



POLIO CHILD RELIEF MUMBAI

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Update of Patient TEJAL RANA (9yrs)

(Background / Medical History / Treatment received earlier)

Tejal, and her sister live with their parents in the slums of the Western suburbs in Mumbai. Her dad works, earning his living as a peon in an office. Tejal suffered from Cerebral Palsy with severe deformities in both feet, ankles, knees and hips. Due to her brain defect, the spine was affected too. When she was first brought to us at four years of age, Tejal had difficulty with just sitting, and no hope of standing or walking. She would have suffered drastically for life, as a heavy burden to her family, being cared for her personal hygiene, changing of clothes, education, etc. Initially, Tejal received surgeries to correct the deformities in her feet. Since then, she has been able to touch the ground with the soles of both of her feet.

Later, with Polio Child Relief-Mumbai's sponsorship program, at the age of six, an 'Egger' muscle balancing operation was performed in each knee. This brought stability to her knee and muscle power, enabling her to start gaining control over the movements of her legs. A special calliper with crutches was made for her, which she started to use daily. After these successful operations and later with physiotherapy, Tejal made good progress starting to move around with the help of her calliper. She is a bright child and was able to begin attending public school. However, poor muscle tone and much increased action caused her hip to dislocate. Surgery was performed again, a tendon and thigh muscle were released to relocate the hip. Plaster was applied and a prolonged rest of six months was needed.

Medical Examination & requirement July 2006: 'After prolonged recuperation she is slowly gaining mobility, but there is still a gap in the left hip joint as the hipbone is not sitting properly in its socket. Now she requires a difficult surgery with muscle transfer to support the hip joint. This was a major and complex operation, which will take about five hours. Finally, Tejal's condition will improve, be better off, gaining satisfactory mobility for life'.

In August 2006 Tejal received this operation and is doing quite well. Dr. Desai, our orthopaedic Surgeon reports the progress as follows;

"The hip operation and resetting the bone in two places went very well, so did the muscle transplantation. The bone formation and growth has been good and tissues are healing up well. Due to having undergone such a major operation, it is required that Tejal keep on the cast and fixator at least for one more month. After removal good results and progress is expected".

We were able to visit Tejal several times at the Hospital and our children made further friendship with this sweet, intelligent girl. It is very commendable, how she and her family are coping with it and are always cooperating with the Doctor concerning Tejal's treatment. Fortunately Tejal is able to receive some tuition at home to make up for the loss of attending public school. We hope and wish for her to gain satisfactory mobility soon.



Tejal Rana with her father Deepak in August 06 before admitting her to the Hospital for the latest surgery.



Above & Below: Michelle and Claire, children of PCR-volunteers, together with Reema of PCR team, comforting Tejal and spending time with her at the Hospital after her difficult operation.



POLIO not yet eradicated in India:

In September 2006, the Media and Municipal Authorities in Mumbai had officially recognized and stated that the Polio virus is very much active and Polio disease is far from eradicated. Now as different departments are trying to tag each other, from an article whose Title was 'Polio Colony is disease hotbed' we quote how the Assistant Municipal Commissioner denied this. "Garbage is removed round the clock and citizen's complaints are addressed promptly," he said. He blamed local residents, "The area is situated close to a dumping ground, most locals and rag-pickers sort garbage and lack awareness on community hygiene and cleanliness" He said the BMC has stepped up fogging and larvicidal measures in areas as a precaution.

But an officer with the BMC's insecticide department doubted the efficacy of the renewed cleanliness drive. "The dingy, congested lanes and closely constructed houses make it difficult for staff to move with the shoulder-mounted fogging and anti-larvae machines" he said.

This is just a peek of what it is really like after the monsoons, with dengue, food-borne illnesses, cholera, diarrhoea, acute gastroenteritis and fevers etc., are being rampant. But an officer with the BMC's insecticide department doubted the efficacy of the renewed cleanliness drive. "The dingy, congested lanes and closely constructed houses make it difficult for staff to move with the shoulder-mounted fogging and anti-larvae machines" he said.

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Orthopaedic Appliances:

In recent weeks a lot of time and effort went into the post-surgery support of some patients. We are working closely with a small private institution, which manufactures high quality orthopaedic appliances. It is a private firm headed by Mr. Arun Solat, a highly qualified Orthotist and technician. Besides being very skilled in custom designing the necessary appliances, he often gives valuable counsel as to what patients need and how they can progress best in gaining further mobility.

Mr. Solat has also become popular in the field of sports. One time, he had designed a sophisticated orthopaedic appliance for a popular cricket star whose hand was injured. The special device enabled him to carry on with playing matches, thanks to the professional assistance and ingenuity of Mr Solat.

The manufacturing of callipers for Polio patients is far less glamorous and a more of a mundane job. However, Mr. Solat always gives it his best shot and displays great enthusiasm and eagerness to improve these patient's lives. His positive input and with lots of encouragement is often what they need.

For example; Shamin Banoo, age 20, had used her calliper for 4 years. However with the extensive use of it daily, to work and back using it to move around everywhere, it was well past worn out. Now she is happy with a new, smooth and strong calliper that Polio Child Relief Mumbai has sponsored for her as she was unable to pay for it due to not earning enough money for her daily living. The cost of her calliper came to about \$150/-

Another Polio patient is Ilias Sheikh. He is 39 years of age and has a simple job in a diamond polishing firm. He had severe deformity in his right leg and milder deformity in his left leg. He had managed to limp around with the help of a crutch, but it had become increasingly difficult, because his better knee started to flap/cave in while walking. He got multiple stage surgery performed by Dr. Desai to correct the deformity. The correctional surgery was a success and he exercises now, getting his strength back. Since he is a person with a steady job, he contributed a large part of the costs of his operations. Polio Child Relief Mumbai also contributed around \$300 toward his treatment.



Left: Orthotist Arun Solat (l) with PCR-volunteer Savio (r) displaying a newly made calliper with a pelvic band at his shop.

Middle: PCR-Project-Manager Josef with patient Ilias Sheikh at the Shraddha Hospital.

Right: Dr. Paresh M. Desai, orthopaedic Surgeon and specialist in correctional surgery for Polio afflicted children, performs all operations and consultations at his own private clinic.

After adequate time of recuperation the patient was sent to Mr. Solat's institution, where he was immediately attended to and given a check-up. Over the phone, communications were made regarding the patient's need and an order was placed right then for the manufacturing of the appliance for him. Fabrication started the very next day and in one week the patient had a new, high quality tailor-made calliper ready for use. The cost for this calliper was \$250. PCR-Mumbai will sponsor the cost for this appliance in full as requested by the patient who contributed to the treatment as much as he could already.

(Explanation to the above case: Normally we offer free treatment to patients who come to us and request help. However we select each patient and check their background. In cases where they hold a job or are fairly well off, we request them to contribute towards the costs of their treatment as much as they can. That way we can sponsor operations of children who are very poor and have no means of supporting themselves.

Further it happens that sometimes we give the okay for sponsorship of a patient's treatment but request them to wait till later, due to a lack of funding. If they would for some reason want to go ahead and start the treatment before finances are available, then they would have to come up for the reduced costs of operations and hospital stay on their own.)

Post-operative Care of Patients:

A bit different is the case of the post-surgery care of Lakshmi Pande. She had first come to us at the time of the Polio Camp in January 2004, sponsored by Family Care Foundation. After that she had several surgeries, the main one being the 'Limb-Lengthening' in 2005. This summer she had an additional surgery in her ankle to adjust her foot and joint to the change in length in her leg. She recuperated well and has made it this far.

Her family requested us to help them with 'job-placement', finding some place where she can learn a skill and become self supporting. We usually don't venture into assisting patients in this way as we are already busy and fully occupied with the other important aspects of our project. However we are facing more and more requests like these. People look for help and once they have confidence in us and have come to trust us for their care in medical matters, then they want us to assist them with everything. So in this case we'll be checking out a women's institution in her area, which specializes in offering work to the destitute, disadvantaged and outcast women of all sorts. About 10 years ago we had some contact with this organization, when my late wife Verena came across this institution in her research as a professional fashion designer. This organization manufactures nice bags and typical Indian craft and textile articles, which are then exported abroad. We hope to find a place for Lakshmi there, where she start an apprenticeship and learn stitching, sewing and things like that.

Another Ex-patient, Phiroj became a good friend and helper of our project, collecting and introducing new patients to our project on a regular basis. A few years back, he had a remarkable improvement in his mobility from crawling on hands and knees to walking on his own. His social standing improved drastically, he married and has two children now. Recently he contacted us, informing us of his intention to start a business with a friend. They would like to open a small roadside-vendor business of selling children's clothes. They need a starting capital for investment, which they don't have at hand. We are hoping to find someone, who would like to help them financially with this enterprise.

Bandu and the Patient Soheli:

Bandu, a young accountant is another part-time helper, who has been with us from the beginning of our project. He is always ready to give a hand and participated in various Polio-camps since 1997. Without such hardworking helpers and volunteers like Bandu, our project would be much lacking. Over the years many handicapped children have received free treatment due to him and he's an active part of the project at present. Where he resides, in the East of Mumbai, are huge factory worker's slum areas, from where he often brings new patients.

Recently he brought a boy, name Soheli M. Kureshi (age 6), who lives in the 500Km distant town Nashik and is the youngest of four siblings. The father has a small meat shop and has difficulties making ends meet, finding it very hard to accept the little boy's handicap. We arranged a visit with Dr. Desai at the hospital, who is always cheerful and gave a positive report for correctional surgery.



Left: Lakshmi Pande reaching the end of her treatment with a last stage surgery in her ankle and foot. With anticipation she is looking forward to a more independent life, starting to work and earn.

Right: Josef with Bandu (r) and another volunteer in front of a small medical out-post in a slum-area in East Mumbai during field-work at the onset of our project back in 1997.



This boy is a cerebral palsy case and we hope to get the desired results as it is not just another correctional surgery, but the proper response of the muscles released are of utmost importance. The doctor planned the treatment in stages. The first stage consisting of two operations has been performed in October 2006. It is known as 'valpius gastrocnemius' a release of the muscle of the foot, on both feet. His legs are now in casts for the healing process. We will be observing the results as subsequently two or three more operations are planned. When we visited him at his relative's place where he was temporarily residing in a slum here in Mumbai, we found him in good spirits and happy, eagerly awaiting to return back to his village as he misses his brothers and sister very much. The 2nd stage of the correctional surgeries and his treatment is scheduled for spring 2007.

Other Patients:

We have just taken the patient Jamila for another check-up. She is one who, after major correctional surgeries in 2005, achieved amazing progress. She progressed very well and over time, with the use of a special calliper with a spinal corset, became for the first time in her life confident in walking on her own. A follow up surgery was required in her left foot to adjust ligaments and muscles to the big changes in her lower limbs. However, for personal reason she had opted to wait with this step until now, in order not to be an additional burden to her family. A cousin sister was teaching her in the meantime the art of doing 'Mahendi', a typical Indian art of a type of tattoo applied to hands and arms of girls and ladies. This kind of creative art takes some time to learn and those who become skilled in it can earn some money, offering their skill to people.

Goals and Request for 2007:

A very pleasant and happy occasion was the personal visit by Family Care Foundation's President Mr. Grant Montgomery from the USA towards the end of November 2006. We were so glad to have the opportunity to meet together and discuss various aspects of the project. It meant a lot to us and we appreciate the good tips and input in how to carry on and even improve the project further in future.

At this point we'd like to apologize to all our friends near and far for the poor maintenance and updating of our website, hosted by FCF; www.familycare.org/network/i16.htm. There have been some difficulties. It does in not reflect the current state of our activities. We will be working towards improving this neglected part of our project over the coming months and hopefully launch our own site by the end of 2007. Please do bear with us and continue to support us and this very needy and extremely beneficial cause in whatever capacity you can. We need your help, thank you very much and may God bless you for it.

For those of our friends in the USA, please continue to make contributions via Family Care Foundation in the USA; for further information please contact: www.familycare.org

Anyone else interested, kindly contact us directly regarding how you can become a part of our project and contribute towards it. We are looking forward to hearing from you. Once again Thank You to all those who have made our project possible during 2006 with their kind, loving and generous help and participation.

From all of us at POLIO CHILD RELIEF-Mumbai,

Season's Greetings

and a

Happy, prosperous New Year

Polio Child Relief *Mumbai*

Josef Suess

Project Manager



Above: Soheli (6yrs) back at home after discharge from the hospital. His mommy is glad everything went well.

Below: PCR-coordinator Jyothi carrying Soheli to his home.



Jamila coming out of the narrow lane of her slum dwelling on her own.