

## 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.

## A GLIMPSE OF OUR WORK



**Highly specialized  
surgery**  
on a new born

A new born baby in a rural area required urgent surgery. The family have no support, guidance or mean to achieve this highly specialized surgery. Somehow, they came in contact with MJ foundation on Sunday and baby was operated the following week. MJ Foundation is very grateful to Dr. Sarvesh Tandon who has been instrumental to achieve the task. MJ foundation has a very powerful network of doctors who are very professional, ethical and devoted

## GLIMPSE OF APPRECIATION

- Doctor, Today I was reflecting on the last few years gone by and I realised that you appeared in my life to help us so selflessly. I can't thank you enough for all that you have done. I just want to convey my deep sense of gratitude to you for always being there whenever I need you. May you scale the greatest heights in life and touch thousands of other lives so that you get all the blessings you truly deserve!
- I can not thank you enough on having decoded my son's problem and putting him on a path to recovery. You have been God sent and answers to my prayers to God for help. I thank God for listening to my prayers.

## LISTEN TO OUR EXPERTS



### Dr. Pradeep Poswal, MBBS, MS-ENT on Carcinoma Larynx

Head and neck cancer is the fifth most common of all human cancers. The larynx is one of the commonest sites for carcinoma. laryngeal carcinoma is one of the causes of morbidity and mortality worldwide. In India, laryngeal cancer contributes to approximately 3-6% of all cancers in men. Males have 3-4 times of risk than females. The annual incidence of laryngeal cancer in India is 5 per 100000. Around 50,000 cases are reported annually. Many cases remain unreported due to lack of medical facilities in remote areas.



It is said that cancer does not make everyone its target but we all are having a risk of developing cancer. The chances of cancer development increases as exposure to risk factor increases. Tobacco is the topmost risk factor. It is consumed in various forms like smoking bidi, cigarette, cigar, Hukka or chewing. Cancer development risk increased to 15 times when it is consumed with alcohol. Both tobacco and alcohol act synergistically. The risk decreases slowly after cessation of tobacco but does not return to baseline for at least 20 years. Other risk factors include genetic susceptibility, occupational exposure to toxins, HPV 16,18 infection and Gastroesophageal reflux disease. Peoples who have increased intake of fruits and vegetables and decreased intake of meat and fat have a protective effect and less incidence of cancer.

Larynx plays an important role in voice production for communication, breathing and swallowing food. Patient with supraglottic laryngeal cancer presents with difficulty in swallowing, glottic cancer patients present with a change in voice and subglottic laryngeal patients presents with history progressive breathing difficulty. Some present with swelling in the neck, blood in sputum, foreign body sensation in the throat, earache etc. If respiratory distress is severe, emergency tracheostomy is an urgency to secure airway. Middle age patient should never ignore these symptoms and must consult ENT surgeon for clinical assessment.

Clinical examination of the larynx is supplemented with laryngeal endoscopy. The patient is advised for MRI and Computed Tomography of Neck for the staging of laryngeal cancer. PET-CT is advised for evaluation of metastasis and recurrence. Histopathological examination of biopsy is confirmatory.

Management of laryngeal cancer depends on the cancer staging, general condition of the patient and patient preference for voice preservation. Patients with poor pulmonary reserve are not suitable for laryngectomy. These patient have a high risk of aspiration. In present days voice preservation surgeries are preferred. Laryngeal cancer Stage I, II conservative laryngeal surgeries like supraglottic partial laryngectomy, transoral laryngeal microsurgery, cordectomy or vertical hemilaryngectomy are done. For Stage III, IV total laryngectomy with a permanent tracheostomy is advised. Chemoradiotherapy is recommended in early-stage cancer or medically unfit patient..



**Dr. Rahul N Tiwari, MBBS, MS, MCh**  
Neurosurgery, Department of Neurosurgery,  
Lok Nayak Hospital, Delhi on The Era of the  
Prolapsed Disc: Pains and Precaution

**Introduction:** We will discuss in this article a very important cause of Back Pain which is prolapsed Intervertebral Disc. Between each vertebral body is a cushion like a structure of fibrocartilage called an intervertebral disc.

It acts as a shock absorber for the spine during various body movements like bending, lifting weight etc. The intervertebral disc consists of three parts, the central water-rich Nucleus Pulposus, the outer sturdy rim like Annulus fibrosus and the structures adjacent to the vertebral body which bind the disc with it, the cartilaginous End Plates

### How does a prolapse occur?

The Intervertebral disc is the largest structure in human body devoid of its own vascular supply and it depends upon osmosis for its delicate balance of nutrition and maintenance which gets disrupted in smokers commonly which is why disc related problems are more likely to arise in smokers. With age, the water content of the disc decreases drastically, and the annulus loses its integrity thus failing to contain the bulge of the compressed nucleus under strain. This leads to tearing in annulus and prolapse of the degenerated disc with further cell-mediated immunity and inflammatory cascade leading to inflammation and swelling of the exiting spinal nerve roots and shooting pain called radicular pain or sciatica, and numbness and loss of function in the distribution of the affected nerve. The lumbar discs, most often, affected by degeneration, that leads to herniation, are L4-5 and L5-S1

### Cause:

1. Genetic predisposition
2. Age: Although disc degeneration increases with age, highly degenerated discs do not herniate, they must exert some hydrostatic pressure to cause herniation. it is most commonly seen in the productive age of life 20 to 40 years of age.
3. Profession: The incidence of lumbosacral DDD is higher in young athletes such as gymnasts or ballet dancers



4. Smoking cigarettes
5. Lifting Heavyweights, repetitive mechanical loading like bending etc.
6. Osteoarthritic patients have more disc degeneration.

### **Treatment:**

As a sound surgical principle, general conservative measures should be instituted first. These may include a long-term exercise program for conditioning, physiotherapy with various modalities, a trial of epidural steroid injections and lumbar corset. All these physical measures are supplemented by nonsteroidal anti-inflammatory drugs and muscle relaxants. A patient's lifestyle or vocation may be modified to avoid repetitive injury. Failure of conservative treatment over a period of 3 to 6 months heralds the need for surgical treatment. There are definite indications for surgical intervention. These include the cauda equina syndrome, large extruded disc, progressive loss of motor strength, and severe intractable pain not improving on conservative management. Surgery can be open, endoscopic or endoscope assisted and is relatively safe today. It is beyond the scope of this article to discuss them in detail. There is considerable evidence on the clinical effectiveness of discectomy for carefully selected patients with sciatica caused by lumbar disc prolapse that fails to resolve with conservative management

### **Alternative and Complementary Treatments:**

1. Conservative management consists of bed rest, analgesics and muscle relaxants
2. Intradiscal Electrothermal therapy
3. Nucleoplasty for contained disc herniations.
4. Chemonucleolysis using Papain injections: There is now strong evidence on the relative effectiveness of surgical discectomy versus chemonucleolysis versus placebo.
5. Cessation of smoking, Physiotherapy, back strengthening exercises.

**Complications:** Untreated disc prolapse may result in the following complications:

1. Cauda Equina Syndrome: a very dreadful complication of large central disc herniation which may cause loss of bowel or bladder control
2. Loss of function of nerve affected by disc resulting in chronic pain followed by permanent disfigurement, paralysis, tingling, and numbness.
3. Weight gain due to limited mobility and an inactive lifestyle
4. Loss of flexibility, muscle strength, and bone density



### Dr. Ashok Kumar Rawal , BAMS, Consultant in the UK on The Use of Ayurveda

We live in a fast-paced world with constant changes to the environment and increased use of technology. So, it is important to 'go green' which also means going back to nature where possible. Nature is beauty and simplicity. Ayurveda is this and uses a natural and holistic approach to one's daily living. World widely emphasis is on alternative therapy to allopath.

### Allopathic Medicines

Allopathic medicine also referred to as modern medicine, is the mainstream medical use of pharmacologically active agents (e.g. drugs) or physical interventions (e.g. surgery) to treat or suppress symptoms or pathophysiologic processes of diseases and conditions.

Allopathic medicine is so popular and convenient since it is fast acting and rigorously tested in a most scientific manner. However, it has its limitations. In many disorders, it provides only symptomatic treatment, and patients have to pay price in the form of a range of side effects. Sometimes, allopathic medications may cause damage to kidney, bone marrow and liver. People are now getting interested in a natural way of treatment where one's immune system, mind, body, and spirit works in harmony so that most of the illness can be prevented and treated without relying on chemical medicine.



## Ayurvedic Medicine

The term “Ayurveda” combines the Sanskrit words Ayur (life) and Veda (science or knowledge). The key concepts of Ayurvedic medicine include universal interconnectedness (among people, their health, and the universe), the body’s constitution (Prakriti), and life forces (dosha). Using these concepts, Ayurvedic physicians prescribe individualized treatments, including compounds of herbs or proprietary ingredients, and diet, exercise, and lifestyle recommendations.

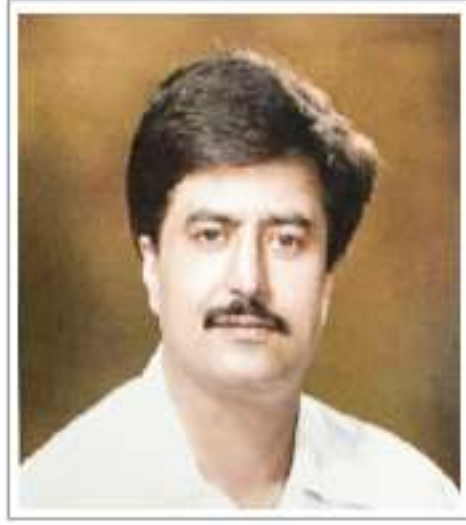
Ayurveda is the science of life that uses a natural holistic system. It is environmentally friendly. It is based on a principle that when there is an imbalance between the body, mind, soul, this gives rise to an ailment/illness. There is always a root cause for this. The aim here is to eradicate the problem from the root working on the related areas. Ayurvedic medicines and treatment have increasingly become popular in the last decade. Nowadays, ayurvedic products are also available in the western world.

Ayurvedic medicine took origin from India. Since the beginning, it lacks common standards and appropriate methods for evaluating herb medicine to ensure the safety, efficacy and quality control. This indicates the importance and necessity to develop a standard operating procedure for the standardization of herbal drugs and formulations.

## 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



Dr. Vijay Verma,  
MBBS, MD



Dr. Sanjay Jainer,  
BAMS

## TECHNICAL ADVISOR



Mahimvir Singh,  
9 Digital