Migration, poverty and people’s access to healthcare in Ludhiana city

The urban poor and migrants live in slums, devoid of essential services like clean water, sanitation and health care. Primary health care services do not reach them, leaving them dependent on unqualified private practitioners. If the Millennium Development Goals (MDGs) 4 and 5, to reduce child and maternal mortality, are to be achieved, these vulnerable and under-served populations must be targeted for priority care within the national primary health care framework. In the context of the limitations faced by the governmental health services to provide for the migrants, a partnership between various stakeholders is essential to address the challenges. Such an intervention is proposed to be initiated and implemented in the slums of Ludhiana in a phased manner.

One of three urban people live in slums. The urban poor live in most challenging conditions in ramshackle dwellings and overcrowded settlements, and suffer exclusion from essential services like health, clean water, sanitation, education and electricity. The challenge of inclusion of the urban poor is stated directly in the MDGs, to ‘achieve significant improvement in the lives of at least 100 million slum dwellers by 2020’. The MDGs related with drinking water, poverty reduction, child mortality reduction, maternal health improvement and environmental sustainability are also difficult unless the urban poor are given priority.

Unlike in rural areas, the primary health care system is not well-organised in the urban areas.
This has resulted in a relative neglect of the urban poor, especially the urban poor migrants, which is reflected in the shortage of resources, facilities and implementation mechanisms for health in urban areas. People consider the availability of essential elements such as doctors, medicines, trust, etc. as prerequisites to the credibility of health services. Children are particularly affected by the high rates of communicable disease in slums. This increase in disease creates additional reliance on healthcare, which in India is largely private and requires out-of-pocket expenditures which lead to financial strain on already poor families. Childhood vaccines hold tremendous promise in reducing many infectious diseases, including diphtheria, hepatitis B, and measles.

A total of 3,947 households in 30 newer slum clusters of Ludhiana were surveyed to assess the availability, accessibility and utilisation of healthcare services to them, and to identify key points to develop an intervention for improvement.

Most of the migrants in Ludhiana hailed from UP (48.5%) followed by Bihar (40.8%), with the commonest reason for migration being better earning opportunities (98.2%). The usual source of health care by the migrants was by an unqualified practitioner (58.5%) followed by a private qualified doctor (37.6%). 65.4% of them were unaware of any Government health facility (GHF) nearby. A long waiting time was the commonest problem cited (42.7%) by those who had availed themselves of government health services. Problems of accessibility, including long distances to the nearest clinic, scarce public transport and time taken to access the health services continued to be major barriers. Issues related to affordability in terms of treatment costs and loss of income due to visits to clinics, costs of drugs, etc. were also major obstacles. 67.2% of households were visited by a government health worker, but mostly for Pulse Polio immunisation (96.8%). Only 17.8% of them were visited by a health worker during a pregnancy. The primary immunisation coverage in 12-23 month olds were BCG: 65%, DPT (3 doses): 50%, OPV (3 doses): 51%, Hepatitis-B (3 doses): 23%, and Measles vaccine: 20%.
The level of awareness on healthcare needs and rights in the migrants is low. Most of the migrant families live in slums which are not notified and hence are not registered with healthcare schemes like JSY, UIP. Government health services, including essential MCH (maternal and child health) services, are largely not reaching the migrant population in Ludhiana, leaving them dependent on private/unqualified providers.

If the MDG-4 and 5 targets are to be achieved in the country, the more vulnerable and unreached sections of the population, like the migrants, need to be targeted for priority services within the framework of the country’s primary health care services. In order to address these challenges, partnership with government and non-governmental stakeholders to bring about sustainable improvements in health in underserved urban settlements is recommended. Administered during the first few years of life, vaccines are largely considered to be one of the most cost-effective instruments.

### Maternal Care

<table>
<thead>
<tr>
<th>Service</th>
<th>India (2007-08)</th>
<th>Ludhiana Migrants (2011-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC (4+ visits)</td>
<td>51.1%</td>
<td>24.6%</td>
</tr>
<tr>
<td>ANC (at least 1 visit)</td>
<td>75.2%</td>
<td>44.0%</td>
</tr>
<tr>
<td>TT coverage</td>
<td>83.4%</td>
<td>70.3%</td>
</tr>
<tr>
<td>Received IFA tablets</td>
<td>46.6%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td>47.0%</td>
<td>27.8%</td>
</tr>
</tbody>
</table>

Inadequate water supply and poor sanitary conditions can have a deleterious impact on household outcomes. Poor sanitary conditions and poor water quality lead to sickness, cause diarrhoea and other water borne diseases. India still loses about 0.4 to 0.5 million children under age five each year due to diarrhoea.
for reducing child morbidity and mortality and are thus considered excellent tools for achieving the fourth Millennium Development Goal (MDG4), which calls ‘for a two-thirds reduction in child mortality during the period 1990 -2015’. It is proposed that one day a week would be fixed for a particular migrant slum, initially in six selected slums in which MCH services, particularly routine immunisation, will be provided to the migrants. Moreover, the health workers will guide and help the migrant population by increasing their knowledge and awareness, thus improving their health care seeking behaviour. This activity can be later scaled up to other areas in the wake of the National Urban Health Mission.

---

**A Community-based Perinatal Death Audit in the Urban Slums of Ludhiana**

One million children die before completing the first four weeks of life. About 40% of neonatal deaths occur on the first day of life, almost half within three days and nearly 75% in the first week. The current perinatal mortality rate is 49/1000 total births. The MDG-4 aims to reduce by two-thirds the under-five child mortality rate by 2015. A perinatal death audit will help to identify avoidable factors of perinatal death.

There is a high propensity for not reporting stillbirths. Most of the neonatal deaths (99%) arise in low- and middle income countries and over half occur at home, where the bulk of deliveries take place. While there has been a dramatic reduction in U5MR there has been relatively little change in newborn mortality, even though proven, cost-effective solutions exist to save young lives. Reducing neonatal mortality is thus critical for reaching the MDG-4. A perinatal death audit will help to identify avoidable factors so that perinatal death could be reduced by taking appropriate actions against identified preventable factors.

The audit has two objectives -

1. To investigate the perinatal deaths in the population under study with a view to identify the causes and quantify their contribution to the overall perinatal mortality.
2. On the basis of the above findings, to suggest measures to reduce perinatal mortality in the study population.

A cross-sectional study is being carried out in all 91 urban slums of Ludhiana, with an estimated population of 250,000 in about 54,000 households.

With the national Crude Birth Rate of 22.5/1000 population as per SRS data 2009, the estimated number of births would be 5,625 per year. If the PNMR of 76.4/1000 (as found in an earlier study in the slums of Ludhiana) is applied to all the urban slums of Ludhiana, the number of perinatal deaths in the population under study is expected to be 430 per year. In the two years' duration the expected number of perinatal deaths is 860. Allowing for 10% non-response rate the minimum target proposed to be studied is 775 perinatal deaths.

In the initial visits the key informants like community leaders of the area and other health providers were identified who help in providing information and identifying households suffering a perinatal
death. The respondent is the mother, failing which any other elder of the family. The social autopsy tool used by an INDEPTH Network study (2011) is used to obtain information, which is a modified version of Thaddeus' and Maine's three delay model for maternal death (1994). A standard verbal autopsy tool integrated with a social autopsy tool is used to find the details of perinatal death. The questionnaire includes details of the mothers' backgrounds along with their complete medical, obstetric, family, and social histories. NICE classification is used to classify the causes of death.

It is hoped that the study will have several potential outcomes/resultant actions -

1. Total number of deliveries, stillbirths, early and late neonatal deaths and maternal deaths in the community will be obtained which will allow the calculation of different rates (like perinatal mortality rate) and is used as denominator in various calculations.
2. Identification of causes - entry of basic demographic data, after which a primary obstetric cause of death and a final cause of death can be identified which will be classified as per ICD-10.
3. Identify avoidable factors - these are incidents related to the actions of the mother or health care personnel, or the health care system, which may have altered the outcome of the specific case had it been managed differently.
4. The NICE classification not only aims to improve maternal health care during pregnancy or obstetric care, it also highlights the association between some maternal conditions and obstetric complications with infant death, which might lead to additional preventive activity.
5. Quarterly meetings for perinatal deaths audit discussions will be held with the community leaders so that issues that are not solely the domain of the health sector would receive due attention and promote an inter-sectoral problem-solving approach.
6. This research will help to estimate the burden of perinatal mortality, especially in community settings where due to high proportion of unattended deliveries, is likely to be larger than in the hospital setting.

These new Department of Community Health projects are presently taking place, funded by the Indian Council of Medical Research (ICMR), in which Dr. Paramita Sengupta (Professor) is the Principal Investigator with Dr. Anoop Benjamin as Co-investigator.

---

**Good Samaritan Fund**

Lalita was 25 years old when she came to CMC Ludhiana. She and her husband live in rented accommodation around 20kms from Ludhiana; they are both uneducated and her husband works five days a week, earning around Rs. 100 a day. Lalita was pregnant and was admitted with pain in her abdomen and bleeding. She was diagnosed to have abruption placenta with severe anaemia; labour was augmented, but she gave birth to a stillborn son the same day. As part of her treatment, she received three blood transfusions and was discharged four days later. Her husband had borrowed money (equivalent to around 10 weeks of his wages), but this was likely to only cover a fifth of his wife's hospital bill.

Lalita is just one of the 108 patients you have already helped through the Good Samaritan Fund. An average of 17 patients are now being helped each month, being referred by a wide range of doctors from different departments.

Thank you for your help so far. The need is still great as the number of patients seeking help is increasing. Please continue to support the Good Samaritan Fund as a practical expression of Christian concern.
Department of Cardiovascular and Thoracic Surgery continues pioneering treatments

**LADY ABLE TO EAT AFTER RARE MAJOR VASCULAR AND THORACIC SURGERY**

Mrs. Kamaljeet Kaur, a 52 year old housewife (pictured here with her family and CMC staff), was in a very disabling condition; she was unable to eat anything due to an abnormal origin of the right subclavian artery (the artery of the hand) travelling behind the food pipe (esophagus), which was causing obstruction so that the patient could not eat. She was rapidly losing weight and was referred to Dr. Harinder Singh Bedi, Head of Cardiovascular and Thoracic Surgery (CVTS) at CMC Ludhiana. The condition is a rare one called dysphagia lusoria – a latin word meaning that nature is playing a horrible joke on the patient. It was a serious condition as the patient was in imminent danger of suffering from malnutrition as no food was going into the stomach.

Additionally, a new anomaly was that the course of the abnormal artery was unusual as instead of passing in the neck as reported in the literature it was coursing in the chest itself. This added to the complexity of the problem as the right chest of the patient would also have to be entered. Dr. Bedi had posted the case on the internet to experts all over the world and also did an internet medical search of the disease entity. There is no reported case of this unusual variant of the disease.

A marathon surgery was done. First the artery was exposed in the neck, then it was disconnected from its abnormal origin in the chest, which cured the obstruction. However now the problem was of finding a new source of flow to the right hand or it would otherwise turn black. Also as a major brain artery (the vertebral artery) was originating from the abnormal artery, if flow to this was not re-established the patient could suffer a brain stroke. So the disconnected artery was now re-connected to the carotid artery in the neck. This established a normal circulation.

This surgery needs a surgeon trained in both cardiovascular and thoracic surgery. Dr. Bedi is a pioneer in both fields and has trained in both specialities at the St. Vincents Hospital in Sydney. However, this was a very challenging case because of the imminent risk of hand gangrene and stroke while treating the obstruction. The surgery went well and Mrs. Kamaljeet is now able to eat. The other members of the Heart team are Dr. A. Joseph, Dr. Anish Verghese, Dr. Sheetal Garg, Dr. Melchi, Dr. Amol, Dr. Sheriff and Dr. A. Puliyeli.

**CMC HEART SURGEONS BREATHE LIFE INTO HOPELESS CASE**

Mr. Ramandeep Singh, the 20 year old son of Mr. Som Raj Singh of Hariya Village Ludhiana, had a massive accident while driving a scooter. A large piece of bamboo fence went through his body from his left neck into his right chest. He was transferred to CMC Ludhiana from a local hospital and was seen by Dr. Bedi. Mr. Ramandeep was in shock and very unstable, he had lost about three litres of blood into the right hand side of his chest and was not able to breathe. He was taken for emergency surgery; the bleeding was found to be a torrential one which could not
be adequately controlled because the right lung was solidified due to the injury and was interfering with the exposure. So a rapid decision was made to stop the lungs by putting the patient on a special heart lung machine; in this **rarest of rare cases** the only option was to stop the lungs and the only way to do this was to use a sophisticated heart lung machine which takes over the function of the lungs (the machine has a special area through which oxygen is pumped in and purifies the blood just as a normal lung would). The massive bleeder was identified as a complete transection of the origin of the subclavian artery. The torrential blood coming out of this tear was pumped back into the patient. The tear was now controlled and an imported and an imported graft used to restore continuity so that the right hand would be saved.

Even after the surgery the right lung continued to be non-functional due to the massive trauma. So a special method of ventilation called **independent lung ventilation** was carried out; here the left and right lungs were separately ventilated with two machines. Ramandeep made a slow but complete recovery.

The intricate respiratory care was done under the supervision of the cardiac anaesthetists, Dr. S. Garg and Dr. Melchi. The other members of the team were Dr. A. Joseph, Dr. Anish Verghese, Dr. Pratap, Dr. Meenu, Dr. Ashwin, and Dr. Nina. The heart lung machine was handled by Mr. Jairus Wilson and Mr. William Prem Sagar aided by Mr. Mathew. It was quick thinking on the part of the surgical team which was instrumental in saving Ramandeep. The team remains committed to providing the highest level of care and expertise.

**ARTIFICIAL RIBS CREATED TO RECONSTRUCT CHEST OF BRAVEHEART BOY WITH CANCER**

Mr. Dev Sharan and Mr. Amresh Singh of Jamalpur were in a very difficult situation. Shubham Singh, the 13-year old son of Mr. Dev (and nephew of Mr. Amresh), was suffering from a cancer of the chest wall. The cancer, called Ewing’s sarcoma, was eating into his ribs and had a risk of spreading all over his body. He was referred to Dr. Bedi at CMC Ludhiana who, when training in Australia, had seen cases of cancer in children deteriorating rapidly if timely surgery was not done. Under the expert supervision of Dr. Kunal Jain, Head of Medical Oncology, chemotherapy was first given and then a marathon surgery planned. The surgery required a total removal of all the affected parts, which would lead to a large defect in the chest wall; the ribs are the major supports of the chest wall and protect the lungs from damage. A plan was made to design artificial ribs tailored to Shubham’s anatomy. A detailed design was made and, with the help of Mr. Rajinder Singh of the Maintenance Department, ribs of special medical grade stainless steel were made, steel that is the same one as used in orthopaedic implants and is fully compatible with the human body. During surgery after removal of all affected ribs, the steel replacements were fixed in position. This worked superbly, the ‘new’ ribs gave good support and Shubham has made a remarkable recovery with full function of his lungs. Shubham took inspiration from the cricketer, Mr. Yuvraj Singh; Shubham is a bright young man, is good in his studies and he wants to study and become a doctor. He is pictured here after surgery holding a sample of the steel rib placed in his chest.

The other members of the cardiac team involved in this marathon surgery were Dr. A. Joseph, Dr. S. Garg, Dr. Melchi, Dr. Anish, Dr. Anuj, Dr. Elizabeth, Dr. Gurleen and Dr. Ashwin. Dr. Abraham G. Thomas, Director of CMC Ludhiana, says that complex surgeries are being done successfully even on small children at CMC, possible because of the excellent infrastructure and faculty there. CMC is committed to bringing international level cardiac care to the people of the region and to bringing the latest technology to Punjab so that the people of this area are given the best possible therapy.
Dr. Abraham Thomas, Director of CMC, has been recognised by the American College of Surgeons in its 100 year time line for achievements in Surgery, as achieving one of five worldwide milestones in the advancement of surgery during the decade of the 1990s. This is a very prestigious acknowledgement of his work for the first face re-implant.

1994: World's First Face Replant Performed
http://timeline.facs.org/
Timeline of the American College of Surgeons: 100 years for Achievement in Surgery
Abraham George Thomas, MD, a Plastic Surgeon, conducted the first full-face replant operation on nine-year-old Sandeep Kaur, whose face and scalp were pulled off when her hair was caught in a thresher. Sandeep was brought to the Christian Medical College and Hospital in Ludhiana, India where Dr. AG Thomas, an experienced microsurgeon, spent 10 hours sewing on Sandeep’s detached face and scalp. The operation was successful, although she was left with some muscle damage as well as scarring around the perimeter where the facial skin was sutured back on.

Dr. Thomas visited UK for a week in early May to speak at the Open Day of the Friends of Ludhiana.

Whilst here, he was also able to speak to other groups –

Medical Group at St. John’s Church, Harborne (Birmingham) - The Role of Christian Medical Organisations in a secular India

Burns, Plastics, Hand and Trauma Lecture at Queen Elizabeth Hospital Birmingham - Microsurgery and Face Replant

Guest Lecture at Queen Elizabeth Hospital Birmingham - Development of Plastic, Reconstructive & Microsurgery services in North India

Medical Meeting at McIndoe Centre, East Grinstead

Dr. Thomas has now returned to CMC Ludhiana. We are grateful to him for taking time to visit to share news of current developments at CMC and how we might continue to support that work.
Founders Day – 25th March 2013 - Batch Reunions
The Annual Founder’s Day celebrations of CMC saw nearly 50 alumni from the reunion batches of 1953 (60 years), 1963 (50 years) and 1982 (25 years) return to their alma mater. The day began with a worship service held in the recently refurbished Lady Willingdon Hall and Dr. Subhash Singla, President of the Association of Medical Alumni, welcomed the visiting alumni. Dr. G.S. Sandha (Batch of 1982) delivered a scientific talk as part of a Continuing Medical Education programme. Alumni shared their experiences since graduation and anecdotes of their time at CMC many years previously.

Reunions for the Batches of 1964 and 1983 will take place in March 2014.

Annual Convocation and Prize Distribution
The Annual Convocation and Prize Distribution for MBBS, BDS, BSc(Nursing) and BPT courses took place on 15th March 2013, when Dr. Harvinder S. Luthra MD (John Finn Professor, Professor of Medicine, Mayo Clinic and Mayo Medical School, Rochester, USA) was the Chief Guest.

Forty three Medical Graduates were awarded degrees. Students excelling in various academic activities were awarded Prizes and Medals by the Chief Guest. Elizabeth Wilson, Divya Verghese, Amrit Kaur, Samson Charan, Ankita Raisinghani, Sneha Liz Jacob, Roshan Philip and Abhaydeep Singh were the prominent prize winners. Dr. Sebastian Marker won the Vipin Khanna Memorial Gold medal for best intern. Dr. Deepti Joy was awarded Dr. Jaswant Kaur Gill Memorial award for best outgoing medicine resident, Dr. Kamal Negi was awarded Dr. Abraham G. Thomas award for the best outgoing resident in surgery and Dr. Prince Khan received the Faculty award for the best outgoing orthopaedics resident. An overview of faculty achievements was presented by the Principal of the Medical College, Dental College, College of Physiotherapy and Nursing College.

The Association of Medical Alumni awarded the Life Time Service award to Dr. Arindra Nath Chatterjee. Dr. V. K. Satija Award for best Clinical Teacher was presented to Dr. Arpit Mathew, Assistant Professor in the Department of Surgery, while the Batch of 1976 Excellence in Teaching Award was awarded to Dr. Nitin Batra, Professor and Head, Department of Ophthalmology.

Elizabeth Wilson and Gayatri Bhatia shared the Alumni Prize for best all-round graduate. Miss Sonia Mattu (pictured) received the award for the best nursing student.

Dr. Jeewan Prakash, Principal College of Physiotherapy, proposed the vote of thanks.
The second fund-raising dinner organised by the Friends of Ludhiana, Brisbane, Australia was held on the 4th May 2013 at St. Philips Anglican Church Hall (kindly facilitated by Br. Donald Campbell, Parish Priest). A total of about 115 guests attended the dinner.

Elaine Unkles OAM was the MC for the evening, which began with a welcome by Jacob Cherian, President, FOL, and was followed by the traditional lighting of the lamp by Anita Das, wife of Justin Das. Dr. David and Mrs. Rosemary Troughton were honoured for their immense contribution to CMC. Dr. Troughton (1969-74) established the Gastroenterology unit at CMC. They continued to support CMC after leaving, and Rosemary Troughton spoke in over 120 fund-raising meetings in New Zealand. The entire O&G block at CMC Ludhiana was built with funds raised by the Friends of Ludhiana, New Zealand, with a matching grant from the New Zealand Government under the leadership of Dr Beryl Howie and the Troughtons. (Mrs. Troughton was presented with a shawl by Dr. Basant Pawar and Dr. Troughton was presented with a CMC badge and cufflinks by Dr. Gitanjali Pawar.)

Dr Howie, who passed away in December at Auckland, was fondly remembered. In 22 years at Ludhiana (1959-81), she delivered thousands of babies and taught and trained generations of MBBS and post-graduate students in OB & GYN. She also authored ‘High-Risk Obstetrics, a practical handbook’, which was published in 1985.

Mention was made of the contribution of Phyl and Harry Billinghurst from Adelaide, who were associated with the Ludhiana-Australia Fellowship for over 30 years. Phyl and Harry were unable to attend the dinner, but a message from Phyl was read out to the assembly.

Jacob Cherian mentioned the focus of the fund-raising effort was to raise funds to develop a molecular laboratory at the Microbiology Department at CMC Ludhiana. A sum of 10,000 dollars has already been raised over the last year for this purpose, and has been handed over to Dr. A.G. Thomas, Director CMC and Hospital, by Justin Das (’82) and Maninder Singh (’82) in March 2013. A further amount of 10,000 dollars is required for the project. This facility would significantly help with costs of tests for poor and needy patients, as well as enabling further teaching and research.

A string ensemble from the Booval School of Music, Ipswich provided some wonderful music to start the evening. This was followed by Dr Troughton’s speech. Dr Troughton, in a witty, evocative and thought-provoking speech, traced his journey to
CMC and his time there, and how CMC influenced his life and career.

This was followed by an energetic Bhangra dance by the group ‘Sher-e-Punjab’. The three course Indian dinner was served between items. The service was ably managed by Sharon George and Anita Das with friends and family of alumni. Rosemary Troughton spoke of the fund-raising effort made by Friends of Ludhiana in New Zealand to raise funds for the OB-Gyn block. She also highlighted ways for people to help CMC.

A vote of thanks was proposed by Harish Iswariah (‘86), and the Bhangra group returned for a second performance, this time also joined by many members of the audience, after which the evening came to a close.

Copies of Dr. Troughton’s oration are available on request from Friends of Ludhiana, Westerlands, Clayton Road, Ditchling, Sussex BN6 8UY (friendsofludhiana@btinternet.com)

---

**Betty Cowan Research and Innovation Centre**

Dr. Neeta Kang and her three Research Fellows were able to attend the 10th Meeting of the Asian Society for Neuro-Oncology (ASNO) in Mumbai in March 2013. Dr. Kang’s abstract was selected for oral presentation, and her fellows were able to experience an Asian level conference (due to funding from the Department of Biotechnology) which brought speakers from around the world.

**Veena Rawat** – ‘My major intention was to meet and understand the work of … all professionals involved in the care and wellbeing of people with tumours of the central nervous system. … I attended talks, plenary sessions, concurrent scientific sessions and poster presentations … I learnt a lot from the impressive and innovative ideas … By seeing medical doctors actively working in brain cancer research, I really felt energised and inspired. … I was truly inspired by the brain cancer patients and have decided to build my career in brain cancer research.’

**Simran Kaur** – ‘While attending the conference, it was always a challenge deciding which sessions to attend. One of the pitfalls was that as three sessions ran in parallel, many sessions of my interest were overlapping at the same time. … At the meeting, I presented a poster … During the poster session, I gained more knowledge … by interacting with researchers from around the world. … All this has now encouraged me to work harder.’

**Ajay Christopher** – ‘The conference was very interesting and gave me the opportunity to learn many things related to brain tumours. … I felt inspired by a series of awards that recognised professionals in various fields for their numerous contributions. The lectures provided by the senior faculty were enriching as they shared their research experience and also brought forward their current research interest and their future research directions. … I liked the ‘Meet the Expert’ sessions. I was fascinated by their ideas and the research carried out … In my perspective, attending the conference ignited a spark of passion in me and a sense of responsibility and credibility towards the research I perform at BCRIC.’

All three spoke of the inspirational and emotional impact of meeting patients who had fought and defeated brain cancer and their families, thus understanding the importance of research to those who need answers. They greatly appreciated the opportunity to attend the conference and to interact with others.
News from the Colleges

College of Nursing

In the academic year 2012, 24 MSc(N), 60 BSc(N) and 50 General Nursing and Midwifery students were admitted.

Student Activities

Alongside academics, students participated in various professional and socio-cultural activities within and outside the institution. Neha Awasthi and Mohina Victor won prizes in Collage Making competition at the sports and cultural meet organised by University College of Nursing, Faridkot. Steffy Ann Varghese, Rocky Richard and Lovepreet Kaur won prizes in essay, slogan writing and painting competitions respectively organised by Eye Donation Society of India. In the 67th National Conference of Nurses League of CMAI Joyce B. Guncha Singh won prize in debate, Christina Benjamin and Anita won prizes in the Bible quiz and Priyanka Paul received a prize for the inter-college paper reading contest organised by Ludhiana Citizens Council. Students also observed various days of national importance like Women's Day, WHO Day, Nurses' Day, Alzheimer's Day, Mental Health Day and also participated in institutional musical, Christmas, picnics, retreats and inter-class tournaments.

Convocation

The Annual Convocation for BSc Nursing students was held on 16th March 2013 when degrees were conferred on 56 graduates. Special prizes were awarded to: All round Best Student Nurse: Sonia Mattu, Best Bedside Student Nurse: Jainy K., Best student in Community Health Nursing: Sr. Smitha Sebastian. An Alumni get together had been arranged two days’ previously.

Retirement

During the year the following faculty members retired – Prof. Sudesh David, Prof. Celestina Francis and Surinder Lawrence, Associate Professor.

Obituary

Sadly, Mrs. A.S. Nelson (retired Deputy Nursing Superintendent) died on 2nd June 2012 and Mr. Daniel F. Masih (Nursing Supervisor) died on 29th August 2012.

Dental College

Last summer, Christian Dental College crossed another milestone as it celebrated 20 years of service since it began on 30th August 1992, as the first Christian dental institute in India. The day was commemorated with a small gathering in the Principal’s office. Those present recollected fond memories of the starting of the College and highlighted the progress made to its present stature and future prospects. The contribution and untiring efforts of the founder Principal, Dr. J.L. Joshi, were remembered with gratitude, along with an acknowledgement of the services of past and present faculty members.

CDC has had a facelift with 20 new dental chairs for various departments which will improve working efficiency and provide quality treatment to patients.

Dr. Saroj Chopra, Professor in the Department of Paediatric and Preventive Dentistry, has said goodbye to the college after 30 years of service. She will be remembered as a warm and motherly figure, who was very approachable, sincere and dedicated to her work. CDC will be ever grateful for her selfless service.

CDC’s graduates continue to travel to different states of India for their service obligation. A young faculty member was recently asked for their advice to students – ‘Be sincere and give your 100% in whatever you do. Always remember life is a celebration.’
Other News from CMC

Songs for the Voiceless - 5

In February 2013 Linnea Good and David Jonsson from Canada visited CMC for Songs of the Voiceless. They had meaningful meetings with students and staff as well as two Gospel Concerts being arranged, which were a blessing for all who participated and attended.

Like a Rock
www.youtube.com/watch?v=UObcWrYkfZI

Passion of the Girl, choreography, The Girl Effect
www.youtube.com/watch?v=hE-ICyWDWAw

What If I Give All
www.youtube.com/watch?v=4kaQ_218vY

The videos are well worth viewing and show some of the varied activities in which CMC’s students become involved.

The Addams Family

In March 2013 the Music and Theatre Workshop of CMC Ludhiana staged their 18th Production, A Broadway Musical, Family Style – The Addams Family at Guru Nanak Dev Bhawan. Around 110 students from all CMC’s colleges participated and had been preparing tirelessly in various capacities for the previous two months in addition to their regular classes and hospital duties. The musical was organised by students and doctors and took place over three evenings with proceeds for the treatment of poor patients which CMC Ludhiana serves.

Mariya Jacob says, ‘We didn’t have any professional help, but we who came here to study medicine have also become actors, singers, costume designers, musicians, light and sound designers, advertisers, carpenters and a lot more! And that’s one reason CMC and we CMCites are special. We stand out as we learn a lot more about life and about dealing with a number people’. This year the Faculty Advisor was Dr. Nitin Batra, Deputy Medical Superintendent, without whose relentless guidance, advice and support none of this would have been possible.

ISWSI 2013

The 1st International Symposium and Workshop on Spectral Imaging: Applications in Basic Sciences and Biomedical Research, organised by BCRIC, will be held 18th-20th October in Ludhiana and is the first attempt at a symposium and workshop to bring together people from multiple disciplines and applications in basic sciences and biomedical research. The event will present a unique platform for teaching current applications while allowing the participants to get hands-on experience at working with samples. Further details are available at www.iswsi.in.
Challenging Surgery

Dr. Joseph John, Associate Professor in Clinical Haematology, Haemato-Oncology and Bone Marrow Transplant Unit, reports that in March CMC performed challenging surgery on a patient with severe haemophilia B. Mr. T, a 34-year old man from Jammu, had suffered an iliac bleed two years ago which later became a pseudotumor involving his whole pelvis. Subsequently he developed discharges and bleeding from the site, which resulted in him receiving multiple blood transfusions which later led to Hepatitis B infection. He had visited all the major hospitals in North India including the major institutes. Most of them were reluctant to perform surgery and he had even received local Radiotherapy a year ago with no improvement.

However, the Red Surgery Unit at CMC were ready to take on the challenge. This first required the urology team to insert an ureteric catheter prior to the surgery to avoid injury while exploration. The Radiology team also gave support with regard to detailing on the vascular supply to the area. CMC needed to arrange a large amount of factor IX support which they got from the Haemophilia Federation of India through the WFH. The Special Tests Laboratory gave the necessary support with regard to factor assay and inhibitor screens.

Twelve days after surgery Mr. T was doing fine. The PMR, Physiotherapy and OT team would we working with him in the following few weeks to bring him to full recovery.

This is believed to be the first such surgery performed in this part of India. This is a very rare complication to see in a haemophilia patient and it is the team work from various departments which made the difference in managing this patient.

The latest news is that Mr. T required another operation, performed by the same team, and he is currently recovering from the same.

New Scanner

A new state-of-the-art CT scanner, able to perform 128 slices per 0.4 seconds, was dedicated at CMC Ludhiana in March. This is the only scanner of its kind in the State of Punjab and will help CMC in producing very detailed images to assist in the diagnosis of diseases and conditions of their patients.

Department of Neurology

Dr. Jeyaraj Pandian was invited to give a talk, Indian Traditional Medicine and Herbal Medicines in the treatment of Stroke, at the European Stroke Conference held in London from 28th to 31st May 2013 and afterwards visited Edinburgh/Glasgow for a few days in connection with a collaborative clinical trial in stroke rehabilitation in India. He gave another talk at the University of Edinburgh on 5th June, Stroke Rehabilitation in India: the way forward.

Fellowship Department

Rev. Stanley Thomas, senior Chaplain, and his family left Ludhiana on 1st May; he had been seconded to CMC some years ago and has now started work as the Vicar at St. Peter’s Mar Thoma Church in Pune.
In Memoriam

Mr. John Derry
Mr. Derry was the nephew of Dr. Dorothy Vaux, pathologist at CMC in the 1940s, and we believe he had possibly been a volunteer as a dentist.

Mr. George Franklin
Mr. Franklin, who was one of the original architects at CMC Ludhiana from 1954 to 1957 (presumably at the time of the construction of the new hospital), and whose son Stephen was born in Ludhiana, died in December 2012. His funeral took place on 18th December 2012.

Dr. Beryl Howie
Dr. Howie QSO DSc Otago FRCS FRCRG FRACOG had been Professor and Head of Obstetrics/Gynaecology (mostly at the Old Brown Hospital) from January 1959 to August 1981. She had been resident in a rest home (Caughey Preston Ventnor Home) in recent months and had been failing slowly. She died peacefully after a long battle with cancer, aged 88, on 1st December 2012. The funeral was held in Greyfriar’s Church Auckland on 5th December.

Beryl was a very talented and capable person who had a great influence on a tremendous number of people, professionally and personally. It flowed from her experience of coming to know Jesus as student, and from her commitment to serve him throughout her life. She formed a wide circle of loyal friendships, which included her students, and continued to follow them up in her prayers and with great interest over many years. She had great vitality and love for life, nourished by her daily walk with God and her never-failing trust in Him through all circumstances. It was in response to a clear call of God that she came to Ludhiana. At CMC, in the light of the needs of village India and of the calling of the Christian Hospitals to serve the poor, she was committed to training students how to provide quality care even though resources might be meagre, using clinical acumen and sound grasp of contemporary knowledge. She tried to act with integrity, and her chief concern was to follow the truth where it led, rather than be caught in party spirit and loyalties - which required courage! Her patients knew that she loved them and would do everything she could for them, and they loved her for it. We are so grateful to God for Beryl, and for the way we have all been enriched through her experience of His love in her life.

Miss Barbara Spanner
Miss Barbara Spanner (General Secretary of Ludhiana British Fellowship, as Friends of Ludhiana was then known, from February 1971 to May 1980) died peacefully on 6th April 2013, aged 94 years. Her funeral and thanksgiving service was held on 15th May at St Leonard’s Church, Sandridge, St Albans.

Dr. Antony Wing
Dr. Wing had previously been a Council Member of Friends of Ludhiana and died in January 2012.

We convey our sincere condolences to the families and friends of these who gave many years’ faithful service to CMC Ludhiana.

Council of Management and Board of Reference

Mrs. Ursula Hyde and Mrs. Diane Woosley were appointed to the Council at the AGM in May 2013. They had both previously been serving as members of the Board of Reference.

IMPORTANT NOTICE: ALL ARTICLES AND PICTURES IN THIS BULLETIN HAVE BEEN REPRODUCED WITH THE PERMISSION OF THE AUTHORS. IF YOU WISH TO REPRODUCE ANY ITEMS EITHER IN WHOLE OR IN PART, PLEASE CONTACT THE FRIENDS OF LUDHIANA OFFICE.
To: Friends of Ludhiana, Westerlands, Clayton Road, Ditchling, Sussex BN6 8UY

- Enclosed is a donation of £________ for
- the Good Samaritan Fund for the treatment of poor patients at CMC Ludhiana
- general support

(Please make cheques payable to Friends of Ludhiana)

- I/we* wish to support on a regular basis. Please send a Bankers Order form.
- Please treat as Gift Aid donations all qualifying gifts of money made

- today
- in the past 4 years
- in the future

(Please tick all boxes you wish to apply.)

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

- I/we* require an acknowledgement for my/our* donation.

Signed ________________________________ Date _________________________

* Please delete as appropriate.

Name
Address
Postcode
Telephone
E-mail

Friends of Ludhiana is a Company limited by guarantee registered in England and Wales with Company no. 497421 and a Registered Charity no. 314148