



INSIDE



LEPROSY
AN OVERVIEW



**Love & care for your Girl Child
can do wonders**

Make the Mother & Baby Safe



**Take TT Immunization,
Iron & Folic Acid tablets
2 check-ups after delivery**



**Register Pregnancy in a
Hospital / Health Centre
At least 3 check-ups
must during pregnancy**

**Opt for delivery
only at hospital
or by a skilled
Birth attendant**

Immunization facilities available at all Anganwadi Centres, Health Sub Centres, Primary Health Centres, Community Health Centres, District Hospitals and major hospitals.

Benefits for hospital delivery to poor families under Janani Suraksha Yojana

Progress under NRHM

ASHAs

- Selection of 5,11,592 against six lakh ASHAs during the Mission period includes ASHAs for tribal areas and the Northeast).
- 3,09,669 ASHAs given orientation training and positioned in villages.

Link Workers

- The States of Gujarat, Karnataka, Maharashtra, Andhra Pradesh and Haryana (non ASHA States) have selected 16,000 Link Workers from ASHAs for tribal areas 95,132 Link workers and trained and positioned them in villages.

Infrastructure

- All Subcentres in the country (1,46,000) provided with united funds of Rs. 10,000 each. Over 1,02,113 sub centres have opened joint accounts of ANMs and Pradhans for utilization of annual united funds of Rs.10,000/. 10094 subcentres have positioned 2 and ANMs.
- Out of 3910, 2244 CHCs have been identified for upgradation to IPHS and facility Regi Kalyan Samitis.
- Over 16,164 Regi Kalyan Samitis set up in various facilities.

Manpower

- 4970 Doctors, 17,648 ANMs, 9010 Staff nurses, 2536 paramedics have been appointed on contract by States to fill in critical gaps.

Management Support

- Over 1500 professionals (CA/ MBA) have been appointed in the State and 483 District level Program Management Units (PMU) and 2409 blocks to support NRHM.

Mobile Medical Units

- Funds for one Mobile Medical Unit (MMU) per district released for 316 districts. The five States have till date operationalised 136 Mobile Medical Units with their own funds.

Immunization

- Intense monitoring of Polio Progress Services of ASHA useful.
- JE vaccination completed in 11 districts in 4 states. 93 lakh children immunized during 2006-07. JE vaccination is being implemented in 26 districts of 10 states in 2007. The 11 districts of 4 states where JE vaccination was carried out in 2006 have introduced JE vaccine in routine Immunization to vaccinate new cohort between 1-2 years of age with booster dose of DPT.
- House tracking of polio cases and intense monitoring.
- Neonatal tetanus declared eliminated from 7 states in the country.
- Full immunization coverage evaluated at 43.3% at the national level. (NFHS-III)
- Accelerated Immunization Programme taken up for EAG and NE State.

Institutional Delivery

- Jannai Suraksha Yojana (JSY) operationalised in all the States 34.49 lakh women benefited so far in 2006-07 and 7.58 lakh in 2007-08.

New Natal Care

- Integrated Management of Neonatal and Childhood Illnesses (IMNCI) started in 160 districts this year.
- With the help of Neonatology Forum over 28,000 health care personnel trained in Newborn Care in the country.
- Module for Home based newborn care developed in consultation with Dr. Abay Bhargava. Module to be trained in Home based newborn care shortly especially in the States of UP, Bihar, Orissa, Rajasthan and Madhya Pradesh.

Convergence

- Over 20 lakh Monthly Health and Nutrition Days are being organized at the Anganwadi Centres in various states.
- Over 32,000 Village Health and Sanitation Committees have been constituted by the States. They are being involved in dealing with disease outbreak.
- Convergence with ICDS/Drinking Water/Sanitation/NACO/PRIs ground work completed.



- School health programmes initiated by Tamil Nadu, West Bengal, Karnataka, AP, NE States.

Health Action Plans

- State HIP received from 31 states during 2006-07 and 35 states PIP received during 2007-08. Project Implementation Plan (PIPs) of the States under NRHM have been appraised and funds released for the year 2006-07.
- Integrated District Health Action Plans (DHAP) have been prepared in 312 districts in various States in 2006-07 and 287 districts in 2007-08.

Mainstreaming of ASHA

- 5439 PHCs, AYUSH part of State Health Mission/ Society as members.

Trainings

- Trainings in critical areas including Anaesthesia, Skilled Birth Attendance (SBA) taken up for MOs/ANMs. Integrated Skill Development Training for ANMs/ LNW/MOs, Training on Emergency Obstetrics care and No Scalpel Vasectomy (NSV) for MOs, Professional Development Programme for CMOs are on full swing.
- ANM Schools being upgraded in all States.
- New Nursing schools taken up.

Mother NGOs

- 337 Mother NGOs appointed for 234 districts till date are fully involved in ASHA training and other activities.

Health Resource Centres

- National Health Systems Resource Centre (NHSRC) set up at the National level.
- Regional Resource Centre set up for NE.
- State Resource Centre being set up by States.

Monitoring and Evaluation

- Independent evaluation of ASHAs/JSY by UNFPA/ UNICEF/ GTZ in 8 States.
- Immunization coverage evaluated by UNICEF.
- Independent monitoring by identified institutions like Institute of Public Auditors of India.
- Ground work for community monitoring completed.

Surveys

- NFHS III and DLHS II completed.

Financial Management

- Financial Management Group set up under NRHM in the Ministry.
- During the FY 2005-06, out of total allocation of Rs. 6318.60 crore (R.E.) for the ministry, an amount of Rs. 5862.57 crore was released as part of NRHM.
- Against R.E. of Rs. 7951.08 crore for NRHM activities during 2006-07. Rs. 7361.08 crore released till 31.03.2007. (92.6%)

IEC

- IEC Multi-media campaign on health issues including Immunization, Iodized Salt, Save the Girl Child.
- Special issues of NRHM Newsletter.
- Health Melas organized in different States.
- Information booklets disseminated.
- Behaviour change workshops being organized for key stakeholders including state IEC representatives.



NRHM has boosted immunization coverage

Care for your Daughter, she will make you proud

Today, the Mirzas are proud parents of the tennis ace Sania. The world knows about it. But the world doesn't know much about the sustained and untrifling efforts that the Mirzas put together to bring up Sania. It has been a case of outstanding parenting of a Girl Child.

Hailing from a middle class family, the Mirzas not only overcame the economic difficulty (tennis is a costly game) of sustaining her in the game, but also staved off any kind of objections from the fundamentalists regarding her attire and game. Mrs Mirza told me four years ago that it was pretty difficult in meeting her tennis expenses regularly. Four years ago, when I had met the family, Sania had just won her first national championship, beating Rushmi Chakravathy in Hyderabad's tennis stadium. Ministry of Health & Family Welfare had chosen her as Brand Ambassador for the Girl Child campaign, on the basis of her winning the Junior Wimbledon doubles crown in the same year.

There are many Junior Wimbledon winners that fade away when competing at the highest seniors level. But Sania proved an exception. She has moved only forward in the last four years and today she has broken into the top league!

Tennis is one of the toughest sports. It requires physical as well as mental toughness. And if your child does well in this sport, she has really excelled almost the way you have taken care of her physiological and psychological needs appropriately.

The message is loud and clear. Whether it's a boy or girl, if parents take adequate care and nurse the children without gender bias, their efforts will definitely bear fruits. The question of sex test of unborn baby comes only to the weak-minded parents who, unfortunately, lack the enterprise or vision-ignorant and criminally motivated. Criminally motivated, because the PNDT Act 1994 clearly states that sex determination of unborn baby is a crime.

The perspective: The wealthier, the more educated are now committing this heinous crime of female foeticide. The Government has taken a series of bold initiatives (read in the following pages), including amendments to the Act to make it more stringent. In most cases, it's the mother who is forced to take this extreme step. If the woman is strong, her resistance works. If she is weak, the family thrusts upon her the family's wish.

Thus overall improvement in the status of women is essential, allowing them greater control of their lives. The solution lies in strengthening of women rights and women empowerment, creating equal opportunities and equal status for women. Its already happening, though the rate of progress has been slow.

— R. K. Sarkar



COVER PHOTO: File picture of Sania Mirza with sister & parents by A.K. Puri

NRHM has boosted immunization coverage

Missing Girl Child

Sushma Rath*

The Declining trend in sex ratio has been a matter of great concern for the country. Sex ratio in India has declined over the century from 972 in 1901 to 927 in 1991. The sex ratio has since gone up to 933 in 2001. In contrast the child sex ratio for the age group of 0-6 years in 2001 is 927 girls per thousand boys against 945 recorded in 1991 Census. The encouraging trend in the sex ratio during 1991-2001 was marred by the decline of 18 points in the sex ratio of children aged 6 years or below. The year-wise child sex ratio is as follows-

Year	Sex Ratio (0-6 years)	
1961	976	
1971	964	
1981	962	
1991	945	
2001	927	
		Source-RGI

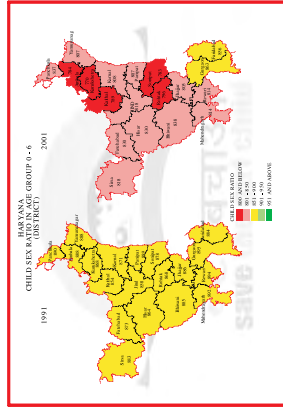
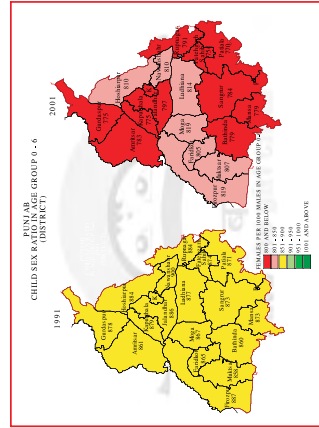
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The declining child sex-ratio, which is the indicator of accelerated disequilibrium in favor of the boys, has been most pronounced in the states of Punjab, Haryana, Delhi, Gujarat, Chandigarh and Himachal Pradesh. Punjab has an alarming ratio of 798 girls per 1000 boys as per census 2001 against the national child sex ratio of 927. For Haryana and Delhi the ratios are 819 and 868 respectively. The reason for decline in sex-ratio in this northern belt of the country could be due to common historical background which unfortunately led to lowering of status of women in the society & strong effect of gender preference on reproductive behavior. It does not, however, means that the phenomenon is not observed in other corners of the country.

Some other reasons put forward for this decline are also preference for the male child for religious or cultural reasons, social and economic dependence of women, evil of dowry system, neglect of the girl child resulting in higher mortality at younger age, female infanticide, unethical medical practices, male bias in enumeration of population etc. WHO has stated that "Son preference affects all aspects of a women's life, including child care, health, education and employment, because she is discriminated against the moment she is born and sometimes even before if sex selection procedures are available."

It is sad that, ultrasonography, one of the most beneficial diagnostic tools of medicine is consciously misused in sex determination leading to abortion. There are 32290 registered centres in the country as on 5/9/2007

*Under Secretary, Ministry of Health & Family Welfare



The State of Maharashtra is the first state in the country to ban pre natal sex determination through the enactment of the Maharashtra Regulation of Pre natal diagnostics act in 1988. At the national level the pre natal Diagnostics Techniques (Regulation and Prevention and Misuse) Act (PC&PNDT Act) was enacted on September 20, 1994. The law was amended in 2003 following a Public Interest litigation (PIL) filed in 2000 to improve regulation of technology capable of sex selection and to arrest the startling decline in the child sex ratio as revealed by the Census 2001.

Child Sex Ratio – Top Ten Districts in India

District	Child Sex Ratio (2001)
East Kameng (Ar. Pr.)	1035
Puducherry (U & K)	1033
Kapwara (J & K)	1021
Dantewada (Chhargh)	1014
Upper Siang (Ar. Pr.)	1010
Bastar (Chhargh)	1009
Lower Subansiri (Ar. Pr.)	1005
Badgam (J & K)	1002
Nabamargpur (Orissa)	999
North (Sikkim)	995

In order to check female foeticide, Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 has since been amended to make it more comprehensive. The amended Act and Rules came into force with effect from 14.2.2003. The act is both prohibitive and regulatory in nature. It regulates use of pre-conception and pre-natal sex selection techniques, regulates use and sale of ultrasound machines and makes advertisement for sex selection punishable. Under the Act, use of Pre-natal Diagnostic Techniques and genetic counseling is permissible only for detection of certain genetic abnormalities.

The policy environment in the country is supportive of the reproductive choices of women and men. The medical termination of pregnancy Act (1971) allows for induced abortion in instances where pregnancy carries the risk of grave injury to a woman's physical and / or mental health, endangers her life or when it is a result of contraceptive failure or rape. PC&PNDT Act is aimed at curbing sex selection through the misuse of technology and therefore ought not be confused with the MTP Act.

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The Implementing Authority at the Central level is Central Supervisory Board headed by the Union Health Minister. The CSB is for policy making, reviewing and monitoring of the implementation of the Act at the national level. At the State/UT level, the State/UT Supervisory Board functions under the Chairpersonship of the concerned State Minister In-charge of Health & FW. The SSB monitors the implementation at the State/UT level and reviews the activities of Districts Appropriate Authorities. The District Appropriate Authority implements the Act with the advice of District Advisory Committee.

Contraventions of the provisions of the Act are punishable with imprisonment up to three years and with fine of Rs.10,000/- for first offence and five years imprisonment and fine of Rs.50,000/- for subsequent offence. Appropriate Authority reports to the concerned State Medical Council for taking necessary action against the registered Medical Practitioner found to be violating the Act for suspension of his/her registration till the case is disposed of by the Court and on conviction for removal of her/his name from the Council's register for five years for the first offence and permanently for the subsequent offence.

Child Sex Ratio – Bottom Ten Districts in India

District	Child Sex Ratio (2001)
Fatehgarh Sahib (Punjab)	766
Kurukshetra (Haryana)	771
Patiala (Punjab)	777
Ambedkar (Haryana)	782
Mansa (Punjab)	782
Kapurthala (Punjab)	785
Bhatinda (Punjab)	785
Sangrur (Punjab)	786
Gurdaspur (Punjab)	789
Ropar (Punjab)	794
Sonapat (Haryana)	788

It is, nevertheless, recognized that mere legislation is not enough to deal with this problem that has roots in social behavior and prejudices. The Act has been trying to do its best to catch the culprits through the only means which are observable and measurable. The situation is very peculiar as both provider and the user have an unsaid agreement of protecting each other. Innovative methods of communication are being invented by both the parties. The angle of righteousness, morality are all forgiven in front of heaps of currency and the future security by some doctors. The larger picture of future societal imbalance and increasing violence against the women is best forgiven under the garb of selfish motives.

Some people also believe that reduction in the female population will cause greater competition among men for female partners thereby making them more valuable and resulting better treatment by males. The danger is that the continuance of the practice of female foeticide would take the society on the path of no return as the time might come when it would become too late to reverse the situation and take measures.

A worrying trend is that sex determination is far more common in urban areas than in rural areas and among literate than illiterate women. The states with worst sex ratio are economically stronger. Punjab for instance has topped in economic growth as compared to other states. Similarly, certain districts in the capital such as South West and North West Delhi where some of the richest and most educated Indians reside, have lowest sex ratio. This explodes the myth that with increasing levels of affluence and education, gender bias gets eroded gradually. The trends of adverse sex-ratio are alarming for India and could be disastrous if economic boom associated with son preference makes families to limit their size leading to elimination of girls.



A street theater on "Save the Girl Child Campaign"

Major initiatives taken by the Union Ministry

- **Meetings of the Central Supervisory Board (CSB)**
Meetings of the Central Supervisory Board (CSB) of PC & PNDT Act are being held regularly every six months under the Chairpersonship of Union Minister. So far, 15 meetings have been held.
- **Sensitization through Members of Parliament**
An amount of Rs.5.00 lakh each has been given to 126 Members of Parliament (Lok Sabha and Rajya Sabha) from Chandigarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Punjab and Rajasthan to create public awareness programmes
- **Medical Audit**
It is proposed to conduct Medical Audit of all the ultrasound clinics in the country, so as to catch the violators of the Act by scrutinizing Form F filled in respect of all pregnant women by the clinics.
- **Changing Appropriate Authorities at district level**
District Collectors / District Magistrates have substituted CMO/DHO, as District Appropriate Authorities to strengthen the implementation of the Act at the ground level. States of Maharashtra, Tripura, Gujarat, Orissa and Chhattisgarh have notified this.
- **Proposed Amendments to PC&PNDT Act**
It has been proposed to amend certain provisions of the Act, such as changing the Appropriate Authority at the State level from Director (H&FW) to Secretary (H&FW) to facilitate the reporting of District Appropriate Authority (DAA) to State Appropriate Authority (SAA), inclusion of an officer of or above the rank of Joint Director of H&FW in the SAA, and vesting the power the search and seize records to any Group B Gazetted Officer.

Funding to the State through RCH - II

The funds have been provided to all States/UTs, as requested by them in their Programme Implementation Plan (2007-08) under RCH II for undertaking various activities.

Inclusion of the issue under NRHM

Sensitization on sex ratio issue has been made a part of curriculum for ANM. For tracking the delivery of a pregnant woman, it is proposed to provide ASHA a fixed remuneration.

Who All Are Liable Under The Act?

- Every person in charge of and responsible for the conduct of business of the unit providing Pre – natal Diagnostic techniques services.
- Persons who perform the tests.
- Mediator who is responsible for advising the pregnant women to the unit conducting determination of sex/sex selection.
- Husband / relatives of the pregnant women.
- The pregnant women herself is considered innocent under the Act, unless and until proved otherwise.
- Persons / units advertising about sex selection in any form.

Year - wise number of bodies registered

Year	Number registered
2001-02	All India 15843
2002-03	4678
2003-04	3296
2004-05	3164
2005-06	2998
2006-07(as on 2/4/07)	636
Total	30636

- **Constitution of National Inspection and Monitoring Committee (NIMC)**

NIMC has been constituted at the Centre to take stock of the ground realities by field visits to the problem States. During 2006-07, the Committee visited Delhi, Haryana, Maharashtra, UP, Orissa and Rajasthan.

- **Constitution of National Support and Monitoring Cell (NSMC):**

With external assistance, NSMC has been set up for effective implementation of the Act. The Cell, consisting of a Social Scientist and a Leader, would help in putting a mechanism in place so that actual wrong doers who are committing female foeticide/abetting female foeticide are apprehended by the Appropriate Authorities.

- **Meeting with the manufacturers of ultrasound machines**

A meeting with all major manufacturers of the ultrasound machines was held. It was learnt that L&T and Wipro GE has developed an effective IEC message on a sticker to put on all ultrasound machines. Wipro GE has set up a PNDT Audit Cell. All the manufacturers sensitize their engineers on this issue, who in turn, brief the medical practitioners while installing the machine.

- **Training of Judiciary**

With a view to sensitize the Judiciary, during 2005-06, the National Judicial Academy, Bhopal provided training to trainers from the State Judicial Academies who in turn would provide training to the Judiciary in the area under their jurisdiction. Training of lower judiciary and public prosecutors from State Judicial Academies will be undertaken shortly.

- **Frequently Asked Questions (FAQs)**

In collaboration with the United Nations Population Fund (UNFPA), the Ministry has developed 'Frequently Asked Questions' useful to the lay persons, medical community and the Appropriate Authorities in understanding the provisions of the Act for better implementation.

- **Website on PNDT and online registration of complaints**

For accessing the website the user has first to go to the website of the Ministry (www.mohfw.nic.in) and then to 'Implementation of pre-conception and Pre-natal Diagnostic Techniques Act'. Provision for registering online complaints about the violators of the Act has also been made.

- **Involvement of religious leaders and use of mass media**

Mass media, especially Radio, Television, print media, folk media have been extensively used. Workshops and seminars are also organized through Voluntary Organizations at State/regional/district/block levels to create awareness against this social evil. Several religious / spiritual leaders, as well as medical fraternity have come forward for this cause and actively taken part in Govt of India's 'Save the Girl Child Campaign'.

Major Initiatives taken by some States/UTs

Punjab

- Conviction of 4 Centres.
- Suspension of registration of a doctor for five years by the State Medical Council.
- Bus back panels in state buses.
- Songs and drama shows staged in all the 141 blocks of the State
- Exclusive girl child competitions organized for under 2 year girl child in the State and selected baby girls awarded Kisan Vikas Patras worth Rs.500 and Rs.300 as first and second prize which on maturity are used for school education of these girls.
- Specific advertisements published in leading newspapers on the occasion of Navratras and Ashtami.
- Organisation of Judicial Colloquium at Chandigarh by Human Rights Law Network in coordination with the Health Department.
- Organization of a big seminar by Punjab Legal Services Authority chaired by Hon'ble Ex-Chief Justice of India, Sh. Y K Sabharwal.
- Involvement of Panchayats in the campaign. Cash prize of Rs.3 lakhs for Panchayats achieving Child Sex Ratio (CSR) of 1000 in a financial year and a prize of Rs.2.5 lakhs achieving CSR of 951-1000. 11 Panchayats have already been selected for award of Rs.3 lakhs each during the current financial year (2006-07).
- Involvement of Jathedars of Takahat Shri Damdama Sahib and Anandpur Sahib in preaching and advocacy.
- Holding of a meeting by the National Minorities Commission to discuss steps to improve sex-ratio in the country with focus on Punjab.
- Organisation of workshops at Chandigarh by Plan and Voluntary Health Association of India (VHA) for sensitization of the MLAs and Confederation of Indian Industry to the cause of girl-child.



Religious leaders pledging their support to the cause

POSITIVE SIGN ?

As a result of enforcement of the PNDT Act and awareness generation activities undertaken in the state, a slight improvement in sex-ratio has been deciphered as per the survey of births conducted in all the Head Quarter villages of the 2858 Sub-centres in the state of Punjab during the months of January to July 2005 wherein the sex-ratio is 817 in contrast to 789 in the year 2001, which is a positive sign.

- Under the Reproductive and Child Health Project-II, following strategies will be implemented:
 - Prize of Rs. 1.00 lakh for best Panchayat.
 - Prize of Rs. 5000/- for each informer.
 - An incentive of Rs. 5000/- for arranging a decoy patient.

Haryana

- A State Task Force consisting of dedicated officers of the Department for conducting raids/inspection of ultrasound centres has been constituted.
- In one case, the Court has ordered the doctor and his technician to undergo simple imprisonment for a period of 2 years and fine of Rs. 5000/- each. The case has been sent to MCI for suspension of registration of the doctor. In two other cases, charges have been framed against the accused.
- Message appeal to stop female foeticide by Hon'ble Chief Minister and Health Minister, Haryana.
- Sponsoring of TV spots by Sh. Jaspal Bhatti.
- Concession of 10 paise per unit for domestic electricity connection in the name of a woman, in case that the property is owned by a woman.
- 2% rebate on stamp duty in respect of purchase of immovable property of women.
- Decision to reserve 33% seats for women in direct recruitment quota in teaching categories.
- Benefit of Rs. 5000/- @ Rs. 2500/- per girl child on the birth of second girl child per annum for five years.
- Establishment of delivery huts which would help in better monitoring of male-female ratio.
- A "Balika Bachao Sammelan" organized by Multipurpose Health Workers under the Chairmanship of CM of Haryana.
- A prize of Rs. 5.00 lakhs, Rs. 3.00 lakhs and Rs. 2.00 lakhs to first three districts showing improvement in the child sex ratio.

Himachal Pradesh

- Payment of an amount of Rs. 5.00 lakhs as an Additional Development Grant to the best Panchayat.
- Award of Rs. 10,000/- to the informer about female foeticide.
- "Indira Gandhi Balika Suraksha Yojna" under which eligible couples adopting terminal methods of family planning having single/two living females and no male child will be awarded Rs. 25000/20000/- in cash.

Gujarat

- Advocacy Workshops with active participation of MLAs and Ministers.
- Conducting decoy operations
- Constitution of State Inspection and Monitoring Committee (SIMC)

MILESTONES: SAVING THE GIRL CHILD

- 1974**
Amniocentesis test in AIIMS (Delhi) to know abnormalities in fetuses & subsequently governmental hospital started conducting these tests
- 1976**
Following protests by women's groups, the first paralegal ban was brought on amniocentesis
- 1978**
Ban on these tests in government hospitals for the purposes of sex determination. Private clinics started sex determination tests in the 80's massive protest where launched by women groups and health groups against sex determination
- 1988**
The Maharashtra Act for the sex determination was enacted
- 1991**
The prevention of prenatal diagnostic tests (prevention and misuse and regulation) bill was presented in the parliament
- 1994**
The PNDT act was passed by Parliament
- 1996**
The act came into force with the rules framed under the act but enforcement was not strict.
- 2000**
CEHAT, MASUM and Dr. Sabu George filed Public Interest Litigation (PIL) in Supreme Court for the enforcement
- 2001**
The supreme court, taking cognizance of the situation and ordered strict enforcement of the act by
 - Registration of clinics, centers, counseling, centers with ultrasound machines
 - Registration of all ultrasound centers, machines including mobile machines
 - Registration of the doctors owing and using machines (including part time doctors)
 - Putting up of boards proclaiming that sex determination tests were not done
 - Asking ultrasound manufacturers to submit a list of purchasers of ultrasound machines.
- The Ministry of Health and Family Welfare prepared a set of amendments to the PNDT act 1994 after wide ranging consultation for the year. The salient features included.
 - Sex selection: pre and post conception (sperm and embryo sexing methods) Were included.
 - Ultrasound machines to be registered and records of scans to be maintained
 - Mobile ultra sound machines will be regulated.
 - Constitute multi-members state appropriate authorities (with representation from a women's organization and a legal expert in addition of the existing medical person).
 - Appropriate authority vested with powers of a civil court.
 - Enhancement of penalties for violations of the Act
 - Women undergoing sex determination is presumed innocent
- 2002**
The PNDT Amendment Act was passed, the title was changed to "The Preconception And Pre Natal Diagnostic Technique" (prohibition of sex selection) Act
- 2003**
The amendments and revised rules came into effect from 14 Feb.

— Ifat Hamid

Partnership

Trust to run clinical services at K' taka CHC

For the first time, clinical services of a Community Health Centre is being handed over by the Karnataka govt. to an NGO. The Nitte Trust which runs the KS Hegde Medical Academy, Medical College & Hospital in Mangalore has come forward for this initiative in the village of Nitte in the Udupi district.

Mr. Vinay Hegde, the chairman of the Nitte trust, says we belong to the village of Nitte. And it's a small way to promote health care in our ancestral village. Set amidst the lush green environs, the trust also runs a major engineering college NMAH engineering college. It's a non-descript village but the engineering college has put it on a national map.

As it is, the trust has been escorting patients of the Nitte village to their Medical College & Hospital in Mangalore on a regular basis. The trust did it voluntarily with their own transport vehicle. Nevertheless it involved travelling almost two hours. Now, a lot of facilities will come to the village itself.

Local MLA Mr. Sunil Kumar is young and says. facilitating this partnership only benefits the people of this area.

The Community Health Centre Nitte is built on a huge campus. It has very good buildings and rooms, exceptionally well ventilated and spacious. Its a 30 bedded Centre but because of inadequate staffing there is hardly any patient who would like to stay there for treatment. On the whole, the facility has remained largely unutilized so far.



CHC Nitte: changing for better

NRHM has boosted immunization coverage

— R.K. Sarkar

A Doctor for all seasons

Dr Noshir Antia belonged to the genre of selfless devoted doctors who worked for the masses. Until his death on June 26, in Pune, at 85, Dr Antia fought for the betterment of the poor and of medical methods. As a plastic surgeon, he did reconstructive surgery that helped hundreds of leprosy and burns patients. And through the Foundation for Research in Community Health, he strove to reach out to the masses with easy and affordable healthcare means. Dr.Antia was a rare genius with a refined academic and emotional intelligence

Born on February 8, 1922, to Parsi parents in a small village near Hubli., Dr Antia often talked with happiness about this period. "Not much money, no electricity and the bullock cart the only means of transport," he said. "But plenty of everything."

After school he went to Fergusson College, Pune, and the Government Medical College, Bombay. He won the Fellowship of the Royal College of Surgeons, London, and worked for nine years learning plastic and reconstructive surgery. He came back to work with Dr. Coyajee in Pune, one of the best plastic surgeons in the country. Later he moved to the J.J.Group of Hospitals in Bombay and became the Head of the Tata Unit of Plastic surgery in 1960.

At 38, he was young to be in such a senior position but he soon proved his leadership. "When I started to admit my leprosy patients into general wards, the Hospital warned me that there would be a public outcry," he said. "But of course there wasn't. It was only the doctors who were afraid." He had the courage to take risks, a virtue that is perhaps the hallmark of true leadership.

Antia recognized the importance of research in medicine and set up the Foundation for Medical Research (FMR) in Bombay in 1974. A man remarkably free of pettiness, he made friends with all. He was greatly influenced by the educationist J.P. Naik and the activist Anna Hazare and often spoke of them with affection and gratitude. Of course, his greatest friend was his wife Arnie, who is now pursuing the publication of Dr Antia's autobiography- finished only a few months back..

What Antia managed to do in 27 years after retirement was remarkable. Having seen the need of rural areas and of the disadvantaged everywhere, he established many rural health projects in the Pune area that are models of their type. He was a great believer in the inherent strengths of rural women and his projects ensured that they were taught self-reliance. Under his supervision the Foundation for Research in Community Health (FRCH) and contributed significantly to primary health care in India. "There is India and there is Bharat." He said. "The India, which shines, has everything. Our work must be for Bharat, which has been ignored." A year before his death, he handed over the stewardship of FRCH to a doctor who had started to work with him 35 years ago, Dr. Nergis-Mistry.

Antia was a member of the National committee of NRHM, contributed to many of the pro-people health care decisions that were made by the Government of India.His contribution to the national health agenda was profound and immeasurable.



Dr Antia often talked with happiness about his village in Hubli where he spent his childhood. "Not much money, no electricity and the bullock cart the only means of transport," he said. "But plenty of everything."

NRHM has boosted immunization coverage

Goodbye, Leprosy

With an incidence rate of less than 1 per 10,000 population, Leprosy has now ceased to be a public health problem. An overview of how the burden of social stigma gradually faded away and Multi-Drug Therapy worked wonders. However, health workers will continue to look for new cases and provide quick treatment.

Throughout its history, Leprosy has been feared and misunderstood. For a long time leprosy was thought to be a hereditary disease, a curse, or a punishment from God. Before and even after the discovery of its biological cause, leprosy patients were stigmatized and shunned. For example, in Europe during the Middle Ages, leprosy sufferers had to wear special clothing, ring bells to warn others that they were close, and even walk on a particular side of the road, depending on the direction of the wind. With the introduction of Multi Drug Therapy (MDT) that cures leprosy, there has been rapid decline in the number of leprosy cases throughout the country. The leprosy has been eliminated as a public health problem at the national level defined as having less than 1 case per 10,000 population. However, the new cases will continue to occur for many years more.

Leprosy is a chronic infectious disease caused by the bacteria known as *Mycobacterium leprae*. The time between the bacteria entering into the body and the signs of disease appearing could be 6 months to 20 years. On an average it is between 2 to 5 years. It is most probably spread by droplets during sneezing and coughing.

Although it is not known as to how leprosy is passed from person to person, most people will not catch the disease even if they come into contact with it. For example, the chances of getting leprosy by talking to a person who has the disease or by eating with them, is extremely small. Leprosy can affect people of any age or sex, including infants.

Leprosy usually starts as a patch on the skin, but it can also attack the nerves and damage them. If leprosy is not treated, the nerve damage can lead to problems in the face, hands and feet- but if care is taken of people with leprosy, most permanent damage can be prevented.

If leprosy is recognized in its early stage, it can be treated easily and it will not cause the disabilities that most people think of whenever they hear the word 'leprosy'. Many of the social problems associated with leprosy could also be avoided by treating cases early.

How to recognize leprosy

The first sign of leprosy is often a patch of skin that is lighter in colour than the surrounding skin. If someone has a patch on the skin that could be leprosy, The following steps could be taken:

- Talk to the person.
- Examine their skin.
- Test the feeling in the skin patches.
- Examine the hands and feet.

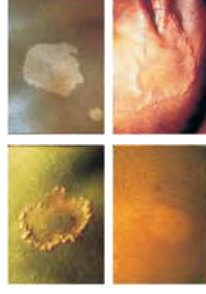


Skin patches in leprosy

Talk to the person

Find out as much as you can about the previous medical history of the patient. Take sufficient time to talk to the patient. They are the people who know their body best.

- How long has the skin patch been there? How did it start? Has it changed? Leprosy patches usually appears slowly.



Skin patches in leprosy

- Do the patches itch? Is there pain? Leprosy patches do not itch and are not usually painful.
- Does the person have unusual sensations in their hands or feet, as numbness, tingling or a burning feeling? Unusual sensations hands or feet can be a sign of leprosy.
- Does the person think that their hands or feet have become weak. Do they have problems with holding or lifting things and with moving hands and feet? Losing strength in hands or feet is a sign of leprosy.
- Has the person experienced any social problems? This may be likely if the person already has some disability due to leprosy.

Examine the skin

Examine the whole body of the person, in as private a place as possible. Before starting tell the person what is being done. Examine their skin from head to toe, and on the front of the body as well as the back. Make sure that there is enough light to see clearly.

Can any patches be seen on the skin? Leprosy patches are usually lighter in colour than the surrounding skin; they may be reddish in colour and can have raised edge. Leprosy patches are found in many shapes :

All these picture show leprosy patches. They all look very different from one another. So how to be certain that the found patch is leprosy?

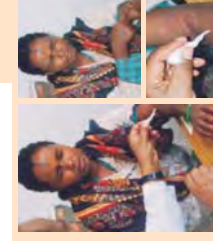
Few more tests needs to be done. Never say that a person has leprosy just because a patch has been seen on their skin that looks like leprosy. Before making a suspicion of leprosy, test the feeling in skin patches, examine the person for signs, nerve damage in the hands and feet, and take the case to PHC for diagnosis. Never tell the person that leprosy is being suspected.

Sometimes leprosy is seen as thickening of the skin and there are no skin patches. The skin can be shiny and dry to the touch. It may be redder than the surrounding skin.

Leprosy sometimes causes nodules, or lumps on the skin. They are usually signs of a serious infection.

Test the feeling in the skin patches

Check to see if the person can feel anything when the skin patch(es) are touched.



Testing the feeling in the skin patches

Before starting, show the person what is being done. Ask them to close their eyes, so that they cannot see where their skin is being touched.

Use the tip of a ball point pen.

Ask the person to point to the place where they are being touched.

Test the feeling in the patches and in the skin that looks normal. If the person cannot feel anything when the patch is touched, they may be suspected as leprosy

PROCEDURE FOR DIAGNOSIS

Hand

- Ask the person to place their hand palm upward on the table or on their knee and to keep the hand still. Before starting, show the person what is being done. Ask them to close their eyes.
- Touch four places on the palm of the hand with a ballpoint pen. Keep the pen upright, as shown in the picture and press gently.
- Ask the person to point to the place which is being touched.
- Test both hands.
- Ask if the person feels sensation at each of the places where touched

Foot

- Support the person's foot with the hand.
- Touch four places on the sole of the foot with the ballpoint pen.
- Repeat the same steps as in case of hands

Once suspected, the person should be motivated to report to the PHC for diagnosis.

DIAGNOSIS AT THE SUB CENTRE / PHC

Examine the hands and feet for nerve damage

Nerve damage can lead to loss of feeling in the hands and feet. A person with loss of feeling can injure himself without realizing, which is why people with leprosy often get wounds and ulcers. Loss of feeling is rare in other diseases, so it can also help to confirm the diagnosis of leprosy.

How to decide which treatment a patient needs

Leprosy is a very variable disease, affecting different people in different ways, according to the strength of their immune response. Some patients have mild infection. This can be cured by treating the patient with two drugs for six months. This type of infection is called paucibacillary or PB leprosy.

Other patients may have a more serious infection. This can be cured by treating the patient with three drugs for twelve months. This type of infection is called multibacillary or MB leprosy.



Few Patches (PB)

Multiple patches (MB)

How to know if someone has PB or MB leprosy

Count the skin patches

- If five patches or less are found, classify the patient as paucibacillary PB.
- If more than five patches are found, classify the patient as Multibacillary or MB.

Check for nerve damage

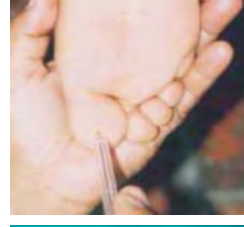
- Leprosy can damage nerves and this can lead to serious disability. The effects



Examine the hands for nerve damage



Four places to be tested on the palm of the hand



Examine the feet for nerve damage



Four places to be tested on the sole of the foot



Testing the eyelid muscles



of nerve damage can be seen as loss of feeling or muscle weakness in the affected areas like hands, feet or eyes.

- Check to see if the person has any weakness of the muscles in the hands, feet and eyelids. These are the muscles most often affected in leprosy.

Testing the Strength of the Eyes

- To test the strength of the eyelid muscles, ask the patient to close their eyes.
- If the eyelid muscles are paralysed, the patient cannot close their eyes completely.
- If the patient can close their eyes, try to open them with your fingers. If it is easy to open an eye, this means that the muscles of that eyelid are weak.

Testing the Strength of the Hands

Fingers

- To test the movement of the little finger, ask the patient to move the finger sideways, away from the other fingers.
- Now try to push the little finger back. If it can be pushed back easily, there is muscle weakness. If the patient cannot move the little finger at all, there is paralysis.

Thumb

- To test the movement of the thumb, ask the patient to hold their hand flat, with the palm upwards, and point the thumb upwards.
- Now, support the patient's hand and try to push the thumb down to a flat position at the side of the palm. If the patient does not resist and you can move the thumb down easily, there is muscle weakness.
- If the patient cannot point the thumb upwards at all, there is paralysis.

Foot

- To test the movement of the foot, support the patient's lower leg with your hand.
- Ask them to lift their foot. Now try to push it down.
- If the foot can be pushed down easily, there is muscle weakness.
- If the patient cannot lift the foot at all, there is paralysis.

What to do after the Medical Officer has diagnosed leprosy?

Once it has been decided that the person has leprosy, it has to be shared with the patient along with the information that the disease is completely curable with MDT (Multi drug therapy). The patient and his family should be assured of cure of leprosy by ensuring regular and complete treatment.

What is MDT and what are the drugs used?

The treatment of leprosy is in the form of Multi Drug Therapy (MDT), which is the combination of two or three of the following drugs:

- Cap. Rifampicin

- ii. Tab. Dapsone
- iii. Cap. Clofazimine

What are the advantages of Multi Drug Therapy (MDT)?

- MDT kills the bacilli (M. leprae) in the body and thus stops the progression of the disease and prevents further complications.
- As the M. leprae are killed, the patient becomes non-infectious and thus the spread of infection in the body is reduced. Moreover, spread of infection to other persons is also reduced. Using a combination of two or three drugs instead of one drug alone will ensure effective cure and there are no chances of developing resistance to the drugs.
- Timely and complete treatment of leprosy with MDT prevents disability and spread of infection to other persons is reduced.

What is a leprosy reaction ?

Sometimes the body responds to leprosy infection by causing some part, especially nerve to become inflamed (red or swelled); this is called a lepra 'reaction'. Leprosy reactions can occur at any time in any leprosy patient. They can happen

- Before diagnosis
- At the time of diagnosis
- During treatment
- After treatment has been completed

Reactions are the main cause of nerve damage and disability in leprosy so it is important that it should be recognized. Early treatment or referral can prevent complications caused by reactions.

Check for complications of leprosy

If leprosy is not recognized at an early stage, the patient may already have complications of the disease when seen first. Some of this damage cannot be reversed completely, though patient can be prevented from the condition getting worse.

Damage to the eye

Muscle weakness may mean that the patient cannot shut their eyes. If they try to close their eyelids, the white of the eye can still be seen. This is dangerous, because the eye can easily be damaged due to exposure. Damage to the eye can lead to blindness.



Damage to the eyelid muscles caused by leprosy

Paralysis of the hand

If the nerves of the arm are damaged, the muscles of the hand lose their strength. This can lead to paralysis of the fingers. Nerve damage may also cause

Be wise. Immunize

Check the leprosy reactions

Leprosy is not usually a painful disease. But sometimes a person with leprosy will experience pain and discomfort. This happens because the body reacts against the presence of the leprosy bacilli (organism). These reactions are the main cause of nerve damage and disability in leprosy.

Leprosy reaction can happen at any time during the illness; when you first see the patient, during treatment and even afterwards.

If signs of nerve damage are seen for the first time immediately take the patient to PHC for anti-reaction treatment.



This is a PB blister pack for adult patients

insensitivity and dryness in the limbs.

Painless wounds



Painless wounds on the hand in leprosy

People who have lost feeling in their fingers or toes will not feel pain when they cut or burn themselves. They may get small wounds that do not hurt. If these wounds are not treated, they get bigger and become infected. This can lead to the loss of fingers or toes.

Planter ulcer

Loss of feeling in the sole of the foot can lead to ulcers unless the foot is protected. This is done by resting the feet after walking short distances, examining the feet daily for damages, soaking, oiling and using special footwear.



Painless ulcers on the sole in leprosy

Change in the face

In very advanced leprosy, the skin of the face sometimes becomes thicker; this especially affects the nose, the ear lobes and the eyebrows. Some of these complications can happen during treatment, it is important that the patient is examined regularly and encourage them to come report their problem if they notice any problems developing.

Follow up of treatment

Some patients must be treated with a combination of drugs; this is shown as Multi-Drug Therapy of MDT. The treatment varies according to whether you have classified the patient as PB or MB.

MDT for PB leprosy		
Monthly dose	Rifampicin	600 mg
Daily dose	Dapsone	100 mg
Daily dose	Dapsone	100 mg

PB Leprosy treatment- for those over 15 years of age. The course of treatment is given for 6 months.

The monthly dose is taken at the start of treatment (Day 1) and then every 28 days for 6 months. The daily dose is taken every day for 6 months. It must be completed within 9 months or less.

MB leprosy treatment- for those over 15 years of age. The course of treatment is given for 12 months.

MDT for MB leprosy		
Monthly dose	Rifampicin	600 mg
	Clofazimine	300 mg
Daily dose	Dapsone	100 mg
Daily dose	Clofazimine	50 mg
Daily dose	Dapsone	100 mg



The monthly dose is taken at the start of treatment (day 1) and then every 28 days for 12 months. The daily dose is taken every day for 12 months. It must be completed within 18 months or less.

The health worker should see that the patient take the monthly dose of treatment ; this helps to guarantee that the treatment is taken properly and prevents drug resistance. It also gives the health worker an opportunity to check the patient for any complications of leprosy.

Leprosy treatment for children

The dosage for children varies according to their age, but they must take the same drugs for the same length of time as an adult. That means 6 months for PB and 12 months for MB. As the table below shows, clofazimine is only given for MB leprosy.

MDT for children		Below 10 years	10-14 years
Monthly dose	Rifampicin	300 mg	450 mg
	Dapsone	25 mg	50 mg
MB only	Clofazimine	100 mg	150 mg
Daily dose	Dapsone	25 mg	50 mg
MB only	Clofazimine	50 mg twice a week	50 mg every other day



How to give treatment

Show each patient how to take the tablets. Explain that it is very important for them to finish the course of treatment, and that they must take the tablets every day and collect a new monthly supply every four weeks. Allow the patient time to ask questions about the treatment.

How to ensure that treatment is taken regularly

Treat patients with respect. Take time to explain the illness and its treatment to the patients; listen to their concerns and answer their questions. Make sure they understand how to take their treatment and when they need to come back to the clinic.

Every time the patient comes to collect their treatment, record this on their treatment card or in the clinic register.

Check these records regularly; to make sure that all the patients are receiving their treatment. If someone is not collecting their treatment regularly, make an effort to contact them? People in the community may be able to help with this.

If a patient is not taking their treatment correctly, try to find out why. See if anything can be done about it? Try to find a solution together with the patient.

Make sure to have a good supply of medicine ready for the patients to collect.

If a patient does miss some months of treatment, they can still continue with the course- so long as they have not missed more than three months of treatment for a PB course, or six months for an MB course. Patients who miss more months than this and still have signs of leprosy, will have to start the whole

Be wise. Immunize



Regular treatment = cure. Patients who do not take the treatment regularly may not get better, or they may get better for a time and then get worse again. So they will still have leprosy and they may develop more serious complications.

course of treatment again from the beginning.

How to care for patients during treatment ?

Every time a patient comes to take their drugs, ask them how they are feeling have there been any changes since the last visit.

Problems during treatment

- Side effects of the drugs
- Signs of new nerve damage or inflammation (reaction)
- Social problems related to leprosy

Side effects of the drugs

The most serious side effects are

- A serious allergy to one of the drugs
- Jaundice

If either of this happens, stop the treatment and send the patient to the nearest health centre.

Explain that it is normal to have some side effects, but they are not serious and will go away when the treatment is finished.

Some serious side effects are

- Rifampicin turns the urine red
- Dapsone sometimes causes black spots on the skin. These may itch but they are not dangerous
- Clofazimine can change the colour of the skin. In light skinned people, the skin may go darker. It is not dangerous and will disappear after treatment is completed.

Encouraging patients to complete their treatment

Signs of new nerve damage or inflammation (reaction)

Check for any signs of leprosy reactions. Reactions can happen during treatment but they are not a side effect of the drugs, and the patient must continue with their leprosy treatment, even if they feel unwell.

What information should we give to the patient when starting treatment?

The explanation a patient receives at the beginning of treatment is very important. It helps the patient to be regular and to complete the treatment in time.

What information should we give to the patients' family when starting treatment?

Support to the patient for successful completion of treatment Support to the patient's self care practices.

a) Basic facts regarding the disease

- The disease is curable.
- Patch(es) may not disappear or sensory loss may remain even after completion of treatment. There is no need for further treatment.

What is prevention of disability?

Disabilities due to leprosy are due to damage to peripheral nerves. Nerve damage can occur as part of lepra reaction with signs of acute inflammation. It can also occur during the course of the disease without any obvious signs and symptoms of inflammation. Early detection and treatment of leprosy and nerve dysfunction would prevent the occurrence of disability.

b) About the treatment

- Duration of treatment
- Regularity of treatment.
- The number of tablets/ capsules to be taken and their frequency
- Possible side effects (like red coloration of urine, darkening of the skin) and what to do when they occur. They need to consult the doctor at the health centre, if any problem arises at any time, during or after release from treatment.
- Possible obstacles to treatment and suggestions to overcome them.
- Importance of self-care for patients with disability

What are the self-care procedures to prevent worsening of disability?

Care of hands & feet

- Anaesthetic hand/feet. Inspect the hands / feet daily for hot, tender spots
- Soak the hands/feet for about half an hour in water.
- Scraping hard skin using any stone without sharp edges. Apply oil when hands/feet are wet. Protect hands against heat & friction.



Facilities for Correction of Deformity are available in identified centres only. Contact Medical Officer of nearest health centre for advice.

- Anaesthetic hands/feet :** Inspect the hands / feet daily for hot, tender spots. Soak the hands/feet for about half an hour in water. Scraping hard skin (if fissures/cracks present) using any stone without sharp edges. Apply cooking oil when hands/feet are wet. Protect hands against heat & friction.
- Blister or ulcer without discharge:** All of the above & clean with soap & water. Dress with clean cloth.
- Hands/Feet with infected ulcer :** All of the above & antibiotic. Refer to specialized centre if no response to treatment.
- Paralysis :** Oil massage and passive movements to keep the joints mobile.

Care of eyes

- Check eyes daily for redness.
- Wear protective spectacles.
- Keep the eye(s) covered with a pad while sleeping.
- Red eye, corneal ulcer Refer to specialized centre.



Reconstructive surgery helps in correction of disability of leprosy patients and helps them earn their livelihood.



Facilities for Correction of Deformity are available in identified centres only. Contact Medical Officer of nearest health centre for advice.

Reduction in stigma & discrimination

Leprosy is no longer an incurable disease, leaving affected individuals and their families to suffer its devastating consequences without hope. Today, the diagnosis and treatment with MDT regimen is simple and available free of cost at the nearest health centre.

Stigma and discrimination leading to ostracism of leprosy affected persons needs urgent and utmost attention. The challenge is to sustain the quality of leprosy services and to ensure that all persons affected by leprosy, wherever they live, have an equal opportunity to be diagnosed and treated by competent health workers, without unnecessary delays and at an affordable cost.

ASHA can interact with Self Help Groups (SHG), if available in the villages, along with AWW, so that a work force of women will be available in all the villages. They could also think of organizing health insurance at the local level for which the Medical Officer and others could provide necessary technical assistance.



ATTENTION

DOCTORS, CLINICS AND PUBLIC

The Pre-conception and Prenatal Diagnostic Techniques (PC & PNDT) Act, 1994 is being implemented in the country with a provision for selection and regulation of pre-natal diagnostic centres for sex determination and for sex determination leading to female foeticide. The Act prohibits the following:

- Conducting of pre-natal diagnostic techniques in units/clinics not registered under the Act. This registration is renewable after every five years.
- Determination of Sex of the foetus and its communication to the concerned pregnant woman or her relatives or any other person.
- Conducting of any test on a woman or man or both or on any tissue, embryo, foetus or foetal cell or any other biological material for the purpose of sex determination or increasing the probability that the embryo will be of a particular sex.
- Use of ultrasound machines or any other equipment capable of detecting the sex of the foetus to units/clinics not registered under the Act.
- Advertisements for the sex determination tests in any form such as notice, circular, label, wrapper, or any other document including advertisements through electronic or print media or any other means of communication including light sounds, smoke or gas.

Any person, clinic, hospital, company, firm, or association of individuals who violate the above provisions is punishable with imprisonment upto 5 years and fine upto Rs. One lakh.

The law will also be used to supervision of registration of the doctor by the State Medical Council and the concerned State Government. The law will be used to prevent and on conviction for removal of name from the register of the Council for a period of five years for the first offence and permanently for the subsequent offence.

Dr. The Chief Medical Officer (Administrative Authority) of the concerned District (i) Director, Family Welfare of the concerned State (ii) NID & SOG, Dr. Director (PNDT), Ministry of Health and Family Welfare Government of India, Newran Bhawan New Delhi-110003.
 Tel: 011-23611009, Email: ndt@nic.nic.in



LEPROSY: Role of ASHA

In this endeavor ASHA can play a pivotal role in motivating the community by adopting the following methods:

- Suspect the patients with skin patches
- Refer the patient to the sub centre /PHCs
- When the patient comes back after diagnoses follow up of daily drug intake to see that all patients complete their treatment in the scheduled time plan.
- Look for the signs of reaction / side effects of drugs
- **Advocacy and co-ordination with SHG Groups:** Advocacy with well-known figures, religious leaders, to mobilize the people to come forward for self-reporting and completion of treatment.
- **Community Group Meetings of the Mahila Mandals, local Panchayat, local NGOs, NYK volunteers:** These meetings are held with community at large or with specific groups such as women through Mahila Mandals and self help women's groups. Cured leprosy patients can also be used effectively as advocates for the program in community meetings. Audio Visual aids shall make the meetings more interesting and effective. The involvement of the Sarpanch and other Panchayat members is important. This platform can be used for dispelling myths and misconceptions with the help of some folk shows during or after the meeting.
- **Focused Group Discussions** with the leprosy patients, their family members, community based organizations like Kavastha sabha, Muslim Sabha etc., Mahila Mandals, Yuvak Mandal Dal, Nehru Yuva Kendra Sangathan (NYKS) etc.
- **Village Health and Nutrition Day:** Under NRHM all State Governments are presently organizing monthly Health and Nutrition day in every village (Anganwadi centers AWCs) with the help of AWW/ANM. ASHA along with AWW could mobilize women, children and vulnerable population for the monthly health day activities like immunization, careful assessment of nutritional status of pregnant/lactating women, newborn & children, ANC/PNC and other health check-ups of women and children, taking weight of babies and pregnant women etc. and all range of other health activities. Along with this the ASHAs could also spread the message for mobilizing the community for leprosy diagnosis and treatment facilities. During such days the venues (Anganwadi centres) could also be used to counsel leprosy patients and clarify the doubts if any.
- **ASHAs, AWWs and ANMs** are provided with a checklist to ensure that all the activities for which they are responsible are planned properly and carried out effectively. Thus they can also be asked to make a list of Leprosy patients who need MDT drugs before the **Village Health & Nutrition day**, this would help to ensure that all listed leprosy patients collect their drugs on that day.



Basic facts about Homoeopathy

Prof. (Dr.) Chaturbhuja Nayak*



Dr. Samuel Hahnemann, a German Physician, after observing many natural phenomena, was convinced that a substance which could cause a disease like state could also cure similar condition. After doing experiments, on himself, his friends and on patients, he was convinced that a better and safer system of treatment can be offered to the mankind which is based on the natural laws. The year 1796 is considered to be the year for birth of Homoeopathy, when Dr. Hahnemann first shared his findings with the scientific community of those times.

BASIC CONCEPTS OF HOMOEOPATHY

• *Choice of Similar Medicine*

The effect of peeling an onion and the consequent watery eyes and nose is a known every day experience. According to the principle of Homoeopathy a person suffering from a similar watering and burning of eyes and nose frequently seen with common cold can be cured by the medicine *Allium cepa*, prepared from red onion.



Choice of similar medicine, therefore, means prescribing a medicine to the sick person, which has a documented evidence of causing a similar illness in the healthy state.

• *Administration of Minimum Dose*

The homoeopathic medicine selected for a sick person is prescribed in minimum dose, so that when administered, there is no toxic effect in the body.

• *Application of Single Remedy*

Homoeopathic medicines are usually administered in single, simple and unadulterated form. Even if a patient suffers from several complaints, the homoeopathic physician never prescribes different medicines for different complaints; rather administers single medicine, at a time, which matches all/most of the important symptoms.



• *Use of Potentised Medicines*

Homoeopathic medicines are prepared in a special way known as Drug Dynamization or Potentisation. In medium and higher potencies of the medicines, the original drug substance does not exist, yet the medicinal

*Director Central Council for Research in Homoeopathy

power of the substance is retained and drug related side effects are eliminated. This process of preparing Homeopathic medicines liberates an intrinsic power within them, which makes them safer while retaining its disease curing power.

- **Role of Vital Force**

Homeopathy system recognizes the existence of an invisible dynamic force in the living organism, known as Vital Force, which regulates all the functions of the body and maintains life. By virtue of harmony of this Dynamic Force, health is maintained. When this force is deranged, being overpowered by the disease causing agent(s), the healthy person becomes ill. The Homeopathic medicine, when given to the patient, stimulates this Vital Force and restores health.



- **Knowing the Drug Action through Proving**

How does a Homeopathic physician know which substance can cure, what disease? The curative powers of natural substances are ascertained by 'Proving' them on healthy human volunteers. This process is unique to Homeopathy. The Drug Substance is given to 'Healthy Human Volunteers' in controlled conditions, and the symptoms produced are carefully documented. This documentation of symptoms is known as *Materia Medica*. The medicines are used to treat sick persons after matching their symptoms given in the *Materia Medica*.



- **Holistic as well as Individualistic approach**

Homeopathic approach is holistic as well as individualistic; holistic in the sense that the medicine is selected for the patients as a whole, but not for individual disease organs/parts; individualistic from the view point that each individual patient is different from others, although all are suffering from the same disease.



Medicine is selected for each individual patient based on his/her totality of symptoms, and not according to the name of the disease. Therefore, even if a number of patients suffer from the same disease condition, they may require different medicines, due to variation in the expression of symptoms in different patients. Such a variation of symptoms is found in respect of location of symptoms, their sensations/characters, modifying factors and associated features and also, variation in the general constitution, physical and mental attributes of the patient.

In short, Homeopathy treats the PATIENT (Individualistic) who suffers from the disease but NOT THE DISEASE that the patient has.

STRENGTHS OF HOMOEOPATHY

Homeopathic system of Medicine has been efficacious in successfully treating some conditions such as Psychosomatic disorders, Autoimmune diseases,



MERITS OF HOMOEOPATHY

- Principles of treatment are in conformity with the Nature's laws of healing.
- The medicines are usually prescribed in sugar globules and are, therefore, palatable.
- The treatment is highly cost effective, since the cost of medicines is low.
- Simple method of application of medicines: orally
- Use of medicines whose action on healthy human volunteers are known
- Medicines are used in potentised form and in minute doses, and are therefore, harmless.
- Medicines can be prescribed on the basis of symptoms without waiting for laboratory investigations.

Pediatric disorders, Ailments during pregnancy, Obstinate skin diseases, Lifestyle disorders, Allergies etc.

Homeopathy plays a positive role in improving the quality of life in incurable chronic diseases where Surgery is not immediately warranted, terminally ill patients and incapacitating diseases like Rheumatoid Arthritis, Bronchial Asthma, cancer and HIV/AIDS etc.

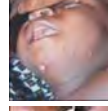
Homeopathic Medicines enhance the healing process and reduce the recovery period, after surgeries, deliveries and fracture of bones etc.

The following are some of the diseases, which are amenable to homeopathic treatment:-

- Diseases of viral origin - Hepatitis, Rhinitis, Influenza, Conjunctivitis, Eruptive fevers (Chicken pox, Measles, Herpes Zoster) etc.
- Common problems of Children, acute or chronic, which are not life threatening.
- Complaints during pregnancy, labor and puerperium.
- Skin diseases: Skin allergies (Atopic Dermatitis, Urticaria), Psoriasis, Eczema, Warts, Corns, etc.
- Disease of Psychosomatic origin: Migraine, Acid Peptic Diseases, Irritable Bowel syndrome, etc.
- Female disorders: menstrual irregularities, Dysmenorrhea, Reproductive Tract Infection, Menopausal syndrome, Cervicitis and Cervical erosion etc.
- Mental disorders like Anxiety neurosis, Depression etc.
- So called surgical diseases e.g. Renal Calculi, Benign Prostate Enlargement, Piles, Anal Fissure/Fistula etc.
- Homeopathy can enhance the healing process and reduce the recovery period especially after surgeries, deliveries and fracture of bones etc.
- Homeopathy can assist in relieving conditions of Drug Dependences and help in overcoming withdrawal symptoms.



Rhinitis



Warts



Complaints during pregnancy



Eczema



Renal calculi



Diseases of women



Migraine

Diseases of children



For most sicknesses no medicines are needed. Our bodies have their own defences, or ways to resist and fight disease. In most