



சுயில்

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KUYIL

NEWSLETTER OF THE AUROVILLE HEALTH CENTRE

Introducing Kaapi

Kaapi came to Auroville from Holland in September last year and since that time has been working as a nurse in the Health

Centre. She has a general medical education and has specialized in psychiatric care, though much of her career in Holland was spent working

for an organization which coordinated home care, all over the Netherlands. Since coming to Auroville she has used her skills in this area to help people in Auroville who need nursing at home.

She feels it is very important that if people want to be nursed at home then if possible they should get that help. With an ageing population in Auroville the need for such care is likely to increase. 'I think it is

wonderful for the patient that when they are no longer able to visit the hospital then we can help them receive medical care at home. For people who are very sick and will die, but want to die at home, then we can now help them as well.' This was the case for one of her most recent patients who had a very aggressive form of cancer but didn't want to receive allopathic treatment and wanted to stay with his family. Kaapi visited every day to provide the family - his wife and mother - with the support they needed to care for him.

At present Kaapi is the only nurse in the Health Centre doing this work but she hopes in the future that the team will expand. She helps Albert train the nurses in the Health Centre and if patients at home need extra help she knows of several capable people who can provide it. As well as her nursing expertise Kaapi has other skills that she would like to share with people in Auroville. 'I am a trained and experienced nurse, but I also have all this experience of community living and raising children. As well as my work in the Health Centre I would love to do more to share with parents in the responsibility of raising children, which I know from the experience of raising my own son, can have its difficult moments.'

Priya



A Place of Hope and Warmth

The Rajiv Gandhi Home for physically handicapped girls is a haven for us if we need a place for any such girls who come to the Health Centre for our help. So often these girls are considered the shame of the family and are either kept inside the house or disowned completely. But through our Village Health Workers or our consulting

doctor in the village Sub-Centres we are getting in touch with more and more of them.

This home is partly self supporting as the girls who live there do the most beautiful embroidery and make incense products which are sold in the local market as well as exported. Many of them travel in every day by rickshaw or tricycle and are much helped

by the possibility of doing something useful as well as the heart warming atmosphere that they experience there.

With more and more girls to cater for the home needed to expand. Through the personal union from the hospital where I worked for 27 years we received a fantastic donation of Rs.1,32,000 (Euro 2,750) which

will enable them to make a start on the first phase of expansion.

In the name of the director Kavitha and all the girls; thanks so much for your help and encouragement.

Albert



Monitoring Child Growth

On 12th December last year we started our child growth monitoring programme in Maathur. At first the mothers and children seemed a little shy to attend the programme. But with the promise of some soendaal after the weighing was done, some children tried the weighing machine. At our first clinic only 12 of the 30 children under five years of age in the village attended. The second time, however, all 30 were eagerly waiting with their mothers and grandparents.

The programme seems to work quite well. First the children are weighed, after which they are given some soendall. While the children enjoy eating, the parents get some education on why we weigh the children and what this tells us about their health. We also talk about the kind of food that children need

to grow strong and healthy.

The child's weight is noted on a card which has graphs showing whether the child is of normal weight or malnourished.



Malnourishment can be first, second or third degree, with the latter being the worst stage. Any children with third degree malnourishment are admitted to the Health Centre where they can be fully checked and brought to a normal weight.

We have carried out this programme in two other villages, which has given us a clear view on the level of malnourishment. We have found that the proportion of malnourished children is 70%, which although it is under the national average of 80% shows that there is still a lot of work to be done.

This programme is particularly important for those children who come from what is known as 'the colony' in each village. The colony is where the 'lower caste people' live and is often the place where there is more poverty, bad housing and unhygienic conditions. This has considerable impact on the health of the children, who sometimes only eat once a day; don't have very nutritious food; and as a result don't grow properly. We have found that in one colony the level of third degree malnutrition is 36% compared to only 21% in the main village. As a result the children are at greater risk of suffering from things like worms, skin diseases and often don't receive the necessary vaccinations. As well as providing check ups we also try to help parents do the best they can with what they have and provide help for specific problems.

Gerbrand



An example of this is a little girl we came across called Velankanni. She was aged seven years and handicapped with polio. She was unable to walk and either had to creep all the way to school or be carried there by her mother. The family had no money to take her to the doctor so the Health Centre sponsored her to go and see an orthopaedic surgeon at the new hospital near Kalapet.

Velankanni needs two operations, after which she should be able to walk independently to school with the help of callipers and crutches. It will be some time before we have the funds for her operation, but until then we have admitted her to the Health Centre where with physiotherapy and a good diet we hope to improve her general health..

For her there is a glimmer of light at the end of the tunnel.

Albert

Tamilarasi

Last time we told you about Tamilarasi who was living with Saraswati Devi, a social worker who has a home for destitute women. At first Tamilarasi did well

with the other women, but then she began to develop symptoms of social withdrawal with poor personal habits and behavioural changes. She also developed malnutritional physical changes in her body for which she was treated at Jipmer hospital.

She was put under the care of a psychiatrist at Jipmer and for a time her mental and physical functions improved. But then she lapsed again and was brought to the Health Centre for admission and further support. She has been with us for four months now.

When she arrived her unkempt appearance, poor personal hygiene and uncommunicative behaviour was a challenge to the nursing staff. She has, however, improved a lot and has been placed under the supervision of a psychiatrist from the Pondicherry Institute of Medical Sciences.

In January we sent her to the 'Schizophrenia Research Foundation in Chennai for evaluation and possible admission but she was sent back with the advice that she was well stabilized and didn't need to be hospitalized.

It has been difficult for us to find a suitable place for her to stay that will give her the right amount and quality of support that she needs. Mary, our lab technician, has contacted Fr Martin from the Church at Salem who has offered to put her up at their home for destitute women and children. We hope that this will provide the right environment where she can lead a happy and productive life.

Dr Piyali Dutta



Muthulaksmi's Cow



to sell it and get another one. If Laksmi is going to spend a lot of energy finding food for the cow then it is very important that it eventually gives her milk. John therefore suggested that a cow be bought that was either pregnant or had a calf and was already giving milk. This would give Laksmi an immediate income.

Such cows, however, cost considerably more than the original cow bought for Laksmi, so John is going to investigate various charities that provide cows for poor people. In the meantime Laksmi continues to struggle as the only income she has is the Rs500 (10 Euro) that her son now brings in as a part time gardener. If you would like to help with the purchase of a better cow or feel you could sponsor this family with a small regular payment please email us for more information.

Priya

You may remember in the last Kuyil we told you about Muthulaksmi and her delight on receiving a cow, paid for by one of our donors. Muthulaksmi hoped that by selling milk she would be able to become financially independent and support her five young children. Although she did not have much experience with cows she soon gained confidence and eventually looked as if she had been shepherding cows all her life.

Unfortunately, however, this has not helped her very much as the cow has not become pregnant. Every day Laksmi has to go and find food for the cow but it is not giving her any milk. To try and find out what could be wrong John, an experienced farmer from Discipline Farm in Auroville, went to have a look. Although he could not find anything obviously wrong with the cow, he thought that as it was very small and not getting pregnant it would be better



Could you give someone the gift of sight?



Paavarthi, our Village Health Worker in Mathur, told me one day that many old people in her village were complaining of cataract and other problems with their vision. Cataract is a very common disease of the eye in India. The lens in the eye becomes cloudy, which leads to blurry vision. With one simple operation taking a day, a new lens is put in the eye, after which the person can see again. In one quick survey in this village, within ten minutes we had found six people with cataracts. All the

people were poor and could afford neither treatments or an operation.

Thus a new programme was born.....

In Pondicherry we have found a doctor who is willing to help us with these people. For Rs2,000 (Euros 40) she will carry out the operation which will enable people such as those in the village to regain their sight.

Would you like to give this gift of sight to someone?

Gerbrand

Some people we have helped

Velmurugan

Velmurugan, (aged 22) came one day to the Health Centre for treatment to his injuries sustained because of a small accident. As he was deaf and dumb we had to explain to him through his mother how to treat the wounds.



Talking more with his mother we found out that he had never attended school. Despite the fact that he couldn't speak, his family had not done anything about it. After many difficulties we finally arranged for him to have a hearing test in the local hospital. As a result we were able to help him hear using hearing aids which the Health Centre bought for him in Chennai.

At first he couldn't speak, as until he received his hearing aid he had never heard anything. With the help of a speech therapist, after seven months he can communicate, using words, with his family and friends. They feel this is like a miracle.

The basic hearing and speech is now there and he can only get better and better.

Nitish

Aged four years old, Nitish cannot walk properly. His problems started when he was one year old and received treatment from a village doctor. He was given an injection, after which he couldn't stand any more. His parents were unable to afford to take him to another doctor, and as a result Nitish began to walk in a peculiar way.

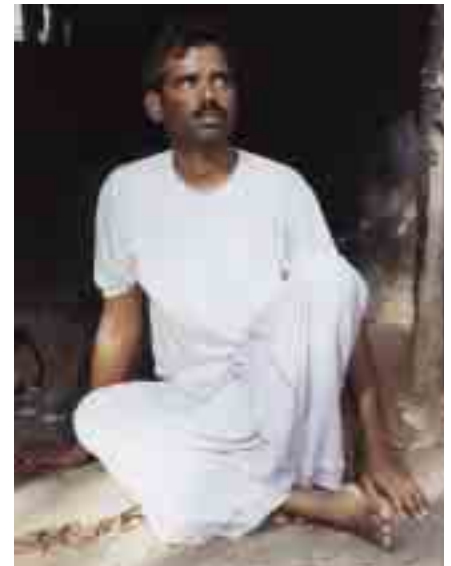
After he came to the Health Centre we sent him to a neurologist who carried out many tests, after which he advised that he be sent to a special hospital in Chennai. He was admitted, and is still there undergoing more medical investigation.

We will follow up the treatment, and if necessary give his parents the necessary financial help for the treatment that will hopefully enable him to walk and run like other boys of his age.



Nitish with his mother at the Health Centre

Sivanesan



Sivanesan and his family were featured in the last Kuyil as we try to raise money for treatment for his aplastic anaemia. He is gradually getting worse and now has to have a blood transfusion every three weeks. Even with this his haemoglobin count is very low and he is not capable of doing very much physically.

For treatment he requires a bone marrow transplant (a family member has been tested and agreed to be a donor) and Rs12 lakhs (Euros 25,000). So far we have managed to raise 1.5 lakh (Euros 3,000)

To bridge the long waiting time while we try and raise the money we have found some specially fabricated clothes from Japan which are supposed to help with activating the production of red blood cells. We are not convinced that this will work, but felt there was no harm in trying it.

Sivanesan knows that it will take us some time to raise such a large amount of money. In the meantime we do what we can to help - exploring alternatives like the special clothes and giving him and his family attention and care. This gives him faith and has a positive effect on him.

In his name we say thanks to everyone who has supported him and his family. Hopefully we will have more positive news for the next issue.

Albert

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