



## WHO ARE WE?

M.J. Charitable Trust is working to provide education and health services to the impoverished sections of society in India.

Dr. Ashok Kumar Jainer established the trust in 2008 to fulfil his dreams of a better society for all. This Trust provides selfless and unconditional service to the mankind. Everyone working in the Trust is committed, dedicated and working unpaid, there is no admin cost. The Trust is registered and has been awarded 80G of the income tax act of India.

**VISION:** A world in which everyone obtains good education and health.

**MISSION:** We seek a world of hope and working to ensure that kids growing up in poverty get an excellent education and health.

**VALUE:** Improve well being of people and convert their suffering into self-reliance. We treat them with respect, dignity, compassion and always be responsive to their needs.

## OBJECTIVES

1. Provide quality assured education for children growing in poverty.
2. Provide prompt and safe health care facilities to the poor in rural areas.
3. Provide food and basic amenities for people living in slums.
4. Raising awareness of common illness in rural part of India.

## A GLIMPSE OF OUR WORK

Poonam Giri has congenital heart disease. This 38-year-old woman is very poor and have no means of earning. She came to MJ foundation clinic, and it was diagnosed that she has congenital heart disease. She needed an open heart surgery. Due to her financial condition it was a next to impossible task for her. However, God always sends his messenger to look after his devotees.

Dr. SN Khanna who is a cardiothoracic surgeon at Escort Hospital examined her. He took her case in his hand and planned to organize an open heart surgery free of cost.

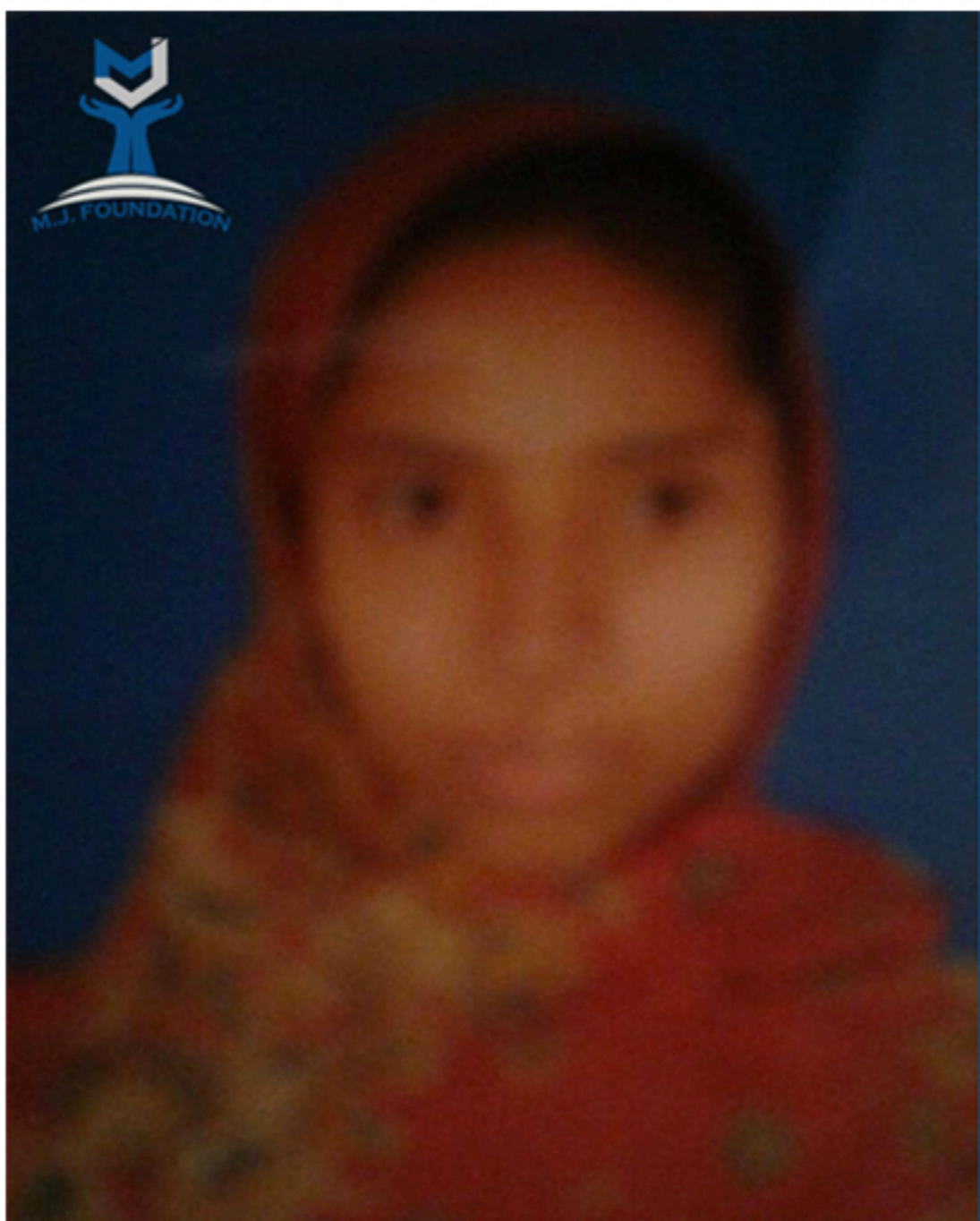




## Dr. SN Khanna's kind gesture saved **Poonam Giri!**

He has been an angel for many people and helped to saved their lives. He has also saved life of a woman who had cardiac arrest of more than ten minutes.

We strongly believe that serving the humanity is serving the God. All members of MJ foundation are pure souls which is why we are going well in the right direction.



## **Sajeeda's** will power & **M.J.Foundation** support made her life better.



All of us take different initiatives every day. Let us share the story of a brave girl named Sajeeda who lost her father at a young age. She took the responsibility of her mother and two younger siblings without completing her education. Since she was not educated she had to do household work. Later, her mother developed brain stroke and became bedridden. Without taking any help from anyone, Sajeeda supported her family.

One side marriage is luxury for rich and fortune for poor. When it came to marriage, she hardly had anything to spend. Her mother was praying to God for her marriage. Fortunately, a boy was chosen for her, but there was no mean to go ahead. They had no savings or earnings to marry her. MJ foundation got to know about it and helped her in getting married. Now, she is living a happy married life.

Our MJ foundation team had a word with Sajeeda and we were amazed with her will-power. Even after all the odds, she was contented and ready to fight against the misfortunes. We are drifting apart from our values, and replacing the humanity with discrimination war.

Education is the key to success. We help these pure souls to have a successful life.





## LISTEN TO OUR EXPERTS



### Dr. SN Khanna (Cardiothoracic Surgeon at Escort Hospital, MBBS, MS, MCH) on Coronary Artery Bypass Grafting

Coronary artery disease (CAD) is the leading cause of death worldwide (31%). India has the maximum number of CAD patients, and deaths due to it, in the world. Moreover, the disease is very aggressive, occurring in the younger population, and at an early age in females. However, the reassuring fact is that it is preventable. Therefore, awareness

of the risk factors for CAD and their prevention is of utmost importance.

Prevention from CAD is three dimensional - Exercise, Diet, and Mind. Exercise includes an hour of yoga, brisk walk or outdoor sports; diet includes at least five servings of fruits per day, a lot of greens, whole grain and avoidance of sugar, carbohydrates and saturated /hydrogenated/Trans fats. Equally important, if not more is a healthy mind- a loving, forgiving, and selfless mind!

The heart has three coronary arteries, which supply blood to the heart, which, when blocked, affect the blood supply to that particular segment of the heart.

The blockage is bypassed when critical (>70% diameter narrowing which is equivalent to >90% (r<sup>2</sup>) area narrowing) using conduit arteries from the back of the chest bone (sternum)- the internal mammary artery or arteries of the hand (radial artery) or leg veins. The procedure, if done before the permanent damage (myocardial infarction-MI), leads to a normal life, afterward, in quality and lifespan. The coronary artery bypass grafting (CABG) has become quite safe and standardized procedure. Earlier, the heart and the lungs used to stop during surgery, and the heart-lung machine was used to make them functional. But, now, the surgery is performed on a beating heart. It minimizes blood loss and hospital stay. The patient starts walking the next day.

On the other hand, if one has untreated coronary artery disease, it can be a major risk to health. Almost half of the patients reach the hospital in the emergency state, with myocardial infarction, in which case the mortality is high and secondly, even on survival, the long-term outcomes are not the same as in patients without MI.



The medical treatments are becoming advanced with technology, recently. In terms of CABG, it has become minimally invasive- small incisions, Robotic heart on a beating heart, hybrid surgery, and others.

Another issue is substituting CABG with PTCA (Percutaneous Transluminal Coronary Angioplasty). While CABG has better long-term results in the left main coronary artery disease, multiple blockages, calcified lesions, long blockages, osteo-proximal blockages. PTCA is preferred when the lesion is localized- single or double vessel coronary artery disease.

To conclude, the primary treatment of coronary artery disease is prevention, in term of exercise, diet and a stable mind. However, when one has a disease, it is safer to undergo CABG than defer. Also, substituting CABG with PTCA is not advisable and leads to compromise in short as well as long-term results.



**Prof. Vinod Kumar (MBBS, MS, Associate Medical Director LNJP Hospital) on Total Knee Replacement**

Total knee arthroplasty is the common procedure which has benefitted patients with knee pain and deformity due to end-stage degenerative or rheumatoid arthritis. Its foremost indication is disabling, persistent pain due to arthritis, not relieved by conservative measures. It is considered safe for wide age-group(40-90yrs) of patients.

The procedure takes around 1-hour surgical duration and a hospital stay of few days with mobilization on the second day with braces and walker. TKA has highly satisfactory results with most patients relieved of pain and deformity. With newer implants better function, the range of motion and improved longevity of implant is achieved. Computer-assisted navigation and individualized implants make near anatomical replacement possible. The average life of the procedure is more than 85% after 18-20 years of surgery with revision rate at 10 years around 4%. Well controlled risk factors for complications like diabetes, poor cardiopulmonary reserves, obesity, hypertension are not absolute contraindications for surgery. Post-operating lifestyle modifications include avoiding running, jumping, high impact sports, squatting, kneeling etc. However, swimming, walking, golf, cycling, driving and low impact sports are allowed. Complications(1-3%) are preventable and manageable. These include infection both superficial and deep, venous thrombosis, bleeding, peri-prosthetic fractures, persistent pain and neurovascular injury





## Dr. Sudhir Rawal (MBBS, MS, MCH, Director of Rajeev Gandhi Cancer Institute) on Prostate Cancer

Prostate cancer is a disease in elderly men; however, it could also occur in young boys. It is the most common form of cancer, in male, in the USA and western Europe. However, in last few years, the cases of prostate cancer has also increased in India. Previously, it was the fourth most common type of cancer, but now it has come to the second position following head and neck cancer. The cases depend upon the screening. In India and west, it is

only voluntary screening. The screening is done by blood test PSA (prostate-specific antigen) which is now available all over the country. In India, PSA is suggested, to the men who are, above 50 years, facing problems in passing urine (lower urinary tract symptom), also, to asymptomatic male, above 45 years, whose father or brother had prostate cancer. Increased PSA is suggestive of cancer prostate. However, it has to be confirmed by biopsy, which is done by perineal or transrectal route as a daycare procedures, that prostate cancer is curable in early (organ-confined) stage and the treatment options are surgery (removal of the prostate), radiation therapy, and ablative therapy (HIFU/CYRO). One can do open surgery or robotic surgery, according to their preference and health. Another stage, in which prostate cancer can be detected, is the metastatic stage which is an advanced stage. Treatment for the patients at the metastatic stage is hormonal therapy. Hormones are injected into the human body in every one, three, or six months or a small surgical procedure can be done in which the testicles are removed. Beside, hormone therapy patient is also given calcium and Vitamin D. If the first line fails, the patient is given the second line of treatment which includes hormone therapy as well as chemotherapy. Overall, the prognosis for prostate cancer is excellent for early stage, and fairly well for the advanced stage

## HERO OF THE MONTH



### DCP Bhisim Singh

Hats off to DCP Bhisim Singh. He was born and brought up in a village, later went to IIT Roorkee and qualified competition for IPS. He is dedicated to humanity. Every day he helps people from villages. Recently, a gentleman in his village developed urinary bladder cancer. It was early stage, he brought him to Delhi. The private hospital offered operation in six lakhs. It was next to impossible for the villager. Bhisim Singh did not give it up. He explored all the avenues and went personally to AIIMS. He got him

admitted there. This gentleman got operated and got a new life. Cancer will be cured after surgery. He is a role model for the younger generation. MJ foundation thank him for being part of the team. We salute his dedication!



## OUR MEDICAL ADVISORY BOARD



Dr. Sudheer Tyagi,  
Neurosurgeon



Dr. Dinesh Singh,  
Physician



Dr. Dharendra Singh,  
Orthopaedic Surgeon



Dr. Renu Jainer,  
Paediatrician

## OUR EDUCATION ADVISORS



Bhism Singh,  
DCP



Ramkripals Singh,  
Ex-editor in Chief,  
Nav Bharat Times



Shailesh Kumar,  
Ex-CEO of News Nation &  
Dean of News 24 Media

## MEDICAL CLINIC INCHARGE



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Dr. Sanjay Jainer,  
BAMS

## TECHNICAL ADVISOR



Mahimvir Singh,  
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