IN THE HIGH COURT OF PUNJAB AND HARYANA AT CHANDIGARH

Sr. No.201

CRM-M-4507-2024
Date of decision: 24.05.2024

Aman Garg ....Petitioner

Versus

State of Punjab ....Respondent

CORAM: HON'BLE MR. JUSTICE DEEPAK SIBAL

Present: Mr. Abhimanyu Tiwari, Advocate
for the petitioner. (through VC)

Mr. Amit Goyal, Addl. A.G., Punjab.

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DEEPAK SIBAL, J. (Oral)

1. In terms with the order of this Court dated 26.04.2024, the petitioner was medically examined by a Medical Board constituted by the PGIMER, Chandigarh. The said Medical Board has opined as follows:-

Department	On Examination & Investigation	Remarks
Orthopaedics	Patient complained of pain in left Hip which is radiating towards both legs, Xray Pelvis & Bilateral Hips was done and findings were left upper femur facture with non-visualisation of Left Femur head. Total Hip replacement prosthesis seen insitu. Right Hip joint appears Normal. Rest of pelvis and visualized femur normal.	It is suggested, he should not do any heavy work and high impact working.

Department	On Examination & Investigation	Remarks
Internal Medicine	As per the history given by the patient, he had past history of hip surgery from diabetes and hypertension for 2 to 2 ½ years, receiving medication with inadequately control blood sugar and blood pressure. He is also suffering from pulmonary tuberculosis for which he is taking anti-tubercular therapy. He also complained of shortness of breath on exertion and pain at hip during walking. He also gave history of feeling numbness at extremity. On examination his general condition was stable, he was conscious and ambulatory. His blood pressure was high (162/96 MM Hg), with pulse rate of 96/minute, oxygen saturation (Sp02) of 99% at room air and respiratory rate of 18/minute. Details of clinical examination findings were mentioned in the card. Clinical Impression-Type-II diabetes mellitus & Hypertension, Pulmonary tuberculosis (Sputum positive, on continuation phase ATT), Rectal prolapsed.	He was advised to continue with oral ant-tubercular therapy (ATT). He was advised for dietary restriction to control blood pressure and blood sugar along with oral medications as mentioned in the card. He was advised for blood and radiological investigations for further evaluation and consultations by the multiple concerned specialties (general surgery, orthopedic, endocrinology, cardiology and neurology, ophthalmology) to plan out further management as well as evaluation. To be followed up at OPD and to attend Em-OPD sos.
Surgery	Patient had complained of Pain per anus since one year. On Examination, Anal tone was lax, complete rectal prolapsed was seen, no ulcer, no bleeding point and no anal growth was seen. Anal manometry and CECT Abdomen and Pelvis was suggested. On Anal Manometry, it was observed that Anal tone was lax and there was absent rectal and inhibitory reflex (RAIR). CECT Abdomen & Pelvis as suggested by radiologist, the study will be non-informative due to metallic streak artifacts from implants.	Patient initially needs pelvic floor strengthening by pelvic exercises and physiotherapy and later on can undergo surgery for rectal prolapsed.
Endocrinology	Patient had history of Diabetes Mellites & Hypertension since 3 years. History Suggestive of Distal Sensory Neuropathy Uncontrolled Diabetes.	Patient is being for medical management of glycemic control on 22nd May, 2024 ad further medical management & follow-up will be suggested accordingly on OPD basis.

Department	On Examination & Investigation	Remarks
Neurology	History of DM & HTN since 3 years. Patient complained of Numbness in bilateral legs, hands and Gait Ataxia since four months. On Examination, it was found patient has sensory ataxic neuropathy (diabetes related). On Nerve conduction study, Patient had sensorimotor axonal polyneuropathy.	Patient is a case od Diabetes mellites with Diabetic Sensorimotor neuropathy. It is suggested to control blood sugar level with medication as suggested by Endocrinologist.
Ophthalmology	On Examination, No Diabetic retinopathy changes seen in both eyes. Patient needs glasses for vision correction.	Patient can visit near-by hospital for the same.
Cardiology	History of syncope one time which was 8-9 months back. On Echo, Ejection fraction is 40% Normal valves were seen. Holter Test and computed tomography Coronary angiography was done and found to be normal.	Medical management has been suggested. No further investigations are required.

2. In the light of the above opinion expressed by the Medical Board, the petitioner is held not entitled to the grant of bail on medical grounds. The denial of bail to the petitioner is also for the reason that on an earlier occasion the petitioner had been granted interim bail on medical grounds but later it was revealed that the petitioner had procured bail on the basis of false medical certificates. Thus, the petitioner's prayer for the grant of bail on medical grounds is rejected with a direction to the State that in terms of the afore-quoted medical opinion by the Medical Board the petitioner be rendered all the required medical assistance.

3. Dismissed.

(DEEPAK SIBAL)
JUDGE

May 24, 2024
Jyoti 1

Whether speaking/reasoned Yes/No
Whether reportable Yes/No