

Newsletter Issue 24

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 selfreliance. 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.



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This year has been very unpredictable with the Covid-19 pandemic and for many of us life has been very challenging. Those of us who have lost family members or jobs due to the pandemic, life will never be the same as scars will not heal for a long time. The coronavirus has brought changes for all of us. It has changed the way we study, travel, work, shop and even grieve.

We apologise for the delay in this newsletter. The MJ Trust foundation with its extended family had to prioritise during these challenging times. We tried to make a difference in not only treating the Covid patients but also supporting the families of those who had lost jobs -helping with their children's education and providing them other social support. We will highlight these cases in the next newsletter, but now we are focussing on issues related to Covid-19.

We are eternally grateful to each of you for making it all happen and also to Mr.Naresh Kaushik for editing this newsletter .He is a Senior Journalist in BBC ,UK.

DON'T ALLOW DEVIL TO DESTROY YOUR LUNGS:

Ashok Singh, MBBS, MD (Medicine)Director of City Hospital, Mumbai



"Covid 19 came like a Tsunami in 2020 and shook the whole world in varied forms. Medical scientists were working in dark initially, as they were clueless about its treatment.

Wide range of drugs were tied as hit and miss attempts. Recovery trial in the UK was a torch- light which led us in a direction with a positive impact on mortality



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reduction. It was observed that low dose of dexamethasone was effective in reducing 1/3 deaths in patients on ventilator and one fifth of patients on oxygen. It was also noted that steroids were effective to check the maladaptive immune response which was causing damage to lungs and others organs. This was a cause of mortality in Covid-19 positive cases.

This raised further scientific questions. If cytokine storm is a part of maladaptive response and is causing damage to organs and leading to death, then the emphasis should be to detect early signs of cytokine storms, lungs involvement, suppress maladaptive and hyper-drive response of immune system quickly. This will not only reduce mortality at a large scale but will also prevent hospital admissions and long term complications.

So we examined this hypothesis in a large number of cases and are in the process to getting that published. We found that in most cases the maladaptive immune response begins to affect lungs at around 5th or 6th day onward from the onset of symptoms. Around day 6th to 8th or 9th, we need to closely monitor clinical picture, biochemical and radiological markers, especially the HRCT chest. It was clearly evident that the earlier we detect pulmonary complications and pneumonia and commence the use of steroids, the more remarkable is the progress. All patients under this treatment were safe; they barely needed hospital admission and had fully recovered at home.

CRUCIAL TIMING OF STEROID USE:

Prof Neeraj, AIIMS Jodhpur



RECOVERY trial paved the way for the use of 'steroids' in patients with moderate to severe disease and has become the only 'evidence-based' treatment in this ongoing pandemic. Low cost and easy availability makes them a low hanging fruit, which can dramatically decrease the mortality in

both high and low-middle income countries. Thus, questions that



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need urgent attention are:

What to give? 2. When to give? C) What should be the ideal dose? And For how long it should be given?

Should we blindly limit ourselves to steroid protocol used in RECOVERY trial? Or can we extrapolate these results? Should one be dogmatic about 'evidence based medicine'? Or one can devise pathophysiology-based strategy using 'old age wisdom' and try to curb the cytokine storm in the best possible way with minimum side effects.

Steroid should be started as soon as the cytokines (HSCRP, IL-6, Serum, D-dimer) start rising early in the course of the disease which usually happens by the end of the first week of the illness. One should not wait for the lungs to involve or respiratory support to start. It's too late by then. One can choose either Dexamethasone or Methylprednisolone. Both these drugs are available in oral and parenteral form. The starting dose may vary depending upon the severity of the disease. Patients on home-based treatment may be started on a dose of 16-32 mg of Methylprednisolone or 3-6 mg of Dexamethasone (1mg of Dexamethasone = 5 mg of Methylprednisolone in terms of glucocorticoid activity). Admitted patients need to be started on 6 mg of Inj. Dexamethasone or 40 mg of Inj. Methylprednisolone in mild to moderate disease and double the dose in severe disease. One may even need to give pulse dose of Inj. Methyprednisolone for 3 days in severe disease during the peak of cytokine storm which usually happens at the end of second week of illness.



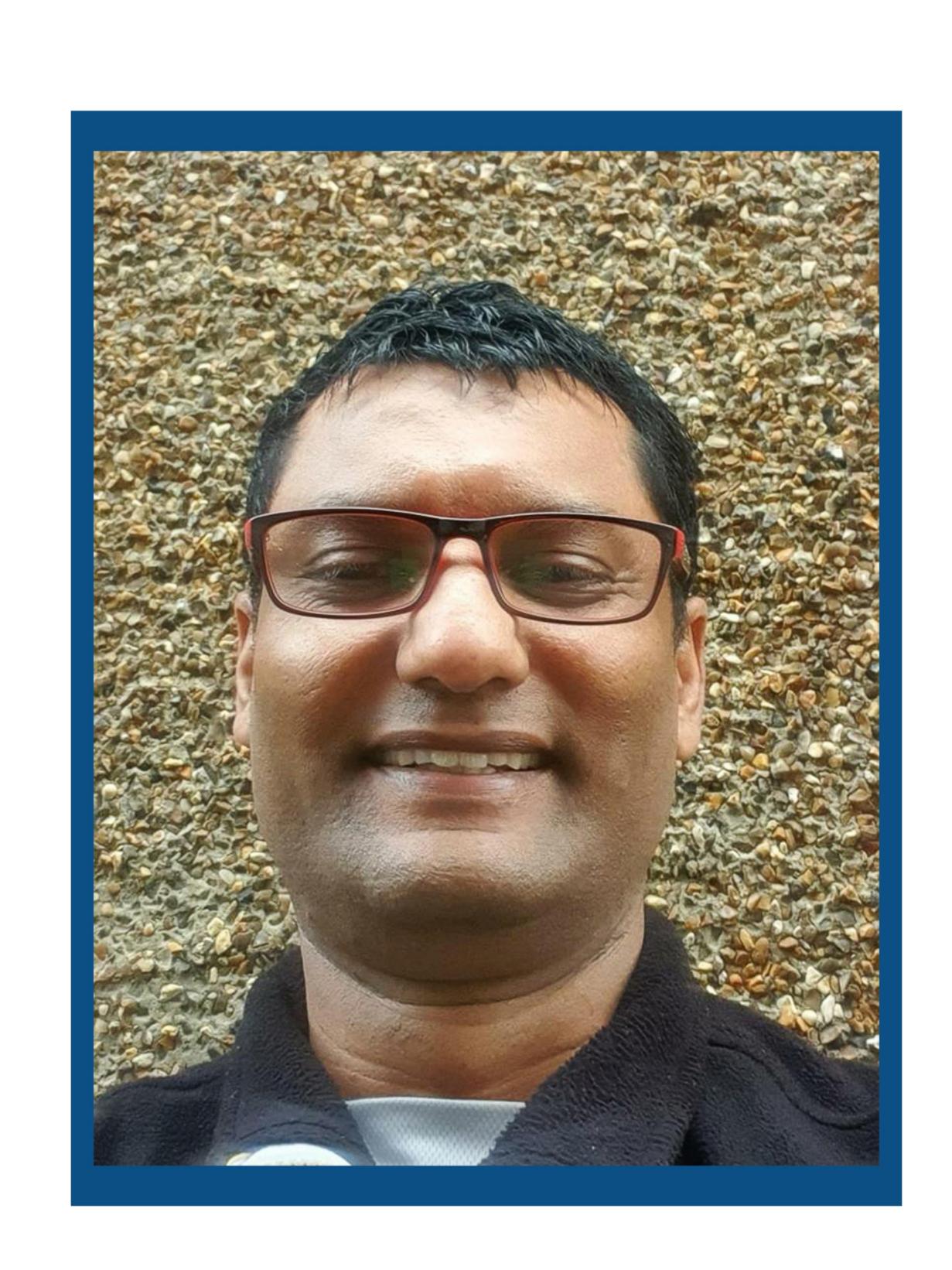
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'One shoe doesn't fit all' and same holds true for the duration of steroids too. The length of steroid therapy should be strictly based on trend of cytokine levels rather than blindly following a schedule of 7-10 days. Cytokines may need to be monitored as frequent as on daily basis during the peak of the illness to as low as every week after discharge from hospital during convalescent phase. Steroids should be tapered gradually if given beyond 7-10 days and may needs to be given for as long as 8-12 weeks in severe cases especially with co-morbidities.

One should always keep in mind that steroids may act as double-edged sword due to their potential short and long-term toxicities including myopathy, neuromuscular weakness, and psychiatric symptoms. Therefore, they should be taken under strict medical supervision.

RATIONALE FOR STEROID:

Dr Ramneek Mathur
Consultant Paediatrician, UK



Coronavirus pandemic caused by SARS-Covid-2 virus has led to a significant degree of mortality and morbidity worldwide. There have been a lot of research for the treatment and management of patients suffering with the disease called Covid-19 across the world. Good quality studies have shown that majority of



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mortality in patients infected with the virus is due to the cytokine storm rather than itself. There have been many studies looking at the use of antivirals, antimalarials, steroids, immunoglobulins, and convalescent plasma for the treatment of Covid-19. The major big breakthrough was at the RECOVERY trial done at the Oxford University in the UK, which established that steroids, like dexamethasone, can prevent mortality and morbidity in some cases.

Unfortunately in many countries the treatment continues to be irrational and the dose of steroid used is not adequate. Multiple therapies with antivirals, antimalarials, and antibiotics are given and steroids are not initiated at the correct time. This leads to increased morbidity and side effects due to the use of unnecessary drugs. Most commonly used antivirals like Remdesivir have proved not to be effective and WHO has advised against its use.

The treatment is still not ideal, but luckily most of the cases are asymptomatic, which can be managed at home. Age continues to be the biggest risk factor and younger patients and children are not severely affected by Covid-19 virus. The mortality and morbidity is higher in certain groups of patient like patients with diabetes, hypertension, cancer patients on chemotherapy, patients with dementia, and obesity. Such patients should be closely monitored for onset of hypoxemia, indicating lung involvement and steroids should be initiated as soon as possible in high doses. The RECOVERY trial recommended a dose of Dexamethasone at 6mg twice a day, but higher doses of intravenous methylprednisolone may be better, especially at the onset of cytokine storm.

Most patients start getting unwell in the second week of infection and should be closely monitored either at home or hospital.

The required blood tests are CRP, white cell count, D-dimers, LDH. And in severe cases IL-6 levels. HRCT is recommended as it can be more sensitive to pick up lung involvement before it becomes apparent in chest x-ray. But monitoring of saturations is most important as the findings of CT and chest x-ray can be nonspecific. IV steroids and IV antibiotics may be necessary depending on the place of treatment. A broad spectrum antibiotic like third generation cephalosporins can be used.

The second most important therapy in COVID-19 disease is anticoagulation. Low



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molecular weight heparin, or an equivalent oral anticoagulant can be used and the patient should remain mobile as much as possible. Hydration oral, or IV should be maintained.

PREVENTION / VACCINE UPDATE :

Dr Renu Jainer Consultant Paediatrician, UK

'Prevention is better than cure 'this has been a moto for healthy population since times immortal. Public health has been trying to spread this message via varied campaigns to minimise community transmission since



start of the pandemic with hand hygiene (20sec hand washing with soap if visibly dirty and sanitiser otherwise) and social distancing. Masks have been noted to be effective too but confusion has been over which ones to use? N95 masks are useful for single use by medical practitioners who have had measurements made for fitting and those whose works involve aerosol generating procedures eg dentists, anesthetists, respiratory physiotherapists and intensivists.

For the majority of population cloth masks should be able to minimise transmission with social distancing of 1.5 -2 meters. Some workers may need a visor (hood with plastic face shield) as well where social distancing can't be maintained (for example, hair dressers/beauty treatment workers)

Vaccines: Vaccines are useful in the eradication of any disease and given to all eligible candidates which are more than 18 years of age for Covid-19. Priority should be given to elderly and health-care professionals due to increased risk. Those under 18 years do not need the vaccine as most kids are asymptomatic.



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Scientists have been working tirelessly in many countries for the last few months and finally we have found light at the end of tunnel. Important factors for any vaccine are cost, efficacy (anything more than 60% is good) and storage facilities -- once approved by regulatory authorities.

Two doses will be given to all, one-month apart every year.

The first vaccine which has been approved is Pfizer- BioNTech, which is 90% effective. It costs about 3500 INR per dose but has to be stored at -70degrees (dry ice).

The next one awaiting approval in the next few weeks will be the one produced by Oxford University-AstraZeneca which has shown good response 62-90%. It will cost 250 INR per dose and can be stored in a refrigerator.

Moderna vaccine is very effective too (95%) but it needs to be stored at -20 degrees and its cost is yet to be determined.

None of these vaccines have been tested/evaluated for stopping the transmission, so it would be advisable to continue with preventive measures until proven.

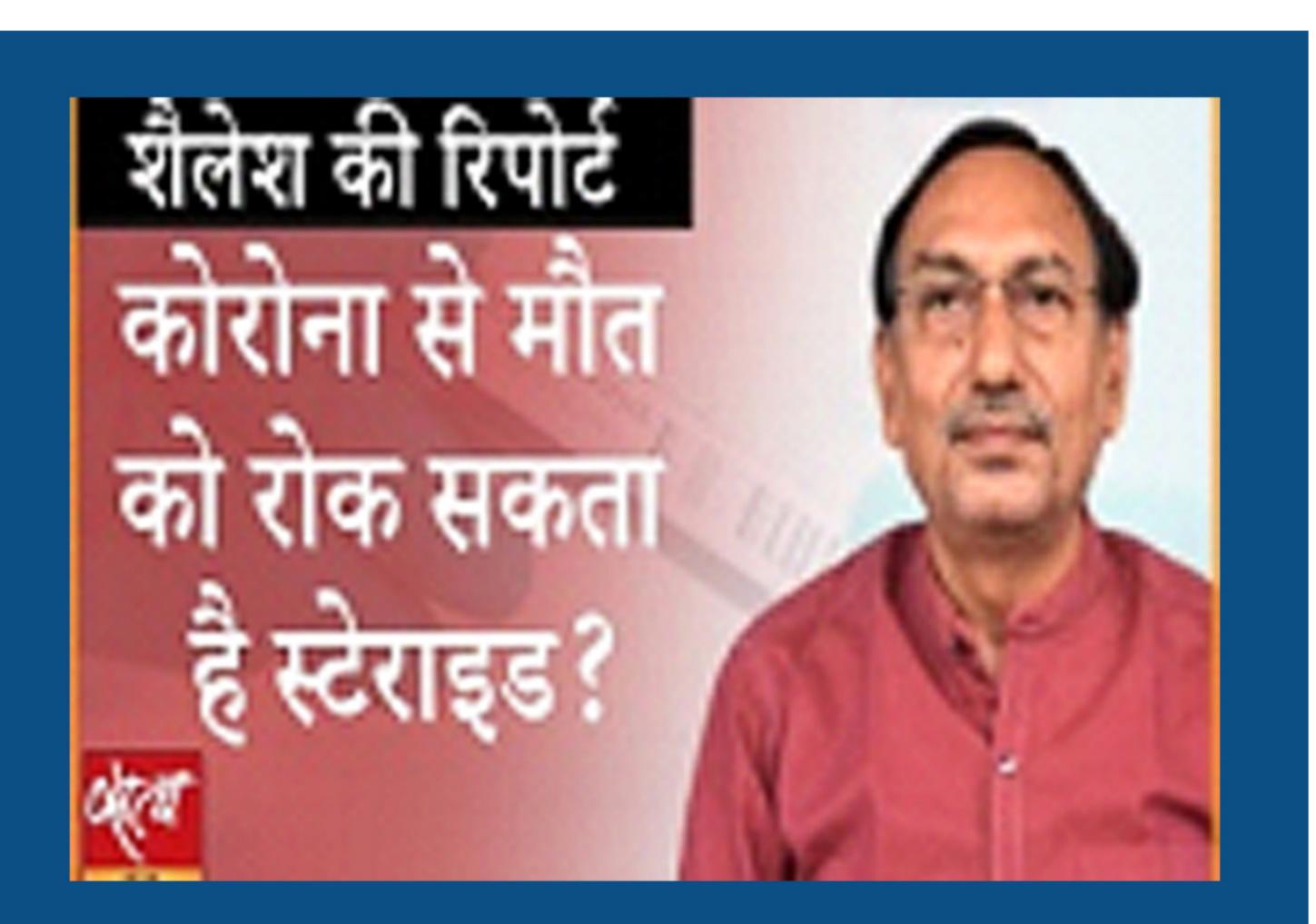
COMMUNICATION TO WIDER POPULATION VIA MULTIPLE MEDIA PLATFORMS:

Satya Hindi has played a leading role in making its audience aware of the dangers of Covid-19 and about its effective treatment. It has interviewed competent and knowledgeable experts from the MJ foundation to help disseminate the role of the life- saving drugs. Satya Hindi regularly transmitted opinions of medical professionals to a wider population in an attempt to save maximum lives. It started a series of programs which also included questions and reactions from patients.



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Amar Ujala print media



संक्रमण से ठीक होने के छह माह बाद फेफड़ों में मिल रहा ब्लॉकेज

न्हर्न दिल्ली। कोरोना व्यापास को - के अनुसार यह कोरोना संक्रमण फोट में अने मारो रंभीर कोरोनों में - के माद मारो गुप्पन्तम हैं। इंग्लीड रिकामी करणी कम रेखने को मिला के जिल्ला प्रेरच मार्थित के को जानने में कामपाय हो रहे हैं। अजना है कि दुनिया के कई देशों में में महर्षिण जिल रहा है। अब तब - लेकिन पाल में यह तेजी हो सामने ऐसे बई गरीज शापने जा पूर्व हैं। जा रही है। एक ओर देश में 53 विन्हें संक्रमण में रिकास होने के। क्षीनदें के करीब रिकारी दर है। अनुसर अब तब 100 में भी कुछ चनते तो ऐसे हैं तिनमें जबय नरेन फिल पूर्व हैं जो। संक्रमर से डीम डोने के ये सन्तर क्षेत्रेस संप्रतित क्षेत्रे के कर कर ही केमानों को नुकरतान नवान हो पर लेकिन बाद में उन्हें पहुंचने को जानकारी निर्मा

केकड़ों से जुड़ी रिक्कते का सारक करन पड़ रहा है। डॉक्टरे

100 से भी ज्यादा मरीजों में मिले लक्षण, गंभीर रोगियों में ज्यादा हो रही दिक्कत

अपना राज्या दिनय लेकिन कराई शहरा में गरीज अभी भी ऐसे हैं जिनहींने तक्कार में तकार होते के के बाद भी वर्त करियों को दोवाद में भार्त करना पह रहा है। सहकारीत पर विनाधी अन्य जनार है सा विकास के कारणा की प्राप्त कर कर कि कारणा से ही कोई फोड़ाने हैं। सेत करने कारों बाद बाद है कि केमाड़ी के नुकारत की आनवारी साहैत को नाई समय हात. यहां पहीं करा को है। करों आम किसी

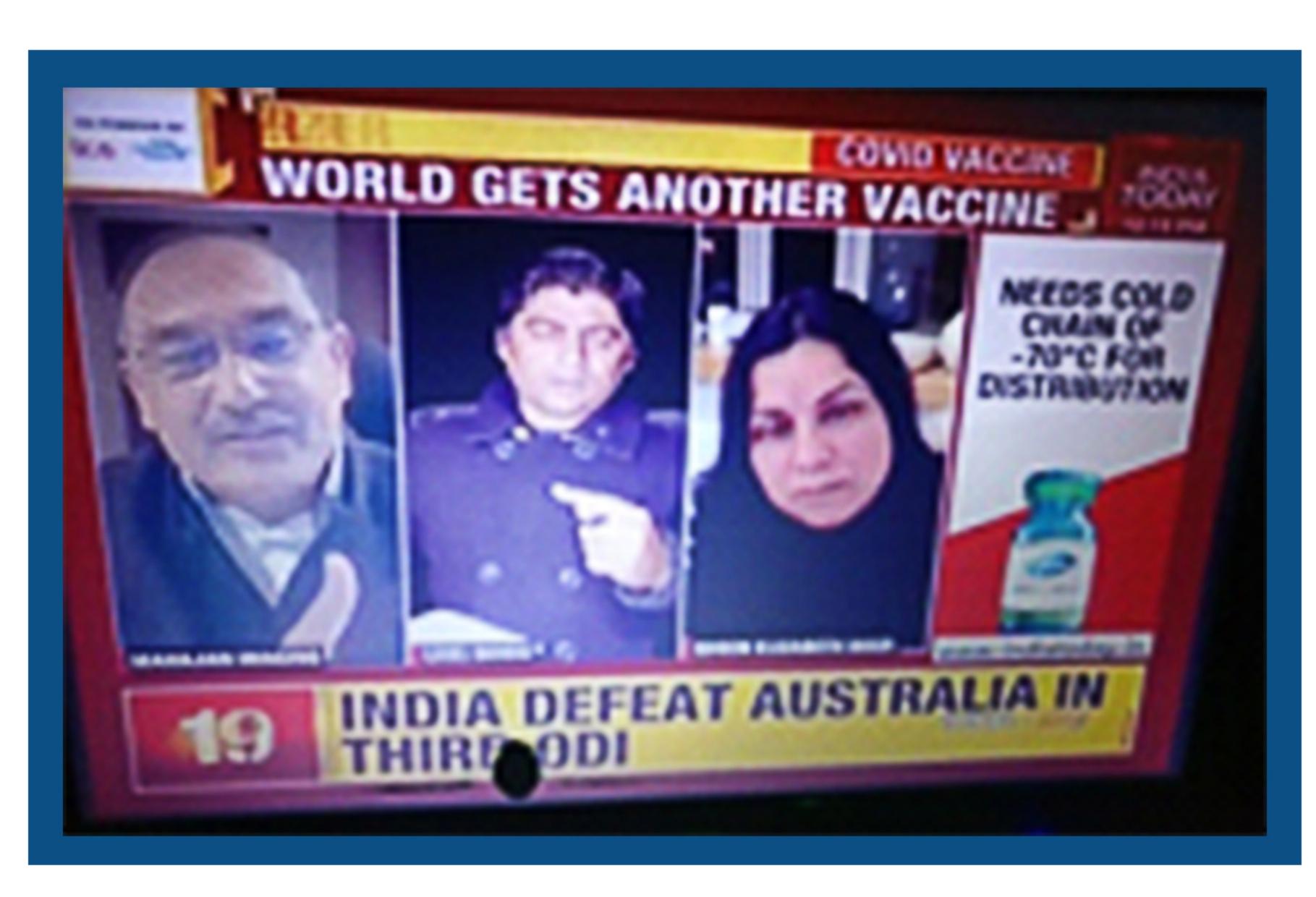
मरीको की कार का जोखिम ज्यादा प्रोक्टरे के अनुपार, फेरफड़ों की रिवर्तन जातते. के लिए अगर जोच की करई जाती है तो पत प्री कीन ने फराना कि भारत ने ही उनके एक प्रांतरत नित्र बोर्गन संप्रतित हुए थे। चर नानश बाद जब उन्होंने संस्कृतों की कांच करने का फैसला रिप्य से मति की जान का जीविय भी बन सवती है। अन्य फेरवर्ड़ों में कोई फोलाने रिपार्ट्स में है से प्राप्ते अरुपे ५० फोलटी फेकाड़ों में फाइब्रेरिया की भी उसे स्थापन होने में बाम हो बान चीन मा दिक्यत जिल्हे । उन्होंने फेट एक्ज़ो बतने के बाद चंद यह का यका तम तकता है। कुछ समार्थ में यह अवस् इसमें ज्ञान भी हो सबले हैं।

> एक-दो काल में केकड़े हो ककते हैं नव्ट प्रांक्तों का करना है कि उन्हादल फीजों को कोरोन से कंपाड़ी को हुए एक सान का लक्षणों के जोन्दे यह चान जान है लेकिन कुछ ऐसे की हैं जिन्हें यह अलग दिखाई देते के करीब एक से दे साल का यका तक लग सकता है। खालाके पर 20 से 42 वर्ष करते से का देते से दिखाई दें सकता है। हालाँक कर तक केवाड़ों का अधिकात भाग नाट होने को काफा पर अह सकता है।

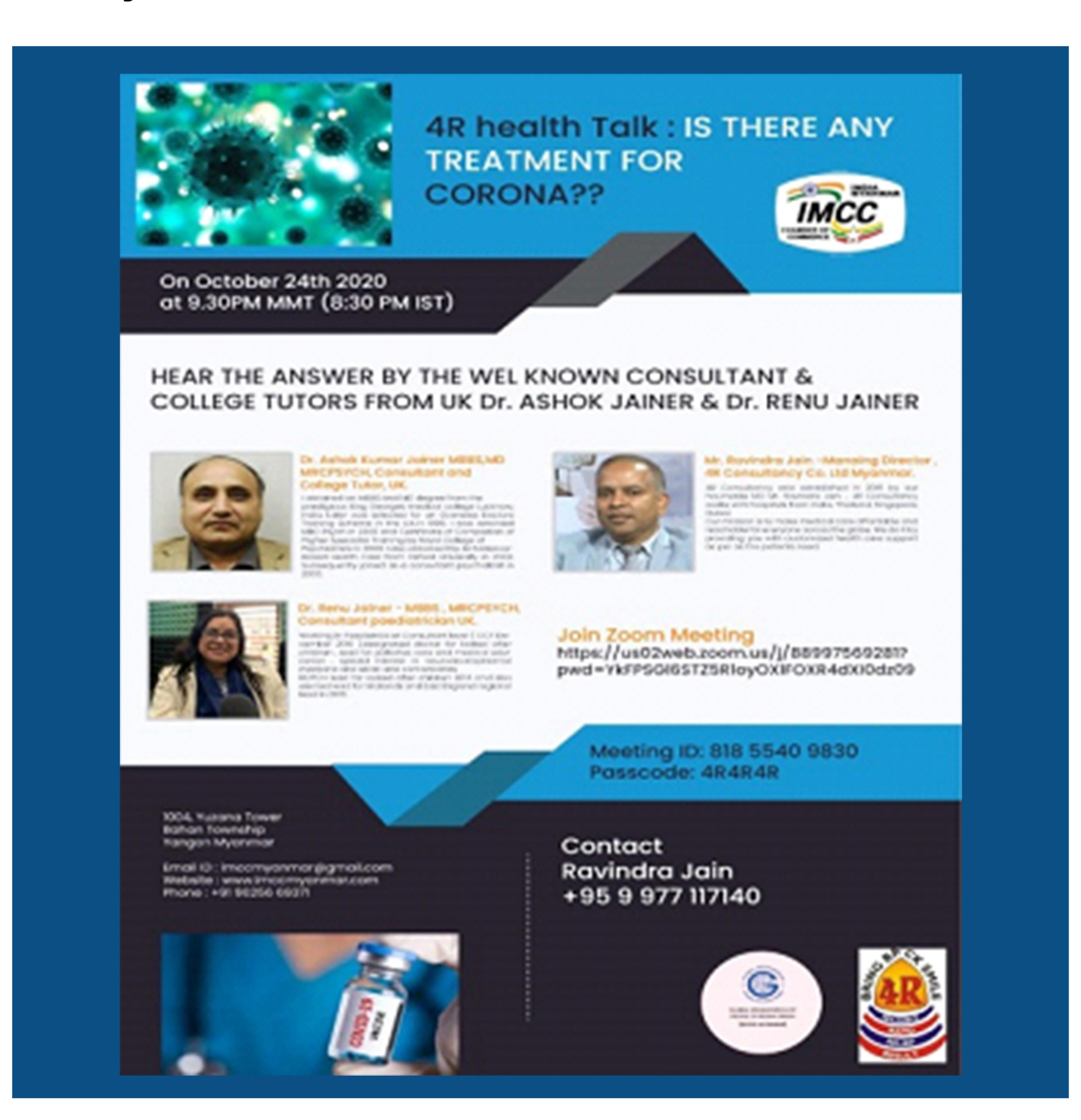


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India Today as panellist



IMMC Indian Myammvar Chamber of Commerce





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PATIENTS' PERSPECTIVE OF STEROID TREATMENT:

1: Rajive Dhaiya



MY STRUGGLE and VICTORY over Covid-19 with the help of MEDROL (steroid, very economical and easily available)

Friends, I am Rajeev Dahiya here.

हस्पताल के इलाज से बचे

Tablet Medrol (methy prednisolone) saved my life.

I had 56 percent lungs infection by Covid-19 that's 14/24 score on HRCT scan. I was asked to find a bed in hospital as it was critical. I was unable to find bed and very fearful of hospital admission. But my first dose of Medrol hit my fever which had stayed at 102 degrees for 10 days.

I was thrilled to inform my doctor { the best doctor who monitors me from London }. He assured me that he would try to support me. I did 100 percent what he said. All my blood tests were done at home, doses of other drugs such as antibiotic were changed in due course but MEDROL remained the same for some times.

Please note I am not MEDROL agent; I am just telling because it can save millions of lives at home

This medicine has some side effects but they can be easily handled if you don't have any previous medical history, in which case special care has to be taken, as sugar and BP levels increase.

दोस्तों सच्चाई ये है कि घर पर परिवार के बीच में किसी भी स्थिति में हस्पताल के मुकाबले अधिक सम्बल प्रदान करता है क्योंकि हम हस्पताल में चारों तरफ रोज मौतें देखते हैं उससे जीने की इच्छा पर फर्क पड़ता है। यदि किसी भी साथी को मुझसे कभी भी advice चाहिए तो फोन कर सकते हैं 9868277766 कृपया कोरोना से बचाव की कोशिश रखें अपना ध्यान रखें



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2: Prof Vinod Kumar

Director and Head of Department, Orthopaedics, MAMC, New Delhi.



I started having mild symptoms of sore throat, sneezing around the 18th September 2020. I just took Levocetrizine 5 mg Od and Tab Azithral 500 mg OD for 3 days.

Symptoms partially subsided and I got RT PCR done on the 19th, which came out positive.

I was in home quarantine as symptoms were mild and Oxygen Saturation was 98 and above.

I was just taking Zinc and Vitamin C etc.

I developed Fever on the 25th night and the 26th morning around 101 to 102 F , Oxygen Saturation dropped to 96 to 95 and had dry Cough.

I got X ray Chest and HRCT on the 26th noon itself and it was suggestive of Lung involvement of score 8/25.

I started Dexamethasone on the same day 16 mg as loading dose on the 26th and followed by 8 mg OD for 10 days, and gradually tapered by taking 6 mg for next 3 days and 4 mg for next 3 days.

I also got my blood investigations done where inflammatory markers IL6 ,Serum ferritin were marginally increased.

Fever responded immediately after the first dose and I was feeling better.

I also took Doxycycline 100 mg Od for 10 days.

I am a mild diabetic, taking Metformin SR 500mg OD for last 4 months so it continued..

After starting Steroid, no fever and no further drip in Oxygen saturation so I did



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not go to hospital and continued home management.

After 4 to 5 day of Steroid treatment, my Oxygen saturation started to improve and returned back to normal 98 around the 8th to 10th day of the therapy..

Then I started breathing exercises and gradually steroid were tapered and Doxy stopped.

I almost recovered within 2 to 3 weeks of home treatment.

Only one thing happened that my blood sugar went high after 5 days because of the steroid therapy, so I had to use Plain Insulin ink.sc on sliding scale at home only and as a thromboprophylactic therapy, I also took Inj.enoxaoarine .6 mg SC OD after the 5th day of steroid therapy for almost one week as my D dimers , serum ferritin were marginally higher.

After 3 weeks these medicines were stopped and everything went well.

After stopping the steroid, my blood Sugar has become normal and there's no need of Insulin now.

I have now returned to my previous dose of Metformin SR 500mg od .

3: Aminder Preet



Experiences are personal but one can learn a lot from them. As we all know Covid-19 is a challenging phase for all of us. The situation is more alarming as there is a lot of confusion regarding the line of treatment for this virus. I thought this was my moral responsibility as a lay person to share my experience so that it can help others to take right decision at the right time. My 65 years old mother is living with a single kidney which is working 55 percent. She started using

Methylprednisolone from 14th September. It was her 8th day after becoming Covid positive. She got her Covid report on the 8th September. In the early days she was feeling fine with mild fever on & off but on the 8th day she got 100.5 F fever.

For five days doctor gave her Madrol 32mg & tapered off to 16 mg on the 6th day. After that she was feeling extremely weak & her oxygen level started coming down to 95-96having fever up to 101.3 even after giving Dolo after every 6 hours. After two days, Doctor tapered off the dose to 16 mg. In the meantime her



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IL-6 & D-dimer levels increased.

At that crucial time Dr Ashok Jainer and Dr Sudhir Tyagi both played very important role. We again started 32 mg under the guidance of Dr Ashok Jainer and Dr Tyagi. She responded well, fever subsided and was feeling much better. We realised that her medrol was reduced to 16 mg prematurely. She recovered after being on medrol for around 2-3 wks. As of now no side effects! I am thankful to Dr Jainer and Dr Tyagi for saving my family as my father, mother, brother, bhabhi and both kids, all were positive.

I share my mom's experience here as her journey to fight with Covid-19 was extremely difficult. I am really thankful to the two doctors for saving my family. I'm surprised why this endless discussion going on regarding use of this life saving steroid. Although I am not a doctor but with my experience I can say saving life is more important than considering side effects of the steroids. The only thing the medical fraternity should be confident about is the use of this life saving medicine.....when and how much should be given to the patient is the main question.

As a lay person I can say now we have sufficient evidence about the successful results of this steroid. Why wait? Thanks to Dr Ashok Jainer and Dr Sudhir Tyagi. Yudhvir, Sunanda, Rama Rathi, Jitender Rana and his family, Ravinder and many more join in thank Dr Ashok Jainer, Dr Ashok Singh for their selfless duties towards society without considering any time restraints. May god bless all the doctors with good health those who are working day and night in this pandemic time.

4: Ratika Jain:



I, Ratika Jain, from New Delhi, feel extremely fortunate to have been treated by an eminent doctor who is part of the M J foundation. When he learnt that I was Corona positive, he advised me to be mentally strong and get my son's test done too.....because the similar symptoms were evident in my son too.



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It was scary but I was rest assured because of such a wonderful doctor being my guiding light. He educated me that how we can monitor the health of both of us. Thankfully, my son turned out to be negative. On my 7th day, when my blood test reports showed inflammation, there and then he put me on medrol 16mg twice a day. The levels of inflammatory markers became almost normal quickly. To my surprise I realised that I fought Corona without any complications!! Not only is this a very affordable drug but also very easily available in nearby medical stores.

He actually put out the fire that could have had very bad consequences and could potentially ruin my health.

I feel extremely fortunate to realize how lucky I was to be given this treatment at the correct time with correct dosage because my own uncle with symptoms similar to mine wasn't aware of this approach and had to face very harsh consequences.....while I am perfectly healthy and fine. The doctor even educated and guided me about post Covid care.

I am whole heartedly obliged to Dr Ashok Jainer and Dr Ashok Singh for their guidance and mental support throughout this phase...





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Founder



Dr. Ashok Kumar Jainer, Consultant Psychiatrist, NHS, UK



Dr. Renu Jainer, Consultant Paediatrics, NHS, UK

Our Medical Advisory Board



Dr. Sudheer Tyagi, Neurosurgeon





Or Aruna Agarwal,
Gynaecologist



Orthopaedic Surgeon



Or. Renu Jainer, Paediatrician

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Bhism Singh,, DCP



Ramkripals Singh, Exeditor in Chief, Nav Bharat Times



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



Prof Charan Verma

Medical Clinic In charge



Dr. Vijay Verma, MBBS, MD



Dr. Sanjay Jainer, BAMS

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Avnish Jainer -Ghazaiabad



Salma Francis -Delhi