



Prayer Topics – September

Week 36 : 2nd to 8th September

The **COLLEGE OF PHYSIOTHERAPY** is the latest edition to the CMC family of colleges, started in 2006, and admits 20 students each year to a BPT course. The hospital has had a physiotherapy department for around 50 years and it is well equipped with modern facilities and essential equipment and provides physiotherapy services in all fields of specialisation – including medical, surgical, paediatric, neurological, orthopaedic and burns. Training given is of four and a half years' duration with compulsory rotational internship, and CMC also offers a clinical internship programme for physiotherapy students of other colleges in and around Punjab. The first batch of BPT students completed their internship and their Convocation took place in March 2012; the second batch graduated in 2013. The College suffers from limitations of space and needs to be relocated, particularly if the proposed plans for a new MPT course are to be realised.



PRAISE GOD FOR

- facilities for clinical training which are regarded as the best in the region
- well qualified and experienced faculty and senior staff who teach, guide and supervise
- two batches of students who have now successfully completed their training

PRAY FOR

- plans to create more space for the College
- CMC's students and those from other colleges undertaking their internship

Strengthen the feeble hands, steady the knees that give way.
Isaiah 35 v.3

Week 37 : 9th to 15th September

A new **CARDIOLOGY** block was inaugurated in 2011. The new Cardiology wing includes a 15-bedded ICCU, a step down unit and Cardiology Ward with state of the art facilities with cardiac monitoring and telemetry system. The new unit also has a non-invasive Cardiology Laboratory and an academic wing. There are facilities for performing an increasing number of procedures like coronary angiography, coronary angioplasty and stenting, pacemaker and ICD implantations and Cardiac Electrophysiological studies. Patients with acute heart attack need their blocked coronary arteries opened at the earliest, preferably within 90 minutes of the onset of chest pain, so the state of the art ICCU



attached to the Cath Lab will be especially beneficial for such patients presenting with a heart attack. A second cath lab is also being installed in the new wing.

PRAISE GOD FOR

- the provision of local charities providing pacemakers on a regular basis
- sense of unity and continued focus on teamwork in the department
- the new cardiology block and facilities
- the approval of government, university and

Medical Council of India for starting super-speciality training

PRAY FOR

- *an increase in the volume of invasive cardiology and cardiac surgery*

Let the peace of Christ rule in your hearts.

Colossians 3 v.15

Week 38 : 16th to 22nd September

RURAL HEALTH OUTREACH PROGRAMME

India has a population of over one billion, about 70% of whom live in rural/village areas, whereas 70% of India's doctors live and work in towns and cities. CMC reaches out to the wider community through an integrated network of rural centres and hospitals, providing clinics and camps in both urban and rural areas. Its work in the urban community involves clinics and home visits, where students and staff provide health teaching, nutritional advice, antenatal services, home deliveries, care of mother and baby, immunisation programmes and basic medical care.



In rural areas CMC offers primary healthcare through free medical multi-disciplinary camps and runs clinics in a number of smaller satellite centres in Punjab, seeking to bring curative and preventive treatment, advice and health education to those who might not otherwise have access to such facilities.

PRAISE GOD FOR

- *the establishment of these services*
- *the opportunity for CMC to be involved in health education, being proactive in prevention as well as cure*
- *cancer screening camps recently held in a village where women were seen to be at risk*

PRAY FOR

- *adequate staffing for the rural clinics and*

centres

- *patients seeking help through the clinics and those referred to CMC for further investigations*

Open the gates that the righteous nation may enter.

Isaiah 26 v.2

Week 39 : 23rd to 29th September

CMC offers dedicated outpatient and inpatient facilities for **PRIVATE PATIENTS**. Ludhiana is a city of much wealth and there is a demand for a higher quality of care as evidenced by the growth of other hospitals within the city. Whilst this might be considered contrary to CMC's mission to care for the poor and needy, the charges from these private patients help in the provision of treatment for many less well-off patients. Some departments actively encourage their private patients to help fund the payment of hospital charges for others less able to afford them. In these current economic times, the fees and donations received from these private patients is very welcome.

CMC also offers **CORPORATE HEALTH SERVICES** whereby employees of empanelled companies can receive their health care at CMC. The hospital also offers a health screening facility where, for a set price, men, women and couples can undergo an 'MOT' offering a variety of tests for common diseases and health issues.

PRAISE GOD FOR

- *the income generated by the private patients*
- *those who, in gratitude for their own care, help fund the treatment of those less well-off*

PRAY FOR

- *companies in and around Ludhiana to consider being involved in the Corporate Business Health Check-up scheme*

Rich and poor have this in common: The Lord is the Maker of them all.

Proverbs 22 v.2

Pray for Dr. Abraham Thomas and the administrative team for wisdom to further develop the work of CMC – its pioneering treatments, its care for the poor, its training of doctors, nurses and dentists for the rural hospitals of India - so that it remains a beacon for Christ's grace in the Punjab.

Stories of those recently helped through the Good Samaritan Fund



Asha, a 52 year old housewife, and her husband live in Ludhiana, where he and their son run a tea stall six days a week. She had been suffering abdominal pain and distension for 10 days and on admission to CMC was found to have a small bowel obstruction.

Following surgery, she developed wound infection and dehiscence so was prescribed antibiotics and saline dressings were changed daily. She was discharged in a satisfactory condition after 24 days to be followed up through OPD. Her bill was over Rs.90,000 (around £1,000), which equates to approximately a year of her husband's earnings, and they were therefore seeking a considerable concession on their bill as they had only been able to borrow 10% of the cost from relatives.

A newborn was brought to CMC at just three hours old. He is the first child of Babita and her husband, a migrant labourer from the state of Bihar. His father works five days a week, earning around Rs.2,500 a month (less than £30). This preterm 32 week male neonate was brought in a serious condition with a diagnosis of intrauterine pneumonia, septicaemia, pre term AGA. He developed apnoea, was ventilated and started on IV antibiotics. By 42 hours he started developing jaundice and blue light phototherapy was started. The jaundice continued to increase despite this so a double volume exchange transfusion was performed in the 9th and 10th day of his life and by the 12th day the bilirubin level had started to decline. Nasogastric feeds and breast feeds were tried which he gradually tolerated and he started gaining weight, but the relatives were asking for him to be discharged, which he was after 17 days.

Another baby was brought to CMC from Jandiali, around 18km from Ludhiana. The boy was the first child of Chotander and his wife Babita and was admitted to CMC at just one day old by the Department of Paediatrics. He had suffered birth

asphyxia and was found to have suffered oesophageal atresia. He underwent surgery two days later, but post-operation he suffered cardiac arrest and respiratory failure and died at only five days old. Chotander works six days a week as a labourer, earning around Rs.5,500 a month (just over £60), so the parents had borrowed Rs.27,500 from friends and relatives towards the cost of treatment, but this amount only covered about 55% of the bill. However, despite CMC's care, staff were unable to save their son.

Ashish was 15 months old when he was brought to CMC by his father and mother from Barnala. He is the youngest of five children, having four older sisters; his father works seven days a week as an auto driver and his mother three days a week helping with household chores. Ashish was diagnosed with acute bronchopneumonia and had also failed to thrive. He was prescribed IV antibiotics and steroids and given oxygen therapy, nebulisation and other supportive care. He also showed signs of multiple vitamin deficiencies (B and D) so he was transfused along with injected doses of vitamins D and B. In view of the poor socioeconomic status of the family investigations were done to rule out the cause of his failure to thrive, but following a chest X-ray and ATT commencing, his general condition further worsened on the fourth day with increased respiratory distress and bronchospasm. Further diagnosis of Pulmonary TB and rickets



meant he was given intensive care and monitoring for three days. Gradually his general condition improved and he was started on a high calorie diet for malnutrition. During the remainder of his 11 day hospital stay he gained weight, became asymptomatic and was discharged in a stable condition to be followed up from OPD. His hospital bill came to around four times his parents' monthly income and they were borrowing money from relatives to pay part of the bill.

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