



குயில்

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KUYIL

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NEWSLETTER OF THE AUROVILLE HEALTH CENTRE

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### *In the Background*



On a visit to the Health Centre, especially on a Monday morning, you would be struck by the sense of purposeful activity as people come to get advice and treatment for their health problems. For all this to happen, however, there needs to be not only the obvious people - doctors, nurses, receptionists etc, but also the people in the support services such as accounts and maintenance. Since these very essential people usually work in the background we thought in this edition of Kuyil we would bring them into the foreground to talk about what they do and how this fits in with the overall work of the Health Centre.

*Continued on the next page*

*In our Physiotherapy and Rehabilitation unit we see people with a very wide range of problems. It gave us great satisfaction to be able to help Yuavaraj and Lakshmi (below).*



*Find out more about them on page 3*



*Introducing Palani  
one of our very regular patients  
more on page 3*

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## ACCOUNTS

Chandrasekaran is the accountant at the Health Centre and has been there since 1995. 'On the 1st of April, 1995 I got a message from Dr. Assumpta that she was looking for an Accountant for the Health Centre. On the same day I phoned her to fix and interview for the next day and on the 3rd of April I started work there as an accountant. I worked with Dr Assumpta and together we implemented a lot of different systems to control all the financial aspects of the Health Centre administration. I have gained so much experience and developed my skills while I was working with her for these years and now she is no longer with us I really miss her.'

There are many things that have to be organized with a system in place so that people can get money when they need it, but that there are also checks to make sure that money does not go missing and is spent on the correct things. For the petty cash, for instance, all payments and receipts are entered in a book which is looked at every day by one of the Executives. Cars and generators require regular maintenance as well as fuel, so each one has a separate log book where all payments are written down and are regularly checked. If cheque payments are made then every cheque has to be signed by two Executives.

It is very important that there is control over what is purchased so there is a centralized system to make sure that items are not duplicated and are really necessary.

Before purchasing anything the stock room has to be checked to see if it is already there, and if not an order is made, although for this a signature from an Executive is necessary. After purchase everything is checked (and signed for) to make sure that the correct amount was purchased and put in the store room. In this way strong control is kept on what is bought and used.

The daily accounts of what has been received and spent each day are entered into the computer with a complete check of all the accounts being undertaken every 15 days. This includes looking at the computer/bank transactions as well as checking that all the paperwork - cheques, vouchers, bills etc - to ensure that everything agrees. Twice a year the auditors from Pondicherry will audit books of accounts. Once in a year Auditors from Central Government will arrange a camp in Auroville and will do the audit for the all units under Auroville Foundation.

When it comes to donations a separate file of these is kept and those donors who are reading this will know that every six months a statement of accounts is sent to you telling you how we spent the money you so generously donated. When people give us money we want to make sure that it goes where it is most needed and spent responsibly. That is the aim of all the accounting systems and controls that we have established.

## MAINTAINING THE FABRIC

The original building for the Health Centre was designed by Piero and built in 1972. Later in 1992 the building was extended with space for the laboratory, office and rooms for doing dressings.

The hot and extreme climate here is very hard on buildings, which require constant maintenance if the services like water and electricity are to work properly and the building to look fresh and clean. Painting and decorating is carried out very frequently and the whole place completely redecorated once every three years.

A very big problem here is ensuring a constant electricity supply. We cannot afford to have long periods without electricity as this would mean problems for our patients as well as for our computers and all the things, like vaccinations, that we have to keep refrigerated. For this reason we have to have a back up system of batteries which provide power when the electricity goes off. For the last ten years we had some old submarine batteries but these have now stopped working. We have recently had to spend Rs100,000 on twenty two new batteries to replace these old ones. We are also modifying the battery room with a fan to keep the batteries as cool as possible, especially in the summer as if they get too hot they do not work very efficiently.

Ravi

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## *More about Yuavaraj and Lakshmi (continued from the front page)*

### YUAVARAJ

Yuavaraj was 2yrs old when he came to us from the nearby village of Kuilapalayam. He is one of three children, his father working as a watchman and his mother working in a kitchen. Yuavaraj was brought to us by his mother when he was only three months old. She was concerned as he was not turning his neck.

When we looked we saw that he had a condition called Torticollis, which is when the neck is flexed and externally rotated. To try and treat it we started doing stretching exercises for the neck, doing them everyday. Since there did not seem to be any improvement we referred him to the Government hospital for further treatment.

In the Government hospital, the doctor explained that the condition would not be cured without surgery. The parents agreed to this and nearly one and half years later they went

back to the hospital but for some reason the surgery was never done. So we and the executives of the Health Centre decided to take him to the Pondicherry Institute Of Medical Science(P.I.M.S) hospital where during the last week of April he had his operation.

The operation was very successful and we admitted him to the Health Centre for post operation observation and stretching exercises. After two weeks the sutures were removed and he went home. He is still coming daily to the Health Centre for the exercises and there are visible improvements every day.

We at the Health Centre and his parents are very happy to see this and are very grateful to the donors who enabled us to give him the help he needed.

### LAKSHMI

Lakshmi is now 3 years old and she, like Yuavaraj, also comes from Kuilapalayam. Her



Yuavaraj

father is a blacksmith and her mother a house wife who recently became pregnant again.

When Lakshmi was born forceps had to be used and two weeks after birth her mother brought her to the doctor as her left arm was not moving like the right arm. It was found that she had a condition called Erb's palsy in which the whole arm was not in the right place that is the shoulder was adducted and internally rotated, the elbow extended and pronated, the wrist and fingers are flexed. She had a splint applied on the affected arm in the physiotherapy department of the government hospital where she was also treated with electrical stimulation and exercises.

Owing to transport problems they stopped going for treatment and were as a result referred by the Village Health Worker to the Health Centre for treatment. We started immediately regularly treating her arm with exercise and then sensory stimulation. There was little improvement, however despite the fact that her parents brought her in very regularly. We decided to take her to the Government Hospital in Chennai to see if they could help.

In the government hospital the doctor explained the need of an operation for Lakshmi. Her parents are happy to do this and have an appointment for the operation to be carried out in June. In the meantime she comes every day to the Health Centre for her exercises and sensory stimulation with a broad smile.

*Physiotherapy and Rehabilitation team.*

## *A normal family in India... Except...*



**T**his picture shows the family of Mr Sivanesan who farms a small piece of land near Auroville. He is pictured here with his wife, Saraswathi, his daughter aged eight, son aged five and his widowed mother, all of whom are financially dependent on him. In the picture

they look like any normal family in India, but at present they are having to cope with extraordinary problems.

Sivanesan came to our notice through one of our Village Health Workers who asked our doctor to visit him. He was complaining of tiredness and other symptoms to the extent that he was unable to work and was more or less bedridden. We referred him to JIPMER hospital in Pondicherry where he was diagnosed with aplastic anaemia. This is a failure of the bone marrow to produce enough blood cells, which includes red blood cells while blood cells & platelets. To help him initially he was given a monthly blood transfusion, but this cannot carry on indefinitely. Over the course of time the body starts to reject the blood and without further treatment he will die within the next few years.

He was therefore referred to the CMC hospital in Vellore where they suggested that the best treatment for him would be a bone marrow transplant. Very often when this is suggested members of the family are unwilling to go through the painful and difficult treatment to donate bone marrow. In this family, however, both his brother and sister have agreed to be donors. The problem for them is the cost, which for them is prohibitive. The annual income for this family is Rs.24,000 or US\$510/E from which it would be impossible for them to pay the 25,000 Euro required for this treatment.

Despite the blood transfusions Sivanesan is not at present able to do any farm work so the family has no income. His wife continues to try and find work but so far has been unsuccessful so the family are finding it very difficult to survive. Most relatives in the wider family are farmers, none of whom earn very much and are not therefore able to help financially.

With a bone marrow transplant there is a very good chance that Sivanesan would be completely cured and able to work and support his family. Without it he is unlikely to live very much longer.

Would you be willing to help this family? Donations of any size will help Sivanesan so that he and his family can live a normal life. If you would like to donate please email Mr Albert - [avhealth@auroville.org.in](mailto:avhealth@auroville.org.in) as soon as possible and we will tell you the best way of sending money to us.

## *Palani and us at the Health Centre*

**P**alani, aged about 30 years hails from a small village called Edayanchavady, three kms from the Health Center. I have decided to write an article about him not only because he is one of our very regular patients here but also because we have supported him over the years with medications, dressings, love and care.



*Palani after yet another of his accidents*

He is one among five siblings from a very poor background. He is also an epileptic and has been on anticonvulsant medications for a long time. These medications have made him slower in thought and often confused to the extent that people have called him 'mad' at

times. In spite of this, he is cheerful, vocal about his feelings and likes to play a prank or two with us when he meets us.

He has frequent crises. The latest, about three months ago was when he accidentally poured boiling water over his buttocks. Since he had partial thickness burns, we admitted him here in the Health Center and took care that his wounds healed well. He was discharged about two weeks later.

The last I saw him, he was complaining of pain in his left ear which we found was clogged with sand and had to be syringed out! Though we chide Palani for coming to the Health Center, walking a long distance or hitching a lift when he could easily clean his ubiquitous wounds himself, we are taken in by his shamed look and ready excuse. We realize that he comes here perhaps because it is the one place where he feels looked after and appreciated.

*Piyali*



## Hearts of Gold

When children have 'a hole in the heart' or ventricle septum defect (VSD), without an operation they are unlikely to be able to lead a normal life. This is a congenital abnormality, something they are born with, where there is hole in the heart. Blood with oxygen gets mixed with blood without oxygen so that every part of the body suffers from a lack of oxygen. Children with this condition often have blue lips and get out of breath very easily so are unable to be properly active. They may also have stunted growth.

In Europe children with VSD have an operation soon after birth to close the hole, after which they are usually able to live a normal life. In India many children with this condition die; waiting lists are at least four years long and to have the operation done privately is very costly - Rs110,000 or Euros 2,500. How can families afford this when the daily salary is only Rs65/E1.50? In Indian hospitals one member of the family has to stay with the child all the time which means that they cannot go to work and so have no income. Social benefits do not exist here except for some Government employees.

With the help of donors we have two children who recently had an operation for this condition:



Ranjit (above) is one year old and in a bad state of health. With the support of a Dutch family he had the operation, but the hole was so large that it couldn't be closed in one operation. After one year he will have another operation after which it is expected that he will live a normal life.

The after care for these children will take several months and will be carried out in the Health Centre. This will ensure that they receive nutritious food in hygienic conditions which would be very difficult in the poor circumstances of their family homes. In this way they should recover better and more quickly so that they can live normally.

Very many thanks to our two donors from Belgium who enabled us to help these two children.



Saraswathi was four years old when she came to the Health Centre, once again in a bad state of health. We admitted her for medical treatment and sent her to Chennai for surgery. After the operation she was in a critical state, but now after two weeks there is some improvement although she has a long way to go before she is able to participate normally in the usual childhood activities.

Mr Albert

## Keeping old traditions alive

Bommaipalayam is the name of one of the villages on the beach near Auroville which has an interesting traditional stick dance which is unique to that village. This is something that has been going on over many generations, the fathers teaching their sons how to do it. The younger generation is still getting trained and recently there was some interest from abroad as the dance could be very good for those children who need to improve their powers of concentration.

The dance is carried out by a group of 10 or 12 young men who dance different classical dances to the accompaniment of a singer. They also impersonate various individuals and life situations found in the village. This group is in demand from other villages as well as dancing at various festivals. It is the money from these performances which enables them to have made the special costumes that they wear.



At the Health Centre we are pleased to be able to help them keep this distinctive cultural art alive by offering them transport to the various places where they perform

*This issue of Kuyil*

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