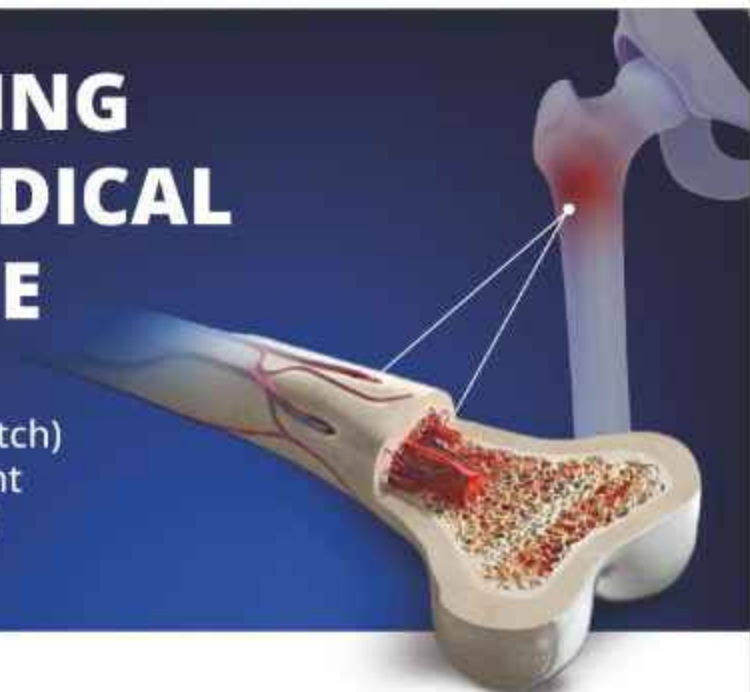
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An interesting case of Amniotic fluid embolism

Dr Sejal Devendra Surti
Specialist Obstetrician
and Gynaecologist

Abstract

Amniotic fluid embolism is rare condition, it is one of the leading causes of maternal mortality, the overall rate been approximately 20%. However, even those who survive have a significant morbidity including neurologic injury due to cerebral hypoxia. If it occurs before delivery, neonatal outcomes are poor. Prompt recognition facilitates rapid initiation of potentially lifesaving therapies. This case is presented to share awareness regarding early detection and treatment of this life-threatening condition resulting in good outcome of both mother and baby.

Introduction

Amniotic fluid embolism is a rare and often catastrophic condition that appears to involve the initiation of a cytokine storm as a result of exposure to an unknown inciting antigen, possibly related to amniotic fluid contents, that typically occurs during labor or delivery.(1-3) The clinical diagnosis should be suspected in pregnant or recently postpartum women who experience sudden cardiovascular collapse, severe respiratory difficulty and hypoxia, and /or seizures, particularly when followed by disseminated intravascular coagulopathy.

Case report:

A 34-year-old lady Gravida 2 Para 1, first spontaneous vaginal delivery live baby boy 9 years old, with 37weeks pregnancy with pregnancy induced hypertension on Tab Labetelol 100 mg twice a day, hypothyroid on tablet Euthyrox 50mcg, was admitted for induction of labor. Labor was induced with Prostin tablet followed by Syntocinon augmentation. She had spontaneous rupture of membranes followed by sudden breathlessness and one episode of seizure. She was immediately shifted to OT, she was in postictal state not responding,

peripheral pulses not felt. She was intubated and proceeded for caesarean delivery and a live female delivered 2.77kg with APGAR 2/4/7. Intraoperatively she developed bradycardia and was resuscitated her uterus was relaxing with excess blood loss, massive PPH protocol was followed. Estimated blood loss was more than 2 litres. Findings were suggestive of amniotic fluid embolism with disseminated intravascular coagulation, she was managed by a team of obstetricians, anaesthesiologist and intensivists. She was transfused 8 units of packed red cells; 8 units of fresh frozen plasma and 2 units of platelet concentrate. She was shifted to the ICU where she was stabilised further. Both mother and bay were discharged on day 7 in a stable condition.

Discussion:

The Society for maternal fetal medicine (SMFM) and Amniotic fluid embolism foundation proposed a definition of AFE based on presence of four diagnostic criteria all of which must be present. (4)

Criteria for AFE:

- Sudden onset of cardiorespiratory arrest or hypotension with evidence of respiratory compromise
- Documentation of overt DIC
- Clinical onset during labor or within 30 minutes of placental delivery.
- Absence of fever during labor.

The incidence of AFE is rare 1.9-6.1 cases per 100,000 deliveries in a review of report from various countries. (5). The pathogenesis not clear. It is hypothesized that entry of amniotic fluid into the maternal systemic circulation via a breach in maternal/fetal interface leads to abnormal activation of humoral and immunological processes and release of vasoactive and procoagulant substances, similar to systemic

inflammatory response syndrome.(6,7).The initial goal of managing patients of AFE include performing cardiopulmonary resuscitation, control haemorrhage and reverse coagulopathy, confirm the diagnosis of AFE and deliver the fetus if the fetus is alive and beyond the gestational age of ex utero viability or if delivery will aid in maternal resuscitation.

This case was promptly diagnosed and managed with a multidisciplinary team approach involving obstetrician, anesthesiologist and intensivist.

Conclusion

Amniotic fluid embolism is a life-threatening condition and prompt diagnosis with multidisciplinary team approach is the key to the successful management with positive outcome of both mother and fetus.

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Ticket to everywhere (from everywhere)

Dr Vivek Jain
vivekdr@gmail.com

1. There are 23 railway stations between Baroda and Ahmedabad stations. One can travel from any of the station to the remaining 24 . If tickets were to be printed for every station to every other station, how many different tickets would need to be printed? (This is NOT a trick question !)
2. I have with me three different numbers. When I multiply the first number by 2, the second number by 3, and the third number by 4, and then add these results together, I get a total of 600. What are the three numbers? (multiple answers are possible)

Find the connect between the 2 puzzles ?

Answer – Jan 2024

“What did one banana say to the other?” -
“ I am a kela “

“What did the other reply?” – “Chal hat bana na”

(You can access the previous puzzles/answers on the site imavoadodara.org – Publication)



દરિયા જિતના કોર્સ હે,
નદિયાં જિતના શિખાયા જાતા હે,
બાલદી ભર યાદ રહતા હે,
પ્યાલા ભર કે લિખ પાતે હે
ઓર બુંદ જિતને માર્ક આતે હે

વિદ્યાર્થીઓની બહુ સામાન્ય ફરિયાદ છે કે ક્લાસમાં બધા જવાબ આવડતા હોય છે પણ પરીક્ષામાં બધું બાધ્ધીભવન થઈ જાય છે, પરીક્ષામાં લખાતું નથી, સમય ઓછો પડે છે, પ્રશ્નો છુટી જાય છે, પરીક્ષામાં મગજ કામ નથી કરતું, મગજ બહેર મારી જાય છે.

પરીક્ષા નું પરીણામ ત્રણ પરિબલો ઉપર આધાર રાખે છે.

- અભ્યાસ ૩૦%
- વ્યક્તિત્વ ૫%
- પરીક્ષા પ્રત્યેનો અભિગમ ૬૫%



આપણે આખું વર્ષ ફક્ત વાંચીએ છીએ અને પરીક્ષા લખવાની આવે છે. મોટા ભાગના વિદ્યાર્થી લખવાની તો પ્રેક્ટીસ જ નથી કરતા. આતો એવું થયું કે સચીન તેંદુલકર ને ટેસ્ટ મેચ ક્રિકેટમાં બેટિંગ કરવાની છે અને આખું વર્ષ ફટબોલ ની પ્રેક્ટીસ કરે તો ટેસ્ટ મેચમાં શું ઉકાળશે? ટુંકમાં વિદ્યાર્થી એ આખું વર્ષ લખવાની પ્રેક્ટીસ કરવાની છે.

પરીક્ષા પ્રત્યે ના અભિગમ ને છ પગથીયા માં મુક્યા છે.

૧. પરીક્ષાના ત્રણ હપ્તા પહેલા
૨. પરીક્ષાની આગલી રાત્રે
૩. પરીક્ષાની સવારે
૪. પરીક્ષાના એક કલાક પહેલા
૫. પરીક્ષા ખંડની અંદર
૬. પરીક્ષા આપ્યા પછી બહાર આવ્યા પછી.



પરીક્ષાના ત્રણ હપ્તા પહેલા: હવે કોઈ પણ નવા ટોપીક વાંચવાના નથી કારણ કે એનું રીવીઝન નહીં થઈ શકે. લખાણ એજ તમારી ઓળખાણ છે. તમારા લખાણ થી જ પરીક્ષક તમને ઓળખે છે. રોજ ૩ કલાક નું પેપર લખવાનું શરૂ કરો, શું જવાબ લખવા એ સમજ ન પડે તો ગાઇડ નો સહારો લો. ૫૦ વર્ષ પહેલા મેં પણ નવનીતની ગાઇડ વાપરી હતી. પહેલા જોઈ જોઈ ને પછી જોયા વગર પેપર લખો. અને પછી કોઈ શિક્ષક પાસે અથવા વડીલ પાસે ચેક કરાવવું અને જાણવું કે ક્યાં ક્યાં ભુલ થાય છે. અક્ષરો સારા કાઢો સારા ના નીકળી શકે તો મોટા અક્ષરે લખો. મુદ્દાસર લખવું. ગણિતમાં સ્ટેપનું મહત્વ છે. ભાષામાં જોડણી, કેમેસ્ટ્રીમાં એક્સન અને રિએક્સન, વિજ્ઞાનમાં ચિત્ર અને તેના પર એરો દોરીને લેબલીંગ કરવું. સમજલ વિચારીને લખો. છેક છાક વિનાનું પેપર લખો. પહેલો જવાબ ખુબજ શાંતિ થી લખો. સારા વિદ્યાર્થીના પેપર જુવો કે તે કેવી રીતે જવાબ લખે છે.

પરીક્ષાની આગલી રાત્રે.

નવું કશુંજ વાંચવાનું નથી. કાલે જેની પરીક્ષા હોય તે વિષયનું રીવીઝન કરવું. ફ્લીપ કાર્ડ, ન્યુમોનીક્સ અને માઇંડ મેપનો ઉપયોગ કરો. અમારા વખતે પેપર ફૂટી જતું. ફૂટેલું પેપર ફેક હોય છે. ફૂટેલું પેપર જોઈને સમય ન ખગાડવો અને મગજ ને ખોટો શ્રમ ન આપવો. ઉબગરા કરવા નહીં. સમયસર સુઈ જવું. શરીર ને પુરતી ઉંઘ આપવી. લાંબાગાળાની યાદ શક્તિ માટે પુરતી ઉંઘ (૬-૮ કલાક) જરૂરી છે.

પરીક્ષાની સવારે:

સવારે સરસ મઝાનો નાસ્તો કરવો. સવારનો નાસ્તોએ મગજ નું ટોનીક છે. વધુ પડતું તેલ વાળું ન ખાવું. ભારે ખોરાકથી ઉંઘ આવી શકે. મહત્વના મુદ્દા ફરી જોઈ શકાય.

પરીક્ષા ના એક કલાક પહેલા:

ઓપડીઓ લઈ ને ન જવું. આઈડેટી કાર્ડ ભુલાય નહીં. ખીસ્તામાંથી પેપરો કાઢી નાંખવા. પરીક્ષા હોલમાં બીજા મિત્રો સાથે વિષય ની ચર્ચા કરવી નહીં. બીજા મિત્રો કોઈ સવાલ પુછે તો કહેવું કે નથી આવડતું. દરેક બેચમાં કન્ફ્યુઝ કરનારા વિદ્યાર્થી હોયજ છે. એ પોતે કન્ફ્યુઝ થાય અને આપણ ને પણ કરે. મગજને આરામ આપવાનો છે જેથી પરીક્ષા માં સાનું કામ આપી શકે. આતો રેસ ના ઘોડા દોડાવવા જેવું છે. રેસમાં ઘોડા દોડાવતા પહેલા ઘોડા ને

કલાક આરામ આપવો પડે છે. સ્વ માં ખોવાઈ જવ. બને તો દૂર ઝાડ નીચે બેસવું અને મોબાઇલ હોય તો સારા ગીત સાંભળી શકાય.

પરીક્ષાખંડ ની અંદર:



પેપર આવે નહીં ત્યાં સુધી ધ્યાન એટલે કે શ્વાસ ઉપર ધ્યાન ધરવું. મનમાં સકારાત્મક વિચારવું કે મને બધુંજ આવડે છે હું સમય સર પરીક્ષાના બધા જવાબ લખી શકીશ.

પેપર આવે એટલે તરત લખવા બેસવું નહીં. હોટલના મેનુ વાંચતા હોય એમ શાંતિ થી શબ્દે શબ્દે પેપર વાંચવું. પેપર ની ડાબી બાજુ પ્રશ્ન અને જમણી બાજુ માર્ક એમ બંને બાજુ બરાબર વાંચવું. અક્ષરે અક્ષર અને શબ્દે શબ્દ વાંચવા. નીચે એક સેપલ આપ્યું છે.



પ્રશ્ન ને બે વાર શબ્દ સહ વાંચો. ઉપરના ત્રિકોણમાં તમે શું વાંચ્યું? The bird in the bush. મોટા ભાગના વિદ્યાર્થીઓ આ જ વાંચે છે. ખરેખર તો The bird in the the bush છે. બીજા The મોટા ભાગના વિદ્યાર્થીઓ નથી વાંચતા.

જવાબ પત્ર આવે એટલે પ્રથમ નંબર લખવાનું યાદ રાખવું. સૌથી સારો જવાબ આવડે તે પહેલા લખવો, First Impression is a last Impression. સારા અક્ષર કાઢવા. છેકછાક વિનાનું લખાણ જરૂરી છે. મુદ્દાસર લખવું. તમને શું આવડે છે એ મહત્વનું નથી. પરીક્ષકને શું જાણ્યું છે એ મહત્વ નું છે. સપ્લીમેન્ટરી ભરવાથી વધુ માર્ક ન આવે. સાદા અને મુદ્દાસર લખાણથી માર્ક મળે છે. પહેલો જવાબ વાંચીને પરીક્ષક વિદ્યાર્થીના લેવલની ધારણા બાંધી લે છે.

પરીક્ષા ખંડની DETR3 ટેકનીક

Direction : પ્રશ્નપત્રમાં પ્રશ્ન વાંચો અને ઓપ્શન પણ વાંચો અને જવાબી પત્રમાં લખેલી સુચના નો અમલ કરો.

Easy answer: સહેલાં અને આવડતા પ્રશ્નોના જવાબ પહેલા લખો, ન આવડતા કે ઓછા આવડતા પ્રશ્નોના જવાબ પછી લખો. સચોટ જવાબ સરળ શબ્દો, ટુંકા વાક્યો, ટુંકા ફકરા લખો.

Time સમય પરીક્ષામાં વિદ્યાર્થી નો સૌથી મોટો દુશ્મન છે. દરેક પ્રશ્નના માર્ક પ્રમાણે સમયને વહેંચો. સમય એવો ફાળવો કે છેલ્લી ૧૫ મિનીટનો સમય જવાબ રીચેક કરવા માટે મળે.



R3 Recheck Recheck Recheck 3 times.

પહેલી વાર જુઓ કે કોઈ પ્રશ્ન કે પેટા પ્રશ્ન રહી નથી જતો ને? રહી ગયો હોય તો લખો. સમય ઓછો હોય તો ફક્ત મુદ્દા લખો. બીજી વાર ચેક કરવામાં આકૃતીના લેબલિંગ, જવાબ ને બોક્ષ કરો કે નીચે લીટી દોરો. ગણીતમાં સ્ટેપ્સ, કેમેસ્ટ્રીમાં ફોર્મુલા ઇતિહાસમાં તારીખો મહત્વની છે. ત્રીજી વાર ચેકમાં રહી જતા પ્રશ્નો ના જવાબ અને ન આવડતા પ્રશ્નોને લખવાનો પ્રયત્ન કરો. સમયથી વહેલું પરીક્ષામાંથી ઉભા થવાનું નથી. છેલ્લે સુધી પ્રયત્ન ચાલુ રાખો.

પરીક્ષા આપ્યા પછી



બહાર નીકળ્યા પછી બીજા સાથે જવાબ ટેલી કરવાની કોશિશ કરવી નહીં. પરીક્ષાનું પોસ્ટ મોર્ટમ કરવાનું નથી. જે થયું એ થયું. હવે તમે એને બદલી શકતા નથી તો શું કરવા ટેંશન લેવું? ઘરે જઈને પરીવાર સાથે પેપરની ચર્ચા કરવી નહીં. પરીક્ષાનું પેપર ડ્રોઅરમાં મુકી દેવું. ૨-૩ કલાક આરામ કરી ને બીજા દિવસ ના પેપર ની તૈયારી શરુ કરવી.

ટુંકમાં અભ્યાસમાં લખવાની ખુબજ પ્રેક્ટીશ, પુસ્તી ઉઘ, સવારનો નાસ્તો, પરીક્ષાના કલાક પહેલા અભ્યાસ બંધ, ધ્યાન, પ્રશ્નપત્રને શબ્દસહ શાંતિથી વાંચવું, સમય અને માર્ક ને અનુલક્ષી ને જવાબ લખો. જવાબ શાંતિથી લખવા અને પરીક્ષા પછી કોઈ ચર્ચા કરવી નહીં. આ સલાહનો અમલ કરશો તો પરીક્ષામાં અચુક સફળતા મળશે.



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