M.J. CHARITABLE TRUST

Newsletter Issue 7

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

A clinic in a village of Hansapuri is run by MJ Foundation. It is going on from the last five years. Around 5000 patients have been treated so far. It is sustained effort by Dr. Vijay and Dr. Sanjay that this clinic is run in a remote area free of cost, two days a week. The team, which organizes the camp, maintain records and dispenses free medication to the needy ones.

Designed by nine DIGITAL

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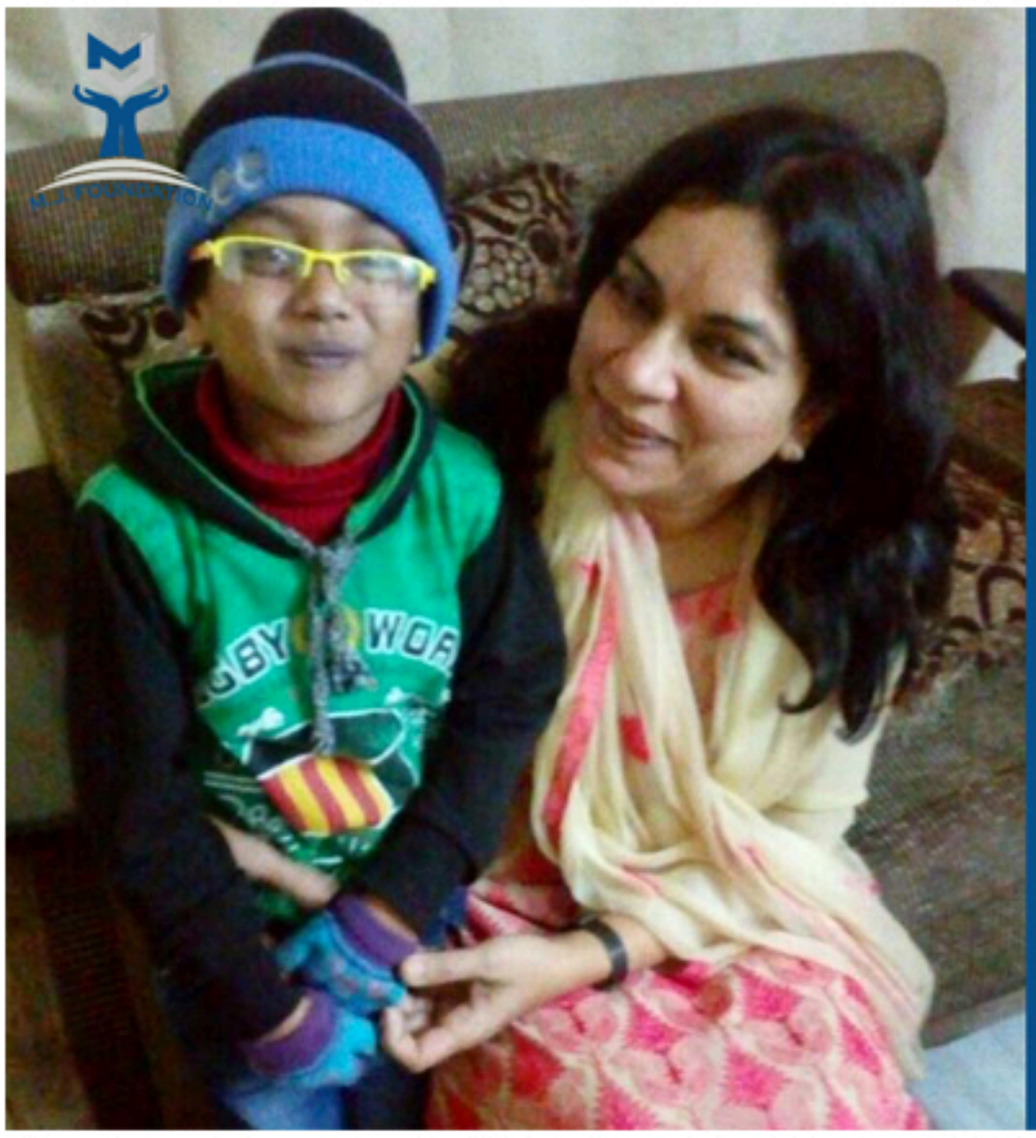
Clinic run by
MJ Foundation.

Bringing a thought into action by making the right people come together and also generate resources is by none other than the one above us all.



Efforts of a young mother &
MJ Foundation.

Single mother of a 7-year-old boy with complex congenital heart disease got in touch with MJ Foundation through our Facebook page.

She visited on December 17th, a review of his condition was organized by Dr. Talwar in AIIMS, Professor Banerjee who is a cardiologist in the UK, and local pediatrician Hema Bisht in Indirapuram, Ghaziabad. Although it is expected to be poor prognosis and a high-risk case, it is being monitored and echo is arranged by MJ trust. While Dr. Bisht was overseas, the kid's medical condition worsened and he became unwell. So, Dr. Karuna Verma in Ghaziabad offered to see him and is stable. His mother said that he is first in his class and very popular. We wish him happiness.

LISTEN TO OUR EXPERTS

Dr. Ekta Tyagi, MBBS, MRCGP, DFSRH on Healthcare

Having worked as a doctor in India and UK, I would like to share my views as per my experience.

Key differences between healthcare system of two countries

The UK – The State has overall responsibility for the health and social welfare of its citizens. Every person gets registered to the national health services and gets free and similar treatment irrespective of poor or rich with minimal variation across the whole country. Coming here, I learned the meaning of holistic care to the patients, which means providing a complete care including physical, mental and social well-being.

India – Has a variety of health setups and the huge variation in rural and urban health provision. Lack of communication between the health providers and patients/relatives causes uncertainty and mistrust which has led to the doctors being vulnerable and becoming victims of people's anger.

India - unregulated and dominated private sector.

This is mainly because of lack of infrastructure in the government hospitals which has led to the emergence of private setups in every city. These centers are unregulated and lack accountability for the care they provide. Patients are vulnerable and they seem to get lost in the complex and costly private system with no proper advice.

Unethical practices are rising in India

Lack of accountability and cut-throat competition in the private setups has led to unethical practices. There is a common practice of sharing profit between various health care providers which leads to unnecessary investigations and treatments.

Patients are easily misguided and manipulated in India.

Patients have complete faith in Doctors and they are easily misguided and manipulated because of lack of education and awareness.

Suggestions to the Indian Government.

Increase in GDP for health to improve the government hospital setup.
Strong regulatory bodies to monitor private health sector with strict penalties on the poor quality of care.
Doctors should be accountable for their actions and MCI should have more power in taking strict actions for any negligence.
Doctors should be regularly appraised or checked if they are up to date with their knowledge.
Easily approachable training programmes for quacks to improve their knowledge and to prevent any malpractice.
To have health care coordinators for managing patients with complex health needs.
Increase in public awareness about common illnesses and infections.

My recent own experience in India.

Recently, I went to India as my father has been diagnosed with throat cancer. As expected, it was a very distressing time and having to deal with the health system there didn't make things easier. First of all, it was confusing to select the right hospital for him as we were getting different advice regarding his disease management. Here in the UK, the main agenda for Drs is to provide management options to the patient and relatives but in India, the communication was not satisfactory. My father, who has difficulty in swallowing, was discharged with a huge list of medications. Also, I found that ambulance staff was not well trained in providing safe and efficient handling to the patient.

As a Doctor would I like to return to India.

Yes, I would love to return but not at the cost of compromising my ethics.
My heart sinks when I see the chaotic and unethical system there. India has more hard-working people than anywhere else, but they need right direction and robust systems.

My experiences with regards to MJ foundation.

Living in the UK, it was difficult to understand or deal with hospital setups in India but thankful to MJ foundation for providing me help and support in contacting appropriate Drs, who provided their advice and help in the above matter.

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Dr. Nitin Goel, Consultant Neonatologist, MBBS, MD, MRCPCH, FRCPCH on Neonatal Seizures (Fits/Convulsions)

Seizures are episodes of sudden electrical discharges from the brain. Most common neurological emergency in neonates and can be diagnostic and treatment challenge. Early identification and treatment are important.

Clinical fits can occur in about 1 in 10 of very-low-birthweight infants, and in 1–3 per 1000 term infants. Most neonatal seizures start between 12-48 hours.

Types:

1) **Subtle (>50%) – oro-facial**: eyelid fluttering, eye deviation, staring, blinking or mouthing, chewing, lip smacking and smiling. Can appear as stopping of breathing (apnoea) with decreased heart rate. Cycling, boxing, stepping or swimming action of limbs can occur. Change in blood pressure, vitals can be a clue.

2) **Clonic (25-30%)** – unifocal or multifocal repetitive jerking – one limb or side of face or body – underlying focal lesion like a neonatal stroke. Can be multifocal – metabolic causes and herpes encephalitis. The infant is unconscious during these.

3) **Tonic (5%)** – stiffening or posturing of limbs and trunk or head.

4) **Myoclonic (15-20%)** – sudden brief and jerky movement of flexors (like 'salaam spells'); can occur in sleep (benign). Localized to one muscle group or generalized. Can be seen in cerebral pathology or rare metabolic causes.

The difference from jitteriness.

Jitteriness (involuntary symmetrical rhythmic movements) is extremely common in normal babies. Benign or seen with hypoglycemia, hypocalcemia, or neonatal drug withdrawal. Does not involve the face, starts with any stimulus, and stops when the limb is held. No autonomic or EEG changes.

Causes of seizures.

Birth asphyxia (40-50%); Neonatal stroke/infarction (10-15%); Meningitis (10%); Intracranial bleeding (12-15%); Low glucose (< 30-40 mg/dl); Low calcium (<7mg/dl); Low magnesium (<1.2 mg/dl); Low sodium (<125 meq/l); Congenital brain anomalies; Maternal drug withdrawal; Kernicterus; Metabolic causes – pyridoxine-dependent, hyperglycinemia; and Benign / familial / sleep myoclonus.

Approach

Careful history taking – antenatal, birth events, maternal infection, feeding issues, family history. General examination and neurological assessment. Essential investigations are:

- serum electrolytes, glucose, blood gas, renal functions
- infection screen – blood culture, lumbar puncture – CSF examination and culture
- imaging of brain – cranial ultrasound, CT / MRI
- others – EEG, congenital infection screen, detailed metabolic workup rarely

Treatment

Ensure stable airway, breathing and circulation, oxygenation and normal glucose. Regular vitals monitoring. Treatment can be started on clinical diagnosis (> 3 seizures/hour or single seizure > 3 minutes), awaiting investigations. Start as IV injection as absorption is much better.

First line: Phenobarbital – loading dose 20 mg/kg, two further doses of 10 mg/kg is required.
Second line and third line treatment- According to local policies, Phenytoin, Levetiracetam, Benzodiazepines (Midazolam, Clonazepam, Diazepam, Lorazepam) are commonly used. Phenytoin – very slow IV can cause severe bradycardia and arrest. With benzodiazepines, watch for respiratory depression and sedation. Paraldehyde can be used rectally. Correction of an underlying problem like low glucose/ calcium/ magnesium/ sodium and treatment with antibiotics or antiviral agents as needed.

Maintenance treatment:- in cases with birth asphyxia, meningitis, prolonged frequent fits – Phenobarbitone and Levetiracetam most commonly used – latter should be preferred.

Prognosis

Depends on the causes of seizures – worst for asphyxia, brain anomalies, hemorrhages, stroke, and meningitis. Potential adverse effects on long-term neurodevelopment, cognitive and behavioral outcomes

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Dr. Arunima Singhal, Consultant Gynaecologist on Leucorrhea

Leucorrhea is commonly known as white discharge from the vagina. It may be a normal secretion which may increase at puberty, during pregnancy, at ovulation and sometimes premenstrual phase. This is odorless, white and acidic with Ph 4-4.5.
When leucorrhea is not due to normal physiological changes it is called vaginitis

Then there is profuse discharge, foul-smelling, itching at vulva or in the vagina, difficulty in passing urine it indicates:

1. Infection of the vagina -which may be due to bacteria or fungi.
2. Infection of the cervix
3. foreign body in the vagina
4. Due to estrogen deficiency as in postmenopausal and in children.

This disease is diagnosed by examination of vagina and cervix. Sometimes, swabs taken from vagina sent for culture and sensitivity in recurrent cases. As recurrence is common so precautions are advised

1. Personal hygiene
2. Avoidance of synthetic undergarments
3. Avoidance of contamination of vulva by feces.
4. Safe sex.

The disease is treated by oral and local antibiotics and antifungal drugs. Vaginal wash to correct acidity in the vagina. Partners are also given single day oral medicine to prevent further infection.
If the disease left untreated it may extend to cervix, uterus, and tubes causing pelvic inflammatory disease (PID). Chronic PID causes sterility in few cases.

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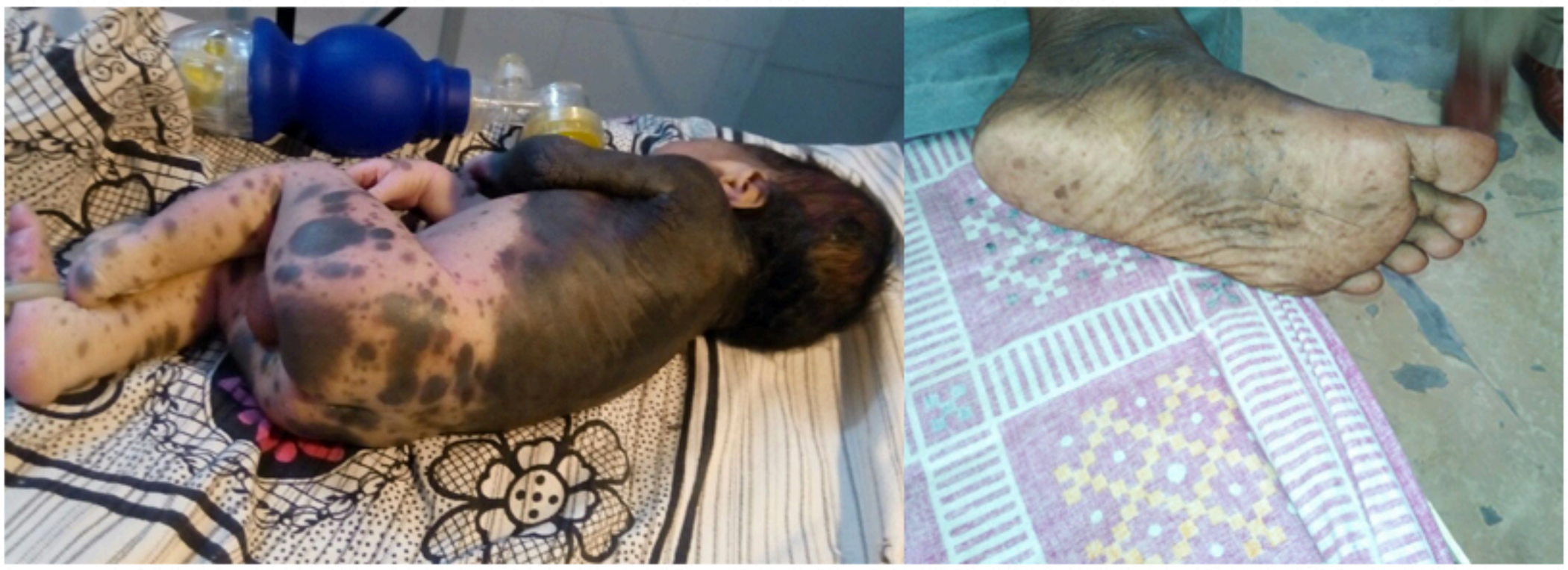
HERO OF THE MONTH

Dr Bharti Verma, MBBS , MD

Dr. Bharti is the hero of the month. She is very experienced skin specialist in the group. This month she provided maximum expert advice with regards to rare and complicated illness to the people and helped those who were in need. We wish her all the happiness and success in her life



SPECIAL GRATITUDE

Dr. Sudheer K Tyagi, MBBS, MS, McH (Neurosurgery)

We have special gratitude towards Dr. Sudheer Tyagi. He has been regularly providing very quick expert options. This month he provided four expert opinions, three regarding brain tumors and one for a subdural hematoma. One patient was poor who required brain surgery for his brain tumor. Dr. Tyagi offered not to take his any operation cost from that patient. He always keeps patient's interest before his own interest. This is one of the secrets of his success.

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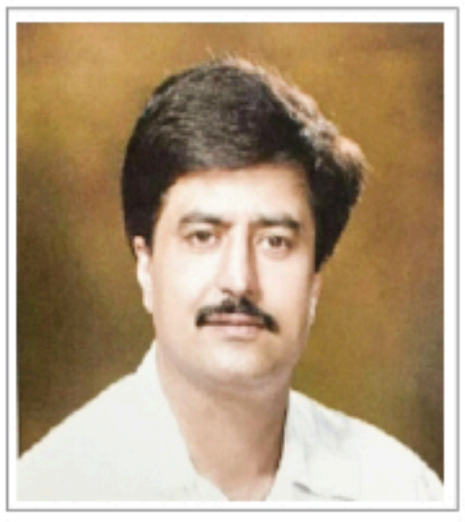

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