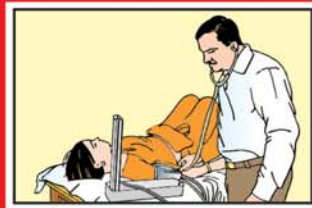
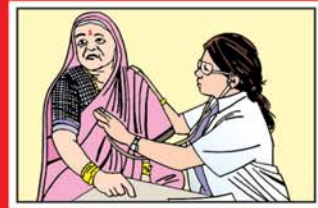
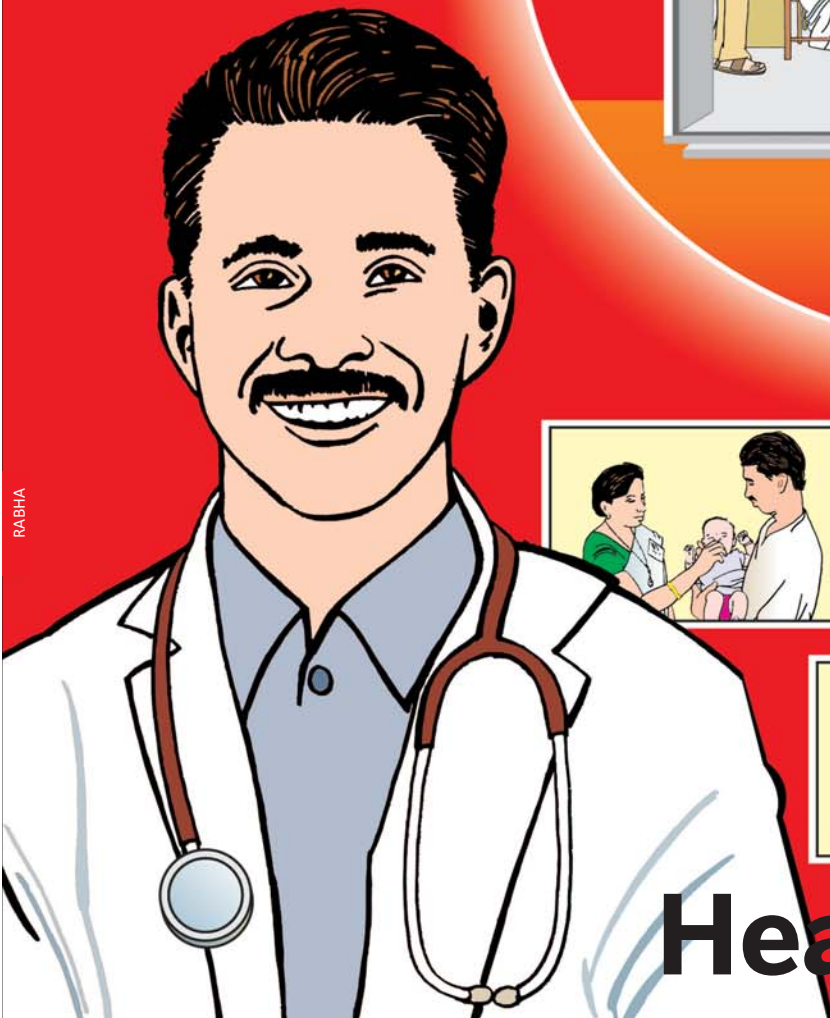


MAHARASHTRA AHEAD



Health Is Wealth

RABHA



Eat variety of foods to ensure a balanced diet.

Nutritionally adequate diet should be consumed through a wise choice from a variety of foods.

Eat plenty of vegetables and fruits. Green leafy vegetables, other vegetables and fresh fruits are treasure trove of several minerals and vitamins and hence, protect from diseases.

Ensure moderate use of edible oils and animal foods and very less use of ghee/ butter/ vanaspati. Excessive use of plant and animal based fats elevation of blood lipids thereby increasing the risk of heart disease and other illnesses.

Exercise regularly and be physically active to maintain ideal body weight. Regular physical exercises increase strength and stamina, elevates 'good' cholesterol and adds pink tinge to health.

Ensure the use of safe and clean foods. Contaminated and adulterated foods are major causes for several food-borne illnesses in the country.

Adopt right pre-cooking processes and appropriate cooking methods. Healthy and positive food concepts and cooking practices are foundation for good health.

Drink plenty of water and take beverages in moderation. Water is the most important nutrient of all and helps in the upkeep of our health.

Minimize the use of processed foods rich in salt, sugar and fats. Processed foods being rich in fats, salt, sugar and preservatives may pose a health risk if consumed regularly.

Include micronutrient-rich foods in the diets of elderly people to enable them to be fit and active. Senior citizens need more of vitamins and minerals to remain healthy and active.

Source: DIETARY GUIDELINES FOR INDIANS by NATIONAL INSTITUTE OF NUTRITION



Towards Healthy Growth



Month of August reminds us about our Independence Day. The day was possible due to great efforts of our freedom fighters, martyrs, social reformers and common people. Their remembrance gives us immense inspiration. Month of August also reminds us of Lokmanya Tilak on his death anniversary who was rightly called 'Father of Indian Unrest'. He spread the freedom movement among the masses and later on Mahatma Gandhi expanded this movement in the entire nation that forced British to leave India.

The independent India came into existence on 15th August 1947 has propelled itself in the last 65 years in every sector be it Nuclear Power, Science and Technology, Agriculture, Information Technology, Industry, Health, Space and Oceanography which is recognized by the world.

Month of August brings us a lot of festivity. Narali Purnima, Raksha Bandhan, Gokul Ashtami, Bail Pola, Ramzan Id and Parsi New Year Day ...all lined up to give us joy and chance to celebrate. The tradition of celebrating multi religious festivals collectively fastens warp and weft of national integrity.

Despite global recession, the rate of economic growth of the country is satisfactory. India is progressing to become a superpower with proper planning, dynamic policy making and visionary political and administrative leadership in last 65 years.

In next 50 years, India will have largest number of young population between age group of 25 to 46 years which is popularly coined as 'Demographic Dividend'. This age group is creative and always enthu to conquer the world and there is no doubt that our country has a very bright future.

Today's stressful lifestyle has negative effect on our body and mind. Exposure to Diabetes, High Blood Pressure is increasing at very young age. We can avoid this with our blessed lifestyle, tradition, ethics and good eating habits.

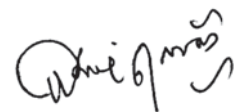
With quality healthcare, Infant Mortality Rate has lowered down from 40 to 33 per thousand babies in 2006 to 28 per thousand in 2012. Still Birth Rate also comes down from 25 per thousand babies in 2007 to 9 per thousand in 2012. Life expectancy, reduction in Infant Mortality and Still Birth Rate are key indicators of good health system.

The schemes like Janani Suraksha Yojana, Universal Immunization Programme, School Health Programme, Rajiv Gandhi Jeevandayee Arogya Yojana and National Vector Borne Disease Control Programme, National Leprosy Eradication Programme, National Programme for Control of Blindness, National TB Control Programme are being implemented by the State Government upto village level.

Besides State Government, the role of private sector has also increased sizeably and qualitatively. Many state-of-art hospitals have come up at taluka level in the State. Maharashtra has become medical hub for entire nation. The world class facilities are paving way for 'medical tourism'. The Medical education and training in Allopathy, Ayurvedic and Homeopathy colleges in Maharashtra is considered to be best in the country.

In this issue we have tried to touch various aspects of health sector. We hope you will find useful information about various medical branches like Allopathy, Ayurveda, and Homeopathy and Unani. We are indebted to Bhushan Gagrani, Secretary, Public Health and Vilas Deshpande, Deputy Director, Directorate of Health Services for their valuable support.

We hope you will welcome this issue.



Pramod T. Nalawade
Editor-in-Chief, 'Maharashtra Ahead', DGIPR

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First Aid of Health

The Government is committed for speedy and quality healthcare to each citizen

Healthy life is a need of a human being. For comfortable life one needs sound health. Maharashtra has initiated number of schemes to provide quality health care for needy which are spelled out by the Chief Minister **Prithviraj Chavan**.

There is a saying "From the bitterness of disease man learns the sweetness of health." It is true and that's why we say that 'Health is Wealth'. The healthy population is needed for a healthy society. Keeping this in view the State Government has accorded highest priority to the healthcare sector.

Today the public health care system has reached upto the last man of the society. The Government is committed for speedy and quality healthcare to each citizen. Today, we have the largest number of doctors and nurses. Thanks to the good health care facilities located in Mumbai, Thane, Pune, Nashik, Nagpur and Aurangabad. But our aim is that the rural areas should get health care facilities at par as in the cities. To achieve this goal, recently the Government, based on the census of 2001 has sanctioned a master plan for improvement in health care.

According to norms, there is one



Primary Health Center for per 30,000 population and a health sub center for per 5000 population in non-tribal areas. For tribal and hilly areas there is one Primary Health Center for per 20,000 population and one sub center for per 3,000 population.

While establishing Primary Health Centers the sole criterion was population. But in the State like Maharashtra, population should not be the only criteria as it will be unfair for some areas. According to 2001 census the population of the State is 9 crore 69 lakhs and keeping in view of the census there is need to increase the number of health institutions in rural areas as per the accepted criteria. But we prepared a master plan for health services keeping in mind not only just population but the distance between the existing health institutes and the

topography. We decided to establish 1257 new health institutes as well as the upgradation of current 55 health institutes. 19,236 new posts including 1916 posts of doctors were sanctioned for these new facilities.

The State Government have allocated large amount for health sector. Rs. 1252.93 crore has been allocated this year. As per the new policy adopted by the Public Health Department, now medicines will be purchased directly from manufacturer. Central Purchase Committee is appointed as sole agency for purchase of medicines and medical equipments.

The State Government has formulated an Emergency Medical Services Scheme. Under the scheme victims of road accidents should get medical help within an hour. 247 state-of-art ambulances will be provided to Municipal Corporations of Mumbai, Thane, Pune, Nashik, Nagpur and Aurangabad. 937 ambulances will be deployed in the entire State in the span of two years.

Reducing girl child ratio is a matter of concern. According to 2011 census figures, the female sex ratio is 883 for each 1000 Male. Hence we have launched 'Save the Girl Child Campaign' to create awareness among the public and started strict implementation of PCPNDT Act which I am sure will curb the trend.

We have decided to set up 100 bed female hospitals in Raigad, Gadchiroli, Washim, Chandrapur, Baramati,





Nanded. State-of-art blood banks will be set up in each district hospital, also Auxiliary Nurse Midwifery (ANM) and General Nursing and Midwifery (GNM) nursing schools will be opened in each district.

Previously Jeevandayee Aarogya Yojana was meant for persons from Below Poverty Line and limited for illness like Cancer, Heart related disease, Kidney Transplant and diseases related to Brain and

Nervous system. Hence the State Government extended the benefits of the scheme to the persons from above poverty line whose yearly income is below Rs.1,00,000. Treatment of major illness needs huge costs and general tendency of the people is either to skip the treatment or take loan for the treatment putting heavy burden to the person or family and sometimes ruining the family. The scheme helps for treatment of such patients and thereby protects the families of the patients.

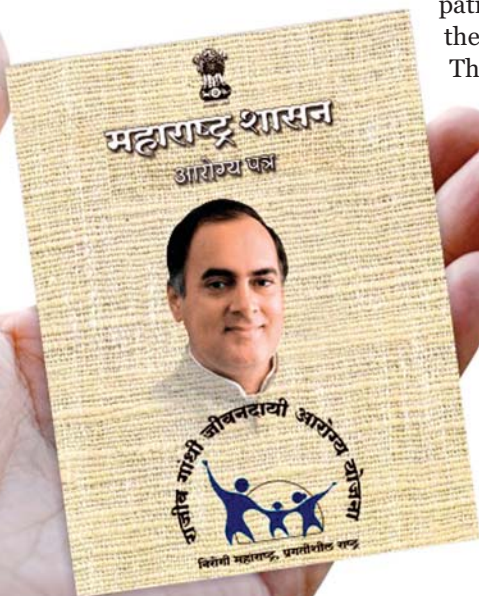
The scheme includes 972 types of surgeries/procedures along with 121 type of follow up packages.

The scheme is fully computerized. The health card issued under the scheme can be used to avail treatment in any of the selected

hospitals in the State. Facility of boarding and reimbursement of one way fare for the patient is given under the scheme. Currently the scheme is being implemented in Raigad, Solapur, Nanded, Dhule, Gadchiroli, Amravati and Mumbai on experimental basis but soon it will be extended to the entire State.

Apart from these, we should also inculcate healthy habits in the society. What a healthy habit does cannot be done by hundreds of injections or tablets. We have put ban on Gutkha and Pan Masala in the State which was generating crores of rupees as revenue. The ban can be effective to curb the spread of the deadly disease, cancer. Training about how to use mosquito nets can be effective rather to give tablets against Malaria to hundreds of people. Social health can be preserved by educating people and apart from planned schemes we are also taking some steps which are simple, easy to implement and can be effective. ■

- As told to **Satish Patankar**



Gutkha Ban for Healthy Youth

Economic Growth and Healthy Society are two sides of a coin

Government is endeavoring to reach all medical services to the citizens, especially to rural people near their homes. We are increasing numbers of Primary Health Centers, Rural hospitals and improving standards of health facilities in these hospitals so that patients do not have to travel far from their homes for accessing good medical treatment, stated the Deputy Chief Minister **Ajit Pawar**.

Healthy population tends to overall development of the nation. The nations with healthy population can easily achieve the goals of development. Across the broad swath of history, improvements in income have come hand in hand with improvements in health. Maharashtra is foremost State in each field, be it industry, economy, social, educational or cultural. I strongly feel it has become possible due to major role played by the health sector. I extend my hearty wishes to doctors, paramedics and health workers, whether in private or Government sector, whose efforts in keeping the population of the State in good health propelled the State to excel in every field.

This is the world of Information Technology, where technological advancements surpass each day. Every day new research is done in the world of medicine. With the Information Technology revolution these researches are easily made available to the world at large. Today it is our duty to make available the latest technology in the field of medicine to the people of the State, especially living in rural areas.



The State Government is endeavouring to provide good health care facilities to the people through various mediums. There is also need that medical experts, administrative officers concerned and most importantly people's representatives should also take health care seriously. I am sure with these efforts we will be able to reach better health care facilities to the people of the State.

Today, progress of any State is measured on the economic development. But for the economic growth of the State should be

healthy. We should consider the fact that for the economic growth, society should be healthy. Similarly, with economic progress society becomes stronger. In other words Economic Growth and Healthy Society are two sides of a coin and by balancing these two we have to go further.

There is no doubt that today, our State is progressing, but with the economic prosperity lifestyle of people is also changing. Work habits such as working for long hours in sitting position, fast food is making immune system weak. The number of patients suffering from high BP and diabetes has increased. Alcoholism has become a serious health problem. We have to overcome all these by making changes in our lifestyle. Regular exercise and balanced diet acts as prevention of illness. Sports make our body and mind strong. Keeping this in mind everyone in the State, especially youth should seriously pay attention to their health. The responsibility of tomorrow's healthy, progressive Maharashtra rests with today's younger generation and for that, it is our duty to inculcate good healthy habits among youths.

Even though the health problems

in urban areas and rural areas are different but the addiction problems in both places is the same. Looking at the serious health problems in youth caused by Gutkha in urban as well as in rural areas the State Government imposed the ban on Gutkha and Paan Masala. Though, with the decision the State Government will have to bear Rs.100 crore revenue loss. But for better health of the State the decision was necessary. Whatever decisions needed for the betterment of the State will be taken and implemented strictly. To provide access to the better health services to the common man we have launched 'National Rural Health Mission' in the State. Under this we have launched Cleanliness Campaign, Safe Drinking Water Supply and Women and Child Development Scheme. We have initiated programmes which will improve Human Development Index in the State. Under the programme health care services have been given the priority. Decisions have been taken for development of health infrastructure, to make available services of super specialist doctors in the rural areas and to strengthen medical services. I am sure, the new Drugs Purchase Policy i.e. Web Based Medicine Inventory Management System, implementation of Rajiv Gandhi Jeevandayee Arogya Yojana, Emergency Medical Services, campaign against female foeticide, will surely help in reaching health services effectively to the people. In future, Government will endeavour to reach all medical services to the citizens,



especially to rural people near their homes, we are increasing numbers of Primary Health Centers, Rural hospitals and improving standards of health facilities in these hospitals so that patients do not have to travel far from their homes for accessing good medical treatment. We are also ensuring that the private hospitals should make available their services to poor patients for which they have availed various facilities from the State Government. I feel as an aware citizen, it is our duty to ensure that these hospitals do their duty properly. Our aim is Health Services for All. Now the poor do not have to worry about medical expenditure of their illness. The Government has launched Rajiv Gandhi Jeevandayee Arogya Yojana, to assure the best medical

treatment for major illness to the poor patients, underprivileged and weaker sections. While implementing medical treatment schemes there is need to pay attention to disease preventing schemes. It is said cleanliness is to Godliness. Hence if we have to remain healthy we should keep our environment clean. We can prevent diseases by maintaining water cleanliness, personal hygiene is also an important aspect of this. Rules for air and water pollution should be followed strictly. With these measures we can reduce the spread of contagious diseases. We should seriously consider the disease preventive measures at public as well as personal level. It is our duty to provide health facilities to 11.25 crore population of the State. There will definitely be limitations to efforts, but the diseases preventive measures will help in reducing stress on health care services. The State Government will ensure that in future due to non availability of medical service or lack of medical treatment no one will have to loose life in the progressive Maharashtra. Even medical fraternity has a major role to play in this endeavour and the society also should revere them as 'Messengers of God'. ■

- As told to **Sanjay Deshmukh**



Maharashtra is one of the leading States in terms of providing quality health care. **Suresh Shetty**, the Minister for Public Health, is endeavouring for timely reach of the health care facilities to the last man of the society. He is the driving force behind the numerous administrative initiatives whether it is scheme like "Rajiv Gandhi Jeevandayee Arogya Yojana", or creating of posts or filling up vacancies in the department. In an extensive interview to Maharashtra Ahead, he outlines his concerns and his priorities. Here is the excerpt:

Sir, you have initiated some major administrative changes in the last two years. Your comment on that...

First of all I must thank Maharashtra Ahead for its special issue on health care. After I took charge of Public Health Department I had prepared a vision document which contained the expectations of the people. I also found out there was need for administrative reforms in the department. We did two things. There was no cadre for Specialists doctors. We created separate cadres for Specialists doctors holding diploma and degrees.

We have started extensive use of Information Technology in the department. Now we have Web Based Medicine Inventory Management system. We daily receive the details of services offered by various medical organisations to the Inpatient and Outpatients in the State by Pull SMS. The detail of services offered by all Medical Officers in the department is available online.

The department created many posts and cleared backlog of the

Vitalizing the Health Sector

Maharashtra is the first State in the world to deploy the massive numbers of ambulances



posts. What you have to say?

Many posts of doctors, nurses and para medical staff were lying vacant from many years. We launched special drive to clear the backlog in the last two years. To clear the backlog of Medical officers we have formed separate selection committee. In 2010-11 total 1365 medical officers were recruited. 771 medical officers were given appointment letters in 2011-12. In July 2012 we have recruited 750 doctors of which 464 are specialists. There were many officers and workers working on temporary basis in various hospitals set up in the State. After taking a review of these hospitals we have decided to regularize 21,000 posts out of 24,000 which will streamline the administration process.

Construction of various hospitals have completed after the

implementation of the packages given to Vidarbha, Marathwada and Khandesh region. We have created 721 posts for these hospitals. According to master plan approved by the cabinet, 1257 new hospitals will be set up and 57 hospitals will be upgraded. 21,152 new posts including 1,916 posts of Medical officers will be created under the plan.

National Rural Health Mission (NRHM) is an important part of our health department. Please tell us about the progress of the mission and e – filing.

The goal of the NRMH is to improve the availability and access to quality of health care to the common people. Reduction in Infant Mortality Rate and Maternal Mortality Ratio, population stabilization is the target of the mission. The NRHM was started on 12th April 2005 in the State.

E-filing is the part of the mission and I am proud to mention here that after Prime Minister’s office, our State is the only Government agency implementing e-filing system. E-filing system is being implemented not only at the Mumbai office of the NRHM but also at Family Welfare office, Pune. Now senior officers can see the files online and give necessary instructions

resulting in speedy decisions and transparency.

When you will be implementing Rajiv Gandhi Jeevandayee Arogya Yojana in other districts of the State?

Rajiv Gandhi Jeevandayee Arogya Yojana is being implemented in the State since 1997. At that time it was meant for only families from Below Poverty Line and catering only 4 major illnesses. When I took charge of the department I called the meeting of honorable Members of Legislature and apprised them about the scheme. From their suggestions, a new comprehensive scheme was formulated i.e. Rajiv Gandhi Jeevandayee Arogya Yojana which was approved by the cabinet.

In the first phase, scheme is being implemented in Gadchiroli, Amravati, Nanded, Solapur, Dhule, Raigad, Mumbai and Mumbai Suburban district. I am proud to mention that Maharashtra is the only State where the income limit for this scheme is Rs.1,00,000. In other States it is Rs. 50,000 or Rs. 60,000. Upto December 2012 the scheme will be implemented throughout the State.

Please tell us about the

Emergency Medical Service Scheme...

It is indeed an ambitious project where 937 ambulances will be deployed all over the State. Ours will be the first State in the world to deploy the massive numbers of ambulances. Currently the largest number of deployment of ambulances is in London where 700 ambulances are placed to tackle any eventuality. These ambulances will give first aid to the patients who need emergency treatments. The scheme is useful for road accident victims, patients with serious illnesses, pregnant women, neo-natal illness and patients affected with respiratory, communicable diseases, man-made disasters, snake bites and all types of accidents.

All 937 ambulances will be equipped with Global Positioning System (GPS) to help trauma patients in the hour of crisis. There will be 2 categories of the ambulances one is ‘Advanced Life Support’ and other will be ‘Basic Life Support’. Both have same toll free number round the clock and the Government is coordinating between State run hospitals and private hospitals for imparting pre and post hospitalization service to the patients under this scheme.

The female foeticide is a burning issue in the State. How the Government has planned to put an end to the practice?

From 4th June 2012 to 30th June 2012 we implemented a Statewide special drive to inspect sonography and abortion centers. 544 teams comprising of revenue, police and medical officials inspected 6843 sonography and 4072 abortion centers. Action is initiated against 291 sonography and 341 abortion centers, 127 machines were sealed 151 centers were slapped show cause notices.

Sir, can you elaborate about the ‘Janani Shishu Suraksha Yojana...

Medicine, laboratory tests, blood, diet, referral services are being provided free of costs to the pregnant women





Public Health Institutes of the State Government

Type of Institution	No.
State Level Hospital	498
District Hospital (DH)	23
Sub District Hospital (SDH) with capacity of	
a) 50 beds	56
b) 100 beds	24
c) 200 beds	3
Community Health Centre (CHC)	458
Rural Hospital (RH)/Cottage Hospital (CH)	386
Primary Health Centre (PHC)	1,809
Sub Centre	10,580
Primary health Unit (PHU)	172
Mobile Health Unit (MHU)	13
Women Hospital (WH)	10
Mental Hospital (MH)	4
Dental Hospital	3

Source: Directorate of Health Services, GOM

and neo natal children under this scheme. Free transport from home to health institution is provided to the woman before and after pregnancy.

Public Health Department has initiated some positive steps to control disease like AIDS, Sickle Cell and Thalassemia. Please tell us about that..

In 1992 National AIDS Control Organization (NACO) was formed at national level to control the disease and in 1999 Maharashtra State AIDS Control Organization is formed. In last 13 years the State agency is effectively implementing the programme for prevention, care and cure for AIDS under the supervision of NACO.

Under the Sickle cell control programme identification of the

patient, pre-marital counseling is being done. This programme is being implemented in 20 districts and 50 lakh people were inspected for the sickle cell anaemia.

Centers are opened at Thane, Nashik, Satara, Nagpur to treat the patients of Thalassemia, Hemophilia and Sickle cell. Day care centers will be opened soon for these patients.

Please tell us about State policy on blood banks...

Blood cannot be sold or purchased under the National Blood Policy. The hospitals cannot force relative of a patient to replace the blood given to the patient. Under the policy service charge for the blood transfusion is fixed at Rs.850. Charges are fixed for organizing blood donation camps or extracting blood components but

still some centres are resorting to profiteering. I want to ask a question to the private blood banks and hospitals that they are organizing blood donation camps and also compelling relatives of the patients to get replacement of the blood then where does the all blood goes? Are they giving it somebody at free of cost or selling it? I had a discussion with Union Minister for Health regarding increase in the processing charges for extraction of blood components and proposal regarding this is sent to the Ministry. The charges for the blood should be uniformed throughout the State and if any blood bank or hospital charges more than the prescribed will be liable for action.

Please tell us about Metro Blood Bank Project...

We have established 'state-of-art' blood banks in the district hospitals at Thane, Nashik, Ahmednagar, Nagpur, Amravati, Chandrapur, Parbhani, Jalgaon, Satara, Pune. The project is started for seamless availability of blood and blood components to common people in the event of disaster. ■

- As told to Ajay Jadhav

Details of Blood Collection

(in lakh units)

Year	Blood Banks (No.)	Total Collection	Of which voluntarily donated
2007	254	10.07	8.17
2008	258	10.78	8.98
2009	264	11.46	9.70
2010	269	12.65	10.81
2011	280	13.43	11.92

Source: State Blood Transfusion Council, GOM

Wellness for Her

Rajiv Gandhi SABLA Yojana is being implemented for awareness among girls

Health care for women is top priority for the State Government. Health of the family depends upon the health stability of the women in the family and based on this principle we are implementing various schemes for women health care, assures Minister of State for Public Health, **Prof. Fauziya Khan**

Increasing Female Birth Ratio is the biggest challenge we all are facing today. Health care for women is top priority for the State Government. Health of the family depends upon the health stability of the women in the family and based on this principle we are implementing various schemes for women health care which includes prevention of diseases due to malnourishment of women and child, prevention of child marriage and other health care schemes from Gram Panchayat up to district level.

We are strictly implementing 'Prenatal Diagnostic Techniques (Prohibition of Sex selection) Act' throughout the State under which sex determination is a cognizable, non-bailable offence and has provision for jail term or penalty or both to the doctors as well as the person who are undergoing the test. Cases are being registered against the doctors who were willfully violating the law. Special courts are being set up as per the directives of the Bombay High Court. We are striving hard for empowerment of the women by

implementing various schemes. There was a strong demand to penalize members of the family under whose pressure the sex determination test gets done. I strongly feel there should be award for women who refuse to undergo sex determination test. We have appointed the famous actor duo Sachin and Supriya Pilgaonkar as a brand ambassador for this campaign and to create awareness among public through short films. Any person can give information about centers that are indulging in sex determination cases illegally on our specially created website www.amchimumlgi.gov.in or toll free number: 18002334475. We are striving to change the mindset of the people towards birth of girl child by implementing various schemes; I must mention about 'Savitribai Phule Kanya Kalyan Yojana' under which incentives are given to promote the couples to accept sterilization only on one or two female issues. If a person of the family which comes under 'Below Poverty Line' category undergoes sterilization after one female issue the concerned person will get Rs.2000 in cash and the girl child will get



Gandhi Scheme For Empowerment of Adolescent Girls (SABLA)' is being implemented throughout the State for the girls between 11 to 18 years and it envisages bringing awareness among adolescent girls about the development at adolescent age, health care, nutrition, reproductive and sexual health, family and child care, enhancing their home-based skills, life skills and vocational skills and imparting formal and informal education to girls, who have left school. Efforts are being taken to inform and guide these girls about existing public services such as Primary Health care, Post Office, Bank, Police Station etc. We have launched massive awareness campaign to promote the scheme at school level.

Maharashtra has rich tradition of progressive social leaders and we all have to be torch bearer of the tradition by supporting women to thrive in every field of life, collectively and qualitatively. ■

As told to **Vandana Thorat**



Rs. 8000 in the form of National Savings certificate. If the couple having 2 daughters and if any one of the parent undergoes sterilization then the person will get Rs. 2000 in cash and both the girls will get Rs. 4000 each in the form of National Saving certificate. 'Rajiv

Teamwork is Key to Success

E-Governance is very important. It increases speed and transparency

After the Mantralaya fire, the Chief Secretary **Jayant Kumar Banthia** had led a herculean task to put the Secretariat back to work in just 4 days. On 1st June 2012 he took the reins of the office of the Chief Secretary. In an exclusive interview to Maharashtra Ahead, he firmly believes that teamwork make any work possible...

Sir, what measures have been taken for State's development?

Maharashtra a progressive State is one of the top States in the country is always marching ahead. Progress of the State is the focal point of the administrative machinery. The State is also ahead in the fields of agriculture, industry, information technology, education, Right to Information. I believe the administration should have a human face and if we work while keeping the common man in the mind the benefits will certainly reach to the last man of the society.

We have some impediments in the process of overall development. I have given top priority to these issues and striving hard to resolve it. Female foeticide is cause of concern for us. The Government has initiated some preventive measures to curb the problem, like closure of illegal sonography and abortion centers, appointment of Competent Authority and ban on mobile sonography centers. Apart from this we have also launched campaign for public awareness about this issue to change the mindset of the people. We are endeavouring to eradicate malnourishment.

We are making efforts for development in agricultural sector by encouraging schemes like horticulture; NREGA which is supplementary for the sector will help for development of the region an eventually will help in stopping the farmers suicides.

Maharashtra is ahead in industrial sector and Foreign Direct Investment. We are also improving infrastructure facilities in the less developed regions for attracting business so that the FDI should not remain limited to Mumbai and more jobs can be created in other regions also. We are paying special attention on improving infrastructure in Mumbai city.

We are committed for development of underprivileged, tribal population staying in interior areas. Efforts are on for providing employment and good health services to this population. I am personally paying attention towards education schemes which are beneficial for students from Scheduled Caste and Scheduled Tribes. I am not only working for giving better rehabilitation facilities to physically challenged but also for prevention of physical disabilities. Many positive steps have been taken for improving facilities for better education and employment of minority students.

We are developing ports along the coastline of the State which is 720km long for promoting tourism industry. The infrastructure facilities are being developed around the ports.

As a Chief Administrator of the State what is your vision about administration?

Administration, whether it is city or village, must be people oriented, and transparent. Administration should work in such a way that public participation should be increased in implementation of



various Government schemes. I think E-Governance is very important which increases desired speed and transparency in the administration. Co-ordination between Central Government, Judiciary and media is very important and we are giving preference to it.

I think administration should be divided in 3 parts:

- 1) People's expectations
- 2) Expectations from the People's representatives
- 3) Expectations from the officers and employees

I think the administration should work on these 3 guiding principles.

Please tell us about your efforts for improving efficiency in administration...

The speed of the Governance is very much depending upon the efficiency

that's why we are making efforts to improve efficiency in administration. More than half of our time we spend in our office so the environment at the work place should be friendly. We are providing amenities to improve their efficiency. We should send our employees and officers for training outside State. The officers should visit other States and appraise and train themselves about the best practices being adopted by other States. They also should know about work practices of Central Government. Instructions have been given to impart training to the officers by Principal Secretary, Law and Judiciary Department for improving legal drafting by the officers.

During Mantralaya fire incident, you worked non stop for 108 hours. How was your experience?

On the morning of Thursday 21st June I went to Mantralaya as usual and unaware that I had to return home only on Monday. But I will never forget those 108 hours after the fire started in Mantralaya. Not only me, many officers worked continuously, tirelessly. We had just one target in the mind Mantralaya should be functional from Monday!

Meeting on drought was scheduled on 21st June. After the meeting suddenly news about fire came. There was no question of going back to the home that night. We started Disaster Management Centre at second floor at New Administrative Building. The first press briefing was held on very same day at 6 pm. We were working till late night. Some suggested for rest and I used a small sofa for rest. It was 4 am in the morning.

Thursday night passed. Officers took turns and came on nights of Friday, Saturday, and Sunday for monitoring work. I and my secretarial staff including peons worked throughout the night and used to sleep in the center. At 8 pm my wife used to send dinner for 10 to 15 people. We used to have the dinner in the center

What is your opinion about increase of use of Information Technology

We have to empower ourselves by knowledge of Information Technology to sustain in today's world. Use of IT in the administration is essential and the concept of paperless office is being reality. From next year onwards every department has to go for E-Filing and we have taken steps for its implementation.

I have started E-Filing scheme in the office of NRHM when I was Additional Chief Secretary of Health Department. Ours was second department only after the Prime Minister's Office to implement this unique scheme. We can be able to cut time and pendency by using this scheme.

After fire at Mantralaya it is pertinent to scan files and papers. Biometric system should be used in every office of the State Government. I have given priority for video conferencing to reduce time and expenditure of senior officers. Paperless meeting is also my priority. IT training center is started in the Mantralaya and employees will get training in the center on demand.

itself. At around 1.30 to 2 a.m. in the night the last review meeting used to take place. After that we used to sleep on sofa, table... whatever used to be available, and used to take rest for 3 to 4 hours.

When we realised that we will be able to resume work at Mantralaya on Monday, we readied offices of the Chief Minister, the Deputy Chief Minister, the Ministers and the Secretaries. Did rehearsal on Sunday afternoon between 3 pm to 6 pm in the offices and tried to overcome the flaws after 6 pm.

On Monday morning the Chief Minister came, spoke to the staff at 10.30 am. We offered condolence to the deceased. That programme shivered us. Mantralaya came back to normal. One task was accomplished. But the death of 5 people was a deep regret.

As an Additional Chief Secretary of the Health Department you have steered the planning and implementation of Rajiv Gandhi Jeevandayee Aarogya Yojana. Please elaborate how the scheme was conceived?

I am proud that Rajiv Gandhi Jeevandayee Aarogya Yojana which is blessing for common man was started when I was Additional Chief Secretary of the Health Department. The person or the member of the economically weaker family can undergo treatment or surgery for his or her major illness in any private or Government Hospital

chosen by him or her at free of cost. It is really the scheme where you get a new lease of life!

The old scheme which covers only 4 diseases and meant only for families from Below Poverty Line was launched in State from 1997. We studied some schemes being implemented in Andhra Pradesh and other States. It was indeed daring task to change the old scheme. We have changed the name of the old scheme and rechristened it as Rajiv Gandhi Jeevandayee Aarogya Yojana. We extended the scheme to those families whose annual income is equal or below Rs. One lakh. I must mention here that Maharashtra is the only State where the income limit has been increased. The scheme was studied continuously for 18 months. Number of meetings chaired by me; periodical review about distribution of health cards and progress of the scheme was taken by me via video conferencing. I am very happy that just a month ago this scheme was started in 8 districts.

What is your message to your staff?

Whatever work you have, do it whole heartedly. Work as you have a commitment towards the society. The joy on the people's face after their work done by you is simply priceless. Update yourself regularly by use of information technology and last but the least – Any work is possible by teamwork! ■

- Ajay Jadhav

Transforming Health Care At 360°

Objective of NRHM is to provide integrated comprehensive and effective services to all

ASHA is a community based functionary acts as bridge between the Government functionaries and tribal and non-tribal population to access the health services.



The National Rural Health Mission (NRHM) is an ambitious healthcare project of Government of India. It has been launched in the country on 12th April 2005, with objective to provide integrated comprehensive and effective, accessible and quality public health services to all and in particular, to the under privileged and vulnerable sections of the society.

THE OBJECTIVES OF THE MISSION...

- Reduction in Infant and Maternal Mortality Ratio.
- Universal access to public services for food and nutrition, sanitation and hygiene and universal access to public health care services with emphasis on services addressing women's and children's health and universal immunization.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH.
- Promotion of healthy life styles.

Apart from Reproductive and Child Health (RCH-II), Mission Flexi pool and Routine Immunization (Pulse Polio) following disease control programmes are launched under NRHM:

- National Vector Borne Diseases Control Programme (NVBDCP)
- Revised National Tuberculosis Programme (RNTCP)
- National Leprosy Eradication Programme (NLEP)
- National Blindness Control Programme (NPCB)
- National Iodine Deficiency Disorder Control Programme (NIDDCP)
- Integrated Diseases Surveillance Programme (IDSP)

Activities under NRHM are sanctioned through Programme Implementation Plan (PIP). Sub-



center's PHC and Taluka level plans are prepared, based on which District level plan is prepared and submitted to State Health Society. State PIP is based on district level PIP from all districts. This activity is carried during the period starting from November to February.

ACCREDITED SOCIAL HEALTH ACTIVIST (ASHA)

Accredited Social Health Activist (ASHA) is a community based functionary acts as bridge between the Government functionaries and tribal and non-tribal population who find it difficult to access the health services. ASHA is a first port of call for any health related demands of the community. She

creates health awareness among the community, also promotes good health practices.

There is one ASHA per 1000 population. She is a primary resident of village of 20-45 years, married and with formal education upto Std. VIII in tribal areas and in the age group of 25-45 years, married and with formal education upto Std. X in non-tribal areas. There is one ASHA per 1500 population in non-tribal areas.

ASHA is selected by Gram Sabha, trained and provided with medicine kits for treatment of minor ailments. ASHA is expected to get all the ANC checked, deliveries conducted at institution, immunization, facilitate Family Planning services and support

the health staff in treatment of diseases of public health importance. Payment of ASHA is made on performance basis.

AYUSH

AYUSH is an umbrella term covers Ayurveda, Yoga and Naturopathy, Unani and Homeopathy streams of Indian systems of medicine. The objective the scheme is mainstreaming of AYUSH and Revitalization of Local Health Tradition.

AYUSH wing is established in 6 district hospitals (Thane, Pune, Nashik, Amravati, Beed and Parbhani), also proposed in other 19 district hospitals. Outpatient department, Inpatient department and specialized services like Panchkarma, Ksharsutra, Illaj-bid-tadbir, Yoga practices are supposed to provide by AYUSH wing. 117 'Free Nidan and Upchar AYUSH Camps' were organised in each district of the State. An overwhelming response was received by the camp activity in 2011-12.

INDIAN PUBLIC HEALTH STANDARDS (IPHS)

For bringing quality and accountability in health services, Indian Public Health Standards (IPHS) have been set up for the health institutions. It is a novel concept to fix benchmarks of infrastructure including building, manpower, equipment, drugs, and quality assurance through introduction of treatment protocols. Most important, they also define the level of services that a health institute is expected to provide.

BLOOD STORAGE UNIT

Blood storage facility is an important activity for quality upgradation of Rural and District level hospitals. Operational guidelines for Blood Storage facility are issued to all Medical Superintendents of these hospitals. The blood transfusion facility is available at 173 hospitals and in April 2012 19,478 blood transfusions were done.

Mobile Medical Units

Mobile Medical Units is one of the innovative schemes which will provide health coverage to people living in the tribal, hilly and desert areas of the State. These mobile units are outsourced to NGOs/RKS for providing medical services to these areas on day today basis.

The NGO selected shall operate the MMU as per the day to day plan chalked out in consultation with District Health Officer. Monthly programme of the MMU is: Field visit -20 days, Medicine stock and Repairs and Maintenance of vehicles- 4 days, Preparing Report, Monthly meeting for each-1 day, Weekly Holidays-4 days.

RUGNA KALYAN SAMITEE

Formation of Rugna Kalyan Samiti (RKS) (Patient Welfare Committee) is mandatory under this scheme for stakeholders in the implementation of the scheme. RKS have been established at 1809 Primary Health Centers, 365 Rural Hospitals, 79 Sub District Hospitals, 23 District Hospitals, 8 Women Hospitals, 2 Regional Referral Centres, 4 TB Hospitals, 4 Mental Hospitals, 4 Leprosy Hospitals and 3 General hospitals in the State.

It is a welfare trust registered with Charity Commissioner. Powers are delegated to RKS and District Health Societies to plan and implement activities as per their need. Each RKS has one Governing body for making policy decisions and one Executive Committee for executing those decisions.

OBJECTIVES OF RKS

1. Acquiring equipment, furniture, ambulance (through purchase, donation, rent or any other means including loans from banks) for the hospitals.
2. Expanding the hospital building,

- in consultation with and subject to any guidelines that may be laid down by the State Government.
3. Making arrangements for the maintenance of Hospital Building (including residential buildings),

vehicles and equipment available with the hospital.

4. Improving boarding, lodging arrangement for patients and their attendants.

VILLAGE HEALTH, NUTRITION, WATER SUPPLY AND SANITATION COMMITTEES

It was sanctioned in 2006. The VHNSC is the key agency for developing Village Health Plan and the entire planning of Village Panchayat for NRHM. VHNSC Committee comprises of Panchayat Representatives, ANM, Anganwadi Workers, Teachers, and Community Health Volunteers and ASHA.

VHNSC is provided with Untied Fund which is made available for Information, Education and Communication (IEC) strategy, household survey, Preparation of Health Register, Organization of Meetings at Village Level, Village Health Plan, Health awareness activities, Safe Water Supply etc.

SCHOOL HEALTH CHECK-UP PROGRAMME

The School Health Check-up Progra-

Telemedicine Project

Telemedicine is a rapidly developing application of clinical medicine where medical information is transferred via telephone, the Internet or other networks for the purpose of consulting, and sometimes remote medical procedures or examinations.

Salient Features of the Project

- Telemedicine facility started on 7th September 2006 as Pilot Project in KEM Hospital, Mumbai as a Specialist Centre through which district hospital Latur, Beed, Nandurbar, Sindhudurg and Sub District Hospital Karad in Satara were connected.
- In 2007-08 telemedicine centres were set up in 20 District Hospitals, 2 Sub district hospitals and 4 in Government Medical Colleges as Specialty Telemedicine Centres.
- In 2008-09, 23 telemedicine centers started functioning at District and 4 at Sub District Hospitals i.e. at Nagpur, Aurangabad, Pune and K.E.M. In Mumbai in 4 Government Medical colleges Specialist Telemedicine Centre are functioning. Telemedicine center control node is working at Sir J.J. Hospital, Mumbai.
- Established new 30 Telemedicine Centers at Sub district hospital in 2011-12, are functional from January 2012.
- Total 27947 patients referred and 27819 expert opinions were given at District/Sub district hospital through telemedicine Centres.
- In 2012-13 Multi Video conferencing system for Telemedicine Centers will be established. Continuing Medical Education (CME) for Medical and Para Medical staff at District and Sub District Hospital. Innovative activity like pilot project of Tele-Ophthalmology.





Maher Ghar Scheme

Tribal areas have hilly terrain. Many of the tribal padas do not have pukka roads. Even if pukka roads are available, there is no reliable transportation system for transferring pregnant women in labour to nearby PHC. Hence Maher Ghar Scheme was started. The scheme is meant for transferring pregnant women in labour to nearby PHC. This is important cause of high maternal and neonatal mortality. Maher Ghar has been constructed in 56 PHCs of 9 districts in the State in the year 2011-12. These districts are Thane, Nashik, Nandurbar, Nanded, Amravati, Yavatmal, Gondia, Chandrapur, Gadchiroli.

Following facilities are being provided under the scheme

- One room of 5x5 meters
- One sanitary block (Toilet and bathroom)
- One kitchen ota with smokeless chulha
- One solar water heater system on roof of the room
- Women can be daily checked by Doctor of PHC and can be transported to suitable referral center if any complications are detected during waiting period or during labour before 1 week. She can be referred to higher Health Institute at the time of Delivery Complication.

mme is started under NRHM from February 2008 in the State. It covers 1st to 10th standard students from the rural area. In 2010-11 the programme was extended to the check up of 1st to 4th std. students of Municipal Councils and Corporation schools.

The programme comprises of the health check-up of the students of the primary schools (Government approved and private schools), vasti schools and alternative education centers, secondary Government approved granted and non-granted schools, ashramshala schools and the students enrolled by Social Welfare Department in special schools and handicapped schools in rural area and Corporation and Municipal Council schools.

Here are the salient features of the programme

- Appointed total 440 School health teams for health checkup of students. (356 for Rural, 29 for Corporation, 18 for Municipal Corporation and 37 for Ashram Schools)
- Individual health check-up card for each student is made available.

- Medicines and equipments are made available to teams.
- Checked 4,14,268 Anganwadi children from 9,660 Anganwadis.
- Total 140 heart surgeries and 1022 other surgeries conducted upto May 2012.

EMERGENCY MEDICAL AND REFERRAL SERVICES

Maharashtra Emergency Medical Services (MEMS) project will provide total 937 ambulances across the State. National Rural Health Mission is providing 690 ambulances for rural part of Maharashtra, and Government of Maharashtra has also sanctioned additional 247 ambulances for Municipal Corporations of Mumbai, Thane, Pune, PCMC, Nashik, Aurangabad and Nagpur.

Government of India accorded approval to provide Emergency and Referral Services at all level of health care delivery system under NRHM. During the year 2010-11, total 690 ambulances were sanctioned.

The strategy of Pre Hospital Trauma Care is based on Golden Hour Theory, which means the patient to be shifted to hospital within first hour. The Programme is to provide this service across the State except within the limits of Municipal Corporation of Greater Mumbai, Thane, Pune, PCMC, Nagpur, Nashik and Aurangabad Municipal Corporations. However, Government of Maharashtra has sanctioned additional 247 ambulance to cover the excluded Municipal Corporation Areas.

Medical Emergencies will include Road Accidents, Natural Calamities, outbreak of Epidemic, Serious Illness and Allied Problems. Beside these, emergencies related to pregnant women and neonates will be handled. Integrated approach to provide emergency response services which includes Computer technology integration, voice logger system, GIS (Geographic Information System), GPS (Geographic Position System) AVL (Automatic Vehicle Location

System) and Mobile Communication System (MCS).

Location for setting up of Central Control Room is finalized at Chest Hospital, Aundh, Pune. The ambulances to be procured in the scheme includes well equipped Advance Life Support Ambulances i.e. ALS and Basic Life Support Ambulances i.e. BLS.

FREE TRANSPORT FOR PREGNANT WOMEN

Referral transport scheme is being implemented under NRHM to control Maternal Mortality Ratio and Neo Natal mortality rate. The responsibility of arranging transport to pregnant mother in labour and sick neonates (upto 30 days from birth) is shifted to Public Health System. Adequate number of ambulances, POL and district level monitoring cell will be established

Specialist Medical and Dental Camps in Tribal Areas

During 2012-13 camps will be conducted in tribal areas where specialists from General Medicine, Surgery, Pediatrician, obstetrics and Gynecology, ENT, Orthopedic, Skin and V.D, Anesthesia and Dental faculty will provide their services to the tribal population. They will be requested as per need to provide specialist services and perform all types of major surgeries in the camp. The camps are organized in Sub Divisional Hospitals and Rural Hospitals. Each Medical and Dental Camp is for 4 days.

First day - Screening of the patients (OPD)

Second and Third day – Operation (OT)

Fourth day – Post operative care
Average 2000 patients will be examined in each camp.

Sr. No.	Circle	District	Total camp to be organized
1	Thane	Thane	4
		Raigad	1
2	Pune	Pune	2
		Gondia	6
3	Nagpur	Nagpur	2
		Chandrapur	2
		Gadchiroli	9
4	Latur	Nanded	4
5	Akola	Amravati	6
		Yavatmal	5
6	Nashik	Nashik	4
		Nandurbar	8
		Jalgaon	3
		Dhule	2
		Ahemadnagar	2
Total			60



from NRHM funds and transport from home to health facility, between health facilities (referral service) and from health facility to home will be provided free of cost to all the mothers in/near labour and sick neonates upto age of 30 days. For this a toll free number will be provided and call center will be set up.

SCHEMES FOR TRIBAL AND NAXAL AFFECTED AREAS

Maharashtra has 15 tribal districts of which 5 are sensitive and six are naxal affected districts. Considering the health problems of these areas and non-availability of trained staff to provide the health services, few schemes for these difficult areas has been started: Hardship Allowances, Maher Ghar, Volunteers in tribal PHCs, Coordination cell at Hospitals. Hardship Allowances scheme has been introduced in Amravati, Chandrapur, Dhule, Gadchiroli, Gondia, Nanded, Nandurbar, Nashik, Thane, and Yavatmal tribal districts. ■

Courtesy: State Health Society, Maharashtra

RGJAY

Assuring the Health

The scheme will cover 30 specialized service categories including of 972 procedures and 121 follow up procedures.

The Government of Maharashtra has launched Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) in order to improve medical access facility to the economically weaker sections of the State. This scheme had come into effect from 2nd July 2012. Here are details of the scheme.

Rajiv Gandhi Jeevandayee Arogya Yojana is an ambitious scheme of the State Government to enable common people to live a healthy life. In the first phase the scheme will cover Gadchiroli, Amravati, Solapur, Nanded, Dhule, Raigad, Mumbai and Mumbai Suburban district. It will benefit nearly 49 lakh people from these eight districts. Total 120 Government and private hospitals are

joined under the scheme to provide quality health care and specialty services to the weaker sections of the society.

THE SCHEME

This scheme is meant for the families who are Below Poverty Line (BPL - Yellow card holders) and Above Poverty Line (APL- orange card holders). The scheme will extend quality medical care for identified

specialty services, requiring hospitalization for surgeries and therapies or consultations, through an identified network of health care providers. The scheme will cover 30 specialized service categories inclusive of 972 procedures and 121 follow up procedures.

The beneficiary families of those eight participant district of this scheme would be identified through the "Health Card" issued by the



Government of Maharashtra in which photos of the members of the family and name of the head of the family are included.

After presentation of the card in the identified hospital, it will get verified online and patient will be allowed to receive the treatment.

The total annual coverage of Rs. 1.5 lakhs can be availed by one individual or collectively by all members of the family. The designated insurance company will foot the bill and the State Government will pay insurance premium to the company on behalf of the insured families. The family doesn't require paying for these expenses.

HOW TO GET TREATMENT?

- Beneficiary families shall approach nearby PHC/Rural, Sub district, General, Women/District Hospital/ Network Hospital. Arogyamitra is placed in the above hospitals will help the beneficiary by providing him or her referral card. Beneficiary visits the hospitals identified by Insurance Company he/she will be given a referral card to the Network Hospital with preliminary diagnosis by the doctors. Besides this, the patients having referral cards from the health camps organized in the village previously and accident patients can also directly approach the nearby hospitals selected by the insurance Company.
- The Arogyamitra at the Network Hospital examine the referral card and health card or Yellow/Orange Ration Card, register the patient and facilitate the beneficiary to undergo specialist consultation, preliminary diagnosis, basic tests and admission process.
- Network Hospital, based on the diagnosis, admits the patient and sends pre-authorization request to the insurance company.
- Recognized Medical Specialists of the Insurer and Doctors of Rajiv Gandhi Jeevandayee Arogya Yojana will examine together the pre-authorization request and



What It Covers?

The scheme would provide 972 surgeries/therapies/procedures along with 121 follow up packages in following 30 identified specialized categories:

1. GENERAL SURGERY
2. ENT SURGERY
3. OPHTHALMOLOGY SURGERY
4. GYNAECOLOGY AND OBSTETRICS SURGERY
5. ORTHOPEDIC SURGERY AND PROCEDURES
6. SURGICAL GASTRO ENTEROLOGY
7. CARDIAC AND CARDIOTHORACIC SURGERY
8. PEDIATRIC SURGERY
9. GENITOURINARY SYSTEM
10. NEUROSURGERY
11. SURGICAL ONCOLOGY
12. MEDICAL ONCOLOGY
13. RADIATION ONCOLOGY
14. PLASTIC SURGERY
15. BURNS
16. POLY TRAUMA
17. PROSTHESES
18. CRITICAL CARE
19. GENERAL MEDICINE
20. INFECTIOUS DISEASES
21. PEDIATRICS MEDICAL MANAGEMENT
22. CARDIOLOGY
23. NEPHROLOGY
24. NEUROLOGY
25. PULMONOLOGY
26. DERMATOLOGY
27. RHEUMATOLOGY
28. ENDOCRINOLOGY
29. GASTROENTEROLOGY
30. INTERVENTIONAL RADIOLOGY

The scheme is fully cashless. It covers the diagnostic charges, medicine expenses, food expenses and one way travel fare from home to hospital. It also includes 10 day post-operative medical treatment charges and the cost of the treatment if complications arise out of the operation.

approve preauthorization, if, all the conditions are satisfied. This pre-authorization will be confirmed by E-mail.

- The Network Hospital extends treatment and surgery free of cost to the beneficiary according to the authorization.
- Network Hospital after performing the covered surgery/ therapy/ procedure forwards the Originals bills, Diagnostics reports, Case sheet, and Satisfaction letter from patient, acknowledgement of payments of transportation cost and other relevant documents to Insurer for settlement of the claim.
- Insurer scrutinizes the bills and gives approval for the sanction of the bill and shall make the payment within 7 days.
- The Network Hospital will provide free follow-up consultation, diagnostics, and medicines under the scheme up to 10 days from the date of discharge.

The State Government has entered an agreement with 'National Insurance Company Limited' for implementation of the scheme and 'MD India' is chosen as Third Party Administrator (TPA) for this scheme.

AROGYAMITRA

Arogyamitra will be available in the network hospitals 24x7. He will help and guide the patients at the time of admission and while taking treatment.

HEALTH CARD

Health card is being distributed to the eligible families to avail the benefit of the scheme. To get this health card beneficiary family must submit color photograph (size of 3x2 inches) in which all members of the family is present.

For More information you can log on to following website - www.jeevandayee.gov.in Or you can call on toll free no. 1800 233 2200 / 155388. ■

- Ajay Jadhav

Health for All

Maharashtra is having a three-tier public health infrastructure

The XI Five Year Plan emphasised on district as well as block specific health plans and ensured involvement of all health related sectors like drinking water, sanitation, nutrition etc. The XII Five Year Plan aims at further expansion of health care system in the country.

Improving health status of the population, particularly under-served and under-privileged segments of society by providing easy access to the Health, Family Welfare and Nutrition Services has been one of the important objectives of Government planning and this has been reflected in all the Five Year Plans and in various Government

policies. As a result, India has built up a vast health infrastructure and initiated several national health programmes from time to time. The State Government has also initiated health schemes like Jeevandayee Arogya Yojana, Navsanjivani Yojana, etc.

The State is having a three-tier public health infrastructure. Under

the primary tier, three types of health-care institutions are covered: (1) Sub-Centre, (2) Primary Health Centre (PHC) and (3) Community Health Centre (CHC). The district level hospitals serve as a secondary tier, whereas, tertiary health care is provided by hospitals in urban areas, which are equipped with technology for diagnostic and investigative facilities.

The XI Five Year Plan (2007-12) emphasised on district as well as block specific health plans and ensured involvement of all health related sectors like drinking water, sanitation, nutrition etc. The XII Five Year Plan (2012-17) also aims at further expansion of health care system in the country, by increasing outlay on health sector to 2.5 per cent of the GDP by the end of the plan period.

FAMILY WELFARE PROGRAMME

The main objective of the Family Welfare Programme (FWP) is to stabilize population and thereby improve quality of life of people. Though sterilization was the mainstay of FWP in the past, spacing between the births of two children is also an equally important aspect as such more stress is given on propagation of spacing methods like Copper-T, Intra Uterine Device (IUD), conventional contraceptives, etc. The programme is supported by 2,692 NGOs in the State.



REPRODUCTIVE AND CHILD HEALTH PROGRAMME-PHASE II

Reproductive and Child Health Programme-Phase II (RCH II) is a major component of NRHM which aims at enhancing child health status and population stabilization by reducing Maternal Mortality Ratio (MMR), IMR and TFR.

JANANI SURAKSHA YOJANA

Janani Suraksha Yojana (JSY) is being implemented in the State since 2005-06, to encourage institutional deliveries in rural and urban areas and thereby to reduce MMR and IMR among beneficiaries from BPL, Scheduled Caste (SC) and Scheduled Tribe (ST) families whose age is above 19 years at the time of Anti Natal Care (ANC) registration. The scheme aims at lowering MMR by ensuring that all deliveries are conducted by Skilled Birth Attendants (SBA). Under the



scheme, Rs. 700 for rural area and Rs. 600 for urban area is given to the beneficiary within seven days after delivery in the institution, while, for delivery at home by SBA Rs. 500 is given to the beneficiaries having upto two living children in rural as well as urban areas. MMR of the State has reduced from 130 during 2004-06 to 104 during 2007-09.

UNIVERSAL IMMUNIZATION PROGRAMME

Universal Immunization Programme (UIP) aims at providing high quality immunization services to pregnant women, infants and children in various age groups, in order to prevent mortality, morbidity and disability from vaccine preventable diseases such as tuberculosis, diphtheria, whooping cough, tetanus, polio and measles.

PULSE POLIO PROGRAMME

Under this programme, oral polio doses are given to children below five

NAVSANJIVANI YOJANA

Navsanjivani Yojana (NSY) is being implemented in tribal areas of 15 districts of the State covering 8,371 villages, to reduce MMR and IMR. Under NSY, 162 Mobile Medical Squads having one medical officer with para medical staff and a vehicle are formed. These squads visit each and every village and hamlet to identify malnourished and sick children and provide health service at their homes and if required, also shift them to the nearest help centre.

Matrutva Anudan Yojana (MAY) is being implemented under NSY to provide health services like ANC Registration, regular health check-up and required medicine to pregnant women in tribal area. Under the scheme Rs. 400 is given in cash for visiting health centre for Antenatal check up and medicines worth Rs. 400 are provided to each beneficiary.



years of age. During 2010, five cases were detected while no case was reported during 2011.

JEEVANDAYEE AROGYA YOJANA

Under Jeevandayee Arogya Yojana (JAY), financial assistance upto Rs. 1.5 lakh is provided to BPL patients for major surgeries which

are beyond the reach of poor people. The State Government has approved 106 hospitals for treatment and surgery under the scheme.

The State has decided to revamp the existing JAY by introducing a more comprehensive and inclusive 'Rajiv Gandhi Jeevandayee Arogya Yojana' (RGJAY), in order to improve access of BPL (yellow card holders) and Above Poverty Line (APL-orange card holders) families to quality medical care for identified speciality services requiring hospitalization for surgeries and therapies or consultations through an identified network of health care providers. This scheme is being launched in the State during 2011-12.



SCHOOL HEALTH PROGRAMME

School Health Programme (SHP) under NRHM is being implemented in coordination with Sarva Shiksha Abhiyan (SSA). Under this programme, students of standard I to X from rural schools and students of standard I to IV from urban schools are examined every year and medical services including major operations like cardiac surgeries and other surgeries like orthopedic surgeries, appendicitis, dental surgeries, etc. are provided to them free of cost.



NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME



For prevention, diagnosis, treatment and control of vector borne diseases like Malaria, Lymphatic Filariasis, Japanese Encephalitis (JE), Dengue, Chikungunya, Chandipura, etc. National Vector Borne Disease Control Programme (NVBDCP) is being implemented in the State. Most of the vector borne diseases are epidemic prone and have seasonal fluctuations.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

The main objectives of the scheme are to reduce the prevalence of blindness through identification and treatment thereof, to develop comprehensive eye care facilities in every district and to develop human resources for providing eye care services. During

2010-11, the target for cataract surgeries was 7.25 lakh which was achieved (101 per cent). During 2011-12, against the target of 7.25 lakh, 54 per cent target was achieved upto October, 2011.

NATIONAL LEPROSY ERADICATION PROGRAMME

The main objectives of National Leprosy Eradication Programme (NLEP) are to reduce the leprosy burden in the community, to provide high quality leprosy services for all persons affected by leprosy and to provide Physical, Socio and Economical Rehabilitation of Leprosy patients.

AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY

Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) is an important component of NRHM. The key interventions and strategies in the XI FYP include training for AYUSH personnel, mainstreaming the system of AYUSH in National Health Care Delivery System, strengthening regulatory mechanism for ensuring quality control, Research and Development and processing technology involving accredited laboratories in the Government and non-Government sector apart from establishing centres of excellence. Under AYUSH, 62

Ayurvedic colleges, 489 Ayurvedic dispensaries, eight Unani colleges attached to hospitals, 25 Unani dispensaries and 45 Homeopathic colleges attached to hospitals and one Government Homeopathic hospital exist in the State.

NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME

The main activities under National Iodine Deficiency Disorders Control Programme are surveillance of goitre cases, production of iodised salt and promotion of use of iodised salt by (a) banning the common



salt in problematic districts and (b) Monitoring the iodine content and health education for use of iodised salt, etc.

STATE BLOOD TRANSFUSION COUNCIL

State Blood Transfusion Council (SBTC) provides adequate and safe blood and its components, at reasonable rates. Upto February, 2012, Council has established blood storage centres in 134 rural hospitals. Since 2000, free blood is provided to Sickle Cell children, Thalassaemia and Hoemophilia patients. Upto February, 2012 there were 281 registered blood banks in the State. Of which, 77 belong to the State Government, 12 belong to Red Cross Society, 175 are administered by Charitable Trusts and 17 are private blood banks. ■

(Source: Economic Survey of Maharashtra 2011-12)

REVISED NATIONAL TB CONTROL PROGRAMME

Revised National TB Control Programme (RNTCP) is being implemented in the State to ensure that infectious TB patients are diagnosed and treated effectively till cure, by ensuring availability of the full course of drugs and a system for monitoring patient's compliance to the treatment using the Directly Observed Treatment Short Course (DOTS) strategy. During 2010, suspects per lakh population were 156 and cure rate was 85 per cent while during 2009, suspects per lakh population were 149 and cure rate was 83 per cent.



Translating Stress into Bliss

Think about the real problem, plan the action and put it into practice. A message 'JUST DO IT' is for you

Stress is generally defined as failure to cope with changes within oneself or in the surrounding environment. We can manage stress by changing our habits or by adopting some simple techniques explains **Dr. Rajendra Barve**, Consultant Psychiatrist and HRD trainer and well known author of several Marathi books on mental health.

Shekhar could never understand whether what he experienced when he went home after the day's work is called STRESS? Or he is just worrying too much. His wife Smita always said that he looks worried and tense. His friends remarked that he takes too much tension. However, he always claimed that he enjoys working under pressure. "Actually when I am at home or on holiday I get tense and worry about trivial things ..." Shekhar used to tell his friends.

Ashok a senior manager in his office was recently told that he has heart condition and if he does not reduce the stress, he may have to undergo bypass.

Sushama another of his colleague was surprised that she has high blood sugar. Her physician advised her that if she manages stress, the body will manage the blood sugar. Jagdish his managing director however, was more unfortunate case. He died while on tour in hotel room alone.

Shekhar felt extremely worried when he heard about Jagdish's death. He walked into my Stress management clinic and had many questions to ask. His first question was what are causes of stress? I offered him the definition of stress to begin with.

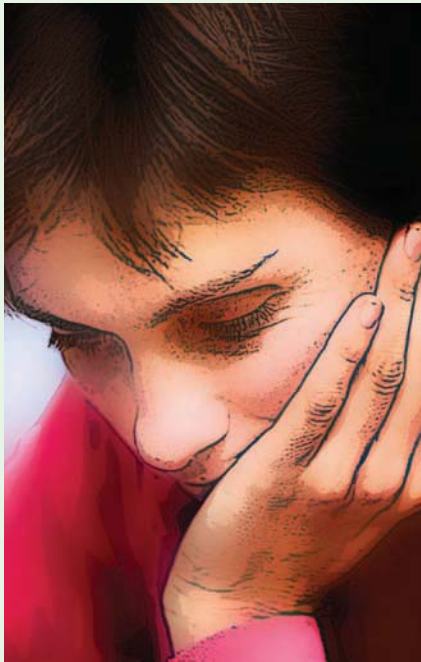
Stress is generally defined as failure to cope with changes within oneself or in the surrounding environment. Changes in the workplace.



WORKLOAD

When people are asked to work outside their field of responsibility and beyond their scope of authority,

they feel anxious and worried about the situation. When people are held responsible for someone else's failure, they feel deep resentment



and anger. Both these emotions cause physical and mental tiredness and exhaustion.

CHANGE OF JOB ASSIGNMENT OR REALLOCATION TO OTHER TEAMS

People may have dreamt of getting certain work assignment or new job but getting what one always wanted can cause severe stress. It is likely that people want to enjoy more power and perquisites but forget that these assignments carry certain responsibilities and risks. Change in the structure and leadership change in teams causes severe stress in some people.

WORKAHOLIC CULTURE

When the organization culture boasts working beyond official hours and also on weekends it generates pressure to toe the line. Then people feel the stress from colleagues.

DIFFICULT MANAGERS

Some managers have very authoritative leadership and demand compliance. They believe that pushing their team will increase productivity. Actually it increases only heartburn and fear. Conflicts with such seniors

cause enormous stress.

NEGATIVE CO-WORKERS

If the organization is filled with distrust and dissension, level of stress rises for everyone involved. This gets worse when the organization is ridden with nepotism and favoritism. Such places create resentment and vengefulness. Cynicism and distrust in organizations.

DOUBLE STANDARDS

If the management has double standards and ignores hard work and does not reprimand poor efficiency, the message that reaches people is play safe don't work. There are people who find it difficult to cope with unhealthy atmosphere. However, there are some individual factors and changes which cause stress.

FEAR OF FAILURE

In environment of competition and distrust some personalities are more prone to feel the stress and anxiety. Those who already have suffered from fear of failure, find it impossible to cope. They find that only if they stop performing they will be saved from the fear of failure.

LOW SELF-ESTEEM

People with low self-esteem perceive the environment in organizations as threatening and demanding. Even positive messages are seen as manipulative and sarcastic.

Burnout: It is a combination of workaholic and high ambitious behaviour. People may feel trapped in jobs which are demanding but exhausts them. The natural zest for work is lost slowly and creates self blame and unhappiness.

THE THREE STEP MODEL FOR REDUCING STRESS

The systematic process of working on your stress will help you understand how your stress can be reduced to manageable level. It will no longer be an impossible task. You will be able to see it as a process of self help.

EVALUATE

Many times we worry about problems but not name them or assess them. Pick up a pen and paper and write down what you think your real problem is.

- Is it loss of job?
- Is it loss of promotion?
- Fear of loss of closeness to superior?
- Are you really responsible for the outcome of the process?
- Find it difficult to balance work and life?
- Are you in wrong job?
- Are you trained to undertake the responsibility given to you?
- Is everything that you worry about under your own personal control?

Write down answers to these questions and think about them realistically

- You may have over imagined the consequences.
- It is likely that the realistic evaluation of the problem will tell you that you are over reacting to the situation.
- May be there are some realistic issues e.g. you may not be expert in certain areas, then it will be proper to take it upto the right authority and ask for appropriate training or support.
- You may have wrongly assessed how your seniors may react.

PLAN

Planning ahead always helps to cope with situations. With your experience you can always think of possibilities and prepare yourself for the situation. Talk to people who have similar experience of work and seniors. Planning for meetings always saves energy and helps you remain calm.

REMEDiate

It is important that you take direct action when needed. May be you have avoided an important phone call or meeting someone. You have procrastinated enough and postponed the action for some time.

Think about the real problem, plan the action and now it is time to put that into practice. A message 'JUST DO IT' is for you.

Maybe there are some issues which bother you and you are sure there is nothing more you can do about it. In such cases the best policy is LET GO. When you let go it does not mean you have failed but you were wise enough to know when to stop and what to do. You will save energy and invest it into something you think you can do and which is under your control.

REMEDIES AT PERSONAL LEVEL

At personal level stress can be managed if you work on following the simple advice

- Eat Well
- Sleep Well
- Relax Well

EAT WELL

Eating well does not mean eat whatever you want

- But eat what is right for you.
- Your doctor or dietician will guide you about the dos and don'ts of the food.
- We find it difficult to follow their advice or follow the advice only for few days or weeks. We are back to square one when it comes to eating.
- Understand that eating is the easiest source of entertainment and pleasure.
- Indulging in the fried pakodas and sweets is a favourite way of taking it easy.
- A good dietician will tell you how to make healthy food more interesting and tasteful
- Variety of food and changing diet plan usually work well.
- Remember that eating is a habit and habits can be changed.
- Moderate your consumption of tea and coffee.
- Always remember a simple dictum after lunch rest a while and after dinner walk a mile!
- Nobody was born with habits; we have acquired them over time.

WE CAN CHANGE OUR HABITS IF WE WORK FOR JUST THREE WEEKS

SLEEP WELL

- We have got into the habit of watching television late at night. Make sure that you watch your TV in another room and not in your bedroom.
- Switch off the TV set and rest for a while drink cool water, walk for few minutes and then sleep.
- Don't drink caffeinated drinks or alcohol before bed time. These beverages are notorious for causing more acid secretion in the stomach while you are sleeping and eat away the delicate coating inside the stomach and slowly lead to acid peptic diseases.
- Light dinner is ideal.
- Sleep well for at least six to seven hours.

Do good physical exercise like brisk walk helps you to sleep well; however, over exerting on the treadmill will not help you. It may cause tired and painful muscles and aching joints. Plan the next day's activities as the last thing that you do before you go to sleep. This assures you that things will work well as you are well prepared for the tasks.

If you can sleep well in the bed try relaxation techniques. If that does not help get out of the bed and do something that soothes you like reading poems looking at some old photographs etc.

Relax Well

REQUIREMENTS

- Calm atmosphere in your personal room or a quiet corner. Mantra words which are simple and can be repeated easily, usually people like religious mantras. Let them be less complex. If you trust a guru, s/he may advise you the right words. Generally people find AUM a useful mantra.
- Passive attitude. Moment you think of not thinking your mind will get busier. The harder you try to

This Is How You Can Manage Your Stress

1. Close your eyes.
2. Breathe through your nose a gentle breath hold for few seconds and then release slowly through nose.
3. Let your nostrils feel the slightly warm air as you exhale gently.
4. Remain focused on the breathing.
5. Now when you felt that your breath is indeed very regular and gentle relax muscles of your body.
6. Start from your toes may be first the right toe and then the left or both toes.
7. Then focus on the other toe and feel that the feet relax slowly.
8. Heavy muscles of thighs are next to relax.
9. Then the muscles of your hip.
10. Then the lower back.
11. Upper back.
12. Neck.
13. Head and scalp muscles.
14. Muscles of the face.
15. When you are relaxing your body let your breath be gentle and slow.
16. You will feel that the body is relaxed and getting heavy.
17. You are ready to enjoy the deep relaxation of the body.
18. Now if you so desire, think of a place or situation which makes you feel tranquil and restful. Usually people find a walk on a beach or a river side or a quiet walk in a jungle very soothing.
19. Choose your place and enjoy.
20. You may doze off to sleep.
21. Wake up when you are ready.
22. If you don't sleep wake up gently and warm your body.
23. Generally start from your toes and move up.
24. Maybe warm your palms and rub your face.
25. Move your body and take long deep breath to feel the air going deep in your lungs.

stop thinking more difficult it will get for you to do so. **IGNORING THOUGHTS AND IDEAS IS MORE IMPORTANT THAN TRYING TO ELIMINATE THEM.**

- Sit or lie down in comfortable position like SHAVASANA or in an easy chair. ■

The Life in a Death



It is a need of the time that organ donation after death movement receives precedence and incentives

Donation of organs after death is a need of the time. In our Country, a number of chances of organ donations after death go waste, due to lack of information and misunderstandings. We need to give encouragement for transplantation says **Dr. Sujata Patwardhan**, HOD, Urology, GSMC, KEMH.

Osawan, a place denoted by a tiny little dot on the map of India, is situated 400 kms far from Lucknow, and it is almost unknown to a common man. But one day the same very place was visited by the Vice-President with his escort, and the same very place dazzled in the illuminations of publicity by the media. Do you know why? It was Shri Shivnath Singh who was the centre of attraction. It was a very uncommon, yet remarkably great act of that common man which not only brought him in lime light but also gave a silent message to the rest of the nation. His act gave a message that one lives even in death. This reminds us of the poem written by the great Marathi poet Shri B.R.Tambe : *It is in death that one lives, one becomes immortal only when one dies.*

Shivnath met with a very serious accident. When at the hospital, he was sure that he would not survive. Shivnath was literate though not well educated. He was aware of the idea that he can do something for others even though he dies. He expressed his noble desire of donation of as many organs as possible if he succumbs to a brain death. And if so happened that he really died due to brain death. His heart was beating with the help of life

saving instruments in the intensive care unit. Shivnath's body was in a fit state as required for organ donation. The donation of his organs namely his two kidneys, cornea spleen were transplanted in recipient patients. A common ordinary man like Shivnath gave so much to others. The entire nation was shocked at this surprising event.

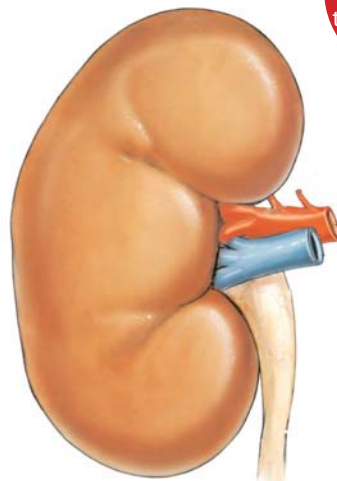
This is not a remote event which took place but a reality which we see day in day out . This year 14 families from Mumbai took the decision of cadaver organ donation.

At present the medical science has progressed

tremendously, but even then it is not yet possible to supply any organ. Suppose there is a certain patient with his both kidneys impaired, a kidney failure, he has only two options before him, one to undergo dialysis two to three times a week or to undergo kidney transplant operation. The procedure of dialysis requires about Rs. 5000 per month. The patient is also required to visit doctors frequently, there is restriction on activities, daily routine work becomes difficult, in short, the quality of life is lowered.

Second option in such a case is renal transplant i.e. to transplant a healthy kidney in the body of the recipient. As a matter of fact, one single kidney is adequate to carry on the daily body function. According to the law of our country, only a close-relative like mother-father, own brother-sister, son-daughter, husband-wife can donate a kidney while they are alive. Also, under certain circumstances even a close relative or a friend can donate. Such a donation needs an approval from the State authorization committee, and it forbids sale of organs, it forbids organ donation in order to fulfill some obligations, and forbids forced

once retrieved the kidney needs to be transplanted in 45-75 hours



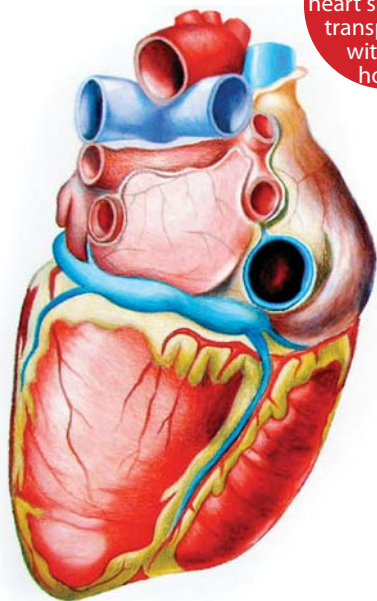
KIDNEY

donation. In spite of legal forbearance at times, a kidney is sold for money. The main reason behind such a sale is, there is a big gap between the need of organs and the availability of such organs through donations.

In India, every year, there are 90,000 recipients awaiting donated kidney but in reality only 3500 transplant procedures are carried out. To provide the need of donated kidneys, the only practical and legal procedure is of cadaver transplant i.e. transplantation of a healthy kidney from a brain-dead cadaver.

After a number of discussions over the criteria

After retrieval the heart should be transplanted within 5 hours



HEART

and definition of a brain stem death of a person, it is now accepted that a brain death is death. It is also now possible to keep certain organs like heart, lungs functioning for some period of time by machines in an intensive care unit in the case of a brain-death. In case of patient who has gone in coma, he may resume functioning of body processes but it is not possible that a person with brain death may assume normal body functions of life. There is a panel of four doctors, appointed by the Government which carries out a complete thorough check up of the dead person, before declaring

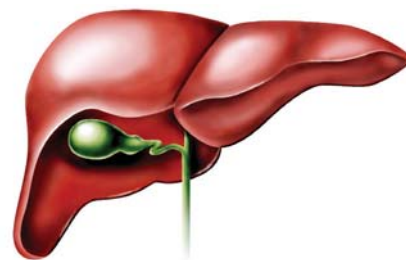
him a brain stem dead person. In addition certain specific tests for functioning of brain are also carried out. The criteria for declaring a brain death are very specific. The standards adopted are legal, moral and accepted worldwide. Any patient who is very serious and almost on death bed and when all the possibilities to save him are explored and if he becomes brain stem dead, then only the chances of donation of organs arises. The doctors who are associated with transplantation of different organs are called in. There are about 25 different organs that can be taken out for transplantation, like heart, cornea, valves of heart, spleen skin, bones, kidneys, lungs, small intestine to mention a few. The heart and lung of a brain dead person can be preserved over a period of 4 to 6 hours, while kidneys can be preserved over 48 to 72 hours and portions of skin and bones can be preserved over 5 or more years.

If the legal heirs and relatives of the donor wish to know as to who has received the donated organ, they are informed accordingly. The idea that some of the organs of their beloved relative are still alive in a recipient body is satisfying, gives a kind of a satisfaction, a feeling of fulfillment, in life. Such acts indeed act as an incentive to others.

A body after removal of organs for donation can be cremated or buried according to religious rituals. The cuts taken on a body are very carefully stitched after the removal of the donated organs. Hindu, Muslims, Christians and Buddhist religions have not taken any objections towards organ donations, but on the contrary have shown support. They have shown admiration towards this noble act of organ donation. Anybody up to the age of seventy can donate organs.

Last year only 30 patients could benefit from donated kidneys, in Mumbai city. This number is almost negligible.

In less than 12 hours, the liver should be transplanted



LIVER

Donation of organs after death is a need of the time. Needless to say that natural death, death outside a hospital or unclaimed body is not considered for organ donations. But such a donation is possible if the donor is in an Incentive Care Unit where life support instruments are readily available.

A dead person does not have any claim over its body. A very close and bonafide relative of the dead person is held responsible. The brain dead has to be free from HIV infection, hepatitis B and other viral infections. Also a cancer patient in his last stages is not fit to donate organs. If the donor is over seventy then both the kidneys have to be transplanted on one single recipient.

A donated kidney needs to be compatible and match with the vital functions of the recipient. Therefore whenever there is a possibility of a kidney donation, minimum five willing and waiting recipients are informed to report to the hospital. The blood matching tests are carried out. The most suitable recipient and where there is a maximum possibility of acceptance of kidney is possible, is given a chance to undergo kidney



EYE

transplant surgery. The above procedure takes at least 5 to 6 hours and the relatives of the donor have to wait until then to receive the dead body.

A patient who has undergone a kidney transplant operation has to take medicines to reduce the resistance. Such a medication is necessary to help the acceptance of the donated kidney in the recipient body. About Rs.5 to 7 thousand are required for medicines per month.

Generally it is thought that kidney transplant is meant for rich people, for those who can afford to spend large sums of money, and low economic group people cannot afford such a procedure. There are a few social trust organizations which help patients for the transplant surgery, but expenses thereafter becomes a problem. Recently Rajiv Gandhi Jeevandayee Arogya Yojana has enrolled patients for Renal transplants and first two

patients underwent Renal transplant under the Scheme in KEM Hospital Mumbai.

In foreign countries over 80% patients who have undergone renal transplant surgery live more than 5 years and live a quality of life. We

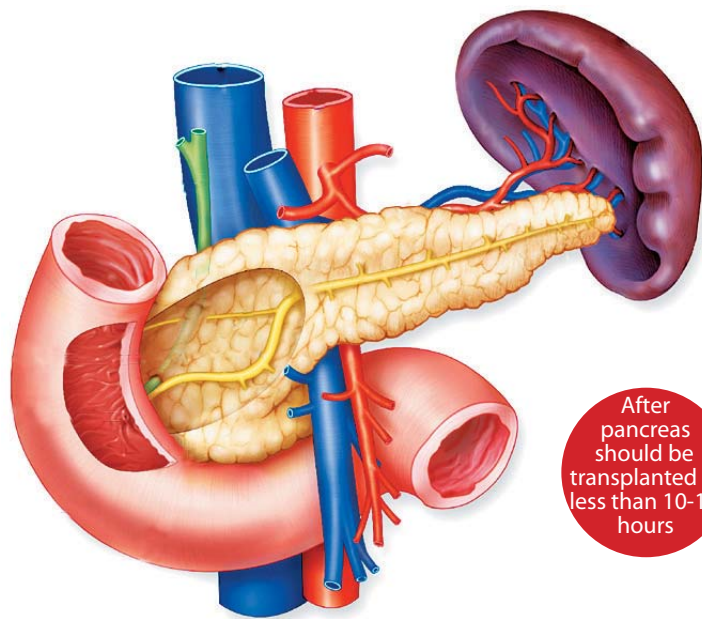
also can achieve similar standards in India too. Transplantations carried out in Tamilnadu State are worth mentioning.

In our country, a number of chances for organ donations after death go waste, it is due to lack of information and amenities, misunderstandings, and due to lack of social workers who would help and encourage the relatives of a brain dead person. It is a need of the time that organ donation after death movement receives precedence and incentives.

The Government of India has given legal permission for transplantation of organs in 1994. Following are the three important points.

1. The condition of a Brain death is to be reported mandorily.
2. Permission to remove organs from the body and to transplant them in recipients body.
3. A sale or purchase of human-organs is prohibited by law. It is also unlawful either to sale or buy organs donated for transplantation.

The idea of transplantation of organs is prevalent in our country since ancient times. We need to give encouragement for organ transplantation. The idea of organ transplantation is not well known among people, and hence let us spread the concept of organ transplantation. ■



After pancreas should be transplanted in less than 10-12 hours

PANCREAS





Homeopathy: Accurate Diagnosis is the Key

Homeopathy is a form of alternative medicine

Today, Homeopathy is considered with no side effects says **Dr. Sanjeevani Brahme**

Homeopathy is a form of alternative medicine originated by Dr. Samuel Hahnemann, a German doctor was actually an allopathy doctor but he did not like the allopathy system so after many years of research invented a new path which popularized in the entire Germany. Today, Homeopathy is considered with no side effect treatment in the world.

Our body system is made of blood, bones and flesh. When scientists analyzed the system they found out various chemicals in our body. To make these chemicals artificially and used in the human body system had desired effects against illness and the

treatment is being called allopathy. But it was also found out that generalize use of allopathy medicine on patients had detrimental effect. Many countries in the west are doing research on side effects of the allopathy medicines so the homeopath must use allopathy medicine according to need and illness of the patient.

Medical treatment under Homeopathy is called as a law of similar. Hence after starting the treatment in homeopathy, many a times the ailment of patient recurs. Because these medicines by encouraging the illness remove it from the root. The treatments must be able to produce symptoms

in healthy individuals similar to those of the disease being treated. The Homeopathy believes that by using drugs to induce symptoms, the artificial symptoms would stimulate the vital force, causing it to neutralize and expel the original disease and that this artificial disturbance would naturally subside when the dosing ceased.

Dr. Edward Bach from England discovered a new therapy which was based on Homeopathy. He discovered and prepared 38 remedies by using essence of various flowers. It was found useful to treat psychological problems and pain which are mostly psychosomatic without any side effects.



Last few years there is a practice going on to combine Homeopathy and Acupuncture for treatment. I am practicing in the both the branches separately for a decade and I simply disapprove the using of combination of the 2 branches as both are different paths and have different basics.

Acupuncture is ancient Chinese healing system being used in not only in China but also in Japan, Korea and Sri Lanka and particularly in Mongolian belt. It aims to restore and maintain health through the stimulation of specific points on the body. As per my experience acupuncture is useful on Sciatica, Wrist drop, and Frozen shoulder ailments. Knowledge of anatomy is necessary for gaining mastery on Reflexology, Auricular therapy or ear acupuncture. ■

Ayurveda:

The Elixir of Life

Ayurveda has longest unbroken tradition of practice of Medicine and hence called the 'Mother of Healing'

Just as everyone has a unique fingerprint, each person has a particular pattern of energy, an individual combination of physical, mental and emotional characteristics which comprises their own constitution or what is called as 'Prakruti' in Ayurveda. This 'Prakruti' is determined at conception by a number of factors and remains the same throughout one's life, explains Prof. **Vaidya Kuldip Raj Kohli**, Director, Ayurved, Government of Maharashtra.

Ayurveda is probably the oldest healing science on the earth. In Sanskrit, Ayurveda word is made of two words viz 'Ayu' meaning Life and 'Veda' meaning 'the knowledge'. Therefore Ayurveda can be said to be 'The Science of Life'. Ayurvedic knowledge originated in India more than 5,000 years ago and has a record of being the 'Longest Unbroken Tradition of practice of medicine' and hence this is a living health science and is often called the 'Mother of All Healing'. The principles of many of the natural healing systems across the globe have their roots in Ayurveda. One may wonder how India was so advanced to be following Ayurveda, a complete way of life even around 5000 Years ago when the

whole world was absolutely ignorant about Health.

AYURVEDA IS ALL ABOUT CREATING HARMONY WITHIN THE SYSTEM

The aim of Ayurveda is twofold viz 'Preservation of the Health of the Healthy' and 'Treating the sick'. Thus it can be seen that Ayurveda lays a lot of emphasis on prevention and encourages the maintenance of health through close attention to balance in one's life, right thinking, diet, lifestyle and the use of herbs. Knowledge of Ayurveda enables one to understand how to create balance of the body, mind and consciousness according to one's own individual constitution and how to make lifestyle changes

to bring about and maintain this harmony amongst Doshas (Vata, Pitta, Kapha), Dhatus (Body tissues), Malas (Excretory functions).

Just as everyone has a unique fingerprint, each person has a particular pattern of energy, an individual combination of physical, mental and emotional characteristics which comprises their own constitution or what is called as 'Prakruti' in Ayurveda. This 'Prakruti'





is determined at conception by a number of factors and remains the same throughout one's life.

Many factors, both internal and external act upon us to disturb this balance and are reflected as a change in one's constitution from the balanced state. Examples of these emotional and physical stresses include one's emotional state, diet and food choices, seasons and weather, physical trauma, work and family relationships. Once these factors are

understood, one can take appropriate actions to nullify or minimize their effects or eliminate the causes of imbalance in Doshas and Re-establish one's original constitution. Balance(Dosha-samyata) is the natural order; imbalance(Vikruti) is disorder. Health is order; disease is disorder. Within the body there is a constant interaction between order and disorder. When one understands the nature and structure of disorder, one can re-establish order.

BALANCING THE THREE DOSHAS: VATA, PITTA AND KAPHA.

Ayurveda considers the Doshas Vata, Pitta and Kapha as essential energies in the system to maintain internal harmony. These principles of Doshas can be related to the basic biology of the body.

Vata is the energy of movement. The functions of Vata i.e., energy is required to create movement so that fluids and nutrients get to the

cells, enabling the body to function. Pitta is the energy of digestion or metabolism. Pitta Dosha is required to metabolize the nutrients in the cells. Kapha, the energy of lubrication and structure is called to lubricate and maintain the structure of the cell. All people have the qualities of Vata, Pitta and Kapha, but only one Dosha is predominant, another Dosha is secondary and the third Dosha is usually least prominent. The cause of disease in Ayurveda is viewed as a lack of proper cellular function due to an excess or deficiency of Vata, Pitta or Kapha. Disease can also be caused by the presence of toxins.

In Ayurveda, Sharir (body), Manas (mind) and Atma (consciousness) work together in balance. They are simply viewed as different facets of one's being. The detailed knowledge and understanding of Vata, Pitta and Kapha is important to know as to how to balance the body, mind and consciousness. According to Ayurveda the entire Universe (Brahmand) is interplay of. The energies of the Panchmahabhootas, the five great elements- Akash (Space), Vayu (Air), Agni (Fire), Jala (Water) and Pruthvi (Earth). Vata, Pitta and Kapha are combinations and permutations of these five elements

the earth. In the physical body, Vata is the subtle energy of movement, Pitta the energy of digestion and metabolism and Kapha the energy that forms the body's structure.

Vata when in balance promotes creativity and flexibility and when not in balance, Vata produces fear and anxiety.

Pitta governs digestion, absorption, assimilation, nutrition metabolism and body temperature. In balance, Pitta promotes understanding and intelligence. When the Pitta is not in balance i.e. it is less or more, Pitta arouses anger, hatred and jealousy.

Kapha forms the structure of the body like bones, muscles, tendons and provides the "glue" that binds the cells and tissues together, and lubricates Joints, moisturizes the Skin and maintains immunity. In balance, Kapha is expressed as love, calmness and forgiveness and its imbalance causes leads to attachment, greed and envy.

STATUS OF AYURVEDA IN INDIA

Around 80% of people in India use some form of Ancient system of Medicine or Ayurveda. In fact every Indian Kitchen uses spices and many other eatables which are a part of Ayurvedic knowledge. As mentioned

being practiced even during several invasions including those by Moghuls. The British period also could not stop the practice of Ayurveda in the country. Since Independence not many laws were enacted to regulate and popularize Ayurveda in the country and gradually the Ayurveda lovers started the seats of Ayurveda Education by instituting Ayurveda Colleges. The oldest of such seats of learning included an Ayurveda College in Banaras Hindu University which was founded by Shri Madan Mohan Malaviya Ji in 1927. In Maharashtra the oldest Institution for imparting Ayurvedic Education is Seth Chandanmal Mutha Aryangla Vaidyak Mahavidyalaya which was established in 1913. Now the number of Ayurved Colleges in Maharashtra have risen to 62 which includes 4 fully owned Government Colleges and 16 Private Ayurveda Colleges receiving grant in Aid from Government of Maharashtra. There are many highly reputed Institutions in the country which are held in high esteem because of the high quality clinical and research work in the field of Ayurveda. R.A.Podar Medical College(Ayurved) located at Worli, Mumbai is one such Institution of high repute. In Maharashtra we have around 58000 Ayurvedic doctors registered with the Maharashtra Council of Indian Medicine who are entitled to practice Ayurved in the State. Every year Maharashtra produces around 2600 fresh BAMS graduates who receive their Graduate Degree from Maharashtra University of Health Sciences.

The regulations on Ayurvedic practice and Education started in true sense only in 1970 when the Indian Medical Central Council Act which aims to standardize qualifications for Ayurveda and provide accredited institutions for its study and research was passed by the Parliament of India. In India, over 210 colleges offer degrees



that manifest as patterns present in all creatures and things that exist on earlier, Ayurveda has continuously

in Ayurvedic medicine. The Indian Government supports research and teaching in Ayurveda through many channels at both the national and State levels, and helps institutionalize traditional medicine so that it can be studied in major towns and cities. The State-sponsored Central Council for Research in Ayurvedic Sciences (CCRAS) has been set up to research the subject. To fight biopiracy and unethical patents, the Government of India, in 2001, set up the Traditional Knowledge Digital Library as repository of 1200 formulations of various systems of Indian medicine, such as Ayurveda, Unani and Siddha. The library also has 50 traditional Ayurveda books digitized and available online.

Central Council of Indian Medicine (CCIM) a statutory body established in 1971, under Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health and Family Welfare, Government of India, monitors higher education in Ayurveda.

SWARNA PRASHAN

Drops of Gold for physical and Mental developmental of children

Suvarna Prashan Sanskar is one of the 16 essential rituals described in Ayurveda for children. Suvarna Prashan is the process in which Suvarna bhasma (purified ash of gold) is administered with fortified ghee prepared with herbal extracts, and honey in liquid or semisolid form. This can be given to children anytime after their birth up to the age of 16 years. Suvarna Prashan can be done daily early in the morning, or at least on every Pushya nakshatra day that comes after every 27 days. Suvarna Prashan given on this day bestows excellent benefits.

The ancient reference of Suvarna Prashan can be seen in Kashyap Samhita(Sutra Sthan) and otherwise also this Suvarna Prashan used to be a regular practice in every household in the country.

Benefits of Suvarna Prashan

1. Suvarna Prashan increases immunity power and develops resistance against common infections, thus prevents children from falling ill very often.
2. It builds physical strength in children and enhances physical activities, and also improves stamina for the same.
3. Regular doses of Suvarna Prashan improve child's intellect, grasping power, sharpness, analysis power, memory recalling in an unique manner.
4. It kindles digestive fire, improves digestion and decreases related complaints.
5. It helps body to recover early in case of any illness.



R.A. Podar Medical College and Hospital had in the year 2011 organised several camps on all Pushya Nakshatra Days which were largely attended by people to get their small kids the drops of Suvarna Bhasma. After seeing the benefits of this procedure, the Hospital has taken a decision to start a separate Suvarna Prashan Out Patient Department where the drops are delivered to children daily on all working days. This technique being followed in Podar Hospital, Mumbai was followed by almost all Ayurveda Colleges in the State of Maharashtra.

PANCHAKARMA

Ayurvedic specialty with a difference

The treatment methods of

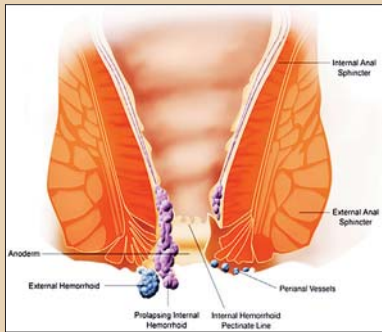


Ayurveda are primarily of shaman (Palliative treatment) and Shodhan (Bio-Purification methods) type. The latter incorporates the five modes of purification, which include Vaman(inducing emesis), Virechan(inducing purgation), Nasya(nasal insufflations and instillations), Basti(medicated enemas) and Raktamokshana(blood-letting). These five techniques of bio purification purify the body system by removing toxic materials from the body. These purification methods are essential components of the curative management of those diseases that are not amenable to palliative management.

Various massage treatments; the use of different techniques of oil application and the use of fomentation methods are a prerequisite and adjuvant to these Panchakarma treatments. These specialized techniques have high medicinal value and are applied to treat many diseases, many of which are otherwise not manageable by conventional methods of treatment. Panchakarma Treatments are reputed for their efficacy in Arthritis, Spondylitis, Slip Disc, Paralysis, Skin ailments and many more diseases. In fact being primarily external remedies, the treatments are normally safe and show the results very early.

As essential part of Panchakarma therapy and also independently

Ksharsutra: A unique ancient non surgical technique for Fistula



Prof P.J Deshpande who hailed from Warora in Chandrapur District of Maharashtra was a very reputed Professor of Ayurvedic Surgery in Banaras Hindu University. He discovered the real potential of the technique of applying a medicated thread in the treatment of Fistula in Ano. He along with Indian Council of Medical Research conducted multicentre clinical trials on the comparative efficacy of Ksharsutra(Ayurvedic thread) and conventional Surgery and came to the conclusion that Ksharsutra was a time

saving, money saving and more effective technique than conventional surgery. Today the Ksharsutra treatment has become very popular and many of surgeons also advise the patients of fistula to undergo this mode of treatment.

to the diseases that are considered to be medically unmanageable. Arya Vaidya Shala at Kottakal in Kerala is rendering great services in this field and many States have followed suit. Considering the fact that one wishing to have Ayurvedic treatment as an option considers Kottakal as the last stop, therefore a need was felt to start such a center in Mumbai too. There could not be a better place than Podar hospital to start such a center in Mumbai. Podar hospital has been rendering its services for more than fifty years in the field of Ayurveda. Now with the whole motivation and assistance of Government of Maharashtra a "Special Panchakarma Center" started in the year 2000 in this hospital.

After seeing the success of this Special Panchakarma Center in the

various types of massage therapies and various types of fomentations have come a long way in the treatment of various diseases especially in the management of joint disorders, orthopedic, neurological, neuromuscular and psychological disorders. The Panchakarma procedures are used either locally to a particular part of the body or are done on the whole body. In the fomentation techniques heat is either applied in the form of vapours or dry fomentation is done with specially designed equipments. Sarvang Abhayang, Pizichil, Sarvang Thaila Dhara, Avagaha Sweda, Pinda Sweda, Patra Pottali sweda, Nadi sweda, Sarvanga Vashpa sweda(Peti sweda), Kuti sweda and Shiro dhara are some of treatments commonly given in this Panchakarma Center.

Growing demand and increasing popularity of Ayurveda has lead to

the establishment of various Panchakarma centers all over the world. The world is now looking towards India with a great degree of hope in



providing specialized treatment with the Ayurvedic way. Panchakarma and Massage therapies provide a high and positive prognostic value

Government Sector, many of such private Panchakarma centers have now started not only in Mumbai but also in smaller towns of Maharashtra.

To conclude I would say that Ayurved should be tried right in the beginning of an illness rather than trying everything and then opting for Ayurvedic treatment. If given a chance to act earlier many of the diseases would not go towards complications that could save a lot of harassment as well money. Ayurved is a real bliss of God to humanity; one should believe it to get the best out of it. ■



Unani Medicine: An Ancient Treasure

The Unani medicine, is based on the principles of Hippocrates

The Arabs introduced the Unani system into India and soon it took deep roots. The system was received overwhelmingly from the masses and soon spread all over the country explains **Dr. Mohammed Razza**.



chief function of a physician is to aid the natural forces of the body in combating the disease.

DEFICIENCIES IN THE BODY

The humoural theory in Unani presupposes the presence of four humours in the body: Dam (blood), Phlegm (Balgham), Safra (yellow bile) and Sauda (black bile). The temperaments of person are expressed by the terms sanguine, phlegmatic, choleric and melancholic, according to the preponderance of the humour (blood, phlegm, yellow and black bile) in them. To maintain the correct humoural balance, there is a power of self-preservation or adjustment called Quwwat-e-Mudabbir in the body. If this power weakens, an imbalance of the humoural composition is bound to occur. This causes the disease. In the Unani system, good reliance is placed on this power. The medicines used in fact help the body to retain this power to an optimum level and thereby restore the humoural balance, thus restoring health. In addition, a correct diet and proper digestion are considered to be important in the maintenance of the humoural balance.

Unani Medicine is an ancient branch of medicine discovered by the Greek philosopher-physician Hippocrates, it was he who relieved medicine from the grip of superstition and magic and gave it the status of science. The theoretical framework of Unani is based on the teachings of Hippocrates. Subsequent to him, a number of Greek scholars have enriched the system considerably. Of them was Galen standing outstandingly, the one who established the fundamentals of Unani on which the Arab physicians like Rhazes and Avicenna constructed a strong edifice.

The Unani system owes its development to the Arab and Iranian physicians and to a very considerable extent to the Indian Hakeems. It has absorbed what was best in the contemporary medicine in Egypt, Syria, Iraq, Persia, India, and China

and other middle and far eastern countries. So it is also called as Greco-Arab system, Ionian system, Arab system, Islamic system, Oriental system.

The Arabs introduced the Unani system into India and soon it took to deep roots. Unani scholars received State patronage from the Delhi Mughals, the Khiljis and the Tughlaq emperors. Some of the Unani scholars and physicians have even been employees of the State as court physicians. The system was received overwhelmingly from the masses and soon spread all over the country.

THE BASIC FUNDAMENTALS

The Unani medicine, as said earlier, was based on the principles of Hippocrates, who first established that disease is a natural process, that its symptoms were there actions of the body. He advocated that the

DIAGNOSIS

A distinctive feature of the Unani system is its emphasis on the diagnostic importance of Nabz (the pulse), the rhythmic expansion of the arteries which is felt by the fingers of the physician. Other methods of

diagnosis include examination of Baul (urine) and Boraz (stool).

CONTROL OF DISEASES

The Unani system recognizes the influence of one’s surroundings and the ecological conditions on the state of health of human beings. The system aims at restoring the equilibrium of various elements and faculties of the human body.

TREATMENT

In the Unani system, various types

of treatment are given such Ilaj bid-Tadbeer [Regimental Therapy], Ilaj bid Ghiza [Diet Therapy], Ilaj bid Dawa [Pharmaco Therapy], Jarahat [Suregery]. The Pharmaco therapy deals with the use of naturally occurring drugs of predominantly mineral or animal origin. Surgery has been also in use in Unani practice for a long time.

RESEARCH COUNCIL

The Central Council for Research in Indian Medicine and Homeopathy

was established in 1969. In 1978 the council was further divided into 4 branches of Indian Medicine i.e. Ayurveda, Unani, Homeopathy, Siddha and Yoga and Naturopathy. There are 39 medical institutes established for imparting education in Unani Medicine including National Institute of Unani Medicine, Bangalore in the country. Central Research Institute of Unani Medicine has a branch in Mumbai at Sir J J Hospital and its contact No is : 022 – 23718706. ■

Yoga for Fitness

Yoga is universal in character for practice and application irrespective of culture, nationality, race, caste, creed, sex, age and physical condition.

Yoga is a discipline to improve or develop one’s inherent power in a balanced manner. It offers the means to attain complete self-realisation. The literal meaning of the Sanskrit word Yoga is ‘Yoke’. It can therefore be defined as a means of uniting the individual spirit with the universal spirit of God. Maharishi Patanjali, describes Yoga as the suppression of modifications of the mind.

Yoga is universal in character for practice and application irrespective of culture, nationality, race, caste, creed, sex, age and physical condition. Neither by reading the texts nor by wearing the garb of an ascetic, one can become an accomplished Yogi. Without practice, no one can experience the utility of Yogic techniques nor can realise of its inherent potential. Only regular practice (sadhana) creates a pattern in body and mind to uplift them. It requires keen desire on the part of the practitioner to experience the higher states of consciousness through



training the mind and refining the gross consciousness.

Yoga is an evolutionary process in the development of human consciousness. Evolution of total consciousness does not necessarily begin in any particular man rather it begins only if one chooses it to begin. The vices like use of alcohol and drugs, working exhaustively, indulging too much in sex and other stimulation is to seek oblivion, a return to unconsciousness. Indian

yogis begin from the point where western psychology end. If Freud’s psychology is the psychology of disease and Maslow’s psychology is the psychology of the healthy man then Indian psychology is the psychology of enlightenment. In Yoga, it is not a question of psychology of man rather it is a question of higher consciousness. It is not also the question of mental health, rather, it is question of spiritual growth.

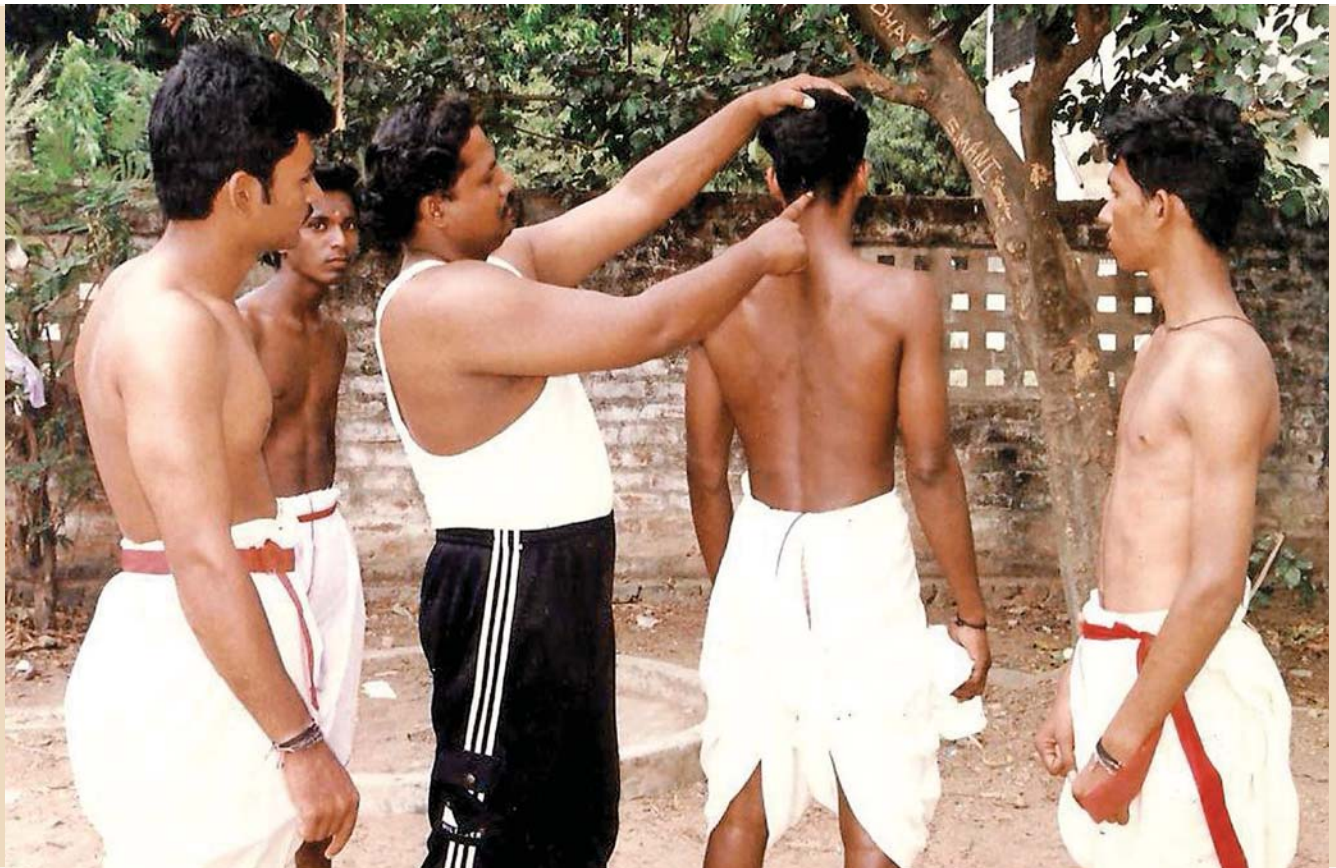
All paths of Yoga like Japa, Karma, Bhakti, Gyan, Raja, Swara, Kundalini and Nadi have healing potential to shelter out the effects of pains. However, one especially needs proper guidance from an accomplished exponent, who has already treaded the same track to reach the ultimate goal. The particular path is to be chosen very cautiously in view of his aptitude either with the help of a competent counselor or consulting an accomplished Yogi. ■

Courtesy: Department of AYUSH, Ministry of Health and Family Welfare, Government of India

Siddha : The Doctrine of Balanced Health

The principle of Siddha System are closely related with Ayurveda

According to Siddha System, all objects in the universe including human body are composed of five basic elements earth, water, fire, air and sky. The food, which the human body consumes and the drugs it uses are all, made of these five elements.



Siddha system is one of the oldest systems of medicine in India . The term Siddha means achievements. The Siddha medical system was said to be developed by Eighteen Siddhars. Siddhars were saintly persons who achieved results in medicine. This medical system is

largely therapeutic in nature.

The principle and doctrines of Siddha System are closely related with Ayurveda. According to Siddha System, human body is the replica of the universe and so are the food and drugs irrespective of their origin.

According to Siddha System, all objects in the universe including human body are composed of five basic elements earth, water, fire, air and sky. The food, which the human body consumes and the drugs it uses are all, made of these five elements. The proportion of the elements

present in the drugs vary and their preponderance or otherwise is responsible for certain actions and therapeutic results.

Siddha system also believes in the concept that human body as a conglomeration of three humours, seven basic tissues and the waste products of the body such as faeces, urine and sweat. The food is considered to be basic building material of human body which gets processed into humours, body tissues and waste products. The equilibrium of humours is considered as health and its disturbance or imbalance leads to disease or sickness. It also deals with the concept of salvation in life. The exponents of this system consider achievement of this state is possible by medicines and meditation.

The diagnosis of diseases involves identifying its causes. Identification of causative factors is through the examination of pulse, urine, eyes, study of voice, colour of body, tongue and the status of the digestive system. Its holistic approach and the diagnosis involve the study of person as a whole as well as his disease. This means the treatment has to be individualistic which take into account the patient, environment, the meteorological

Treatment

Siddha Treatment involves :

- Using medicines like Chooranam, Kudineer, Vadagam etc. made of herbs.
- Surgical methods like incision, excision, heat application, blood letting and leech application etc.
- Physiotherapy - Thokkanam and Varma, the Siddha way of Touch therapy, Medicated Oil application, Fomentation, herbal steam bath etc.
- Using medicines like Parpam, Chenduram, Chuxnam etc. made of minerals especially of metals.

SIGNIFICANCE

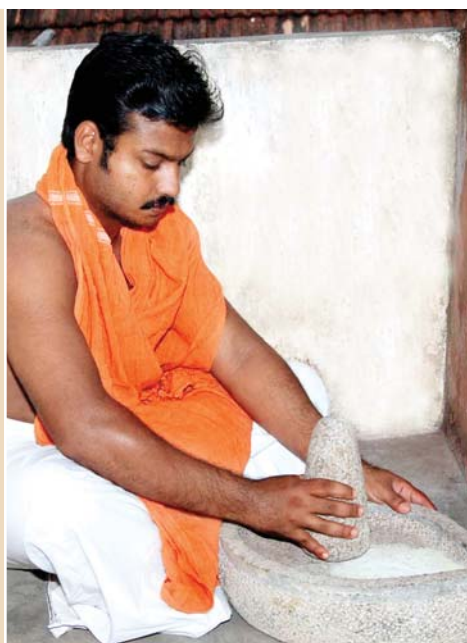
The Siddha System is capable of treating all types of chronic diseases especially arthritis, skin problems, urinary tract disorders, infertility, degenerative disorders like osteo arthritis, Senile Dementia, disease of the liver, medicinally treatable Spinal disorders, general debility, diarrhoea and intractable allergic disorders. Aringnar Anna Government Hospital of Indian Medicine, Arumbakkam, being the premier institute in Tamil Nadu for Indian Medicine and Homoeopathy treats both outpatients and inpatients.

consideration, age, sex, race, habits, mental frame, habitat, diet, appetite, physical condition, physiological constitution etc. Siddha medicine also deals with the problems related to women's health and can counter the problems for better living with the help of formulations available in Siddha classics.

Even cupellation of gold and silver which is an essential process in Alchemy which is claimed to have been discovered by the Arabs, was known to the Siddhars long long before.

They were even polypharmacists and as such were engaged in boiling, dissolving, precipitating and coagulating chemical substances. Some of their secret methods, especially those in fixing and consolidating certain volatile substances that could not resist the action of fire, such as Mercury, Sulphur, Orpiment, Vermilion, Arsenic etc. continue still a mystery. ■

*Courtesy: Department of AYUSH
Ministry of Health & Family Welfare
Government of India*





Mainstreaming HIV/AIDS

Mainstreaming is a process that has an impact on and necessitates response from all sectors.

A Major issue of concern is that an estimated 88.7 per cent of all infections are in the most productive age group of 15- 49 years. The rate of HIV infection among the age group 25-35 is about 35.6 per cent of the total infections, which is a cause for grave concern, states **George Rodrigues**, Consultant, HIV/AIDS, Civil Society Mainstreaming, Maharashtra State AIDS Control Society, Mumbai.

2.4 million. Out of these 0.97 million (39%) are women and 0.09 million (3.8%) are children. Maharashtra is one of the six high prevalence States in the country with the second highest number of HIV infected people, (infection rate of 0.55 percent) about 0.42 million. A Major issue of concern is that an estimated 88.7 per cent of all infections are in the most productive age group of 15- 49 years. The rate of HIV infection among the age group 25-35 is about 35.6 per cent of the total infections, which is a cause for grave concern.

WIDENING SCOPE FOR HIV MAINSTREAMING

The HIV/AIDS epidemic is emerging as a major challenge to the developing countries as the infection is mainly targeting the productive age group of the population thereby directly affecting

the economy and development of the nation. HIV is a manageable chronic disease. Treatment (Anti Retroviral Therapy) to prolong the life of HIV positive persons is available but complete cure is still not available and therefore promoting preventive measures is the only way out to protect ourselves against the virus. To promote the prevention measure there is a need for a multi-sectoral collaboration in order to effectively respond to the epidemic. Mainstreaming and partnerships will be the key approach to facilitate multi-sectoral response engaging a wide range of stakeholders. Private sector, civil society organizations, PLHA networks and Government Departments are expected to play a crucial role in prevention, care, support, treatment and service delivery.

The Various departments covered under Mainstreaming are -Women and Child-addressing specific needs of women and children, adolescents and youth, Panchayat Raj, Rural

Maharashtra State AIDS Control Society is implementing HIV/AIDS prevention, care, support and treatment programme in the State for more than two decades as per National AIDS Control Organization Guidelines.

The magnitude of the HIV/AIDS challenge we face today cuts across all nations and the entire humanity. India has the second largest HIV +ve people with an estimated figure of



Development Department, Urban Development Department, Tourism and Transport Department to spread awareness on different aspects of HIV/AIDS.

However, stigma and discrimination in HIV/AIDS, low levels of literacy, different cultural attitudes and practices regarding

National AIDS Control Organization, New Delhi for mainstreaming HIV/AIDS into civil society. The training budget is utilized mainly for sensitization of Self-Help Groups, Anganwadi workers/ supervisors, Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), Members of Panchayat Raj Institutes (PRIs), Police personnel, NSS Programme Officers, Peer Educators from Red Ribbon Clubs established in colleges with NSS units all over Maharashtra. The efforts in sensitizing SHG members, ASHAs and Anganwadi workers at the grass root level are proving useful in facilitating HIV testing among ANC mothers. Also the village level women are more vociferous in talking, discussing and mainstreaming HIV among their neighbors and other women in their villages, compared to their urban counterparts.

a complementary and comprehensive prevention intervention to support and reinforce similar youth led initiatives.

It also aims in building their capacities as peer educators in spreading messages on positive health behaviour in an enabling environment and increasing voluntary blood donation among youth.

PREMARITAL SEX

Premarital sex has been found to be common among young men but a higher percentage of women aged 15-24 years have had sex before reaching the age of 15. A large scale youth survey conducted under the aegis of the Union Health Ministry in the six States of Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu has thrown up some interesting findings.

Around 15% of young men and 4% young women interviewed admitted to having pre-marital sex. Shockingly, 24% of the women had premarital sex for the first time before age 15 compared to 9% men.

Premarital sex was also found to be more common in rural India. Many of the pre-marital sexual experiences reported by the youth were risky. Around 25% of young men and 21% of young women reporting pre-marital sex, had sex with more than one partner. Moreover, consistent condom use was limited only to 13% of young men and 3% of young women reported condom use in all pre-marital encounters.

WHY PEER EDUCATION?

Peer Education refers to the process of sharing information among members of a specific community to achieve positive health outcomes.

The Peer Education is non-judgmental and can listen to the concerns of their peers in confidentiality. The sensitization of Peer Educators from the colleges is proposed, keeping in mind their crucial role in providing required information to their colleagues



sexuality, lack of communication among men and women about their health problems, lack of adequate facilities in health, education etc in rural areas are some of the challenges with regard to HIV/AIDS mainstreaming response.

There is a special budget allocation in the Annual Action Plan of Maharashtra State AIDS Control Society (MSACS) supported by

RED RIBBON CLUBS

Red Ribbon Clubs are promoted in all colleges to cover young persons who are at greater risk to HIV both in campuses as well as in community. The programme addresses the knowledge, attitude and behaviour of youth in the interrelated areas of both HIV/AIDS and sexuality, as demanded by their age, environment, and lifestyle. Thus, Red Ribbon Clubs will serve as

through information to their colleagues through regular interaction throughout the academic year. As primary stakeholders they are responsible and are expected to facilitate and share their learning about HIV prevention among their colleagues. Therefore it is essential to involve them in prevention education.

It is expected that they will play a proactive role after the sensitization training which will help to create a sense of ownership of the HIV prevention programme. Awareness and education among the college students about the disease is the only weapon available today for HIV prevention.

TRIBAL MAINSTREAMING

Illiteracy, migration and poor access to media make the tribal population socially vulnerable. With regard to HIV vulnerability, studies have reported that tribal women are particularly vulnerable to HIV/AIDS since they commence sexual activity at an early age. Sexual practices vary widely; sexual relationships out of wedlock were reported to be a very common phenomenon. Girls and boys staying together before marriage was a socially acceptable norm. Couples were also at liberty to divorce and remarry. Males were involved



in premarital or extra marital sex. Condoms were generally not used, as these were disliked.

In all States (except Manipur) the awareness regarding services for prevention, diagnosis, treatment and care for STIs and HIV/AIDS were low amongst tribal people. Treatment seeking behaviour for most health problems including STIs, revealed initial resort to home remedies or self-medication followed by visits to the traditional healers. Access to health care is yet a problem for tribal people (IDSP 2003) because of scattered settlements and difficult terrain, inadequate accountability and monitoring of

health service delivery to tribal people, unhelpful attitudes of health service personnel, non-availability of manpower at health facilities etc.

As part of Tribal Action Plan, NACO has allotted a special budget to MSACS to cover 16 districts having considerable tribal population under Integrated Tribal Development projects (ITDP) to work on the following issues:

1. Integrate tribal and social development issues in the HIV/AIDS programme at every level.
2. Systematize knowledge management on HIV/AIDS among tribal people for developing interventions among them.
3. Increase access to the range of services under the NACP for tribal area. Awareness plays a critical role in access of services by the target groups.

A lot of effort will be required to motivate, strengthen and consolidate and renew our resolve and commitment for advocacy at all levels with different stakeholders towards prevention efforts, particularly among more vulnerable population like women, children, adolescents and youth and improve the quality of life of those infected and affected by the HIV epidemic in India. Through these methods we will be able to convince increasing number of people that HIV is preventable. ■



Crusade Against **SNAKE BITE**

Delay in reporting due to attending Mantrik or Tantrik, quacks, herbal remedies is the major cause of high mortality

Snake bite is an acute life threatening medical emergency often faced by farmers and farm labours in Maharashtra. Rapid recognition of poisonous snake bite and its rational, rapid and accurate treatment may save life says **Dr. H. S. Bawaskar**



India is an agrarian country. In Maharashtra more than 60 per cent population live in villages. Snake bite is an acute life threatening medical emergency often faced by farmers and farm labours who live in huts made of mud. Rapid recognition of poisonous snake bite and immediate and accurate treatment can save life. In Maharashtra more than 2000 lives are lost every year due to snake bite. There are about 216 species of snakes identified in India, of which 52 are identified poisonous.

In Maharashtra, transportation facilities and road connectivity is good. Approachable roads are available to majority of villages and wadis so mortality due to snake bite are not just due to delay in reporting but in most of the cases it is due to non-availability of medical officers at Primary Health Center (PHC), inadequate facilities including Anti-Snake Venom (ASV) and resuscitation trolley, working laryngoscope, endotracheal tubes. Ambu bag, ventilator and other emergency medicines.

Four poisonous snake species commonly traced in Maharashtra

1. Krait (*Bungarus caeruleus*) - Maner (Marathi), Kala Gandait (Urdu)
2. Cobra (*Naja Naja*) Nag (Marathi)
3. Russell's Viper (*Ghonas, Kambalya* or *Rakta Fiurusa*)
4. *Echis Carinatus* or Saw Scaled Viper (*Furase*)

KRAIT

Krait is most poisonous amongst all species of snakes seen in India. Its venom is ten times poisonous than cobra. Its colour is glossy black,



bluish gray or dark brownish black with narrow (at times paired) white bands that continue towards the pointed tip of the short tail. These bands are absent on fore-body and they are replaced by white vertebral spots. During day time Krait take shelter in termite mounds, rodent burrows, piles of brick, dry coconuts, cow dung, and rubble and at times in a corner underneath beddings or under pillow covers. Thus common Krait is found in the vicinity of human habitation, near wattle and daub houses, mud and small huts. It is a terrestrial snake that enters in human dwelling in search of prey. Kraits are active during night. It enters in the house in search of prey. Most of the Krait bite victims are reported during June to December.

Fangs of the Krait are sharp and short and fixed to the upper jaw. Krait may strike a person sleeping on the ground or the snake could mistakenly identify an exposed body part as prey. Majority of cases are bitten between 11 pm and 5 am in sound sleep. At the time of bite, person feels only prick of the needle, like an ant bite, tingling and numbness and small pinhead bleeding spot with little urticaria. In most cases patient do not complain about snake bite he will only say it was ant or rat bite or sometimes no

bite at all. Hence, many a times such patients get neglected even by well experienced doctors.

A person bitten by Krait, after 10-30 minutes suddenly start vomiting,

sweat, feel giddy, and diffusing abdominal pain often wrongly attributed to indigestion. During night victims and their family neglect these. Subsequently the venom is absorbed into circulatory system. Venom block the neuromuscular conduction resulting in blurring of vision, heaviness and drooping of eyelids, difficulty in swallowing, accumulation of saliva in mouth, unable to open mouth and to bring the tongue beyond teeth margin, unable to lift the neck of the pillow, weakness in limbs, hypertension, emotionless face. Patient complaint of suffocation, chest discomfort and subsequently respiratory paralysis

and asphyxiated death if not treated in time. Neuroparalysis can occur within 30 minutes to 8-14 hours.

During night if bite site is located over limb one can apply crepe bandage which will help in delaying the venom absorption and respiratory paralysis so victim can reach to resuscitation center. Anti Snake Venom-Polyvalent Anti Snake Venom (serum content antibodies against krait, cobra, Russell's viper and Echis Carinatus). 100 Ml (10 ampoules) which costs approximately Rs 500 has to be given through slow intravenous route over 30 to 60 minutes.

Patients with symptoms of pooling of saliva, unable to hold the neck, suffocation, decreased in oxygen saturation below 90 per cent should be immediately intubated and can be given artificial respiration. In case of emergency at home one can give mouth to mouth respiration, later on at PHC by ambu bag or artificial ventilator. Victims may require artificial ventilation for 24 hours to few weeks. During ventilation maintenance of oxygen saturation, serum electrolytes balance, nutrition and prevention of iatrogenic infection is crucial important.

COBRA BITE

The Indian spectacled cobra which is worshipped as Naag in Maharashtra is variable in colour. Often the colour of cobra matches with the



regional soil as a natural adoption for protection from enemies. It can be of grey, yellowish, tan, brown, reddish or black. It is easily recognized by its hood and can raise the hood half of its length. Most adult cobra measures 100-150 cm, occasionally species of 210-220 cm are rarely seen. Cobra can be found in variety of habitats including agricultural areas. In Maharashtra cobra bite cases are reported from residents of old mud house, huts, recent construction, blindly handling the rubble in the attic, fire wood, dry cow dung, putting blindly hand or sticks in the groove in cattle shade. Snake bite cases have increased recently in Maharashtra due to electric load shedding in villages.

Instant death is due to thought or fear of death. There is a sudden pouring of endogenous adrenaline and nor-adrenaline resulting in cardiac arrest, heart attack, this may occur just on sighting the hooded cobra. This phenomenon is not seen in children as they are unaware of death.

Cobra bite usually occurs during the day and early darkness. Common site of bite is extremities. Soon after bite victims experience severe local pain, sudden development of swelling, transient bleeding from fangs injuries. Turning skin bluish black due to bleeding. Swelling progressed

and followed by necrosis and huge wound, takes months to heal. At times need surgical intervention and

RUSSELL'S VIPER

Russell's viper ranks amongst the most important causes of morbidity



skin grafting. Foremost neurological manifestations include blurring of vision, paralysis of eyes, throat and neck muscles. Victim may suddenly lapse into an acute respiratory paralysis, shock and paralysis of all limbs.

The victim should not be allowed to walk or run. Bitten part should be kept below the heart level. No time should be wasted in search of the snake or application of tourniquet. No local incision over bite site, sucking at bite site, application of ice or any chemical must be avoided. Venom over the wound surface should be removed with clean cloth or tissue paper. Victim should be given assurance that the good treatment of snake bite and antidote to the venom is available at nearby PHC. Medical Officer should be informed immediately with details and characteristic of snake if seen. Doctor should examine the victim in ventilated room and look for clinical effects as mentioned above and administered 100 ML ASV. Snake mouth is rich source of various bacterial flora and wound is infected hence higher antibiotic, metrogyl and good daily dressing may help to heal the wound.

and mortality due to snake bite. While protecting paddy, wheat, soyabean and sugarcane by controlling the rodent (rats) population, it kills many farmers during harvest and watering the crops especially sugarcane and horticulture plants in night. While harvesting green grass for cattle accidentally snake caught in left hand and receives the bite.

Soon after bite, victim experiences severe local pain, giddiness and may collapse. Even snake encircled the limb and one has to remove manually. Sudden development of rapid progressive swelling may occur within 5-15 minutes of bite. Swelling may attain a length equal to the length of culprit snake. Acute bleeding from gums, bleeding in urine, abdominal pain, due to consumption of coagulation factor due to venom action, patient may develop severe shock, hypotension, etc. ASV 100ml given by intravenous route if active, external bleeding continues for 30 minutes after ASV then one can repeat ASV and follow-up with 20WBCT. A common cause of mortality is due to renal failure which is characterized by reducing urine output, loin pain, dark colour urine, anorexia, vomiting



and generalized edema. Early administration of ASV and diuretic and close monitoring of urine out vital to detect early renal failure and successful treatment.

ECHIS CARINATUS OR SAW SCALED VIPER



It is 1-3 feet long. Its body is cylindrical, short and stout. It has large eyes with vertical pupil. The tail is very short. The body is covered with rough, serrated flank scales and the neck is distinctly constricted. Its colour is pale brown, tawny with dark brown, brick red, grey or sand coloured with zigzag patterns on back look like carpet hence it is also called a carpet viper. An arrowhead type or bird foot like print mark is seen on the head. This snake is mostly found in open dry, sandy, rocky plain and hills. It often flourishes in heavy rain areas like coastal region of Maharashtra. During day it rests under the rocks, behind bark, at the base of thorny plants. It climbs well. It is often found on the warm road or path at night. Its prey is mice, lizards, frogs, scorpions and insect. High incidence of Echis bite reported from high humid climate like that in Ratanagiri, Devgad. It forms a double coil in the form of figure 8 with its head in the center in a striking position hence in Marathawada it is called as Chumbal snake.

Soon After a bite within one hour

victim experiences mild pain and swelling at the bite site. No active blood oozing from the fang marks except abrasion covered with clotted blood. Swelling gradually progress to more than one segment. Its molecular size is bigger and transmitted through the lymphatic, 60-120 minutes victim

get regional painful lymph-node enlargement. Untreated cases swelling may progress to abdomen or to the chest wall. Bluish, black colorization due to bleeding in tissue seen in and around the bite. Within 2-3 hours gum bleeding with delay in clotting time seen on 20WBCT. Renal failure is rare with Echis bite in Maharashtra but more common in Jammu and Puducherry areas. In Maharashtra 20-70 Ml of ASV with local wound care cures the victims.

GREEN PIT VIPER (TRIMERESURUS) OR BAMBOO PIT VIPER

It is usually found in hill forest like Mahabaleshwar, near sea level . It



often flourishes on low bushes, near stream edges. Accidental bite occurs while plucking the flowers or berries. Its bite is characterized by extensive local edema with rare systemic bleeding and renal failure.

SEA SNAKES

Sea snake is seen all over the coastal region. Sea snakes are accidentally handled by fishermen during fishing. Its venom is rich in neurotoxin, haematoxin and myotoxic. The sea snake tail is flat like that accelerator peddle.

Soon after the bite the victim develops a headache, heaviness in tongue, sweating and vomiting. Within 30 minutes to three and half hours of bite there is generalized muscle pain, severe body ache, stiffness and marked tenderness over muscles, unable to open the jaw. Subsequently there is generalized



and flaccid paralysis. Myoglobinuria and raised serum potassium (destroyed muscle product) appears within 30-38 hours of the bite. These two factors cause renal damage and failure and sudden cardiac arrest. At present in ASV against pit viper and sea snake is not available one has to manage symptoms or routine polyvalent ASV can be administered considering benefits of paraspecificity of the ASV.

REASONS OF HIGH MORBIDITY AND MORTALITY DUE TO SNAKE BITE

1. Delay in reporting due to attending Mantrik or Tantrik, quacks, herbal remedies.

2. Unaware of venomous snakes
3. Delay or failure of administration of ASV in adequate dose.
4. Non-availability of intubations facilities, non-functional batteries or laryngoscope, ambu bag.
5. Failure of intubations by untrained medical officer.
6. Non-availability of ventilator at rural hospital; or non-functioning ventilator due to want of trained staff or doctor
7. Expensive ASV (10 ml cost more than Rs.500) should made available free to private hospitals so they can admit and treat the cases. ASV is administered free should undertaken by the treating doctor if he charge then legal action should be taken.
8. Snake bite, scorpion sting, lightning, accidental death or burn due to electricity and insect bite which can be threat to life should

be recognized as a occupational hazards and provided adequate compensation.

9. Maximum deaths due to Krait bite occurs in Ashram schools situated in tribal areas are often neglected or attributed to unknown cause. To avoid such deaths each students should be provided cot and mosquito net. Rooms, their beddings should be cleaned every day. Students should be provided gum boots during monsoon. Teacher of Ashram school should be trained regarding reorganisation of poisonous snake and in case of bite students should be reported to near PHC.

PREVENTION

- Fire wood, dry cow dung, cattle shade and rubble should be kept away from residential area.
- Old storage rubble particularly in an



old house should be handled in full sunlight. Rubble in the attic should not be handled blindly.

- Bare foot walking in darkness, in grown green grass should be avoided or one should go out with a good flushing torch and big heavy sticks before stepping in give heavy stork by stick just to cause vibration which can be sensed by snakes.
- Proper care of rat, mice and lizards must be taken.
- No attempt should be made to catch the snake or kill it, even a well trained skilled snake catcher get snake bite and dies.
- Killed snake should not be handled; even sheared head of snake may inject venom. Don't disturb the snake if seen. Thick electrician rubber gloves with rubber shoes should be worn at the time of handling husk.
- Everybody irrespective of age and sex should sleep on a cot with mosquito net , cot should not touch to the wall. This will prevent snake , scorpion and mosquito bites alike.
- ELISA snake antigen detection kit should be made available for accurate diagnosis of species of snake bitten so the appropriate dose of ASV will prevent the crisis of ASV supply.
- Government should arrange regular workshop with experienced doctors lectures at civil hospital and medical colleges regarding management of scorpion, snake and OP poisoning. It should be included in routine medical curriculum. ■



AYJNIHH Analyzing Audibility

The Institute renders services to persons with hearing-impairment both at institute and at the community level

The institute serves as a repository of all the information pertaining to the area of disability specially hearing impairment says **R. Rangasayee**, Director, Ali Yavar Jung National Institute for the Hearing Handicapped.



Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai is an autonomous institute working under the Department of Disability Affairs, Ministry of Social Justice and Empowerment, Government of India. The Institute established in 1983, is celebrating its 29th Annual Day on 9th August 2012.

The institute has four regional centers at Kolkata, New Delhi, Secunderabad and Bhubaneswar. It has also two Composite Rehabilitation Centers at Bhopal and Ahmedabad. Manpower development, Research, Clinical activities, Information and Documentation, Outreach and Extension services and Material development are main

objectives of the Institute.

MANPOWER

Manpower development is one of the major objectives of the Institute. Considering the need of trained professionals in the area, the Institute has started different training programmes in Speech and Hearing and Special Education of Hearing Impaired. The programmes at Diploma, Degree and Post-Graduate and Doctoral level are conducted at Mumbai and its regional centers. Alongwith these long-term courses the Institute continuously provides short- term training to the different target groups and allied professionals in the field of rehabilitation of the disabled. The Indian Sign Language Cell (ISLC) of the Institute runs three courses-Introductory Level, Intermediate Level and Professional Interpreter Level at AYJNIHH, Mumbai and its regional centers. During the year 2011-12, under the long term training programmes, the Institute enrolled 430 candidates in various programmes, and under short training programmes the Institute conducted 70 programmes for 3793 beneficiaries.

RESEARCH

Research forms an integral part of the activities of the institute. The research projects of the AYJNIHH are primarily application-oriented community based. These are intended to increase and improve the rehabilitation services, and to reach out to larger number of hearing impaired persons.

CLINICAL ACTIVITIES

The Institute also renders services to person with hearing-impairment both at institute and at the community level. An interdisciplinary team of audiologists, speech language pathologists, special educators, psychologists, social workers, ENT specialists, pediatricians and neurologists maintain a high standard of rehabilitation services. State-of-art technology is available in early

identification and diagnosis of hearing impairment, early intervention, and speech and language rehabilitation. During 2011-12, AYJNIHH and its regional centers served 22758 new clients and 59019 follow-up cases at its clinics and through outreach and extension services.

OUTREACH AND EXTENSION SERVICES

To provide services to the unreached population of the country, a separate department has been set up at the institute. Professional team visits unserved areas to provide diagnostic, intervention and other rehabilitation services. The Ministry of Social Justice and Empowerment, Government of India has allotted 42 districts to the Institute in States of Maharashtra, Gujarat, Madhya Pradesh, and Union Territory of Dadra and Nagar Haveli to conduct the camps under the ADIP Scheme. During 2011-12, 27 districts were covered by the institute and CRC, Bhopal. Aids and appliances are distributed under the ADIP scheme at the camps and also through DDRCS managed by the Institute. Also 62 camps were held by the Institute in the States of Maharashtra, Gujarat, Madhya Pradesh, Andhra Pradesh, Odisha, Rajasthan and West Bengal. The Institute and its RCs and CRCs distributed 10335 aids/appliances to 8314 beneficiaries comprising 5548 males and 2766 females, 2395



children and 2435 persons above age of 60 years under the ADIP scheme.

INFORMATION AND DOCUMENTATION

The Institute serves as a repository of all the information pertaining to the area of disability specially hearing impairment. It maintains a library that is equipped with reading material including books, microfilms, and audio-visual back volumes of journals. The computer center disseminates the information about individuals and organizations working for the disabled. The Institute has launched Disability Information Line (DIL), an IVRS based 24 hours telephonic service for the persons with disabilities in the States of Maharashtra, Goa, Delhi, Madhya Pradesh, Uttar Pradesh, Bihar, Andhra Pradesh, Karnataka, Odisha, West Bengal, Rajasthan, Assam, Gujarat,

Jammu and Kashmir, Sikkim, Kerala, and Punjab telecom circles

MATERIAL DEVELOPMENT

Creating awareness is one of the main objectives of the institute. In this regard the Institute has developed material in various forms for awareness and training purpose. During the last year it had distributed 51772 numbers of printed and audio visual material as a part of awareness activities.

ACHIEVEMENTS

In a span of time, many milestones are set up by the Institute through several National and International Awards. The Institute received the prestigious 60 seconds to Fame Award at the 4th India International film festival 'Ability Fest 2011' held at Chennai on 14th October, 2011. The Award was given for the National Anthem in Hindi with Indian Sign Language' made by AYJNIHH on the theme 'breaking the barriers'. It has also received the Special Mention Award at 8th International 'We Care Filmfest' 2011. AYJNIHH also received the prestigious Award for Universal Design 'NCPEDP – MPHASIS Design Award 2011'.

AYJNIHH continues its pursuit of excellence in the field of hearing impairment. It strives to improve the quality of life of hearing impaired persons and nurtures them to draw Strength in being differently abled persons. ■



To Remember Me - I Will Live Forever

Give my sight to the man who has never seen a sunrise, a baby's face or love in the eyes of a woman.

Give my heart to a person whose own heart has caused nothing but endless days of pain.

Give my blood to the teenager who was pulled from the wreckage of his car, so that he might live to see his grandchildren play.

Give my kidneys to the one who depends on a machine to exist from week to week.

Take my bones, every muscle, every fiber and nerve in my body and find a way to make a crippled child walk.

Explore every corner of my brain.

Take my cells, if necessary, and let them grow so that, someday a speechless boy will shout at the crack of a bat and a deaf girl will hear the sound of rain against her window.

Burn what is left of me and scatter the ashes to the winds to help the flowers grow.

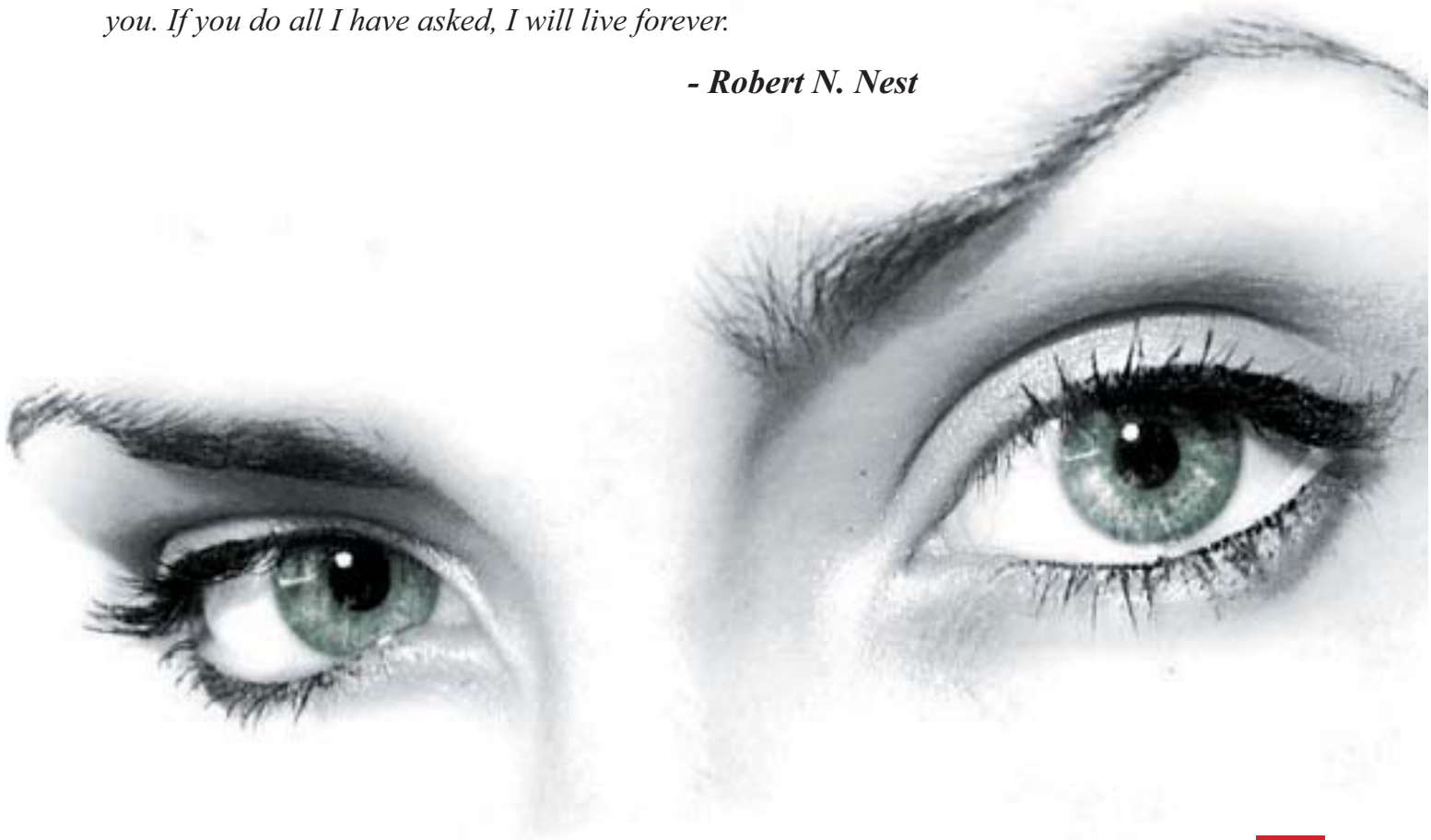
If you must bury something, let it be my faults, my weakness and all prejudice against my fellow man.

Give my sins to the devil.

Give my soul to God.

If, by chance, you wish to remember me, do it with a kind deed or word to someone who needs you. If you do all I have asked, I will live forever.

- Robert N. Nest



Sāre Jahāñ Se Acchā Hindostāñ Hamārā Ham Bulbulaiñ Haiñ Is Ki, Yeh Gulsitāñ Hamārā



O.I.G.S. Presented by The Government of India

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