



By Airmail
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KUYIL

NEWSLETTER OF THE AUROVILLE HEALTH CENTRE

Faces Old and New

Dr. Amarnath



Dr Amarnath, originally from Germany, does clinical work in the Health Centre. He has been in Auroville four years, arriving in February 1998, although like many people here his spiritual journey began many years before that. He has read many books and been in contact with a number of spiritual paths and organizations, all of which led to his coming to Auroville with his wife Magrit. On his first visit he was deeply moved by the atmosphere of Matrimandir. Soon it became clear that they both wanted to stay, and they returned to Auroville as newcomers later the same year. First they lived in the community of Verité where Amarnath began to learn Tamil and work in the Health Centre.

Dr Amarnath is a registered anaesthetist, but it is of course impossible for him, at present, to do this work there. Instead he is responsible for general clinics where people come to him with a wide variety of different medical problems. This is of course very different from the work that he used to do in Germany. As he says; *'The patients of the Auroville Health Centre come mainly from the local Tamil culture and are mostly poor. Their lifestyle and living conditions are very different from those in industrialised 'rich' countries and thus the medical problems that I see are also different. Malnutrition is widespread and many have various 'tropical diseases' which are mainly infections of one*

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Gerbrand



Gerbrand has been working in the Health Centre for almost a year now looking after the Village Health Programme. He came from Holland to India with his wife who had a job in Pondicherry as part of a Dutch team helping with water tank rehabilitation. Gerbrand, a qualified nurse, wanted to do something useful, but without a work permit could not find anything suitable in Pondicherry. It was suggested that he try the AV Health Centre and began work there on the Pregnancy Programme, moving to the Village Health Programme when Dr Devashish left.

He began by visiting different villages every day, talking to the Health Workers to

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Gerbrand continued...

see what they were doing and how much they knew. One striking thing he found was that although Health Workers knew a lot about treatment for various illnesses, their knowledge about the causes of disease was less precise. Everyone knew the signs and symptoms and how to treat anaemia, for example, but the explanations given as to why the condition arose were not always correct. Often this was because they had 'picked up' the knowledge from various sources and not had it verified. So an important part of his work is to teach this knowledge, but in a way that encourages the Health Workers to not only look for the signs and symptoms, but to know why they occur.

In the villages he also found that many people left it a long time before coming for treatment at the Health Centre. First they would go to a traditional healer, and only if this didn't work would they go to the Health Centre. This often makes sense given the time and money that it takes to get to the Health Centre. On the other hand Gerbrand saw many cases of problems which would not have occurred if timely medical treatment had been obtained.

Thinking about this situation he is very interested in finding out how people use health care in the villages. He intends to do this by

finding out about the various diseases in each of the villages and then seeing what kind of treatment the individuals seek out and why. There are now many possibilities, as apart from the Health Centre there are private doctors and Government hospitals, although often people complain about the cost of these.

Each week Gerbrand meets all the Village Health Workers and with Dr Shanu they examine all the deaths that have occurred that week to see which, if any, could have been prevented. This is the time when teaching about various diseases and their treatment is carried out. Gerbrand feels that he has already learnt a lot about the villages and is in the process of learning Tamil so that he can learn even more.

Over the next two years Gerbrand has two goals for this programme. The first is that the programme is organised so that it can stand on its own with Health Workers looking after themselves and teaching others about the care of various diseases and health promotion within the village. The second goal is that the programme is such that its effects are obvious to everyone. As he said, 'If people come to the Health Centre from one of the villages without a Health Worker asking for training for a Health Worker in their village, then you know it's a good programme. When that happens I'll be very happy!'

THE EFFECTS OF TUBERCULOSIS (TB) Gerbrandt writes about his work with two TB patients that he came to know during his work in the villages...

Elamalai was living in Poothurai. For one year he was complaining of cough and fever at night. The Health Worker told him to go to a doctor and get checked for TB. He went to several doctors and always got a negative result. Because the complaints persisted, he finally went to Jipmer, where he was tested positive for TB in both lungs. He started a treatment for TB, but had so much trouble with the side effects that he didn't take it properly. Our Village Health Worker tried to support him to take his medication, but after one year of taking his medication irregularly, he was in such a bad condition that we had to admit him in the Health Centre. Here he got good food, and a close watch could be kept on his medication, but he had to be sent to JIPMER hospital in Pondicherry for further investigation. Unfortunately it was there that he died.

Another TB patient is Chittra from Bommaiypalayam. After three years treatment with no apparent improvement in

her condition she called for the help of the Village Health Worker and the Health Centre. The treatment had been very expensive, and yet her condition was not improving; in fact it seemed she was getting worse, although she was very punctual in taking her medication. Once in her house we found out that she had been given the wrong medication from the hospital where she was treated. They had also wrongly instructed her not to eat any vegetables, fruits or fish, but had sold her supplementary vitamins and minerals instead. We took care of her and gave her the right medication and advice on diet. Sadly, at this moment she is in such a bad condition, that there is little chance that she will survive.

It is rather difficult to treat patients here for TB, which is seen as a disease of the poor, because they are affected more than people who are richer. People are ashamed, even when they are only suspected of TB, and as a result are not willing to get checked.

The people who are under treatment find

Dr. Amarnath continued...

sort or another. Only a minority suffer from cardiovascular problems and I fear that cancer, for a large part of the village population, remains undetected in the early stages through lack of money for screening tests and further investigations.'

Wherever possible Armanath tries to help the people who come to him at minimal possible costs. He has made a comparative price list of the most common drugs that people need so that prescriptions can be as cheap, yet effective, as possible. He would prefer, however, that patients spend their money on healthy nutrition rather than medicines. He wants to reduce the incidence of TB and is interested in various health promotion activities such as videos that try to raise awareness about this disease. In his clinics he talks to patients about how to live in a healthy way as well as prescribing any necessary medication to alleviate their health problems.



it very difficult to finish their treatment. The medication has some strong side effects and people think they become sicker. Other people think they are cured as soon as they feel better, although they are not, and they have to continue with medication for several months more.

Perhaps the biggest problem for TB patients is that they are often neglected by their families. Patients are too weak to work and they don't have any income so they become a burden on the family. Often the patient starts to drink alcohol, which is very dangerous as the medication for TB is also rather harsh on the liver. Unfortunately, in some cases the family encourages the patient in drinking alcohol.

Now, in collaboration with the Hemmeric Centre, we try to watch the TB patients very closely. The Hemmeric Centre will do a free check for TB and will provide the medication. Our Health Workers will follow up on the patient to see whether they take their medication. If not, the Health Worker will encourage the patient to take the medication and will also provide information about the disease, what to eat, etc. If they do not succeed, the Health Worker will inform the Hemmeric Centre or the Health Centre, so that somebody else can also give some encouragement and information.

Through drama we try to educate all the people in the villages about TB so that hopefully we can save other TBC patients from stories like above.

Gerbrand

AIDS

In previous Kuyils we have told you about the dramas and videos that we have made, and about Srinivassan who does this work. A recent experience of his has shown the need for there to be a video made about AIDS to help dispel the many misconceptions about the disease, and to try and provoke a more compassionate response towards those affected. This is what he told me:

'While I was rehearsing a drama on tuberculosis with my team at my drama company, I received a phone call from Mrs. Dhanam, Palmyra, Auroville. She told me that the Health Centre's ambulance was urgently needed for carrying a patient to hospital from one of the villages. I thought this would be because someone was either very ill or had met with an accident, but in fact it was for a young patient with AIDS. I was very shocked and wondered how he had been found, which was just by chance. Mrs Dhanam had been visiting the village to co-ordinate a women's self help group and had found him lying in one of the houses that she

had visited. He was working as a lorry driver and knew that he had AIDS. The ambulance came immediately and took him to PIMS hospital for checkup and later on he was admitted at the AIDS Care Home at Pillaichavady.

Most of the villagers don't have any awareness of AIDS. People who have AIDS are hiding the disease and are not willing to speak about it to others. Since then we found other cases of AIDS patients in the villages.

It is obvious that awareness on AIDS is very much needed, and as a result we are planning to prepare a documentary film with story line on AIDS. Why does it come? How does it spread? How can it be prevented? What should our response be to those suffering with AIDS? All this we would like to show in the film which we will organize to screen in the villages regularly as well as on the cable network.

To make this film possible we need financial help. Could you help us?

With many thanks E. Srinivassan

Post Natal Programme in Mathoor

As a follow-up to our antenatal programme in the 20 villages in an around Auroville, there was an urgent need to start the post natal programme. After a few days of orientation, traveling to and from different villages, talking to the Health Workers and the women there, it was felt that the village of Mathur (with its colony) would be the best place to start. It is situated about 10 kms from the main Health Centre and has a population of about 1200 people. It needs the maximum support; not only for its needy women and children but because of its relative inaccessibility - the nearest sub-health care centre is 3 kms away.

The people of the village of Mathur are mostly farmers and the colony consists of mainly poor landless labourers. As we trudged through the colony of Mathur, identifying women and children who required more care, we were overwhelmed with the number of people who were sick. Our health worker there - Parvathi - told me that this is due to poverty, plus lack of awareness of health and hygiene along with alcoholism.

To give an example....

On one of our visits we came across Kalvi, a recent mother of a healthy baby boy (the last of four). She had the baby in the Government hospital but could not undergo

the family planning operation as she was extremely anaemic. She was asked to take a course of 10 iron injections before she went to the hospital again, but her alcoholic and unemployed husband refuses to buy her any.



Kalvi at the Post Natal Clinic

Poorani's story



Poorani, a 55 year old woman living in Chinna Mudaliar Chavady, was brought to the notice of Dr. Piyali during one of her visits to the village. The woman was poor, living alone in a broken down hut, neglected by her grown-up children and unable to find the money to eat regularly. She was brought to this hospital having seen how weak she was.

Poorani was almost as white as a sheet, had swollen feet, and difficulty in walking due to shortness in breath. We were all astounded to find that her haemoglobin was only 1.8 gm% (normal between 11- 12 gm %). Perhaps she had survived on air and will-power (!) with the grace of the Divine. She was also in cardiac failure due to this low haemoglobin. We arranged for her to be given a blood transfusion at the nearby hospital (the P.I.M.S.) and the Health centre paid for her hospitalization.

She returned to us on the 6th August, looking better, walking without help, and with a big smile.

Today after some iron injections and a regular high protein diet, Poorani has a haemoglobin of 9 gm%, and looks like a new person, full of joy at being alive.

Dr Uma Sharma Tewari

We are in the process of convincing her to be admitted to the main Health Center here where we could provide her the necessary care, nutritious food and medications.

This continues to be our focus, not only to treat the extreme case of anaemia but also to prevent it occurring in the first place. Our aim of doing post-natal visits is to check the well-being of the mother and child, treat/advise on anaemia and other medical conditions, check for contraceptive plans and where necessary follow-up with regular visits by the health worker or admission in the Health Center here.

Dr Piyali Dutta

Dr Shanu

Dr. Shanu has featured in previous editions of Kuyil with her work in schools and clinics in the villages. Here are her stories about two people she was able to help...

SURESH

In one of my afternoon visits under the child-to-child programme, which goes on in four village schools in one afternoon, I saw a boy, named Suresh, who behaved very differently from the other children of his age. So after the class I found out that he is deaf and dumb since birth. Sreenivas, my translator and helper, and myself went to see Suresh's family. We met his mother who told me that we could try to help Suresh, but she must take him once or twice to a speech therapist at Kulapalayam. So now both the mother and son come to the Health



Centre for the speech therapy. They have sent him for audiogram too, for him to get a hearing aid.

It is wonderful to notice and help those children who have no voice, but can one day be independent.

MANJULA

Another case, which I saw in one of the child-to-child programmes, was a little girl, named Manjula, 8 years old who lives with her mother in a one-room house facing the beach. She was sitting with other friends in a circle, but awkwardly covering her very thin legs under her long skirt. I noticed she sat in one position, not shifting, but fully concentrated in the game the health workers started. When they all got up, then I saw she was trying to maintain balance while one of her friends was holding out an arm to help her. Manjula walked with a very difficult limp and I asked the Health Workers what had happened to her leg. Sengeni, the supervisor living nearby, came with Manjula and myself to see her mother as we thought we could do something for her. Her mother welcomed us to their house and then told us the sad story. After a vaccination in the buttocks, when Manjula was a baby of nine months old, a big wound, started which refused to heal. It was treated, but re-occurred, and after this had happened several times they took her to Jipmer hospital in Pondicherry. Here it was diagnosed as a tumor - a neurofibrosarcoma. She was operated upon when she was

3 years old, but again it re-occurred. Owing to gluteal swelling and intense pain in her leg they had to partially remove the sciatic nerve.

After the second operation, now she still walks with a limp and foot drop, and the tumor has come up again. She is given a lot of painkillers. The Health Centre has taken her to MIOT hospital in Chennai, where the concerned doctor said she required a third operation but it would be risky to her life, possibly not successful and would cost Rs.60,000. It is really sad to see this lively little Manjula, who is so enthusiastic to go to school and attend child-to-child programme, should be suffering so much. She doesn't miss her school, as she knows the importance of education and what it means for the future to be educated.



Lightning Strike

About 7 months ago we had extremely bad weather, with very heavy thunder storms. In one of the villages one of the houses got struck by lightning, unfortunately killing the parents of five children. Aged 3 - 9 years the children had no close family relatives, and in a village with a shortage of water and sometimes food it was difficult to find somewhere they could stay.

Eventually they were moved to a Government house for orphans where at least they are taken care of and can attend school. Bhavani, the youngest, was too young to go to such a home so she went to stay with some people who were more or less family relatives. Regrettably, after a medical check up at the Health Centre we found that they were not capable of giving her the right sort

of care.

So we are looking out for a place where she can get good accommodation with food and the opportunity to go to school. Through the Health Centre we are going to arrange regular contacts with her brothers and sisters



The house after the lightning strike

so that she can have the feeling for some kind of family life and family ties. In a country like India where girls are put in second place it is very important that they get some love and attention.

Mr Albert

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