

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

Education and health is a fundamental right of every human being. However rapid privatization of education and health has made it nearly impossible for poor to afford it. MJ foundation team regularly work for those who have potential and desire toward education but cannot afford it. Around seventy children's education is supported in different part of the country by MJ Foundation. One educated boy can support one family, but one educated girl can support several families, and a great team of kind people can support hundreds of families. This transmission started with two children, and now, it has reached seventy.



A Vision for **FUTURE**

The young student scored 98.6 percent marks in 12th standard. He is a bright student and wanted to prepare for IIT exam. His mother, who is a very kind and dedicated woman, works as a primary school teacher could not afford the high fees of coaching institutes. MJ Foundation feels proud to be part of his bright future. Now, he is doing coaching in Kota



Making Dreams a Reality

LISTEN TO OUR EXPERTS



- **Dr. Ravish Katira, MBBS (Hons.), MD (Medicine), DM (Cardiology), FRCP (London), Consultant Cardiologist & Postgraduate Tutor, St. Helens & Knowsley NHS Teaching Hospitals, Prescot, U.K on Prevention of a Heart Attack**

Cardiovascular disease is the leading cause of deaths globally. Approximately 40 Americans die every second due to cardiovascular disease

Several people die from a heart attack every minute in India. Many of these deaths can be prevented. There are modifiable and non-modifiable risk factors for heart attacks.

Modifiable risk factors include:

- **Smoking** - This doubles your risk of a heart attack. Second-hand smoke is also a significant risk factor. Smoking damages and narrows the blood vessels supplying the heart. Smokers should seek advice about stopping smoking.
- **High blood pressure** - This can be reduced with lifestyle choices such as regular exercise and a healthy diet, as well as medication. The risk begins to increase after a BP of 115/70 mm Hg; and doubles with each 10 mm Hg rise in systolic (upper reading) and with each 5 mm Hg rise in diastolic (lower reading). Measuring BP at home is a better measure of your risk as compared to measuring BP at a cardiologist's clinic; therefore, investing in a BP cuff meter is sensible. However, for home BP measurements one should use regular upper arm instruments and not wrist or finger units.
- **Being overweight** - A healthy diet and regular exercise can help to reduce your weight. Weight loss plans should be realistic and sustainable in the long-term. Portion control and mindfully moving away from food before you are 'full' is a useful strategy.
- **High cholesterol**- Cholesterol is a fatty substance found within the blood. High levels of 'bad cholesterol' increase the chance of a blockage in the arteries supplying the heart. LDL cholesterol is 'lethal' or bad cholesterol; HDL is 'healthy' or good cholesterol. The lower your LDL and the higher your HDL; the better is your prognosis. The level of cholesterol in your blood is dependent on-
 - i) the amount produced by your liver (genetic)
 - ii) amount absorbed by your gut (some from what you eat but a lot from what

your liver produces and secretes into your digestive tract

iii) your age- cholesterol rises with age. Cholesterol can be reduced with a healthy lifestyle and by medications such as statins.

An inactive lifestyle - Inactivity is an independent risk factor for heart attacks. Moderate physical activity for at least 30 mins on the most days in a week is recommended. Studies indicate that 2 miles of cumulative walking per day are good for healthy living. Exercise has other pleiotropic beneficial effects like it helps release endorphins which fight anxiety and depression.

Unhealthy diet - A balanced diet with low levels of fat, salt and sugar is recommended. Healthy food is real unprocessed, whole (can be recognized), whole grain brown bread, brown rice, legumes, vegetables, and fruits. Food should be either raw or baked or steamed or broiled but not fried. Food should be rich in nuts and seeds; quinoa, chia, amaranth, flax seeds, soy, and almonds. The decrease in saturated fats can be simply translated as decrease intake of processed meats such as hot dogs, ham, beef, turkey, chicken and dairy (butter, ghee, cheese, and milk). The decrease in sugars can be simply translated as avoiding fruit juices, soda drinks and added sugars in processed foods such as cakes, biscuits, cookies, ice cream, and candy.

Diabetes - Preventing diabetes and controlling your blood sugar levels if you are already diabetic can reduce the risk of a heart attack. A diabetic is 'deemed' to have already 'had' a 'heart attack'.

Stress and Depression - Stress; if severe can cause heart attacks and sudden death. Lifestyle modifications, exercise, adequate sleep, a good marriage, laughing, volunteering, attending religious services, relaxation techniques and medications such as antidepressants may be helpful to reduce the risk of a heart attack. Speak to a doctor if you are worried about these problems.

Non-modifiable risk factors include:

- Family history
- Ethnicity
- Male
- Age



- **Dr Somashekar, DPM, MD, DNB (Psychiatry)
consultant psychiatrist in the UK on Suicide:
A Brief Overview**

Worldwide, more people die by suicide than by homicide and war. Globally, suicide accounts for about 1-2 percent of all deaths. The global rate is about 16 per 1000000/year or about 1 suicide per every 6000 population in a year. It is a leading cause of premature death among young and healthy adults more frequent than deaths due to road traffic accidents. It is the second leading cause

of premature death among young and healthy adults more frequent than deaths due to road traffic accidents. It is the second leading cause of death among young people aged 15-24. For every death by suicide, there are likely between 10 to 15 suicide attempts. This may be less in India due to the method of suicide as the common methods of suicide are hanging, drowning poisoning and self-immolation and the chances of survival are very low. In most countries (except in China) more males successfully commit suicide and more women attempt suicide. Male: female ratio is 2:1 to 4:1.

What are the causes?

People usually link the last significant event in a person's life to suicide however it is not always true. Suicide is an endpoint of a complex series of psychological, social and biological problem. It is the last psychological step towards emotional turmoil or crisis. Therefore it is not possible to point out a single cause.

- Relations to Mental illness
- The chance of mentally well person committing suicide is exceptional.
- Most patients who commit suicide have a psychiatric disorder at the time of death.

Common illnesses are depression, bipolar disorder and psychosis and Alcohol and drug misuse. The suicidal patient typically feels hopeless, worthless and helpless. They believe that their problem has no solution and the pain associated with the problem is unbearable.

Research has also noted that most patients who successfully commit suicide would have given some indication in the last few weeks to their near and dear one. They may do it directly or indirectly. For example, they do it directly by writing a suicide note, telling someone that they won't commit suicide, call someone after taking an overdose of medication. They may indirectly express their wishes by stating life not worth living, unexpectedly write a will or unexplained change in behavior etc. This is a crucial time to seek professional help

What to do if someone is expressing suicidal ideas?

Listen - you may be the last hope, a sympathetic and non-judgmental listening may help the person see things in a different perspective. He may reappraise his decision and decide to seek professional help.

- Acknowledge the suffering, not to trivialize
- Understand the situation and not to give premature advice
- Seek professional help as soon as possible. If the person is in crisis, safety to take priority and everything can wait. Once the crisis is over and the person feels safe look for causes and how they can be addressed.
- Most important intervention is the treatment of underlying psychiatric illness.

Intervention

Suicide does not occur in a vacuum and various factors play a role. Therefore the management should be directed at an individual, family, and societal level. Due to high association with mental illness - Nearly all need professional help.

All patients with suicide attempt should be assessed by a mental health professional. The elements of assessment include recognized factors which predispose individual for suicide, assess the seriousness (technically called suicide intention), evaluate for mental health diagnosis and treat effectively. Contrary to popular belief, most mental illnesses can be easily diagnosed and treated with simple and safe medication.

In cases of a severe form of mental illness, they need ongoing treatment from psychiatric services.



- **Dr. Mukta Maheshwari Singh, MD**
(Gynaecologist and Obstetrician) on Antenatal Care

What is antenatal care?

Antenatal care is the routine health control of presumed healthy pregnant women without symptoms, in order to diagnose diseases or complicating obstetric conditions and to provide information about lifestyle pregnancy and delivery

What are the advantages of antenatal care?

Most problems at birth are caused by prematurity, fetal growth retardation(FGR), congenital abnormalities and asphyxia. With access to antenatal care especially in early pregnancy, many of these can be prevented or anticipated.

The lifestyle risk factors such as smoking, alcohol consumption, drug abuse, malnutrition can be easily taken care of by adequate antenatal care

Besides, there can be early identification of congenital anomalies, identification, and intervention for FGR. Risk factors for prematurity and pregnancy-induced hypertension can be identified and prophylactic treatment started early.

Early identification of Gestational Diabetes with suitable treatment.

What are the risk factors in pregnancy when patients need extra care?

The factors that place a pregnancy at risk can be divided into four categories:

- Existing Health Conditions
- Age
- Lifestyle Factors
- Conditions of Pregnancy

Existing Health Conditions

High blood pressure: Uncontrolled high blood pressure, can lead to damage to the mother's kidneys and increases the risk of low birth weight or preeclampsia.

Polycystic Ovary Syndrome: PCOS may result in higher rates of miscarriage, gestational diabetes, preeclampsia, and premature delivery.

Diabetes: It is important for women with diabetes to manage their blood sugar levels before getting pregnant. High blood sugar levels can cause birth defects

during the first few weeks of pregnancy, often before women even know they are pregnant.

Kidney disease: Women with kidney disease often have difficulty getting pregnant, and any pregnancy is at significant risk for miscarriage. Pregnant women with kidney disease require additional treatments, changes in diet and medication, and frequent visits to their healthcare provider.

Autoimmune disease: Autoimmune diseases include conditions such as lupus and multiple sclerosis. Some autoimmune diseases can increase a woman's risk for problems during pregnancy. For example, lupus can increase the risk for preterm birth and stillbirth.

Infertility: Several studies have found that women who take drugs that increase the chances of pregnancy are significantly more likely to have pregnancy complications than those who get pregnant without assistance.

Obesity: Obesity can make a pregnancy more difficult, increasing a woman's chance of developing diabetes during pregnancy.

HIV/AIDS: Women can pass the virus to their fetus during pregnancy; transmission also can occur during labor and giving birth or through breastfeeding. Women with very low viral loads may be able to have a vaginal delivery with a low risk of transmission. An option for pregnant women with higher viral loads (measurement of the amount of active HIV in the blood) is a cesarean delivery, which reduces the risk of passing HIV to the infant during labor and delivery. Early and regular prenatal care is important. Women who take medication to treat their HIV and have a cesarean delivery can reduce the risk of transmission to 2%.

Age

Teen pregnancy: Pregnant teens are more likely to develop high blood pressure and go into labor earlier than women who are older.

First-time pregnancy after age 35. Older first-time mothers are at increased risk of

- Cesarean
- Excessive bleeding during labor
- Prolonged labor (lasting more than 20 hours)
- Down syndrome.

Lifestyle Factors

Alcohol use. During pregnancy, women who drink are more likely to have a miscarriage or stillbirth. Other risks to the fetus include a higher chance of having

birth defects and fetal alcohol spectrum disorder (FASD)

Cigarette smoking. Smoking during pregnancy puts the fetus at risk for preterm birth, certain birth defects.

Conditions of Pregnancy

Multiple gestations. Pregnancy with twins, triplets, or more, referred to as multiple gestations, increases the risk of infants being born prematurely. Having three or more infants increases the chance that a woman will need to have the infants delivered by cesarean section.

Gestational diabetes. Gestational diabetes is diabetes that first develops when a woman is pregnant. Uncontrolled gestational diabetes increases the risk for preterm labor and delivery, preeclampsia, and high blood pressure.

Preeclampsia and eclampsia. Preeclampsia is a syndrome marked by a sudden increase in the blood pressure of a pregnant woman after the 20th week of pregnancy. It can affect the mother's kidneys, liver, and brain. When left untreated, the condition can be fatal for the mother and/or the fetus. Eclampsia is a more severe form of preeclampsia, marked by seizures and coma in the mother.

What is complicated labor?

Labour can be complicated in two ways:

- A normal labor which develops complications at any stage.
- A labor which is complicated from the beginning due to an abnormality in the position of the baby or due to any maternal complication.

Complications:

- In the first stage of normal labor- Fetal Distress, Prolonged Labour
- In second stage of normal labor- Delayed Second Stage, Maternal Injuries, Perineal tear, Vaginal Tears, Cervical tear, Vulval Haematoma
- In third stage of normal labor- Postpartum Haemorrhage, Retained Placenta

What is the rupture of the uterus and why it happens?

A uterine rupture is a serious event during childbirth when the integrity of the myometrial wall is breached. With a complete rupture, the contents of the uterus may spill into the peritoneal cavity. A uterine rupture is a life-threatening event for mother and baby.

A uterine rupture typically occurs during active labor, but may also develop during late pregnancy.

Uterine dehiscence is a similar condition but involves fewer layers, less bleeding, and less risk.

Risk factors

- The previous cesarean section is the most common risk factor.

- Myomectomy
- Dysfunctional labor
- Labor augmentation by oxytocin or prostaglandins
- High parity may also set the stage for uterine rupture.

What will you advise to someone who is pregnant for the first time?

- Even when you're still trying to conceive, start taking prenatal vitamins. Your baby's neural cord, which becomes the brain and spinal cord, develops within the first month of pregnancy, so it's important you get essential nutrients, like folic acid, from the very start
- Staying active is important for your general health and can help you reduce stress, control your weight, improve circulation, boost your mood, and sleep better. Take a pregnancy exercise class or walk at least 15-20 minutes every day at a moderate pace.
- Pilates, yoga, swimming, and walking are also great activities for most pregnant women, but be sure to check with your doctor first before starting any exercise program. Aim for 30 minutes of exercise most days of the week.
- Track your weight gain. for a woman with the normal weight, it should be around 25-35 pounds.
- Wear comfortable footwear
- Eat folate-rich foods.
- Take 8 hours of sleep at night.
- Wear a Sunscreen to protect your skin from pregnancy induced pigmentation
- Best time to travel or fly during pregnancy is 14-28 weeks.
- Go for regular antenatal checkups and see your doctor in case of the pain of any kind
- Vaginal bleeding or leaking
- Dizziness or fainting
- Shortness of breath or palpitations
- Constant Nausea or Vomiting
- Decreased movements of the baby

If a lady has heart problems can she still become a mother?

If a lady has heart problems she can conceive but she will need special care during pregnancy.

Pregnancy stresses the heart and circulatory system. During pregnancy, the blood

volume increases by 30-50% to nourish the growing baby The heart pumps more blood each minute and the heart rate increases.

The risks depend on the nature and severity of the heart condition.

For example:

- **Heart rhythm issues:** If you need treatment for an arrhythmia, you'll likely be given medication, the same as you would if you weren't pregnant.
- **Heart Valve issues:** Having an artificial valve or scarring of valves can increase your risk of complications during pregnancy. If your valves are not working properly, you might have trouble tolerating the increased blood flow that occurs during pregnancy.
 - In addition, artificial or abnormal valves carry an increased risk of a potentially life-threatening infection of the lining of the heart (endocarditis) and heart valves. Mechanical artificial heart valves also pose serious risks during pregnancy due to the need to adjust the use of blood thinners, the potential for life-threatening to a clot of heart valves.
 - Certain heart conditions, especially narrowing of a mitral valve or aortic valve, can pose life-threatening risks for mother or baby.

Pregnancy is not recommended for women who have the rare congenital condition Eisenmenger's syndrome or high blood pressure that affects the arteries in the lungs and right side of the heart (pulmonary hypertension)

What is postnatal care?

Postnatal care is a continuation of the care the woman has received through her pregnancy, labor and birth It should aim to create a supportive environment in which families will be guided by professionals in how to care for their baby and themselves and be able to recognize and act upon any deviation from the normal

Postnatal care includes:

- Mother and baby health checks
- Feeding your baby
- Postnatal physiotherapy
- Contraception and Sexual health
- Emotional well being
- Neonatal care
- Perinatal loss psychological service

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