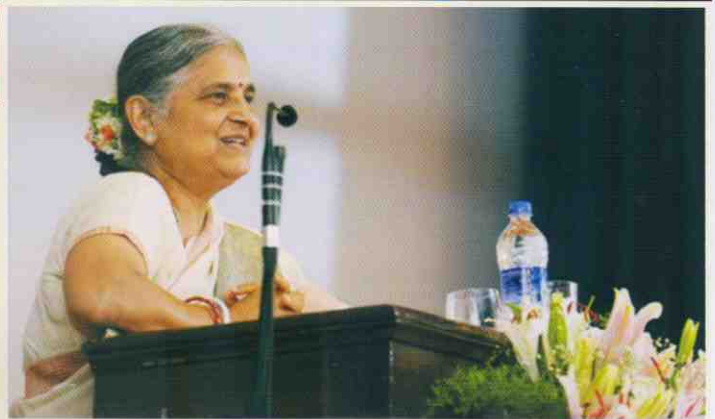




SUDHA MURTY DELIVERS THE SECOND IDA SCUDDER HUMANITARIAN ORATION

Sudha Murty, Founder and Chairperson of the Infosys Foundation delivered the Ida S. Scudder Humanitarian Oration 2013 on 9th of August. Her speech woven around an incident from her doctor father's life, was characterized by spontaneity, simplicity, profundity, humour and her magical story telling capability. She explained how her father, Dr. R. H. Kulkarni influenced her life and helped her to see things realistically and subsequently motivated her to extend support and service to needy areas. Her father's first patient, a teenaged unwed mother, who wanted to kill herself and her new born daughter, ended up as a competent nurse and her child an obstetrician - gynecologist because of his encouragement and practical help. Perhaps he inspired young Sudha also to venture into Engineering, then a male bastion, take up teaching, social work and writing.



Sudha Murty reminded the doctors and prospective doctors that medical profession was a noble one which offered opportunities to wipe the tears of others. She urged the listeners to see God in their patients and their work, like Ida Scudder, the Founder of CMC Vellore. She felt Medicine was a combination of science and art and urged the youngsters to take Dr. Ida, who chose to bring relief to the women of Vellore, as a role model. Sudha Murty also underlined the need for people to have faith in doctors and avoid examining doctors before receiving treatment. "Doctors are three dimensional persons who can go beyond the realms of treatment by comforting patients with compassion," she pointed out.

The Dr. Ida S. Scudder Humanitarian Oration is jointly organized by CMC Vellore and Vellore CMC Foundation in New York to honour an individual who reflects the values, professional excellence and leadership of Dr. Ida S. Scudder. The first Oration was given by Dr. A. P. J. Abdul Kalam, former President of India.



Inside.....

- 50 years of PMR
- Meenakshi back on her feet
- CMC's contribution to Rotavac
- Towards a TB-free Vellore

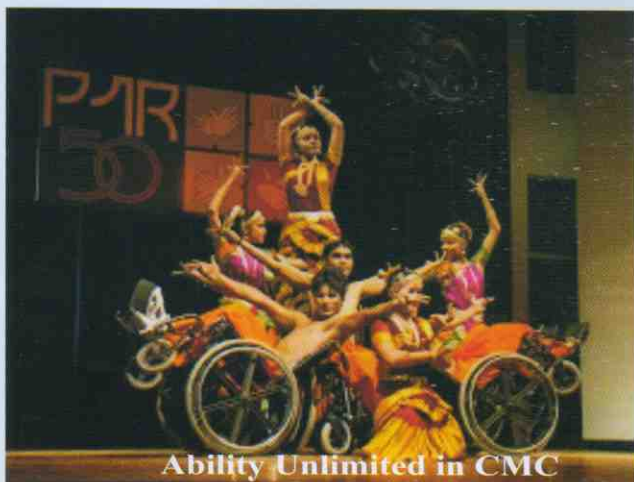


50 YEARS OF PHYSICAL MEDICINE AND REHABILITATION

CMC's Department of Physical Medicine and Rehabilitation had its beginnings in the year 1963, and was declared open by the then President of India, Dr. Sarvepalle Radhakrishnan. Dr. Paul Brand who pioneered tendon transfer surgery on hands ravaged by leprosy, inspired Dr. Mary Verghese to take on the challenge of rehabilitating persons with spinal cord injury in India. She was one among the early graduates of CMC who met with a tragic accident almost at the outset of her medical career. She overcame insurmountable odds to serve other paraplegics. This famous wheel chair surgeon of Vellore was instrumental in establishing the Rehabilitation Institute, perhaps the first of its kind in India, in 1966 to care for those disabled by brain or spine injury or other conditions. They need extended rehabilitative services to improve their quality of life and rediscover their abilities. For many patients training in new vocation also becomes a necessary component of the rehabilitation process.



Dr. Mary Verghese with Mrs. Indira Gandhi



Rehab has come a long way from its modest beginnings; there are over 100 beds now, to meet the ever increasing need to care for people with disability. The PMR beds in the main hospital are used to stabilize patients who come with multiple problems, following life changing medical / traumatic events. They are likely to need supportive care from Neurology, Neurosurgery, Orthopaedics, Plastic Surgery and other related specialties. Physical Therapy and Occupational Therapy play crucial roles all through rehabilitation. The Prosthetic and Orthotic team also contribute to appropriate therapy using customized devices to enhance mobility and stability. Speech therapists address the communication needs, psychologists and social workers provide psychosocial support needed to enable community re-integration. The team of bio-engineers often steps in to provide low cost effective technology and innovative devices to further enhance

the rehab services in addition to running the movement analysis lab. PMR Department has been designated as a collaborating centre for Rehabilitation technology, capacity building and disability prevention by the World Health Organization (WHO).

In 1994 PMR launched a novel follow up programme for their former patients, aptly christened Rehab Mela. Patients with spinal cord and brain injury from within 100 km radius are invited for a get together in Vellore every February. The rehabilitated persons along with their care givers stay on the Mary Verghese Trust campus, which is transformed into a fair ground for those three days. Having forged strong bonds of friendship during the protracted rehabilitation days the rehab alumni and their family are excited to reunite with old friends and meet new ones. The first day is devoted to comprehensive medical checkup and checking out and repairing their appliances. Sports, games, cultural competitions and talent shows take place on the second day. The last day is for peer counseling, networking, discussions regarding the rights and entitlements related to disability. The rest of CMC also join in the evening public meetings followed by dinner.

As a part of the golden jubilee celebration, PMR arranged an enthralling dance theatre show by a Delhi based non-profit organization, Ability Unlimited. Physically challenged boys on wheel chairs and hearing impaired girls performed fabulous choreography, under the tutelage of Guru Syed Sallauddin Pasha. It was deeply moving and truly inspirational for all who witnessed the internationally acclaimed performance celebrating abilities, thus enabling everyone to see the differently abled, differently.



Rehabilitation Institute, Bagayam



CMC Pulse

December 2013

Newsletter for Friends of CMC

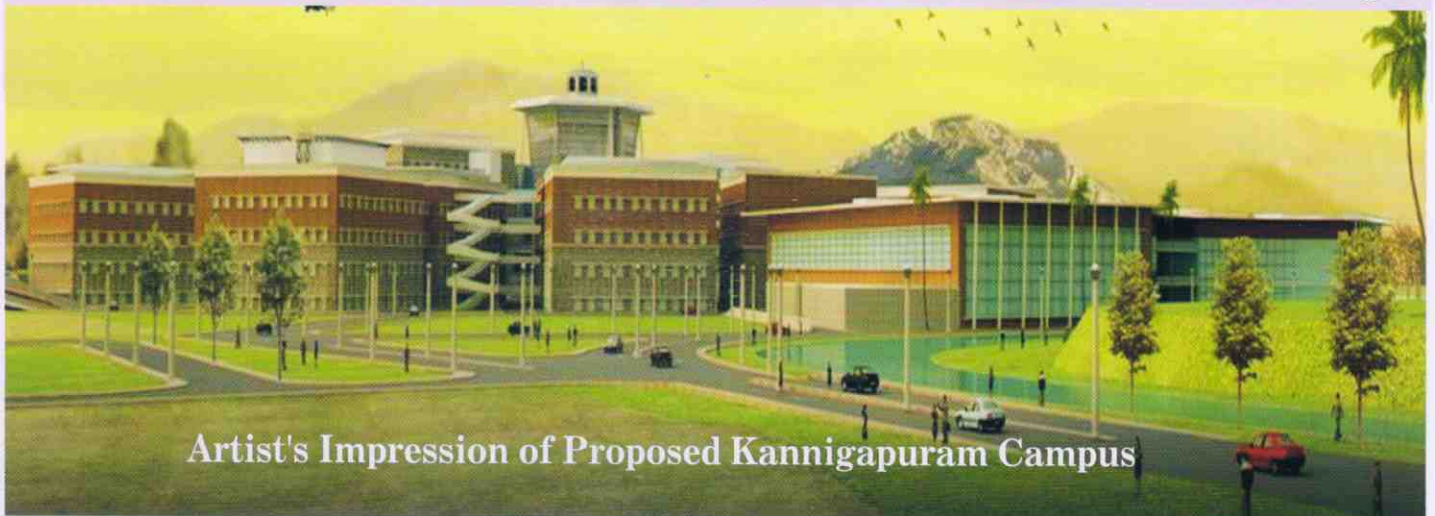


Message from the Director

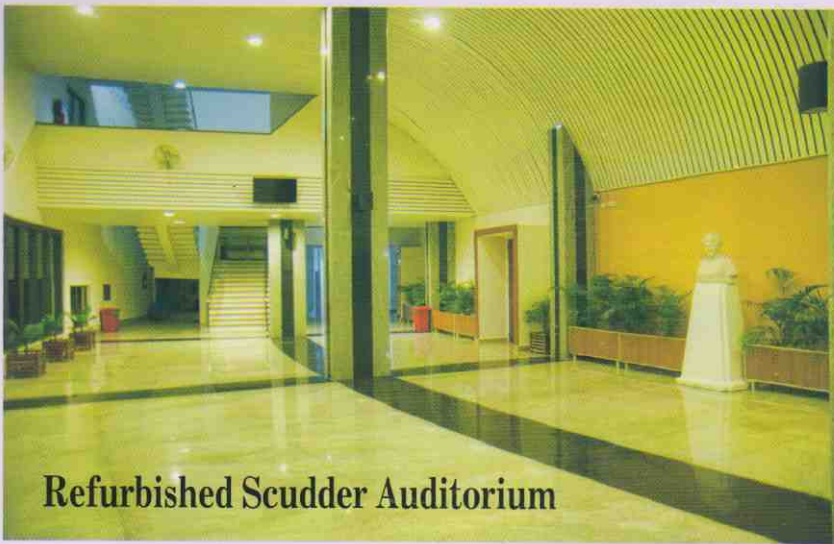
Another year is slipping by, never to come back again. In retrospect, we have only praises and gratitude to God for all the good things he has done to our institution. Despite the many challenges with which the year began, we have, as an institution, experienced God's goodness in many special ways. We began the year 2013 with anxieties over our postgraduate admissions which were held up sub-judice. By God's grace, the verdict was favourable to CMC and we were able to complete both the undergraduate and postgraduate admissions. We were also able to accommodate the second batch of 100 MBBS students within the same hostel buildings. New courses have been added and we have passed every inspection from the MCI and the University. Into the 113th year, we were able to celebrate many jubilees in various departments - each event

reminding us that we have a history and heritage that many other institutions do not have. Recognition has come from the government for our teaching and training curriculum as the most appropriate for the growing medical needs of the country. The patient load has gone up, again an indication of the acceptability of the affordable health care we provide.

There are rapid changes going on in India. The profile of diseases, patient expectations, quality controls and accreditation standards have undergone sea changes in the last decade. CMC needs to respond to these changes without losing our core values. There in lies the challenge. We are in the process of making appropriate directional changes in all areas - Service, Education and Research. After much discussion and thought, CMC is now ready for a major expansion of its facilities in Kannigapuram, 8 km away from the main hospital on the Chennai highway. This is a need - based, long overdue shift akin to the one our founder, Aunt Ida made when she moved from the Schell campus to the present hospital campus. This movement will not only permit the development of some of our specialities, but also release vital space for the overcrowded core disciplines which cater to our local patients . The master plan for the entire institution has been made of which Phase I will commence in 2014. The task is daunting, but we believe God will enable us as we go.

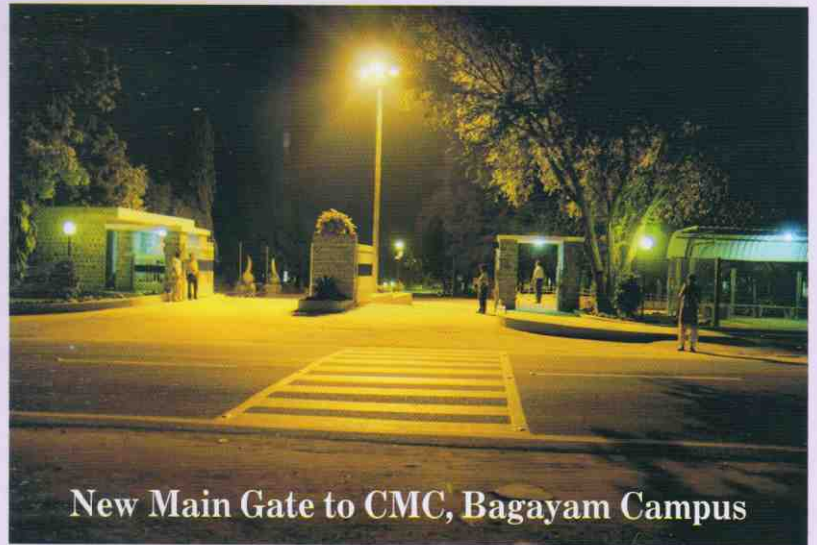


Artist's Impression of Proposed Kannigapuram Campus

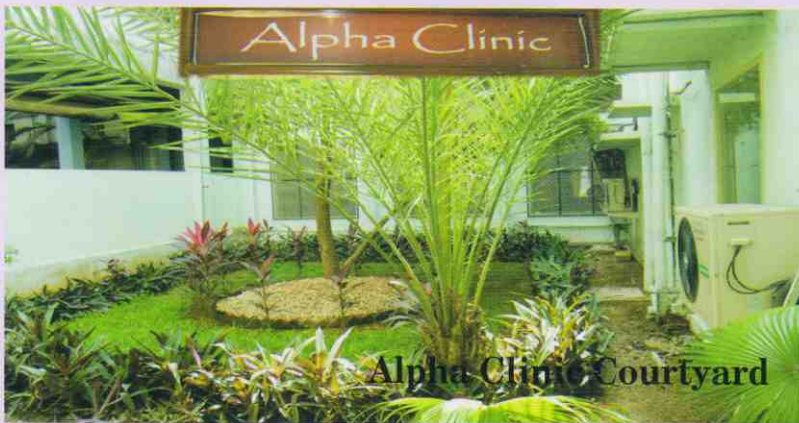


Refurbished Scudder Auditorium

Overcrowding, traffic, road accidents, water, sanitation, poor diet patterns and garbage are new man made problems that are posing hazards to the people in Vellore. Can we sit pretty waiting for new diseases to evolve and tragedies to happen? As an institution we must take these up as the new public health problems of the emerging decade. CMC Vellore must commit to engage with the Vellore Community on all these issues. So as we build and expand, we hope to



New Main Gate to CMC, Bagayam Campus



Alpha Clinic Courtyard

Family Medicine has now become a much needed service for our urban population. We envisage that this speciality will expand its footprint in the main hospital and evolve into a dedicated Citizen's Clinic with greater emphasis of service. The academic offshoot of Family Medicine will become a reality once we are given permission to commence MD Family Medicine. There are changes we see around in our town to which we must respond appropriately.

continue finding relevance in the health care scenario in India, and keep ourselves focused on the founding principles of our institution. Let all the honour and glory be to our Lord Jesus Christ as we continue this journey into 2014.

Sunil Chandy
Director



CMC'S CONTRIBUTION TO INDIA'S ROTAVIRUS VACCINE TRIAL

Rotavirus is the most common cause of severe diarrhoea among children globally, with the greatest number of deaths occurring in India. It is responsible for approximately 4,53,000 child deaths each year. It is particularly threatening in India where around 1,00,000 children die from severe diarrhoea and dehydration caused by rotavirus. India accounts for 22 per cent of the estimated global deaths.

The Phase-III clinical trial of low cost Indian-made rotavirus vaccine, Rotavac has demonstrated good efficacy and excellent safety profile, and if approved by the Drugs Controller General of India, it would be available at Rs. 54 per dose. This vaccine, developed under a public-private partnership, will be the third to hit the Indian market, but will be more affordable than the two vaccines now available, costing more than Rs. 1,000 per dose. The clinical study has demonstrated for the first time that Rotavac is efficacious in preventing severe rotavirus diarrhoea in low-resource countries.

Rotavac is an oral vaccine and is administered to infants in a three-dose course at the ages of 6, 10 and 14 weeks. It is given alongside routine vaccines in the Universal Immunisation Programme (UIP) recommended at these ages. With its low price and efficacy, Rotavac has the potential to prevent up to 40,000 deaths in India alone every year.

The randomised, double-blind, placebo-controlled phase-III clinical trial enrolled 6,799 infants in India (aged six to seven weeks at the time of enrolment) at three sites - the Centre for Health Research and Development, Society for Applied Sciences, in New Delhi; Shirdi



Sai Baba Rural Hospital, KEM Hospital Research Centre in Vadu; and Christian Medical College in Vellore. Working in partnership with the Government of India and other agencies, CMC has done a remarkable job of an outstanding and challenging clinical trial, recruiting 1500 children and following them up for two years.

A team of over 60 persons worked on the study in the Department of Gastrointestinal Sciences and Community Health, receiving a lot of support from the Departments of Radiodiagnosis, Paediatrics and Paediatric Surgery.

MEENAKSHI BACK ON HER FEET

Meenakshi was unable to walk because of her untreated Rheumatoid Arthritis. Her father, once a chronic smoker was so breathless that he could barely get up from bed. His condition deteriorated and he died one day after about three years of suffering. Meenakshi was the brightest among the three girls in the family, one older and the other younger. Her sisters did not complete schooling and got married early and live separately and are not in any state to extend help to their mother or Meenakshi. Meenakshi was hoping to pursue studies in Commerce and become an accountant. However, just as she was preparing to apply to colleges tragedy struck in the form of painful swelling on the right knee. A local compounder's pills gave some relief initially, but soon the pain got worse, attacking more and more joints.

Her joints became deformed and made her immobile. About eight years after the initial onset of the disease she was taken to hospital for the first time. Meenakshi was admitted for two months, put on bed rest, given physiotherapy and started on steroids. In about two years she developed more deformities and became totally bedridden. 13 years after her first hospital visit Meenakshi, aged 38, came to CMC, the hospital. Where she had always wanted

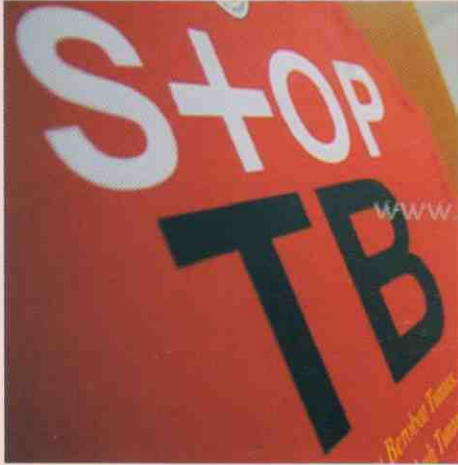
to go to. The Hand Surgeons did two operations, six months apart to free her stiff deformed hands. She can now use her hands. One year later, under a state government scheme the bone specialist replaced her right hip. Then the right knee was replaced, under CMC's Hospital Free Bed scheme which provides completely free hospitalization. Recently her left knee was replaced thanks to donations to the Emergency Fund. Meenakshi needs replacement of the left hip as well, the cost of which will come to approximately Rs. 2 lakhs. The Orthopaedic surgeons are willing to waive their professional charges and are negotiating with the company for implant at subsidized price. Any amount you can contribute towards Meenakshi's surgery or for other patients like her would be most welcome. After years of being physically dependent on her ageing mother she would be able to lead a fairly independent life once this surgical procedure is also completed. Please send your contribution to the Development Office. (Details overleaf)



Meenakshi and Mother

CMC-CIVIL SOCIETY PARTNERSHIP FOR A TB - FREE VELLORE

CMC's association with civil society voluntary organizations began with its founder, Dr Ida Scudder herself, who had played a leadership role in the Vellore Ladies Recreation Club. Many of her contemporaries and successors have been active in the Rotary Club of Vellore. Arising out of this 'town-gown' association were some unique health projects. Vellore was the first place in India to introduce measles immunization and also the first town to eliminate polio. One of CMC's pioneers in HIV research was sent in 1985 to the National Institutes of Health in the US for training, by the Rotary Club of Vellore (with financial support from the Rotary International).



In 2012 the then Minister of Health of Tamil Nadu asked CMC what more it could do to serve the people of Vellore. A well-designed tuberculosis (TB) control programme was the answer. TB is India's number one public health problem. India is named the TB Capital of the world. TB targets the poor preferentially and further impoverishes them and their families. The National TB Control Project is under-funded and under-staffed to be fully effective. In 2012, one year after India successfully got rid of polio, the Rotary Club of Vellore that had pioneered pulse polio immunization, decided to take on TB as the next disease to be conquered. It established a TB Control Committee that had met with the CMC Expert Group several times and finally agreed to work in collaboration for the control of TB in Vellore city. On 17th December 2012, the CMC Director Dr. Sunil Chandy and the President of Rotary Club of Vellore, Mr. A.P. Shanmugam signed a Memorandum of Understanding to: "cooperate, coordinate and collaborate in our efforts for community level TB control and risk- reduction, in the spirit of service to fellow citizens".

For the sake of continuity of leadership for the TB control project the Club has established a registered society - The Rotary Club of Vellore Tuberculosis Control Society. The RCVTBC Society and CMC Expert Group are actively discussing the specific steps to be taken for the control of TB and its documentation. Four major gaps in the national TB control project were identified. The biomedical elements will be supervised by CMC. The socio-cultural-behavioral elements and the business-like management of the project will be undertaken by the Rotary Club. Eventually, we hope this will become a successful model for the country in the control of the dreaded disease. Interestingly, Europe and North America controlled TB even before anti-TB drugs were developed. They mitigated the social determinants of TB transmission and the risk factors of the disease but India has not factored in the social determinants in TB control.

The Vellore model will address TB awareness and health education, removal of stigma attached to the diagnosis of the disease and will provide counseling and social support to individuals with TB, and their families. TB awareness campaign has already begun with middle school children and through them their parents and through the schools the teachers. One innovative idea is the "project handkerchief". Together, CMC and Civil Society have the ambitious plan to introduce innovative interventions to actually control TB and to demonstrate its feasibility as a replicable model for other communities to emulate.



To spread awareness of TB, all Government Middle Schools are being contacted. The students transcribe a page of simple messages on TB. The text is to be then shared with their parents. The class teacher selects five best handwriting winners and Rotary Club presents them prizes and certificates. During the prize-giving occasion, they are told about cough etiquette and the existing Tamil Nadu law against spitting in public places. Every child is given a set of three handkerchiefs(made by the Central Prison inmates) .

Please make Cheques and DDs payable to **CMC Vellore Association** and send to:
Development Office, CMC, Ida Scudder Road, Vellore 632 004.

YOU CAN MAKE ONLINE TRANSFER TO CMC'S BANK ACCOUNT.

For Indian citizens

A/c Name:
CMC Vellore Association Development Office
State Bank of India, Vellore Town
Account Number: **3033 2718 726**
IFS Code: SBIN001618
9Digit MICR Code: 632002006
Swift Number: SBININBB473



For citizens of other countries

Account Name: CMC Vellore Association
State Bank of India, Vellore Town Branch
Account Number: 10404158249 (FCRA)
Account Type: Current Account
IBAN Number & IFS Code: SBIN001618
Swift Number: SBININBB473

Please inform us by letter or email (dev.office@cmcvellore.ac.in) when any donation is made directly into the bank account.
CMC Vellore is registered under the Societies Act, 1860, no.5 of 1947