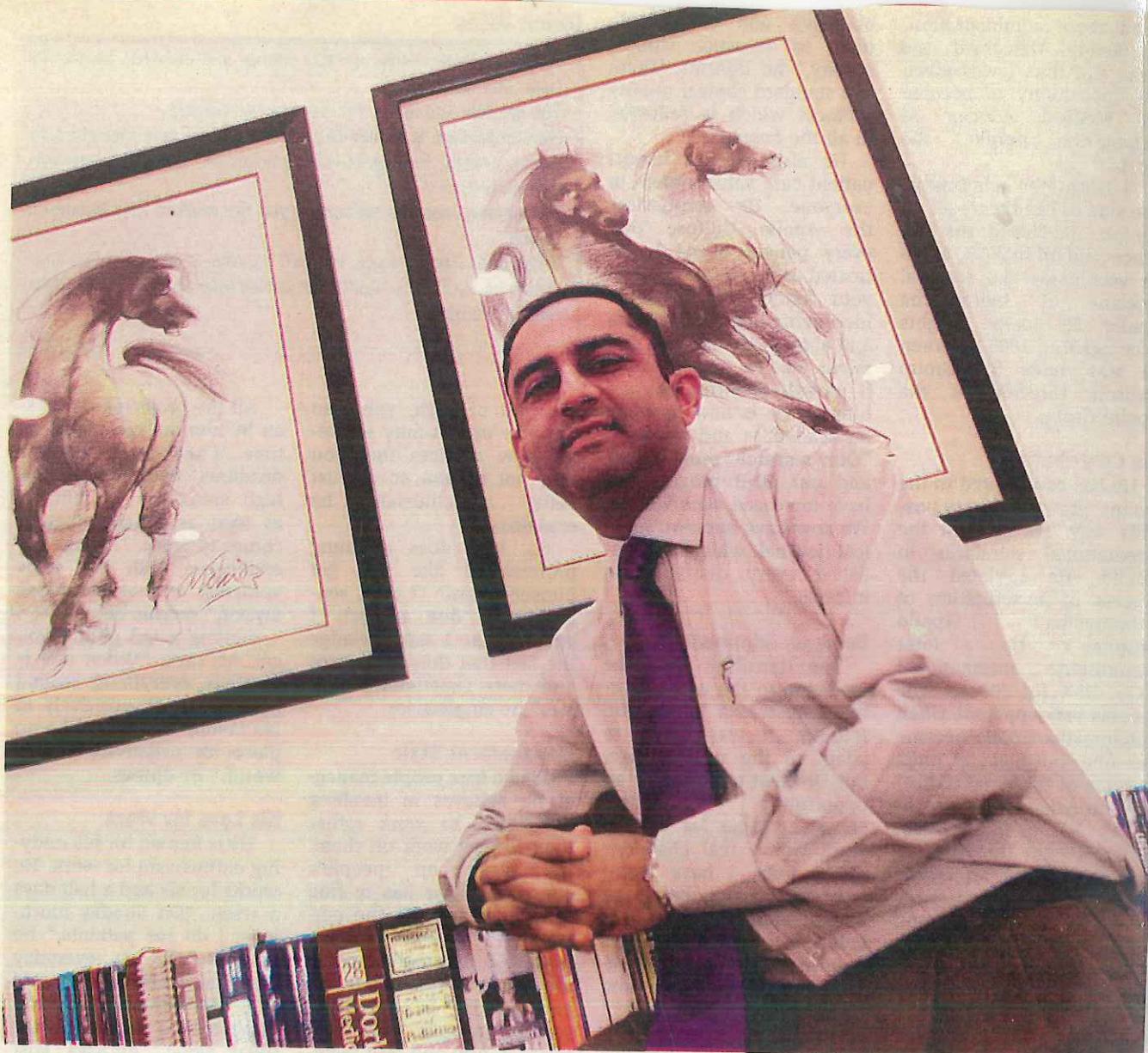


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# The Inspiring Leader

*It is amazing what you can accomplish if you do not care who gets the credit*

Harry S Truman

**T**his is what Dr Anupam Sibal, Group Medical Director, Apollo Hospitals, believes in. It's his positive thinking which has always given him hope to achieve greater heights.

## The Growth Path

Success and Dr Sibal are two sides of the same coin. Fascinated by the functioning of the human body, Dr Sibal decided to don the white coat. Though the entire family was in Kashmir, he decided to move to Delhi to pursue his dream. He graduated from the prestigious Maulana Azad Medical College in 1991 with four gold medals

and the Lt Governor's Trophy for best all-round medical student. His love for children propelled him to specialise in paediatrics. "It's quite often a challenge to make a diagnosis in children and I wanted to take up this challenge," he says.

Excellence kissed him when he pursued MD in Paediatrics from Lady Hardinge Medical College and Kalawati Saran Children's Hospital, New Delhi in 1995 and walked away with the Best Post Graduate Student award. Dr Sibal then perused a Fellowship in Paediatric Gastroenterology and Hepatology from Institute of Child Health, Birmingham and Birmingham Children's Hospital, UK

## Home Calling

He had the option of

staying back in the UK, but it was not fated. A single incident compelled him to return and propagate the knowledge acquired in the West and bring clinical excellence to home country. While Dr Sibal was still training at Birmingham, a child from India travelled all the way there to get his liver transplant.

"He had to wait for really a long time to get his liver transplant. That really got me thinking that why should an Indian go out of the country for a liver transplant?" he recalls.

This is what made him change his mind to return to India. "I was clear that when I come back to India, I would help start a liver transplant programme for children since there was no such programme in India at that time," he says.

## Soaring Career in Apollo

He approached the premier healthcare institution at that time- Apollo. He wrote to the Founder Chairman of Apollo Hospitals Group, Dr Prathap Reddy about his desire to come back to India. The response was positive. He was appointed as a Senior Consultant at Indraprastha Apollo Hospital, New Delhi at the age of 29 to help set up a liver transplant programme. He proved his capability when the unit performed the first successful liver transplant in the Indian subcontinent in November 1998 and since then this unit has performed 31 paediatric and 211 adult liver transplants.

In 2002, he was given the opportunity of working on the administrative side as well. "I had certain ideas in



nd about administration. Reddy welcomed the eas and thus I was given e opportunity to become e Medical Advisor of drapastha Apollo," he calls.

"I learnt the administrative side of healthcare all on e job," he shares. His diligence paid off in 2003, when e was made the Medical rector of Indrapastha pollo. He soared heights ce again in 2005-06 when e was made the Group edical Director of the pollo Group.

### Contributions

He has contributed to the oups' growth in every possible way. He brought the ternational standards to pollo. He initiated the ocess of accreditation of drapastha Apollo ospital by Joint ommission International CI), USA (in 2003). The ccess was apparent when drapastha Apollo became e first hospital in India d one of the handful hospitals in Asia to get accredited by JCI in June 2005. After we got the first JCI ccreditation for an Indian ospital in 2005, we have ocused a lot on quality and ave succeeded in getting even of our hospitals ccredited," he says.

In February 2005, he elped devise the Apollo linical Excellence model hich has been applied cross all Apollo hospitals. We now have developed

objective and measurable tools to measure clinical quality," he informs. There is a standard clinical quality protocol which is followed in all the hospitals.

He also tries to impart patient care value system in everyone. He emphasises the Apollo Culture that every patient needs to be treated as if s/he is a part of your family! He helps in identifying talent from India and abroad. He believes that talent will be retained only if growth opportunities are offered. He is now focusing on academics and research. "Our research programmes and our DNB programmes have increased significantly. We now have our own medical journal which is published every quarter," he informs.

### Being an Administrator

The transition from the medicine to the administrative side was a tough one. Initially, it was tough to adapt to the new change, but Dr Sibal took this as an opportunity to learn. Managing time for clinical work was a real challenge "With time, I have learnt how to manage being an administrator as well as being a physician. It has required a bit of time management, delegation and building of a robust team," he recalls.

"It is exciting because being just on the medical side you see just one side of the picture but with a com-

### Quick Bites

**Favourite Book:** 'How to make friends and influence people' by Dale Carnegie

**The car that you drive:** He does not like driving.

**How important is money to you?** "Money is only important to meet my needs. Excellence is what drives me. Money I believe follows excellence."

**The person, who has influenced you the most in life:** Mahatma Gandhi

**What does Apollo mean to you?** "Apollo is an institution that stands for excellence. Apollo has turned several of my dreams into reality," he quips

bination of both, you also have an opportunity to create new services that you may not be able to do just being a clinician" he explains.

So, how does a young professional like him get himself heard? "I treat seniors with due respect. I ensure that I acknowledge the fact that they are senior and more experienced than me," he emphasises.

### Management Style

Like a true people manager he believes in instilling the desire to work rather than forcing work on them. He plays on people's strengths. "One has to find exactly what suits the person, not what suits you. You must also genuinely appreciate every effort made by each person," he says. Being young, people are able relate to him and also readily take their problems to him assured that he will address them.

All the projects undertaken by him are completed on time. "I have never missed a deadline," he boasts. He has high standards for himself as well as others when it comes to work. "I judge my employees with the same yardstick as I would judge myself," reveals he.

Getting a tad philosophical, he says, "When one is positive, everything around him will work positively in his favour. There will be no place for negativity in this world," he opines.

### His Love for Work

He is known for his undying enthusiasm for work. He works for six and a half days a week. "On Sunday mornings, I do see patients," he informs. On an everyday basis, he works from 8 AM to 8 PM without a break! I don't have a lunch or a tea break alone," he says. Post eight, one can find him attending phone calls or checking e-mails.

According to him, work should be 'the' love affair of ones life. "If you don't get tired of the love affair, you cannot get tired of work. You need to be really passionate, focused and really believe that you really enjoy what you do," he quips.

So where does the leader see himself 10 years down the line? "I clearly see so many opportunities that Apollo holds and I can see myself engaged in some of those opportunities," he says. His ambition is intertwined with Apollo's growth. "I want Apollo to continue to lead the charge in improving the healthcare delivery system. I would like Apollo to become an institution that excels not only in clinical outcomes but also medical, education and research. I very much see myself being a part of Apollo, contributing whatever I can to our growth," he concludes positively. ■

### The Personal Front



● Married to Nandini, an interior designer by profession, in 1991. The couple is blessed with a 16-year-old son Devang. He attributes his professional success to his wife, who has always been very supportive and has taken the load of all the domestic and family responsibilities.

● His parents are retired and stay near Mussoorie. His father took pre-mature retirement from the Army, and set up a business in Kashmir and is now retired. His mother is a home-maker.

● He grew up in Srinagar, Jammu & Kashmir. "I had lots of fun in my childhood with many picnics, 'shikara' rides and outings. My favourite memories are having a

great time each summer with a house full of guests from all over the country and aboard. I have fond memories of the TV programme for children I hosted for four years on Doordarshan," he shares.

● Hobbies— "There isn't too much time for what would you say as organised hobbies. I love watching movies and watch one movie every Sunday afternoon if I am in Delhi," he says. He watches two movies on DVD in a week, late night. He also likes to read about movies. The last movie he watched was Dev-D and found it 'classy.'

● He loves music. "In terms of music any moment whenever I have time, in the car or elsewhere there is music. I am not particular about what sort but good music, soft music," he reveals.

● "If I get time, I do like to read books. I also like to travel. I do lecture a lot so as a part of that I do travel. I do try to extend the tour and take a break."







# iring Leader

Governor's all-round His love belled him paediatrics. a challenge sis in chil- ted to take," he says. ssed him ed MD in om Lady cal College ti Saran spital, New and walked e Best Post ent award. Dr perused a n Paediatric gy and om Institute of Birmingham am Children's the option of

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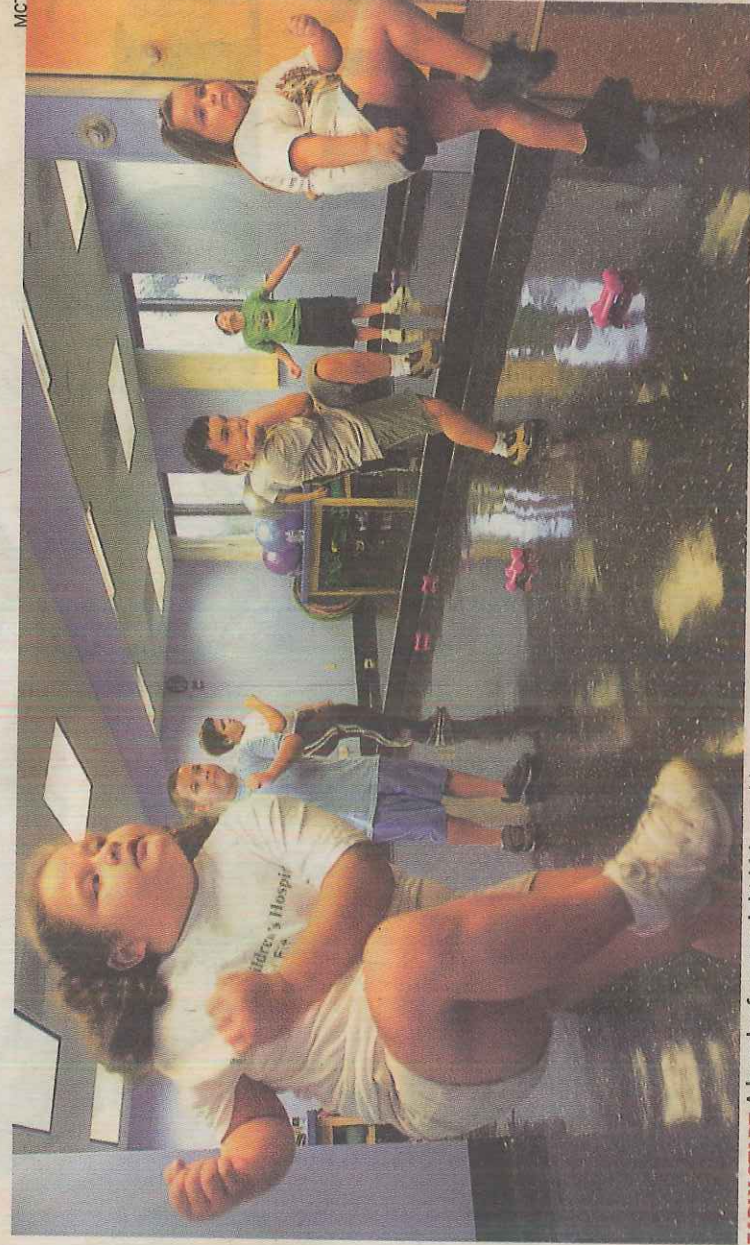
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# Weight on their minds

The carefree wonder years of some are now getting bogged down with weight worries

Sanchita Sharma



EARLY START A bunch of overweight kids working out, physical activity is a must for growing children



# Spot the infection

Chickenpox is affecting even those who were vaccinated — with mild symptoms

**Rhythm Kaul**

**T**HE SUDDEN change in weather has caused a spurt not only in viral fever and asthma, but also chickenpox, which is affecting young children across the country.

"This year chickenpox is being reported a month earlier. We usually get cases in May or June. Though most people go to general practitioners, this year even hospitals are getting occasional cases," said Dr Vandana Jain, assistant professor, department of paediatrics, All India Institute of Medical Sciences (AIIMS). This month alone, she has diagnosed 20 such cases.

In private clinics, the numbers are much higher. "I saw four chickenpox cases last week, which is much more than what I see every year," said Dr Anupam Sibal, group medical director and senior consultant paediatrics, Apollo Hospital, Delhi.

What is interesting about this year's outbreak is that most children who had the infection had been vaccinated against the disease. What's happening? "Chickenpox is highly contagious but the vaccine does scale down the severity of the attack," said Dr Sibal.

Chickenpox is highly infectious and it usually affects children under 12 years. The infection comes with high fever, congestion of eyes and itchy red spots, which usually appear first on the chest and upper abdomen and later cover the entire body. These rashes appear in crops; the red spots

turn into small blisters that dry up and form scabs over a week.

A vaccine is available and recommended for children who have not had the infection by the age of 12. "It's not a cheap vaccine but people prefer to give it to teenagers, as the chickenpox season usually coincides with Board and other entrance exams. Those who get chickenpox even after vaccination, have fewer rashes and the and recovery time is faster," said Dr Sibal.

However, how long the protection lasts after a single dose is still an issue of debate. "A single dose, as of now, has not shown to be giving life-long protection. Those who can afford it should take it, otherwise it is not mandatory as you usually develop immunity once you've had the infection," said Dr Jain.

Treatment is symptomatic — paracetamol for fever, and sponging using a mixture of boric acid and cold water to reduce itching.

Like most viral fevers, the disease is self-limiting and usually gets over in 10 days to two weeks.

One shot costs Rs 1,000, with physician's charges making parents poorer by about Rs 1,500. "It is optional, but there is no point getting a shot after rashes appear. The incubation period of chickenpox is 18 days, so by the time rashes appear and the disease is diagnosed, the child has already infected several other people," says Dr Sibal.

DJESHWAR SINGH/HT



**TIMELY CHECK:** Dr Anupam Sibal examines a patient for chickenpox symptoms

## WATCH OUT FOR

### WHAT ARE THE SYMPTOMS?

- An itchy rash that usually begins in the abdomen and face then spreads to limbs
- The small red spots develop into blisters within hours and into scabs within a day or two
- New blisters appear after three to six days. The infected person may have fever
- It lasts 7 to 10 days in children and longer in adults
- Symptoms are mild in young children

### HOW DOES IT SPREAD?

- It spreads from person to person through direct contact with infected droplets (sneezing, coughing) or contact with fluid from a blister
- A pregnant woman with chickenpox can infect the baby before birth. Mothers with chickenpox can also infect their newborns

### HOW EFFECTIVE IS THE VACCINE?

- It prevents infection in some cases and in most cases, makes the symptoms milder



**ख़ास** 16 माह की बच्ची खुद तो नहीं रही पर देश की सबसे कम उम्र की अंगदानकर्ता बन गई

# 16 माह की अभिलाषा बनी कई की जिंदगी की आशा

नई दिल्ली। किसी माँ के लिए बेटी की मौत कितनी कष्टदायक हो सकती है इसको सिर्फ कल्पना की जा सकती है। मौत के बीच ताड़लों के अंगदान करने का निर्णय करना कितना कठिन होगा यह कोई सोच भी नहीं सकता। अभिलाषा की किलकारी और मुस्कुराहट में कभी नहीं भूल सकती। भगवान न कर किसी माँ को ऐसा दिन देखना पड़े। यह कहना है 16 माह की बच्ची अभिलाषा की माँ विनोता का।

अभिलाषा आज दुनिया में नहीं है लेकिन उसकी दो किडनी और दो आँखों में चार लोगों की नई जिंदगी दी है। अभिलाषा भले ही आज हमारे बीच नहीं है लेकिन उसके माता-पिता के साहस ने उसे देश की सबसे कम उम्र की अंगदानकर्ता बना दिया है। भोपाल निवासी राजेंद्र राहुरीकर पेशे से व्यवसायी हैं। राजेंद्र राहुरीकर की छोटी बेटी अभिलाषा का जन्म 10 अक्टूबर 2007 को हुआ था। उसे पैदायशी

वाइलेरी ऑटोशिया यानी लीवर की बीमारी थी। अभिलाषा की माँ विनोता ने बताया कि अभिलाषा को देखकर कोई भी नहीं कह सकता था कि वह एक बीमार बच्ची है। पैदायशी रोग के कारण पहले अभिलाषा को भोपाल से बंगलुरु तक के डॉक्टरों को दिखाया गया। तीन माह की उम्र में लीवर की सर्जरी बंगलुरु में की गई लेकिन समस्या दूर नहीं हुई। बाद में डॉक्टरों के सुझाव पर उसे अपोलो अस्पताल में भर्ती करवाया गया। अपोलो अस्पताल के डॉक्टरों ने लीवर प्रत्यारोपण की सलाह दी।

उन्होंने बताया कि लीवर प्रत्यारोपण की तैयारी हो ही रही थी कि 17 जनवरी को सिर



■ अभिलाषा की किलकारी और मुस्कुराहट भूल नहीं पाती है माँ विनोता

■ पैदायशी लीवर रोग से पीड़ित थी, अस्पताल में बल रहा था इलाज

का सीटी-स्कैन करने पर पता चला कि अभिलाषा हाइड्रोसेफलस की बीमारी से पीड़ित है।

अपोलो अस्पताल के मेडिकल डायरेक्टर डॉ. अनुपम सिक्कल का कहना है कि ब्रेन के अंदर बनने वाला पानी बढ़ता रहता है। लेकिन जब किसी कारणों से पानी का बहना बंद हो जाता है तो इसे हाइड्रोसेफलस कहा जाता है। रुका हुआ पानी ब्रेन के अंदर दबाव बनाता है और ब्रेन की गतिविधियों को रोक देता है। सर्जरी कर इस पानी के बहाव का रास्ता बनाया गया लेकिन वह सफल नहीं हो सका। इसके कारण अभिलाषा 23 फरवरी को ब्रेन डेड हो गया।

ब्रेन डेड होने के बाद माता पिता ने अभिलाषा के सभी अंगदान करने की सहमति दी। राजेंद्र राहुरीकर ने बताया कि अंगदान करने का निर्णय लेना बहुत ही कठिन था लेकिन उसके अंग से किसी की नई जिंदगी मिले यह इच्छा थी। अपोलो अस्पताल ग्रुप के चेयरमैन डॉ. प्रताप मोरेड्डी ने बताया कि अभिलाषा की दो किडनी और दो आँखें चार लोगों में प्रत्यारोपित किया गया है।

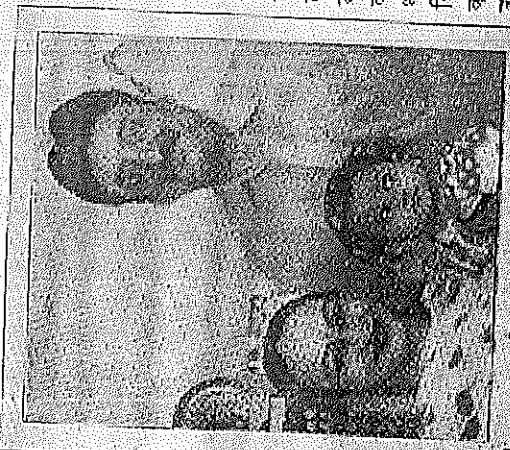
अभिलाषा का दिल नहीं धड़क रहा : 16 माह की बच्ची अभिलाषा का दिल किसी भी मरीज को प्रत्यारोपित नहीं किया जा सका है। पैदायशी हार्ट रोग से पीड़ित लाखों बच्चों का जन्म देश में हो रहा है। एम्स जैसे संस्थान ने हार्ट प्रत्यारोपण के लिए बच्चों की एक कमी रिपोर्ट बनी हुई है। लेकिन अपोलो अस्पताल को हार्ट ट्रांसप्लांट के लिए मरीज नहीं मिल सका।



# दूसरों के जीवन की आशा बनी मासूम 'अभिलाषा'

नई दिल्ली, 30 मार्च (देशबन्धु)। छोटी सी अभिलाषा ने अपने अंगों को दान कर समान व देश के लिए एक बड़ी आशा की किरण का मुरझात किया है। मासूम का जीवन बहुत लंबा नहीं चला सका तो क्या हुआ उसके फूल रही आशा अब कईयों के जीवन की बगिया में उकलाने फेलाएंगे। जो हाँ वह कोई कोरी कहानी की अभिलाषा नहीं है, बल्कि आज के संवेदन शून्य समाज की वह अभिलाषा है जो भीत की गले लगाने के बाद भी एक नई सोच के साथ ही आशा कि किरण छूड़ गई जो आने वाले समय में यही संदेश देती रहेगी कि अपने जीवन में रोशनी नहीं रही हो क्या हुआ दूसरे के जीवन में जो रोशनी है। मात्र 15 साल की अभिलाषा सचमुच एक नई मिराल बन गई है। भोगल का रहने वाली 15 साल की अभिलाषा उन नरीनों के लिए एक आशा की

किरण है जो नभीर बीमारी से जूझ रहे हैं और अंग की दानों के लिए आशा की जरूरत है। लीवर रोग से पीड़ित अभिलाषा को लीवर प्रत्यारोपण के लिए राजधानी स्थित इन्द्रप्रस्थ अपोलो अस्पताल में भर्ती किया गया था, लेकिन लीवर रोग के साथ ही न्यूरोलोजिकल समस्या होने की वजह से उसे बचाया नहीं जा सका। तत्पश्चात अभिलाषा के माता-पिता ने उसका अंगदान किया। मूलरूप से भोगल की रहने वाली 15 माह की अभिलाषा के पिता राजेन्द्र राहुरीकर टेलीकांम और मिटनेस उपकरणों का कारोबार करते हैं। अभिलाषा का लीवर खराब होने की वजह से उसे दिल्ली स्थित इन्द्रप्रस्थ अपोलो अस्पताल में इलाज के लिए भर्ती किया गया



■ भारत की सबसे कम उम्र की बच्ची का किया गया अंगदान  
■ लीवर दान से पीड़ित अभिलाषा अपोलो में यही गई थी भर्ती

गई थी। इसकी वजह से उसका लीवर प्रत्यारोपण नहीं किया जा सका। अपोलो युम ऑफ हॉस्पिटल के युम चिकित्सा निदेशक डॉ. अनुपम सिन्घल ने कहा कि अभिलाषा के सिर के सीटी स्कैन से पता चला कि वह राइडोसेफालस से पीड़ित है। लीवर प्रत्यारोपण से पहले उसकी न्यूरोलोजिकल दशा को ठीक करने की जरूरत थी, परंतु दुख की बात यह है कि उसके लीवर की कार्यप्रणाली बिगड़ जाने और उसकी न्यूरोलोजिकल दशा भी अधिक खराब हो जाने के कारण उसका लीवर प्रत्यारोपित नहीं किया जा सका। अभिलाषा की माँ विनीता ने कहा कि हमने अभिलाषा के अंगों को दान करने का फैसला किया, क्योंकि हमने उन अंगों की जरूरत और महत्व

अपनी रूप डॉफ हॉस्पिटल के चेयरमैन डॉ. प्रताप सोरेंडेडी ने अभिलाषा को ब्रह्मोजलि देते हुए कहा कि ऐसा साहस भरा निर्णय लेने और ऐसा आदर्श कदम उठाने के लिए उसके माता-पिता को धन्यवाद देते हैं। उनका वह कदम निश्चित रूप से अनेक रोगियों के लिए आशा की नई किरण लेकर आया। उन्होंने कहा कि अंगदान करने वालों और अंगों की कमी के कारण जीवन बचाने में बाधा आती है। अंग दान करने की प्रक्रिया इन संकड़ी रोशनी में नई उम्मीद जगा सकती है, जिनको अंग की जरूरत है।



# टूटी सांसों की डोर पर कई के जीवन को कर गई रोशन

जई दिल्ली, जागरण संवाददाता : किसी माँ के लिए अपनी बच्ची की मौत से बड़ा दुख क्या हो सकता है, किंतु अपनी सोलह माह की बेटी के अंगों को दान कर बिनीता ने न केवल कई लोगों का जीवन बचाया है, बल्कि दुनिया के सामने अनोखी मिसाल पेश की है।

सोमवार को अपोलो अस्पताल में प्रसवार्त के दौरान बिनीता ने कहा कि हमने उन अंगों का अस्तित्व और महत्व को महसूस किया। मुझे गर्व है कि मेरी बेटी के अंगदान से कई लोगों को नया जीवन मिला है। अब मेरी बेटी हमेशा हमेशा के लिए जिंदा है...। अपने आसुओं को पीछे छोड़ बिनीता ने कहा कि मैंने अपने बच्चे को जन्म दिया, लेकिन उसे जीवन नहीं दे पाई। भोपाल निवासी अभिलाषा के पिता एनईए राहुर्गकर ने बताया कि अभिलाषा के अंगदान का निर्णय तो कठिन था, किंतु यह जरूरी था। अभिलाषा की मौत का हमें बहुत दुख है पर उसकी वजह से कई लोगों को जीवन मिला है, हमें इस बात का खुशी है। उन्होंने बताया कि जन्म के 15 दिन के बाद में ही अभिलाषा को तब तक खराब हो गई थी, उसे हमने बंगलूर में दिखाया, जहाँ उस का बाइलियरी अटोरिया का निदान किया गया तथा लीवर प्रत्यारोपण की जरूरत बताई

बच्ची के अंगदान से चार को नया जीवन



अपोलो में रहते सोलह माह की अभिलाषा के अंग दान करने वाले पिता राजेंद्र तथा माँ बिनीता बेटी अभिलाषा के साथ।

जईल कर्छे

गई पर उसकी पहली ही 28 जनवरी को उसकी मौत हो गई।

इस बारे में अपोलो के डॉक्टर अमरग मिश्रा ने बताया कि अभिलाषा को लीवर प्रत्यारोपण के लिए, किंतु यह लीवर स्कैन में उसे हाईडोसफाथिस से पीड़ित पाया गया। लीवर प्रत्यारोपण से पहले इसकी न्यूरोलॉजिकल समस्या दूर करना जरूरी था, लेकिन स्कैन के दौरान न्यूरोलॉजि

रामस्या और भी बड़ बड़ डॉक्टरों को उसका ब्रेन टेस्ट हो गया था, मिश्रा ने बताया कि अभिलाषा को अमरग और किडनी ने चार लोग का जीवनदान दिया है। इस पीछे माँ अपोलो के अध्यक्ष डॉ. प्रताप सो. रेहड़ी ने एनईए बिनीता को आदर्श माता-पिता बताया। उन्होंने कहा कि उन्होंने बहुत से बाप के लिए पैसा का काम किया है।



## कई अभिलाषाएं पूरी करेगी अभिलाषा

नगर संचारदाता // नई दिल्ली

'आज हमारी अभिलाषा भले ही हमारे पास न हो, लेकिन उसके अंगों में कई और लोगों के जीवन की अभिलाषाएं जरूर पूरी होंगी। यही सोचकर हमने अपना ब्रेन डेड बच्ची के अंग दान कर दिए। हालांकि हमें उसका जीवन नहीं बचा पाने का दुःख है, लेकिन इससे कहीं ज्यादा इस बात का सुकून है कि मरने के बाद भी उसका अस्तित्व इस दुनिया में है।'

यह कहना है भोपाल की रहने वाली विनीता का, जिन्होंने अपना साढ़े सोलह महीने की बेटा अभिलाषा के ब्रेन डेड हो जाने के बाद उसके सारे अंग दान कर दिए हैं। सोमवार को अफिलो हॉस्पिटल में आयोजित प्रेस कॉन्फ्रेंस में विनीता और उनके पति राजेंद्र राहुर्कार ने बताया कि उनकी छोटी बेटा अभिलाषा थ्रॉसिलेरी आट्रोसिया (पित्त की थैली में होने वाली बीमारी) से पीड़ित की थी। उसे लिवर ट्रांसप्लांट की जरूरत थी। लेकिन न्यूरोलॉजिकल समस्याओं की वजह से ऐसा नहीं किया जा सका। इस दौरान उसकी हालत दिन-ब-दिन

बिगड़ता चला गई। अफिलो अस्पताल के चिकित्सक अशोक कुमार अग्रवाल ने बताया कि अभिलाषा के लिवर ट्रांसप्लांट से अपनी बेटे का लिवर ट्रांसप्लांट करवाने के लिए हमारे पास जनवरी महीने में अंग थे। लेकिन अभिलाषा के शिर की सीटी स्कैन से पता चला कि वह हाइड्रोसेफलस यानी दिमाग से बड़ी यीमारी से

आने वाला मस्तिष्क की समस्या से अभिलाषा अपनी छोटी बेटा को लिवर ट्रांसप्लांट करवाने के लिए तैयार थी।



भा पीड़ित है। घर में लिवर ट्रांसप्लांट करने से कई कॉम्लिकेशंस आ सकते थे। इसलिए कर रहे डॉक्टरों ने कहा कि उनकी न्यूरोलॉजिकल बीमारी का खतरा करने का कमाला लिया। सोमवार उसकी पूरा शरीर में खजान दिन-ब-दिन बिगड़ती चला। 28 जनवरी को वह घर पर दिमागी की पर मृत। 29 को इस मौके पर अफिलो के मेडिकल डॉ. प्रकाश की मृत्यु। बताया कि अभिलाषा दान का सबसे कम उम्र की मेडिकलिक यौवम ब्रेन डेड हो के बाद अंग दान करने वाली। 29 उमरकी अंगों और फिलम आर मस्तिष्क की दे दी गई है और बाकी अंगों को प्रत्यक्ष करके रखा गया है।



# 16-month-old is India's youngest cadaver donor

NEW DELHI, MARCH 30

After losing their 16-month-old daughter Abhilasha, to a serious liver ailment, her parents couldn't just let her die. Wanting her spirit to live on in others, they donated her organs, making her India's youngest cadaver donor.

The little girl from Bhopal suffered from a serious liver condition known as Biliary Atresia since birth. Just three months old, she underwent a complicated procedure in Bangalore to correct the disconnect between her liver and intestine. Her doctors then referred her to the Apollo Hospital here to undergo a liver transplant.

"Abhilasha and her parents came to us from Bhopal for a liver transplant but a CT scan of her brain revealed that she was suffering with Hydrocephalus - meaning that the fluid was rising in her brain. We couldn't perform the transplant," Anupam Sibal, Abhilasha's doctor and medical director of Apollo Hospitals, told reporters.

"Her neurological condition had to be resolved before a liver transplant could be offered. But sadly due to her worsening liver function and deterioration in her neurological condition, she could not undergo a transplant," Sibal said.

After Abhilasha was declared brain dead on February 28, her parents decided to donate her organs. The hospital had arranged for condolence ceremony Monday, "saluting the spirit of Abhilasha and her parents".

"It was a difficult decision. But we knew she was gone and were not hesitant. With this donation, she has carried on...taking the essence of life beyond death," Vineeta, who was to be Abhilasha's liver donor herself, said.

Abhilasha's father Rajendra said in her "small life" she had managed to achieve a

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"big" deal. "Being a father, I am deeply saddened. But am happy and content knowing what she achieved. She made it possible for others to live a happier life. We have kept her soul alive," said Rajendra, cradling Abhilasha's 3-year-old sister Ashlesha in his lap.

Abhilasha's two kidneys, her corneas and her skin tissues were used to help others, doctors said. Apollo hospitals group's founding chairman Pratap C. Reddy hailed the decision of Abhilasha's parents.

"They have taken a very courageous step. In this country, we need to see more such acts of courage. There is an acute shortage of donors and awareness is lax," Reddy said.

Ever since the Human Organ Transplant Act was passed in 1994 in the country, making it possible to receive transplants from brain dead donors, there has been little progress in the country's cadaver programme.

This Reddy attributed to the lack of awareness and discussion on the donor issues. "Despite improved technology like ventilators and emergency measures to preserve crucial body organs since 2004, there have been just 1,000 cadaver donations in India. While in the US in just last year, there have been 22,000 cadaver donations," Reddy said. — IANS



# 16-month-old becomes youngest cadaver donor

ANANYA PANDEA

TRIBUNE NEWS SERVICE

New Delhi, March 30

Destiny has played a cruel game with 16-month-old Abhilasha and her parents, Rajendra and Vineeta Rahurikar of Bhopal. The grieving parents, who lost their child on February 28 to a liver ailment, could still cherish her presence, for they donated Abhilasha's organs making the baby the youngest cadaver donor.

The Rahurikars got to know from doctors in Bhopal that Abhilasha was suffering from biliary atresia—a congenital progressive disorder in which the bile ducts between the liver and the small intestine is choked resulting in

the accumulation of bile in the liver. Fearing jaundice, Abhilasha's parents took her to a doctor in Bhopal, where after ultrasound and liver biopsy, Abhilasha was diagnosed of the fatal disease, which warranted an immediate liver transplantation.

Abhilasha's parents brought her to the Apollo Hospital in Delhi. Doctors after a CT scan diagnosed her on January 17 with hydrocephalus, which is another abnormal condition in which cerebrospinal fluid collects in the ventricles of the brain.

Dr Anupam Sibal, medical director of Apollo Group of Hospitals, informed, "Abhilasha's parents had come here for their child's liver transplantation, but she was detected with

the congenital neurological disorder, and declared 'brain dead'. As before liver surgery, the brain had to be caused of the disease, but due to her deteriorating liver and cerebral condition, she succumbed."

Though the Rahurikars were shattered by their daughter's state, they couldn't let their daughter die and decided to donate her organs (corneas and kidneys) so that somebody else could get a new life. "Many people think of donating organs of their loved ones, but very few actually do it. We felt and understood the need of an organ which our daughter couldn't receive. It indeed gives us a feeling of pride thinking that our daughter's contribution has given a new lease of

life to others," say emotional parents of Abhilasha with tearful emphasis.

Adding they said that the decision was indeed difficult especially when you know that you have lost a dear part of your life, but probably we derived the strength for the act from our daughter, which has enabled us to keep Abhilasha's soul live forever. Meanwhile, despite the fact that the Human Organ Transplantation Act was legislated 12 years back, the cadaver programme in our country is still in its infancy.

Dr Pratap C. Reddy, chairman of Apollo Group of Hospitals, said that brain dead is not a new concept and mostly occurs in cases of head injury,

brain hemorrhage and heart arrests, and with India being the country where the number of accidents have shot up in the past few years, we have to create awareness on the matter so that more and more people could come up to pledge their organs.

"India has a tremendous surgical excellence and there is a great hope for Indian to be with the rest of the world in making people aware of the concept of brain dead. It's good that at the expense of Rs 200 crore, the central and state governments have decided to set up organ retrieval centres across 20 cities," informed Dr Reddy.

Dr Reddy feels organ donation should be made mandatory in our country like it's in Spain.



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भारत का सबसे तेज बढ़ता अर्थव्यवस्था

# दैनिक भास्कर

## दूसरों को जीवन दे गई मासूम अभिलाषा

■ साढ़े 16 माह की अभिलाषा की मौत के बाद उसकी मां ने किडनी और कार्निया दान किया।

■ पित्त दोष से पीड़ित थी अभिलाषा।

भास्कर न्यूज़ . नई दिल्ली

अभिलाषा भले ही आज इस दुनिया में जीवित नहीं है, लेकिन मरते-मरते भी कइयों को जीवन दे गई। सिर्फ साढ़े सोलह माह की अभिलाषा भले ही मौत से जंग हार गई, लेकिन इस हार में भी उसकी जीत है। मौत से लड़ते-लड़ते भी वह पूरी दुनिया को एक सबक दे गई। शायद यही वजह है कि उसकी मां विनीता अपनी बेटी की मौत में गमगीन होने के बजाए फख महसूस कर रही हैं।

विनीता का कहना है कि हमने अभिलाषा की किडनी व आंख दान करने का फैसला किया, क्योंकि हमने उन अंगों की जरूरत और महत्व को महसूस किया, जो अभिलाषा को नहीं मिल सका। लेकिन, आज मुझे गर्व है कि मेरी बेटी के योगदान से कई परिवारों को जीने का नया मकसद मिला। भले ही हम अपनी बेटी को बचाने में कामयाब नहीं हो सके, लेकिन बेटी की आत्मा को हमेशा-हमेशा के लिए जिंदा कर लिया है। दरअसल



■ मां विनीता के साथ अभिलाषा। (फाइल फोटो)

भोपाल के रहने वाले राजेंद्र राहुरीकर की छोटी बेटी अभिलाषा पित्त दोष (बाइलियरी आट्रोसिया) से पीड़ित थी। उसे लीवर प्रत्यारोपण की आवश्यकता थी। लेकिन, उसकी न्यूरोलोजिकल

दशा बिगड़ जाने की वजह से लीवर प्रत्यारोपण नहीं किया जा सका। इस दौरान उसकी हालत दिन-ब-दिन बिगड़ती चली गई।

लीवर प्रत्यारोपण में कई जटिलताएं थीं

अपोलो अस्पताल के चिकित्सा अधीक्षक डा. अनुपम सिब्बल ने बताया कि अभिलाषा के अभिभावक भोपाल से हमारे पास अपनी बेटी का लीवर प्रत्यारोपण करवाने के लिए जनवरी माह में आए थे। लेकिन, अभिलाषा के सिर का जब सीटी स्कैन किया गया तो पता चला कि वह हाइड्रोसेफलस यानी दिमाग से संबंधित एक बीमारी से भी पीड़ित है। ऐसे में लीवर प्रत्यारोपण करने में कई जटिलताएं उत्पन्न हो सकती थीं। ऐसे में इलाज कर रहे डॉक्टरों ने पहले उसकी न्यूरोलोजिकल बीमारी को ठीक करने का निर्णय लिया। लेकिन, दुर्भाग्य से उसकी दशा सुधरने के बजाए दिन-ब-दिन बिगड़ती चली गई एवं लीवर प्रत्यारोपण करने से पहले ही २८ फरवरी को वह दिमागी तौर पर मृत्यु हो गई। अपोलो के चेयरमैन डा. प्रताप सी रेड्डी ने दावा किया कि अभिलाषा भारत की सबसे कम उम्र की अंग दान करने वाली बच्ची है।



# नई दुनिया

दो रंग  
खने में  
जिया

नई दुनिया मीडिया प्रा. लि. का प्रकाशन

## मर कर भी दुनिया देखेगी 16 माह की वह बच्ची



खुशी के दिनों में मां की गोद में अभिलाषा

कार्यालय संवाददाता

नई दिल्ली। सिर्फ 16 महीने और 18 दिन की अभिलाषा मौत के बाद भी चार लोगों को जिंदगी दे गई। उसकी आंखों ने दो लोगों को रोशनी दी और किडनी ने दो को नया जीवन...। उसकी मां विनीता राहुरीकर के शब्दों में, 'मौत के बावजूद उसने जीवन के प्रवाह को बनाए रखा है'

- चार लोगों को जिंदगी दी इस बच्ची ने
- दुनिया की सबसे छोटी अंग दानदाता

आज अभिलाषा पूरी दुनिया में सबसे कम उम्र का केडेबर डोनर बन गई है। ऐसा अपोलो अस्पताल का दावा है।

अपोलो अस्पताल के चिकित्सा निदेशक डॉ. अनुपम सिब्ल के अनुसार अभिलाषा के

माता-पिता भोपाल से उसे लेकर अपोलो आए थे। वह बाइलरी एट्रेसिया नामक लीवर विकार की शिकार थी, जिसमें लीवर प्रत्यारोपण की आवश्यकता होती है। अभिलाषा के सिर का सीटी स्कैन कराने से पता चला कि वह हाइड्रोसेफलस से पीड़ित है। दरअसल वह ब्रेन डेड यानी मस्तिष्क मृत्यु को प्राप्त हो चुकी थी। उसके बचने की उम्मीद समाप्त हो चुकी थी।

अभिलाषा की मां विनीता ने कहा कि अभिलाषा के जिंदा रहने की कोई संभावना न देखकर हमने उसके अंगों को दान करने का फैसला

किया। हमने मानवीय अंगों की जरूरत को समझा, जिसके नहीं मिलने से मेरी बच्ची दम तोड़ रही थी। उसके पिता राजेंद्र राहुरीकर के अनुसार एक पिता की आंखों से देखता हूं तो अपनी बेटी को खोने का मुझे दुख है, लेकिन जब एक इंसान के रूप में सोचता हूं तो गर्व होता है के मेरी बच्ची के अंगों से कई लोगों की जिंदगी बचाई जा सकी।

अपोलो के चेयरमैन डॉ. प्रताप सी. रेड्डी ने कहा कि हम अभिलाषा को श्रद्धांजलि देते हैं और साहसभरा निर्णय लेने वाले माता-पिता को धन्यवाद। उन्होंने कहा कि सड़क दुर्घटनाओं में व्यक्ति के सिर पर चोट लगती है और डॉक्टर उसे ब्रेन डेड घोषित कर देते हैं। फिर भी उसके परिवार वाले अंगदान के लिए आगे नहीं आते। जबकि ऐसा करके कई लोगों को जिंदगी दे सककते हैं।



# हिन्दुस्तान

## दूसरे बच्चों में जीवित रहेगी अभिलाषा

कार्यालय संवाददाता नई दिल्ली

लाख कोशिश के बावजूद साढ़े सोलह महीने की अभिलाषा को नहीं बचाया जा सका। लीवर ट्रांसप्लांट की राह देखते-देखते नहीं अभिलाषा ने आखिरकार अपोलो अस्पताल में दम तोड़ दिया। उसके माता-पिता ने बच्ची के कई अंगों को दान करके उसकी यादों को अमर कर दिया।

अभिलाषा जन्म से ही एक बर्थ डिफेक्ट की शिकार थी। उसकी आंते और लीवर आपस में जुड़े हुए नहीं थे, जिससे लीवर खराब हो गया। जान बचाने के लिए लीवर ट्रांसप्लांट ही एक रास्ता बचा था। भोपाल में उसका बाइलियरी अट्रेसिया का इलाज चल रहा था। वहां उसकी एक सर्जरी की गई जिसमें संक्रमण हो गया जिसके बाद



मृतक बच्ची अभिलाषा अपनी मां विनीता के साथ। (फाइल फोटो)

उसके माता-पिता उसे दिल्ली के अपोलो अस्पताल ले आए। यहां पर अभिलाषा के लीवर ट्रांसप्लांट की तैयारी की गई। इससे पहले की डॉक्टर कुछ कर पाते, 28 फरवरी को डाक्टरों ने उसके ब्रेन डेड होने की घोषणा कर

दी। अभिलाषा के माता-पिता ने भावनाओं को काबू कर बच्ची के अंगदान करने का निर्णय किया। मां विनीता कहती हैं कि हमने अभिलाषा के अंगों को दान करने का फैसला किया क्योंकि हमने उन अंगों की जरूरत और महत्व को काफी करीब से महसूस किया जो अभिलाषा को कभी नहीं मिल सके। अभिलाषा के पिता राजेंद्र राहुरीकर एक बिजनसमैन हैं और मां एक लेखिका हैं। अपोलो ग्रुप ऑफ हॉस्पिटल के चेयरमैन डा. प्रताप सी. रेड्डी ने दावा किया कि अभिलाषा अंगदान करने वाली देश की सबसे कम उम्र की बच्ची है। चिकित्सा निदेशक डा. अनुपम सिब्बल ने बताया कि अभिलाषा के कॉर्निया और गुर्दे उसके ही आयु वर्ग के चार बच्चों को लगाए गए हैं।



# जनसत्ता

## दूसरों को नई जिंदगी दे गई नन्हीं अभिलाषा

जनसत्ता संवाददाता

नई दिल्ली, 30 मार्च। ईश्वर ने भले ही मासूम अभिलाषा की जिंदगी छीन ली लेकिन उसकी मां ने आगे बढ़ कर अभिलाषा को दूसरों में जिंदा कर लिया। दिमागी तौर पर मृत अभिलाषा की मां और अन्य घरवालों ने उसके गुर्दे और आंख दान कर दूसरों को नई जिंदगी दी है।

भोपाल की मूल निवासी नन्ही अभिलाषा

साढ़े 16 माह की उम्र में ही लीवर (यकृत) की गंभीर बीमारी की शिकार हो गई थी। उसके पिता राजेंद्र राहरीकर ने बताया कि बीमार बच्ची की जिंदगी बचाने के लिए हमने हर संभव कोशिश की। उसे लेकर अपोलो आए कि उसका लीवर प्रत्यारोपण करा दिया जाए तो हमारी बच्ची बच जाएगी। उसे लेकर हम आए तो यहां एक और ही मुसीबत से सामना हुआ सीटी स्कैन करके डाक्टरों ने बताया कि उसे दिमागी बीमारी भी है। लीवर प्रत्यारोपण के लिए इस बीमारी का ठीक होना जरूरी है। लेकिन काफी कोशिश के बाद भी उसकी दिमागी हालत ठीक नहीं की जा सकी ईश्वर को कुछ और ही मंजूर था उसने हमारी बिटिया हमसे छीन ली।

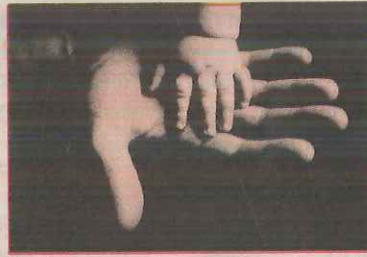
मस्तिष्क मृतक इस बच्ची की मां की गोद ही सूनी हो गई पहले तो वह जैसे पथरा सी गई लेकिन वे अपनी बच्ची को यूँ खोना नहीं चाहती थी। उन्होंने न केवल ईश्वर की चुनौती का डट कर सामना किया बल्कि ऐसा सराहनीय कदम उठाया कि ईश्वर भी बौना लगने लगा। अभिलाषा की मां विनीता राहरीकर ने तय किया कि वे अपनी बच्ची की मौत से दूसरों को जिंदगी देंगी। और अपनी राय से पति व घर के अन्य सदस्यों को अवगत कराया। अनूठे वात्सल्य से भरी विनीता कहती हैं कि हमें उन अंगों के महत्व का अंदाजा है जो हमारी बच्ची को नहीं मिल पाए और वो हमेशा के लिए चली गई। लिहाजा हमने तय किया है कि हम उसके उन सभी अंगों को दान करेंगे जिसकी किसी को जरूरत हो और उससे उन्हें नई जिंदगी मिल सके। कम से कम

किसी और मां की गोद सूनी न हो।

अपोलो के चिकित्सा निदेशक डा. अनुपम सिब्बल ने बताया कि अभिलाषा को यहां लीवर प्रत्यारोपण के लिए लाया तो गया था लेकिन

यहां सिटी स्कैन से पता चला कि उसे हाइड्रोसेकालस नामक दिमागी बीमारी बीमारी है। इस हालत में लीवर प्रत्यारोपण नहीं हो सका और लीवर की खराबी के कारण 28 फरवरी को उसकी मौत

(मस्तिष्क मौत) हो गई। ऐसी हालत में परिवार के फैसले के बाद बच्ची के दोनों गुर्दे व आंख (कार्निया) निकाल कर दान कर दिए गए। अनिवार्य गोपनीयता के चलते अंग पाने वालों का नाम नहीं बताए गए। अध्यक्ष प्रताप सी रेड्डी ने बताया कि अंगों के जरूरत मंदों और अंगदान कर्ताओं के अनुपात में भारी अंतर है। लिहाजा यह एक बड़ी समस्या है कि अंग न मिल पाने से गंभीर मरीज की मौत हो जाती है।





# साष्ट्रीय सहारा

यानी पूर्ण सत्य

## अभिलाषा दे गई जीवन की नई आशा

■ साढ़े 16 माह की मासूम के अंगदान से चार बच्चों को मिला जीवनदान

नई दिल्ली (एसएनबी)। 'जीवन की थी छोटी सी अभिलाषा, जिसे पाने में लगे 15 साल, मिली दिल को दिलासा। जीवन को मिली थी एक नई आशा पर क्या मालूम था कि मीठा सपना दिखा कर चली जाएगी यह अभिलाषा।' यह पंक्तियाँ उन बेवस माता-पिता की हैं, जिनकी गोद पूरे 15 साल बाद 'अभिलाषा' से भरी थी लेकिन उनकी लाइली को मौत ने उनसे छीनकर अपनी गोद में सुला दिया। साढ़े 16 माह की अभिलाषा स्वयं तो इस दुनिया से चली गई लेकिन जाते-जाते उसने चार माताओं के आंचल को खुशियों से भर दिया। उसके अंगदान से चार बच्चों को नया जीवन मिला है। इस तरह अभिलाषा अंगदान करने वाली देश की सबसे कम उम्र की बच्ची बन गई।

जन्म से ही अभिलाषा की आंत और लिवर आपस में जुड़े नहीं थे, जिससे उसका लीवर खराब हो गया था। उसे लिवर ट्रांसप्लांट की जरूरत थी। नेपाल में उसका 'बिलिपरी आर्टिथिया' का इलाज चल रहा था। वहां उसकी एक सर्जरी की गई, जिसमें संक्रमण हो गया। इसके बाद उसके मां-बाप विनीता और राजेंद्र उसे दिल्ली के अपोलो अस्पताल ले आए। अपोलो में डॉक्टर उसके लिवर प्रत्यारोपण की तैयारी में ही थे कि सीटी स्कैन से पता चला कि उसे 'हाइड्रोसिस्टस' हो गया है।

इस बीमारी में दिमाग में सजुन हो जाती है और उसमें तरल बहुत अधिक भरता चला जाता है। इससे पहले कि डॉक्टर कुछ कर पाते 28 फरवरी को उसकी हालत बिगड़ गई और उसे 'ब्रेन डेड' घोषित कर दिया गया। अपनी बच्ची की हालत से भीतर तक टूट चुके विनीता और राजेंद्र को अपोलो अस्पताल के एक



अभिलाषा व उसके माता-पिता का फाइल फोटो।



देश की सबसे कम उम्र की अंगदाता बनी  
साढ़े 16 माह की अभिलाषा

15 साल की मज्जतों के बाद माता-पिता को  
मिली थी नन्ही परी

काउंसलर ने सांत्वना दी। उसने बताया कि कैसे वे अपनी इस नन्ही सी जान की मदद से उस जैसी एक या दो नहीं बल्कि कई बच्चों को नई जिंदगी दे सकते हैं। तब उन्होंने भावनाओं पर काबू कर ममता की एक अदृशुत मिसाल पेश की और अपनी बच्ची के अंगदान का निर्णय लिया। उनके इस फैसले से अभिलाषा भारत की सबसे कम उम्र की कंडेवर डोनर बन गई। अभिलाषा के दो अंगों का प्रत्यारोपण तीन वर्षीय आशेला के शरीर में किया गया।

अभिलाषा की मां विनीता ने कहा कि हमने अभिलाषा के अंगों को दान करने का फैसला किया क्योंकि हमने उन अंगों की जरूरत और महत्व को महसूस किया और समझा जो अभिलाषा का कभी नहीं मिल सके। आज मैं बहुत खुशी महसूस कर रही हूँ और मुझे गर्व है कि मेरी बेटी के योगदान से एक अन्य परिवार में नए जीवन ने सांस ली है। हमने अपनी बेटी की आत्मा को हृदय-हमेशा के लिए जिंदा कर लिया है। अभिलाषा अब आशेला के रूप में जिंदा है, जो नर्सरी में पढ़ रही है। अभिलाषा के पिता राजेंद्र राहुरीकर बिजनेसमैन हैं। उसकी मां विनीता गृहणी और रचनात्मक लेखक हैं।

अपोलो अस्पताल के अध्यक्ष डा. प्रताप सी रड्डी और चिकित्सा अधीक्षक डा. अनुपम सिब्वल ने बताया कि अभिलाषा अंगदान करने वाली देश की सबसे कम उम्र की बच्ची है, जो उसके माता-पिता के उसके अंगदान करने के महान निर्णय के कारण ही संभव हो पाया है। उन्होंने बताया कि अभिलाषा के कॉर्निया और गुदें उसके ही आयुर्वर्ग के चार बच्चों को लगाए गए हैं।



# पंजाब के सारी

## चार बच्चों को नई जिंदगी दे गई 16 माह की अभिलाषा

नई दिल्ली, (वार्ता, मेट्रो): खुद मौत से जूझती 16 महीने की अभिलाषा इस दुनिया को हमेशा के लिए अलविदा करते-करते भी चार नन्हें-मुन्नों को जीवन दान देकर चार परिवारों के आंचल को खुशियां दे गई। साढ़े सोलह महीने की अभिलाषा की आंते और लीवर यानी यकृत आपस में जुड़े नहीं थे जिससे उसका लीवर खराब हो गया था और उसे लीवर प्रत्यारोपण की जरूरत थी। भोपाल में उसका बिलिएरी आर्टीसिया का इलाज चल रहा था, वहां उसकी एक सर्जरी की गई जिसमें संक्रमण हो गया जिसके बाद उसके माता-पिता उसे दिल्ली के अपोलो अस्पताल ले आए। अपोलो में डाक्टर उसके लीवर प्रत्यारोपण की तैयारी में ही थे कि सी टी स्कैन से पता चला कि उसे हाइड्रोसिस्टेस हो गया है। इस बीमारी में दिमाग में सूजन हो जाती है और उसमें तरल बहुत अधिक भरता चला जाता है। अब डाक्टरों के सामने लीवर से भी पहले उसके इस तंत्रिका तंत्र की तकलीफ का उपचार करने की जरूरत आ पड़ी। इससे पहले कि डाक्टर कुछ कर पाते 28 फरवरी को उसकी हालत बिगड़ गई और उसे ब्रेन डेड घोषित कर दिया गया। अपनी नन्ही सी बच्ची की (ब्रेन डेड) से उसके मां-बाप विनीता और राजेंद्र भीतर तक टूट चुके थे तभी अपोलो अस्पताल के एक काउंसलर ने उन्हें सांत्वना दी और बताया कि कैसे वह अपनी इस नन्हीं सी जान की मदद से (जो उन्हें हमेशा-हमेशा के लिए छोड़कर चली गई है) उस जैसी एक या दो नहीं कई बच्चों को नई जिंदगी दे सकते हैं। अभिलाषा के माता-पिता ने भावनाओं को काबू कर और ममता की एक बेमिसाल मिसाल पेश करते हुए अपनी बच्ची के अंगदान करने का निर्णय लिया और कहा कि ऐसा करके वे अभिलाषा नहीं बल्कि उन सब बच्चों में अपनी अभिलाषा को अपने ही आसपास महसूस कर पाएंगे। अपोलो अस्पताल के अध्यक्ष डा. प्रताप सी रेड्डी ने बताया कि अभिलाषा अंगदान करने वाली देश की सबसे कम उम्र की बच्ची है जो उसके माता-पिता के उसके अंगदान करने के महान निर्णय के कारण ही संभव हो पाया है। अस्पताल के चिकित्सा निदेशक डा. अनुपम सिब्बल ने बताया कि अभिलाषा के कार्निया और गुर्दे उसके ही आयुवर्ग के चार बच्चों को लगाए गए हैं।





# Little Abhilasha lives on

India's youngest cadaver organ donor's parents glad to keep their kid's soul alive

Bindu Shajan Perappadan

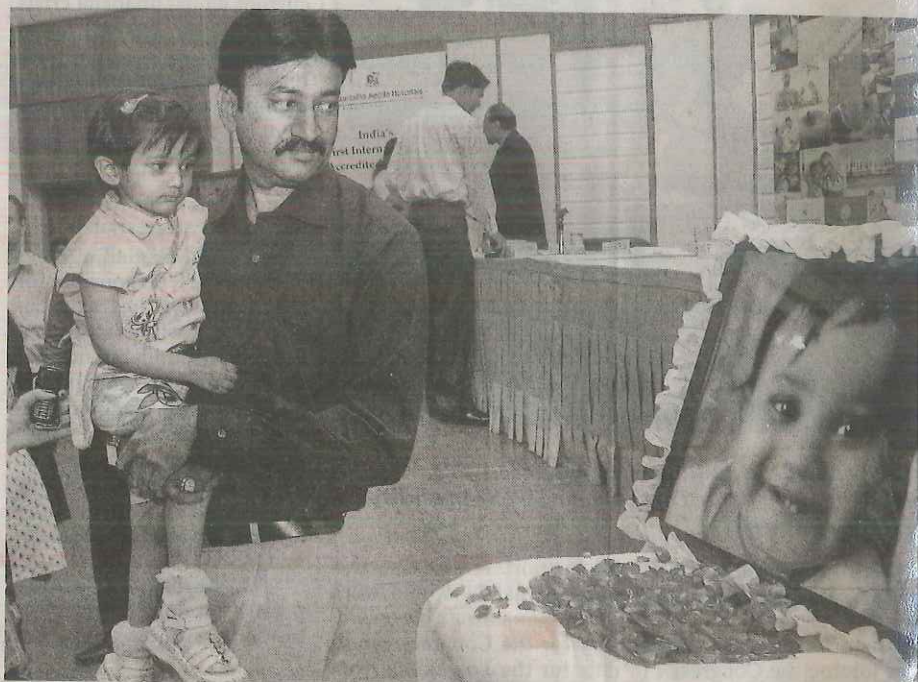
**NEW DELHI:** Abhilasha, 16 months and two weeks old, has become India's youngest cadaver organ donor after her parents decided to donate her organs. The child died in February and her eyes and kidneys have been transplanted.

Abhilasha was diagnosed with biliary atresia and was in need of a liver transplant. But that could not be performed because of her underlying neurological condition.

"Abhilasha and her parents came to us from Bhopal for a liver transplant but a CT scan of her brain revealed she was suffering from hydrocephalus — abnormal accumulation of cerebrospinal fluid in the ventricles, or brain cavities. Her neurological condition had to be resolved before a liver transplant could be offered, but due to worsening liver function and deterioration in her neurological condition she could not undergo a transplant," said Anupam Sibal, Group Medical Director of the Apollo Group of Hospitals.

## Proud mother

Abhilasha's mother Vineeta said: "We decided to donate Abhilasha's organs because we felt and understood the need and importance of an organ which Abhilasha could never receive. Today I feel



**A NEW LIFE:** Abhilasha's father Rajendra Rahurikar and sister Aslesha in New Delhi on Monday. PHOTO: SANDEEP SAXENA

proud that my daughter's contribution has given a new life to others. Through this service we have kept our daughter's soul alive forever."

Shortage of donors and organs has often come in the way of saving more lives, Apollo Group chairman Prathap. C. Reddy said on Monday. "Today we pay tribute to Abhilasha and honour her parents for taking such a

courageous and noble step which will surely give new hope to many patients. Pledging of organs can make a huge difference to thousands of patients who are waiting for an organ. Any individual regardless of age is a potential organ donor, provided the organ is healthy and family members agree for organ donation."

Organs can be donated only after a person has been de-

clared brain dead. However, one can pledge organs while still alive. Pledging to donate organs after death is the best gift one can give humanity, he said. The Human Organ Transplantation Act has legalised the concept of "brain death." Since the passing of the legislation in India, it has become possible to undertake organ transplants from brain-dead donors.



## Parents donate organs after infant succumbs to rare condition

EXPRESS NEWS SERVICE  
NEW DELHI, MARCH 30

A 16-MONTH-OLD girl became India's youngest cadaver organ donor after she succumbed to Biliary Atresia, a rare condition. Both of Abhilasha's corneas and kidneys have been donated.

Dr Anupam Sibal, medical director Apollo Group of Hospitals, said: "Abhilasha was referred to us from Bhopal. Her family came with the hope of receiving a liver transplant but a CT scan of her brain revealed she was suffering from Hydrocephalus. Her neurological condition had to be resolved before we could do a liver transplant. But sadly due to her worsening liver function and the deterioration in her neurological condition she could not undergo a transplant."

After it was established that Abhilasha could not undergo the liver transplant due to her underlying neurological condition, her father Rajendra Rahurikar, a businessman from Bhopal, decided to

donate her organs. "We decided to donate her organs as we understood the need and importance of an organ that Abhilasha could never receive. Today, I feel proud my daughter's contribution has breathed new life in another family. We have kept our daughter's soul alive forever," Vineeta Rahurikar, Abhilasha's mother, said.

Abhilasha died on February 28. Her family had come to Delhi on January 10 earlier this year, after the failure of an earlier surgery for Biliary Atresia.

"Abhilasha was first operated upon in Bangalore but her jaundice did not subside after the surgery. When doctors informed us that the surgery had failed, we decided to bring her to the Capital, hoping for a liver transplant," Vineeta said.

Abhilasha is survived by one sibling, three-and-a-half year old Ashlesha, apart from her parents. Rajendra Rahurikar deals in telecom and fitness equipment. Vineeta Rahurikar is a homemaker and a creative writer.



# The Statesman

## 16-month-old becomes youngest organ donor in country

Statesman News Service

NEW DELHI, March 30: A 16-month-old girl died after giving a reason to live and smile to many people. The girl, Abhilasha, became the youngest donor in the country to have donated both her eyes and kidneys, post her death.

Born on 10 October 2007, Abhilasha was diagnosed with jaundice 15 days after her birth.

"Investigations revealed that she was suffering from Biliary Atresia. Doctors said there was no connection between the liver and the intestine and as such the bile got accumulated in the liver, leading to jaundice," her mother said. After three months, doctors in Bangalore operated upon her and Abhilasha was back home again but the surgery did not show much result and the jaundice refused to subside. "Abhilasha and her parents came to us from Bhopal for a liver transplant. But, a CT scan of her brain revealed that she was suffering from hydrocephalus. Her neurological condition had to be resolved before a liver transplant could be offered. But sadly due to worsening liver function and deterioration in her neurological condition she could not undergo a transplant," says Dr Anupam Siba, group medical director, Apollo Group of Hospitals.

After knowing about her serious condition, her parents decided to donate her organs after her death. "We decided to donate Abhilasha's organs because we felt and understood the need and importance of an organ which Abhilasha had not received. Today, I feel proud that my daughter's contribution would breathe a new life in another family. We have kept our daughter's soul alive forever," says Vineeta, Abhilasha's mother. Abhilasha is survived by one sibling of three and a half year, Ashlesha. Her father Rajendra Rahurikar is a businessman, who deals in telecom and fitness equipment.



TUESDAY, MARCH 31, 2009

hindustantimes.com

# Hindustan Times

SAVING LIVES YOUNGEST CADAVER DONOR IN THE COUNTRY

*'We'll keep her soul alive forever'*

Rhythmia Kaul

New Delhi, March 30

SIXTEEN-AND-A-HALF-MONTH-OLD Abhilasha Rahurika became the youngest cadaver donor in the country when her parents agreed to donate her organs after she died of liver failure.

What made the donation truly touching was that Abhilasha's parents had brought her to Delhi from Bhopal looking for a liver donor, but ended up donating her organs. They donated her kidneys and corneas, but doctors could not implant her heart as they could not find a matching recipient.

In India, parents of only five children under two years



Abhilasha with her mother a few months before her death.

have donated organs before.

Abhilasha, who was admitted to Indraprastha Apollo Hospital for a liver transplant in early February, was declared brain dead on February 28. She could not undergo a liver transplant

because she had an underlying neurological condition — Hydrocephalus or abnormal accumulation of cerebrospinal fluid in the cavities of the brain — that wouldn't have allowed her to survive the surgery. "It's commendable how easily her parents took such a courageous and noble step which will surely give a new ray of hope to many patients," said Dr Prathap C. Reddy, chairman, Apollo group of hospitals.

"We couldn't save her but if through her we manage to save even one life, we'll keep her soul alive forever," said Rajendra Rahurikar, Abhilasha's father, a Bhopal-based businessman.

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# THE TIMES OF INDIA

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**TIMES CITY**

**6**

## She'll live on as youngest organ donor

### 16-Month-Old Abhilasha's Parents Took The Decision After Docs Declared Her Brain Dead

Photos: Anindya Chattopadhyay

TIMES NEWS NETWORK

**New Delhi:** She came for a liver transplant, but has instead given a new lease of life to somebody else. Declared brain dead, 16-month-old Abhilasha Rahurikar became the country's youngest cadaver organ donor, said Dr Anupam Sibal, group medical director, Apollo hospitals.

Admitting it was a tough decision to make, her mother Vineeta Rahurikar said: "We know the importance of organ donation, as our child needed one. When doctors told us that she will not recover, we decided to donate her organs. Today I feel proud that my daughter's contribution has helped other live."

Abhilasha was diagnosed with biliary atresia, a rare condition in newborns in which the common bile duct between the liver and small intestine is blocked or absent, soon after birth. "She underwent a surgery for the same when she was five months old in Bangalore, but doctors told us that she would need a liver trans-

planting her elder daughter three-year-old Ashlesha.

While Vineeta and her husband, who hail from Bhopal, were coming to terms with the reality of their daughter's condition and looking for liver transplant option, Abhilasha's condition deteriorated with each passing day. Her mother qualified as the donor. In January this year, when doctors

were evaluating Abhilasha for liver transplant her parents were shocked to learn that their daughter suffered from hydrocephalus, a rare neurological condition in which cerebrospinal fluid (CSF) starts accumulating in the brain. "We had to put a shunt in the brain to clear the CSF, but she could not recover from that surgery. These multiple

medical conditions took a toll on her and she gave up," said Dr Pushpendra Renjen, senior consultant neurologist, Apollo Hospital.

On February 28, doctors declared Abhilasha brain-dead. "We have a team that counsels the family of such patients and tells them about organ donation. Her parents were willing to donate her organs. We retrieved the organs on the same day," said Dr Sibal.

Lauding the parents' role, Dr PC Reddy, chairman, Apollo Group of Hospitals, said: "It is not easy to take a decision like this when you are under so much of emotional stress. What Abhilasha's parents have done will surely give a ray of hope to many patients. We have to create awareness about organ donation and help thousands of people in need of organs."

toireporter@timesgroup.com



**LITTLE ANGEL:** Doctors paying homage to Abhilasha Rahurikar; (right) her parents and elder sister at a press meet at Apollo Hospital.

PERSONAL

OBITUARY

PRAYER MEETING

PRAYER MEETING





**AJMAL QASAB  
LAWYER QUILTS  
AFTER ATTACK**

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**LAXMAN SAVES  
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**RBI FOR MORE  
REGULATION OF  
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# MAIL TODAY

NEW DELHI Tuesday, March 31, 2009 [www.mailtoday.in](http://www.mailtoday.in)

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Mail Today, Tuesday, March 31, 2009



# Meet Abhilasha, youngest organ donor of India



By Mail Today Bureau in New Delhi

LITTLE Abhilaasha is no more, but her parents draw solace from the fact that she continues to live on through others, whose lives she changed forever.

In perhaps the first such case, Abhilaasha's parents donated her organs after she was pronounced brain dead, making her the youngest cadaver donor in the country.

Four persons may have benefited from the eyes and kidneys of the 16-and-a-half months old baby girl. Her skin tissues were also used to help others, doctors said. Identities of the organ recipients were not disclosed.

Suffering from a liver ailment, Abhilaasha had come to the Capital for a liver transplant at Apollo Hospital, but was pronounced brain dead on February 28.

"We wanted to donate all her organs, but heart and lungs could not be donated due to non-availability of a suitable

## Her parents donated both her eyes, kidneys and skin tissues

recipient," said Rajendra Rahurkar, Abhilaasha's father.

"It was a very difficult decision, but our love for Abhilaasha gave us the strength to decide in favour of organ donation," said 41-year-old Rahurkar, a businessman from Bhopal.

His wife Vineeta was fully supportive. "I feel proud that my daughter's contribution has breathed a new life in others," she said.

"We wanted her to live on in spite of her death and hence, decided to donate her organs, a choking Vineeta said.

Born on October 10, 2007, Abhilaasha was diagnosed with jaundice a fortnight after her birth. Investigations revealed she was suffering from biliary atresia from birth. It's a rare

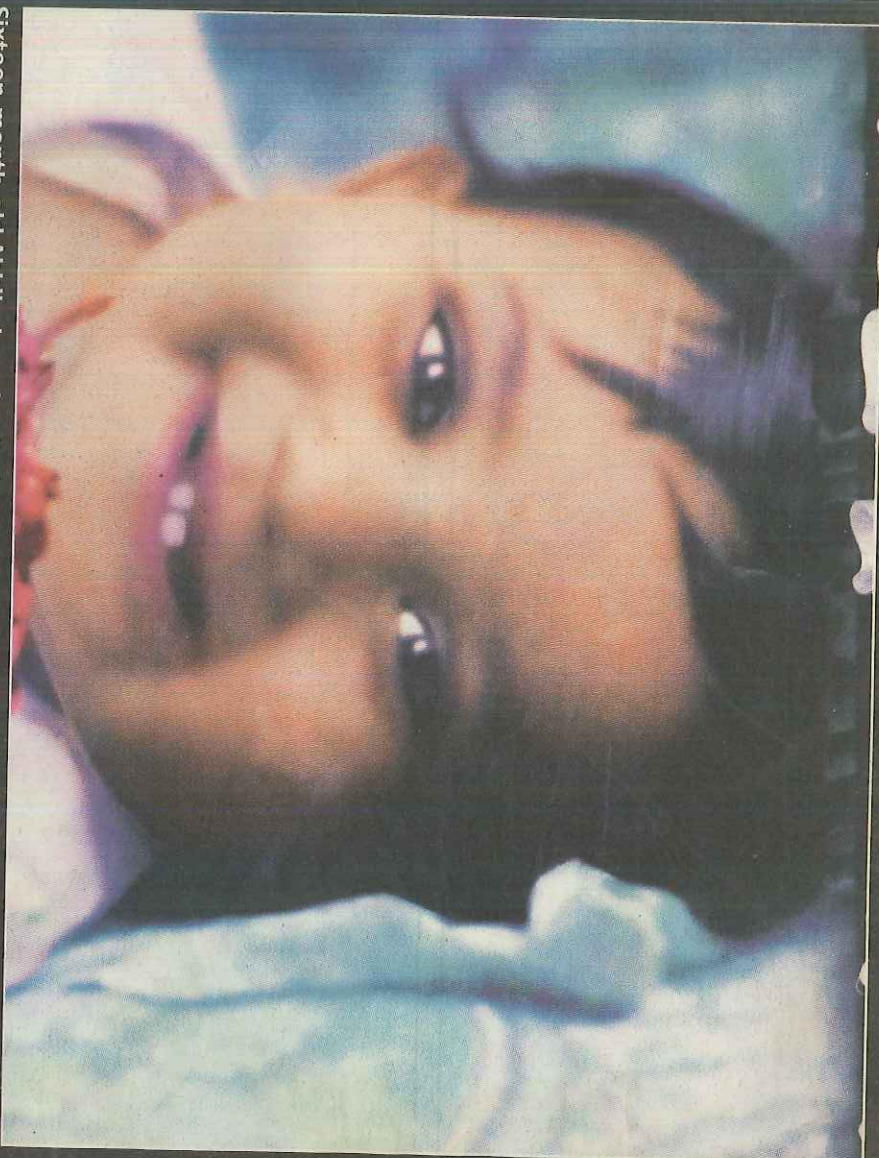
## WHAT AILED ABHILAASHA

Biliary atresia is a serious but rare liver disease that affects newborns. In this condition, the common bile duct, a tube that connects the liver and the small intestine, is either blocked or absent. As a result, bile, a digestive substance, builds up in the liver, causing cirrhosis or scarring of the liver. This type of liver damage may require a liver transplant. Initially, the symptoms are indistinguishable from neonatal jaundice.

condition in newborns in which there is no connection between the liver and the intestine. This leads to accumulation of bile in the liver and causes jaundice.

When she was three months old, Abhilaasha underwent a surgery at a Bangalore hospital to correct the disconnect between her liver and intestine. The surgery was not successful and the jaundice didn't subside. Her doctors then referred her to Apollo for a liver transplant.

Her parents brought her to Delhi on January 10. At Apollo, a



Sixteen-month-old Abhilaasha, who died of liver ailment, is India's youngest cadaver donor.

CT scan of her brain revealed she was also suffering from a neurological condition called hydrocephalus, in which there is abnormal accumulation of fluid in the cavities of the brain.

This causes increased pressure inside the skull and progressive enlargement of the head, convolution and mental disability.

"Her neurological condition had to be resolved before a liver transplant could be done," said Dr Anupam Sibal, medical director of the hospital.

She was operated for draining

the fluid after which she could not recover. "Sadly, because of her worsening liver function and deterioration in her neurological condition, she could not undergo a transplant," Sibal said.

It took some time for the doctors to convince the parents to donate Abhilaasha's organs, said Dr PN. Rengh, a neurosurgeon.

Saluting "the spirit of Abhilaasha and her parents", Apollo group's founder chairman Pratap C. Reddy said: "We need to see more such acts of courage in India. There is an acute shortage

of donors and awareness is lax."

According to the Human Organ Transplantation Act, a person is declared brain dead only by a team of doctors who are not treating him or her. Two clinical examinations are carried out at a gap of six hours to decide whether a patient is brain dead or not.

Though the Act, passed in 1994, allows organ transplant from brain dead donors, there have been only 1,000 cadaver donations in India since 2004.

(With inputs from agencies)



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## Rare surgery saves kid's life

Unique procedure at Apollo — only the world's second — saves her liver

Sanchiita Sharma  
New Delhi, February 4

IN A rare surgery — only the second time in the world — surgeons at Apollo Hospital used the appendix of a child to treat Byler's Disease, a genetic disorder that causes the buildup of bile in the body, leading to liver failure (cirrhosis).

In such cases, liver transplantation, a major surgery, is the only treatment.

Four-and-a-half-year-old Triveni Pawar had come to Apollo from Jodhpur last November with an itch so acute that her whole body was covered with welts caused by scratching. Even tufts of hair had fallen out because of secondary infections on scratch wounds on her scalp. "The itching was so bad that she couldn't sleep, eat properly or go to school. She didn't wear clothes at home because it irritated her skin," said mother Gunjan, a housewife.



MOHD ZAKIR/HT  
Triveni (centre) with her parents.

Triveni was born with Byler's Disease (also known as progressive familial intrahepatic cholestasis), the genetic disease which is rare in India though fairly well documented in the US.

Bile — which helps the body digest fats — is produced in the liver from where it goes to the

gall bladder and eventually into the intestines. In Triveni's case, the bile did not get drained from the liver cells into the intestine. To drain the excess bile, surgeons used her appendix to create a bypass from her gall bladder to the surface of the skin through a 2-mm hole on her right abdomen just

**WHAT IS BYLER'S DISEASE?**  
It is a genetic disorder that causes the buildup of bile (which helps digest fats) in the body, leading to liver failure

**WHAT ARE ITS SYMPTOMS?**  
Persistent jaundice, fat malabsorption, protein loss, deficiency of fat-soluble vitamins such as A, E and K, poor growth

leading to short stature, stumpy fingers and toes and constant itching caused by bile accumulation in bloodstream

**WHAT WAS TRIVENI'S PROBLEM?**  
Bile is produced in liver from where it goes to the gall bladder and then the intestines. In her case, bile did not get drained from the liver into the intestine, leading to itching

below the panty line. "The surgery is conventionally done using a section of the small intestine to construct a bypass for the bile from the gall bladder to the large intestine or the skin surface. For us, the appendix was a natural choice because it has no function in the body, is narrower than the intes-

Three months on, Triveni looks like any other girl her age. "We have rediscovered what it feels like to sleep through the night. All these years, the itching kept her up," said father Rajesh, an advocate.

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tine and so needs a smaller opening (stoma) on the skin's surface, and best of all, it prevented surgical shortening of the intestine," said Dr Sujit K. Chowdhary, senior consultant in paediatric surgery at Apollo.

"She was cured by a relatively simple surgery. If her condition had not been treated, she would have needed a liver transplantation, a major surgery for both donor and recipient. She would also have had to take drugs to suppress her immunity all her life to prevent the rejection of the transplanted liver," said Dr Anupam Sibal, senior consultant paediatric gastroenterologist at Apollo who is treating her.



# Spot the infection

Chickenpox is affecting even those who were vaccinated — with mild symptoms

Rhythmika Kaul

**T**HE SUDDEN change in weather has caused a spurt not only in viral fever and asthma, but also chickenpox, which is affecting young children across the country.

"This year chickenpox is being reported a month earlier. We usually get cases in May or June. Though most people go to general practitioners, this year even hospitals are getting occasional cases," said Dr Vandana Jain, assistant professor, department of paediatrics, All India Institute of Medical Sciences (AIIMS). This month alone, she has diagnosed 20 such cases.

In private clinics, the numbers are much higher. "I saw four chickenpox cases last week, which is much more than what I see every year," said Dr Anupam Sibal, group medical director and senior consultant paediatrics, Apollo Hospital, Delhi.

What is interesting about this year's outbreak is that most children who had the infection had been vaccinated against the disease. What's happening? "Chickenpox is highly contagious but the vaccine does scale down the severity of the attack," said Dr Sibal.

Chickenpox is highly infectious and it usually affects children under 12 years. The infection comes with high fever, con-

turn into small blisters that dry up and form scabs over a week.

A vaccine is available and recommended for children who have not had the infection by the age of 12. "It's not a cheap vaccine but people prefer to give it to teenagers, as the chickenpox season usually coincides with Board and other entrance exams. Those who get chickenpox even after vaccination, have fewer rashes and the and recovery time is faster," said Dr Sibal.

However, how long the protection lasts after a single dose is still an issue of debate. "A single dose, as of now, has not shown to be giving life-long protection. Those who can afford it should take it, otherwise it is not mandatory as you usually develop immunity once you've had the infection," said Dr Jain.

Treatment is symptomatic — paracetamol for fever, and sponging using a mixture of boric acid and cold water to reduce itching.

Like most viral fevers, the disease is self-limiting and usually gets over in 10 days to two weeks.

One shot costs Rs 1,000, with physician's charges making parents poorer by about Rs 1,500. "It is optional, but there is no point getting a shot after rashes appear. The incubation period of chickenpox is 16 days, so by the time rashes appear and

DUESHWAR SINGH/HT



**TIMELY CHECK:** Dr Anupam Sibal examines a patient for chickenpox symptoms

## WATCH OUT FOR

### WHAT ARE THE SYMPTOMS?

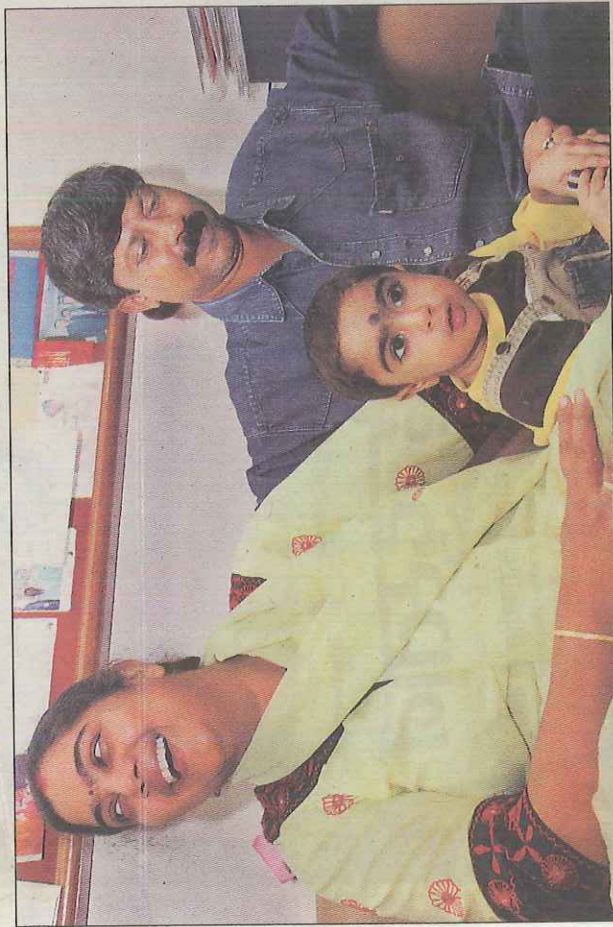
- An itchy rash that usually begins in the abdomen and face then spreads to limbs
- The small red spots develop into blisters within hours and into scabs within a day or two
- New blisters appear after three to six days. The infected person may have fever

### HOW DOES IT SPREAD?

- It spreads from person to person through direct contact with infected droplets (sneezing, coughing) or contact with fluid from a blister
- A pregnant woman with chickenpox can infect the baby before birth. Mothers with chickenpox can also infect their newborns



## One year later, India's youngest liver transplant survivor going strong



■ Mun Mun Pal is a relieved mother today: her son Suvojit has a new liver and a new life. Liver transplant, like the replacement of any organ, carries the risk of the body rejecting the alien tissue. SUNIL SAXENA / HT

Rythma Kaul

rythma.kaul@hindustantimes.com

**NEW DELHI:** Play any piece of music, and toddler Suvojit perks up to its beat.

An year ago, he would have barely stirred.

Suvojit Pal underwent a liver transplant when he was just seven months old.

"His condition was so bad that we weren't even sure whether our baby would survive a year," said Mun Mun Dubey Pal, Suvojit's mother, a Kolkata-based lawyer.

According to the doctors at New Delhi's Indraprastha Apollo hospital, where the surgery was conducted, he was then the youngest baby in the country to undergo a liver transplant.

Suvojit was born with Biliary Atresia, a rare condition in which the liver and intestine are not connected.

If not treated on time, this condition can eventually lead to liver cirrhosis.

It took a team of 24 specialists 12 hours to conduct the transplant and give Suvojit a new lease of life.

Today, the baby is leading life like any other normal one-and-a-half-year-old.

"Suvojit is an example for those who suspect that one becomes a cripple for life after a transplant surgery," said Dr Anupam Sibal, group medical director of Apollo hospital, who was also a part of the team of doctors who conducted the surgery.

"We want to shatter this myth. You can lead an absolutely normal life post-surgery, however, certain precautions need to be taken."

The post-transplant precautions are the same for any child, like taking care of food habits, personal hygiene etc.



**What's up?**  
Yuvi and  
Minissha the  
hottest new  
celeb  
couple?  
HT City



THURSDAY, FEBRUARY 5, 2009

# Hindustan Times

NEW DELHI • METRO

Price along with Hindustan Rs. 5.00 / Price along with Mint Rs. 4.75

Hindustan Times, New Delhi, Thursday, February 5, 2009

**METRO**

For more, log on to

hindustantimes.com

## Rare surgery saves kid's life

Unique procedure at Apollo — only the world's second — saves her liver

**Sanchita Sharma**  
New Delhi, February 4

IN A rare surgery — only the second time in the world — surgeons at Apollo Hospital used the appendix of a child to treat Byler's Disease, a genetic disorder that causes the buildup of bile in the body, leading to liver failure (cirrhosis). In such cases, liver transplantation, a major surgery, is the only treatment.

Four-and-a-half-year-old Triveni Pawar had come to Apollo from Jodhpur last November with an itch so acute that her whole body was covered with welts caused by scratching. Even tufts of hair had fallen out because of secondary infections on scratch wounds on her scalp. "The itching was so bad that she couldn't sleep, eat properly or go to school. She didn't wear clothes at home because it irritated her skin," said mother Gunjan, a housewife.



MOHD ZAKIR/HT  
Triveni (centre) with her parents.

Triveni was born with Byler's Disease (also known as progressive familial intrahepatic cholestasis), the genetic disease which is rare in India though fairly well documented in the US.

Bile — which helps the body digest fats — is produced in the liver from where it goes to the

### KNOW THE FACTS

#### WHAT IS BYLER'S DISEASE?

It is a genetic disorder that causes the buildup of bile (which helps digest fats) in the body, leading to liver failure.

#### WHAT ARE ITS SYMPTOMS?

Persistent jaundice, fat malabsorption, protein loss, deficiency of fat-soluble vitamins such as A, E and K, poor growth

leading to short stature, stumpy fingers and toes and constant itching caused by bile accumulation in bloodstream.

#### WHAT WAS TRIVENI'S PROBLEM?

Bile is produced in liver from where it goes to the gall bladder and then the intestines. In her case, bile did not get drained from the liver into the intestine, leading to itching

below the panty line.

"The surgery is conventionally done using a section of the small intestine to construct a bypass for the bile from the gall bladder to the large intestine or the skin surface. For us, the appendix was a natural choice because it has no function in the body, is narrower than the intes-

tine and so needs a smaller opening (stoma) on the skin's surface, and best of all, it prevented surgical shortening of the intestine," said Dr Sujit K. Chowdhary, senior consultant in paediatric surgery at Apollo.

"She was cured by a relatively simple surgery. If her condition had not been treated, she would have needed a liver transplant, a major surgery for both donor and recipient. She would also have had to take drugs to suppress her immunity all her life to prevent the rejection of the transplanted liver," said Dr Anupam Sibal, senior consultant paediatric gastroenterologist at Apollo who is treating her.

Three months on, Triveni looks like any other girl her age. "We have rediscovered what it feels like to sleep through the night. All these years, the itching kept her up," said father Rajesh, an advocate.

sanchitasharma@hindustantimes.com



# Afghan family's encounter with killer Hepatitis

**HEPATITIS DAY** 100 times more deadly than HIV, it can strike anyone – it hit four of this family

**dotakecare**

Jaya Shroff Bhalla

■ [hireporters@hindustantimes.com](mailto:hireporters@hindustantimes.com)

**NEW DELHI:** Shah Mahmood Zadran (37) travels to India three times a year.

The Kabul resident has little choice but to travel with his son and three nephews because the children have to be treated for Hepatitis B. War-torn Afghanistan has few facilities to treat the deadly disease.

Zadran's son Naeem (13) and nephews Ibrahim (13), Samir (11) and Omar (9) were coincidentally detected with the disease at the same time at a local hospital in Kabul in 2004. The family had gone to get themselves vaccinated for Hepatitis B virus.

"I took the entire family for vaccination on advice of our doctor who suggested that we get protection as the virus is fast spreading in Pakistan and neighbouring countries," said Zadran, who said he was shocked to learn that four family members were living with the virus.

"We had noticed some signs of failing health, poor eating habits and little growth but didn't know it was because of hepatitis B."

Soon after, Zadran, who has a construction business in Kabul, consulted local doctors who advised him treatment in India, as Afghanistan did not have the support mechanism.

Neither the family nor the treating doctors know how the children contracted the virus.

Anupam Sibal, group medical director and paediatric gastroenterologist at Apollo Hospitals, said, "There are several reasons. Hepatitis B usually occurs as a result of parental contact with infected body fluids like blood transfu-



■ (From left) Naeem and his cousins Samir, Omar and Ibrahim. All the four boys have been detected with Hepatitis B.

sions or it can be a mother to baby transmission."

"If the mother is positive then she could transmit it through placenta so it is important to vaccinate the baby on birth."

They key to fighting the virus, say experts, is timely vaccination. "If one becomes infected with Hepatitis B virus the chances of being chronically infected are much higher in a child when compared to an adult," warned Dr Sibal.

Also because treatment options for children are limited and more over their efficacy is as low as 20-58 per cent.

Most drugs for children are still awaiting approvals from Food and Drug Administration (FDA), United States.

As far as the treatment of the Afghan boys is concerned, Dr Sibal said, they are all in various stages.

"One boy we've been able to treat completely. For two of them the treatment is on and the for the youngest we are

## WHAT IS HEPATITIS?

- It is an inflammation of the liver, most commonly caused by a viral infection.
- There are five main hepatitis viruses, referred to as types A, B, C, D and E.
- Hepatitis A and E are typically caused by ingestion of contaminated food or water.
- Hepatitis B, C and D usually occur as a result of parental contact with infected body fluids (e.g. from blood transfusions or invasive medical procedures using contaminated equipment). Hepatitis B is also transmitted by sexual contact.

waiting for the right time as the body still has to respond to the virus which is sitting quietly in his body so far."

(The Zadran family agreed to tell their story because they said they wanted to spread awareness about the disease.)



# daily Excels

JARY 16, 2010

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Jammu on 16

No. 47

JAMMU, TUESDAY, FEBRUARY 16, 2010



A patient in live tele-consultation with Dr Sameer Koul of Apollo Hospitals, New Delhi at Jammu Healthcare and Diagnostic Centre here on Monday.  
-Excelsior/Rakesh

## Apollo Hospitals launch tele-medicine service in Jammu

*Excelsior Correspondent*

JAMMU, Feb 15: The Apollo Group of Hospitals, Asia's largest healthcare provider today formally announced the launch of its telemedicine service at Jammu Healthcare and Diagnostic Centre, Bakshi Nagar here.

With this launch, Apollo Hospitals will now have 104 telemedicine centers out of which 94 are in India and remaining 10 are located overseas. Apollo is also linked with 19 African countries through the Pan African e-network project.

Dr Anupam Sibal, Group Medical Director, Apollo Hospitals inaugurated the telemedicine services in the presence of Dr N M Tikoo, Dr Sudhir Tyagi, Dr Shakti Bhan Khanna, Raj Raina (Senior Manager, Indraprastha Apollo, Delhi) and Dr Kuldeep Gupta (Managing Director, Jammu Healthcare and Diagnostics Pvt. Ltd).

At the inaugural function Dr Sameer Kaul, Senior Consultant, Department of Oncology, and Dr Anoop Ganjoo, Senior Consultant,

Department of Cardiology did a live tele-consultation from Indraprastha Apollo Hospitals with the doctors here.

Dr Sibal said, "Apollo Tele-Medicine network will provide ready access to specialists and super-specialists for referrals, consultation, second opinion, reviews, post treatment follow-ups besides facilitating 'tele-continuing medical education' programmes for the medical fraternity in Jammu."

With this facility, people of Jammu can now consult renowned doctors over phone and get access to quality treatment and latest medical technology without having to leave Jammu, he added.

"This project will enable us to move to the next level of treatment and open new avenues for the people of Jammu to explore latest medical facilities available at Indraprastha Apollo Hospitals" said Dr Kuldeep Gupta.

On this occasion, Puneet Kumar Jha, Area Manager Apollo Hospitals Delhi, and Gaurav Gupta, Marketing Manager, Jammu Health Care were also present.



## OTHER NEWS

### Apollo launches telemedicine service in Jammu

#### EARLYTIMES REPORT

**JAMMU, Feb 15:** The Apollo Group of Hospitals, one of the Asia's largest healthcare providers, today formally announced the launch of its telemedicine service in Jammu at the Jammu Healthcare & Diagnostic Centre. With the launch at Jammu, Apollo Hospitals would now have 104 telemedicine centers out of which 94 are in India and remaining 10 are located overseas. Apollo is also linked with 19 African countries through the Pan African e-network project. Dr. Anupam Sibal, Group Medical Director Apollo Hospitals inaugurated the telemedicine services at the Jammu Healthcare & Diagnostic Centre, in the presence of Dr. N. M. Tikoo, Dr. Sudhir Tyagi, Dr. Shakti Bhan Khanna, Raj Raina, senior Manager (from Indraprastha Apollo, Delhi) and Dr. Kuldeep Gupta, Managing Director, Jammu Healthcare & Diagnostics Pvt. Ltd. At the inaugural function, Dr. Sameer Kaul, senior consultant Department of Oncology and Dr. Anoop Ganjoo, senior consultant Department



EarlyTimes/Joginder Mehra

**Group Medical Director Dr. Anupam Sibal inaugurating the Apollo's Telemedicine Service in Jammu on Monday**

of Cardiology did a live teleconsultation from Indraprastha Apollo Hospitals with the doctors of Jammu Healthcare & Diagnostic Centre. Speaking on the occasion, Dr. Anupam Sibal Group Medical Director Apollo Hospitals said, "Apollo Tele-Medicine Network would provide ready access to specialists and super-specialists for referrals, consultation, second opinion, reviews, post treatment follow-ups besides facilitating 'tele-continuing medical education' programmes for the

medical fraternity in Jammu."

"This project will enable us to move to the next level of treatment and open new avenues for the people of Jammu to explore latest medical facilities available at Indraprastha Apollo Hospitals" said Dr. Kuldeep Gupta - Managing Director, Jammu Healthcare & Diagnostics. On this occasion, Puneet Kr. Jha Area Manager Apollo hospitals Delhi and Gaurav Gupta Marketing Manager Jammu Health Care were also present



# आमर उजाला

आमर उजाला | जम्मू, मंगलवार, 16 फरवरी, 2010

सिटी हलचल

## अपोलो का टेलीमेडिसिन सेंटर खुला



जम्मू। अपोलो ग्रुप आफ हॉस्पिटल ने सोमवार को जम्मू हेल्थकेयर एंड डायग्नोस्टिक सेंटर में टेलीमेडिसिन सर्विस लॉन्च की। इस मौके पर अपोलो अस्पताल के मेडिकल निदेशक डा. अनुपम सिबल मुख्य अतिथि के रूप में उपस्थित थे। अपने संबोधन में डा. सिबल का कहना था कि इस सुविधा से शहरवासी प्रसिद्ध डॉक्टरों से फोन पर सलाह ले सकेंगे और उनको बिना जम्मू छोड़े उच्च स्तरीय इलाज मिल सकेगा और नवीनतम मेडिकल तकनीक तक उनकी पहुंच हो जाएगी। सेंटर के प्रबंधक निदेशक डा. कुलदीप गुप्ता का कहना था कि सेंटर कई मायनों में अलग है और यह लोगों को विभिन्न विकल्पों के माध्यम से फायदा देगा। जम्मू में सेंटर खुलने के साथ ही अपोलो हॉस्पिटल के एक सौ चार टेलीमेडिसिन सेंटर हो गए हैं। इनमें 94 देश और दस विदेशों में हैं।



जम्मू, 16 फरवरी, 2010

## जागरण सिटी

### अपोलो ने लांच की टेलीमेडिसिन सर्विस

जम्मू : अपोलो ग्रुप आफ हास्पिटल ने जम्मू हेल्थ केयर एंड डायग्नोस्टिक सेंटर में टेलीमेडिसिन सर्विस शुरू की है। अपोलो अस्पताल का यह 104वां टेलीमेडिसिन सेंटर है। अस्पताल के ग्रुप मेडीकल डायरेक्टर डा. अनुपम सिंभल ने सोमवार को इसका उद्घाटन किया। इस मौके पर इंद्रप्रस्थ अस्पताल अपोलो के डा. एनएम टिवकू, डा. शक्ति भान खन्ना, राज रैना और जम्मू सेंटर के प्रबंध निदेशक डा. कुलदीप गुप्ता उपस्थित थे। डा. सिंभल ने कहा कि टेलीमेडिसिन सर्विस का फायदा जम्मू के लोग उठा पाएंगे। यहां पर बैठे मरीज अपोलो अस्पताल के डॉक्टरों से इलाज



संबंधी जानकारी हासिल कर सकेंगे। डा. कुलदीप ने कहा कि इस नेटवर्क के जरिए लोग टेली एजुकेशन, टेलीमेडिसिन, इंटरनेट, वीडियो कॉन्फ्रेंसिंग का फायदा भी उठा सकते हैं। इस मौके पर जम्मू हेल्थ केयर के मार्केटिंग मैनेजर गौरव गुप्ता मौजूद थे।



DIFFERENCE BETWEEN DHARAVI AND WALL STREET IS ZERO, SAYS ECONOMIST HERNANDO DE SOTO | 15

OBAMA APPOINTS INDIAN-AMERICAN MUSLIM AS WASHINGTON'S ENVOY TO ISLAMIC WORLD | 13



## Doctors from IIT? Govt to brainstorm today

Kounteya Sinha | TNN

**New Delhi:** Will Indian Institutes of Technology (IITs) soon start producing doctors? The health ministry is meeting on Tuesday to decide. Health secretary K Sujatha Rao has called a meeting of top ministry honchos, directors of medical institutes and chairmen of medical councils on Tuesday to ascertain whether allowing institutes like IITs to teach medicine will "help medical education or dilute its quality".

This will be the first major meeting to discuss the issue.

Those called to attend include directors of All India Institute of Medical Sciences, PGI (Chandigarh), Sanjay Gandhi Post Graduate Institute (Lucknow), JIPMER, NIMHANS, National Institute of Communicable Diseases, National Institute of Paramedical Sciences and principal of CMC Vellore. Chairmen of the Medical Council and the Nursing Council of India will also attend the meeting along with eminent doctors like Dr Ranjit Roychoudhury, Dr Devi Shetty, Dr Anupam Sibal and cardiologist Dr K Srinath Reddy.

The all important meeting will discuss three major issues: whether IITs be allowed to start MBBS course, how to create the National Council for Human Resource in Health (NCHRH) — the overarching regulatory body that would re-

place the existing Medical, Dental, Nursing and Pharma Councils of India — and how to reduce shortage of medical personnel in India.

A health ministry official said, "We want to meet experts to understand whether it is feasible to allow IITs to start medical courses and whether it will help better medical education. Once we know their view, the ministry will form its opinion on the proposal and send it to the HRD ministry." Opinion is clearly divided on the proposal. However, the MCI has come out in support. Speaking to

TOI, MCI chairman Dr Ketan Desai said, "We welcome the move. We know that if IIT starts a medical school, they will have the same standard as their other courses. They will ensure they have the best faculty as their reputation will be at stake." Some IITs, like Kharagpur and Hyderabad, are working on starting medical schools in about three years. Ministry officials said IIT Kharagpur has supposedly signed an MoU with University of California, San Diego, to set up a hospital which will offer graduate, PG and research programmes in medicine and bio-medical engineering.

IIT Hyderabad has been expressing its interest to offer MD degrees in three years. In recent meetings with IIT directors, HRD minister Kapil Sibal had asked them to expand their courses.



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• Tuesday • February 16, 2010

STATETIMES

## Apollo Telemedicine Services launched

### ■ STAFF REPORTER

JAMMU: The Apollo Group of Hospitals, launched its Telemedicine Service in Jammu on Monday at the Jammu Healthcare and Diagnostic Centre. With the launch at Jammu, Apollo Hospitals will now have 104 telemedicine centres out of which 94 are in India and remaining 10 are located overseas. Apollo is also linked with 19 African countries through the Pan African e-network project.

Dr. Anupam Sibal- Group Medical Director Apollo Hospitals, inaugurated the Telemedicine Services at the Jammu Healthcare and Diagnostic Centre, in the presence of Dr. N. M. Tikoo, Dr. Sudhir Tyagi, Dr. Shakti Bhan Khanna, Raj Raina Sr. Manager (Indraprastha Apollo, Delhi) and Dr. Kuldeep Gupta -Managing Director, Jammu Healthcare and Diagnostics Pvt. Ltd.

At the inaugural function Dr. Sameer Kaul Senior Consultant Department of Oncology and Dr. Anoop Ganjoo Senior Consultant Department of Cardiology did a live tele-consultation from Indraprastha Apollo



### MEDICAL NETWORK:

*A patient consulting doctors at Apollo Hospital, Delhi through Telemedicine Services at Jammu on Monday.*

Hospitals with the doctors of Jammu Healthcare and Diagnostic Centre.

Speaking on the occasion, Dr. Anupam Sibal said, "Apollo Tele-Medicine Network will provide ready access to specialists and super-specialists for referrals, consultation, second opinion, reviews, post treatment follow-ups besides facilitating 'tele-continuing medical education' programmes for the medical fraternity in

Jammu."

Dr. Anupam further said that with this facility, people of Jammu can now consult renowned doctors over phone and get access to quality treatment and latest medical technology without having to leave Jammu.

"This project will enable us to move to the next level of treatment and open new avenues for the people of Jammu to explore latest medical facilities available at

Indraprastha Apollo Hospitals" said Dr. Kuldeep Gupta -Managing Director, Jammu Healthcare and Diagnostics.

Dr. Gupta informed that the network will provide Tele-Education, Tele-medicine, Internet, Video-conferencing and VOIP services via satellite and fibre optic network. Overall, this technology aims to boost health care access through effective utilisation of information technology.



# JammuKashmir Newspoint

From where the day starts

## Apollo Telemedicine service launched in Jammu



NEWSPOINT BUREAU  
Jammu Tawi, Feb 15

THE Apollo group of hospitals, Asia's largest healthcare provider today formally announced the launch of its Telemedicine service in Jammu at Jammu Healthcare and Diagnostic Centre, here.

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The network will primarily provide tele-education, tele-medicine, internet, videoconferencing and VOIP services via satellite and fiber optic network. Overall, this technology aims to boost health care access through effective utilization of information technology. On this occasion, Puneet Kr. Jha, area manager, Apollo Hospitals Delhi and Gaurav Gupta, marketing manager, Jammu Health Care were also present.

JammuKashmir **Newspoint** | Jammu Tawi,  
Tuesday | February 16, 2010

JAMMU



# The Lat

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A PAPER WITH FOLLOW UP

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JAMMU, TUESDAY, FEBRUARY 16, 2010

## Apollo telemedicine service launched in Jammu

LATEST CORRESPONDENT

**JAMMU, FEB 15**—The Apollo Group of Hospitals, Asia's largest healthcare provider today formally announced the launch of its telemedicine service in Jammu at the Jammu Healthcare & Diagnostic Centre. With the launch at Jammu, Apollo Hospitals will now have 104 telemedicine centres, out of which 94 are in India and remaining 10 are located overseas. Apollo is also linked with 19 African countries through the Pan African e-network project.

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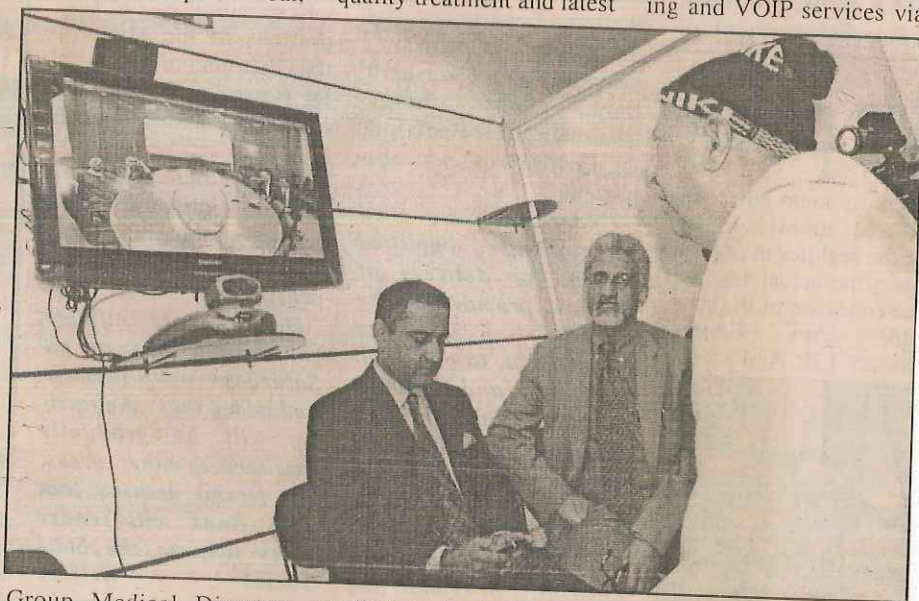
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With this facility, people of Jammu can now consult renowned doctors over phone and get access to quality treatment and latest

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# htcity

NEW DELHI, THURSDAY MARCH 04, 2010, 8 PAGES [www.hindustantimes.com](http://www.hindustantimes.com)



**IT'S THEIR THREE WILL:** (L-R) Designers Leena Singh, JJ Valaya and Ashish Soni



**WE'RE DUO-ING FINE:** Vasantha Angamuthu (L) and Sonal Kalra



**NICE TO MEET YOU:** Vir Sanghvi (L) with FDCI president Sunil Sethi



**SAY CHEESE:** (right) Danceuse Shalu Jindal with Kalyani Chawla (R)



**HAPPY ME:** Design Anjana Bhargava

## WRITE THING TO DO

### WHAT

The launch of HT City Editor **Sonal Kalra's** book *A Calmer You*, co-hosted by Wisdom Tree and Taj.

### WHERE

Terrace Garden, Taj Mahal Hotel, Mansingh Road.

### WHO

Prominent designers, artists, bureaucrats and socialites turned up at the launch, presided by **Vir Sanghvi**, amidst the idyllic outdoor setting. In an interactive session, **Dr Jitendra Nagpal** discussed how to deal with 'stress' — the focus of the book based on the author's weekly column in HT City.



**Designer Rina Dhaka with Shobhana Bhartia, Chairperson, HT Media Ltd (R)**



**WHITE IS RIGHT:** Designer Payal Jain



**COOL:** Publisher Shobhit Arya







**LEGENDS: (L-R)** Artists Satish Gujral with Raja and Kaushalya Reddy



designer av



**SPEC-IAL BOND:** Designers Shantanu and Nikhil Mehra (R)



isher ra



**PINK OF HEALTH:** Educationist Shyama Chona



**I AM:** Actor Nagpal



**BOOK DO PAL:** Designer Ritu Beri

## Cheers to ragas



**HELLO ALL:** Music composer Leo Dombecki; (left) Musician Anoushka Shankar

### WHAT

The Annual Music and Dance Festival dedicated to the 67th birth anniversary of former Beatle, George Harrison.

### WHERE

Ravi Shankar Institute for Music and Performing Arts, Chanakyapuri

### WHO

The highlight of the festival were performances by the Jazmin band and shehnai player Rajendra Prasanna, among many others. **-HTC**



**STRINGS ATTACHED:** Musician Kushal Das



**THE MUDRAS:** Odissi dancer Shalini Patnaik; (right) Sitar maestro Pt. Ravi Shankar





## Dr Kushagra Kataria

CEO and Chief  
Cardiothoracic Surgeon,  
Artemis Health Institute

A box of mangoes, chocolates, bouquets and 'thank you' cards are a regular, but the nicest thing was when a little girl, not from a very privileged family, who'd undergone a successful heart transplant surgery, sent my team a handmade card. We got it framed and it still adorns one of our hospital walls.

There was another patient who had a tumor in his chest and had lost his voice. He was also a good carpenter and created for me a cricket set on a sheet. It's been years, but the fact that he must have spent

days on making that set overwhelms me even now. Doctor's Day at Artemis, more than celebration, is a team-building exercise. A lot of people are cognisant about the day and the number of emails and messages I receive on the day from fellow doctors and patients is thrilling. So, for all our patients, we try and reciprocate their love by holding an orthopedic, oncology and cardiology camp where the usual services are provided at 50 per cent off.



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htcity

Meghna's email hacked P2

NEW DELHI, THURSDAY JULY 01, 2010, 8 PAGES www.hindustantimes.com

body & soul

# THANK YOU, DOCTOR

On Doctor's Day today, HT City asked some men and women in white coats to share what makes this day special for them

## Dr Seema Malik cosmetologist, Eleganza Rejuvenation Centre

I am in the cosmetic business. I usually get 'thank you' messages that say, 'My married life is better' and 'I have more confidence'. But, on Doctor's Day, the number of cards, bouquets I receive have grown over the years and it is exhilarating. In fact, sometimes the

things that patients do to express their gratitude get embarrassing. There is a patient who sends me delicious biryani and that is a gesture I cannot forget.

Our organisation celebrates Doctor's Day with a get-together and dinner. For our patients, we always hold camps for free tests. We put up banners outside the hospital inviting people. In the past years, we have held camps in slums for underprivileged kids.

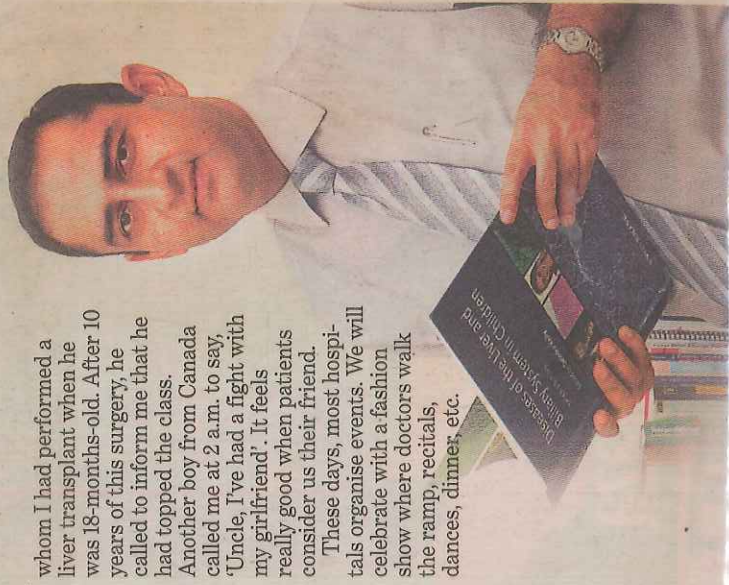


## Dr Anupam Sibal Paediatrician and Group Medical Head, Apollo Hospitals

With easy Internet access and increasing awareness, the Doctor's Day celebrations have really caught on. I am a paediatrician and when small kids come with handmade cards that say 'Happy Doctor's Day' in their cute handwriting, it makes me feel very special. Once, I got a call from a boy from Kanchipuram on

whom I had performed a liver transplant when he was 18-months-old. After 10 years of this surgery, he called to inform me that he had topped the class. Another boy from Canada called me at 2 a.m. to say, 'Uncle, I've had a fight with my girlfriend'. It feels really good when patients consider us their friend.

These days, most hospitals organise events. We will celebrate with a fashion show where doctors walk the ramp, recitals, dances, dinner, etc.





SEPTEMBER 05, 2010

## City becomes disease capital this season

**BUGGED** People fight multiple infections; dengue cases highest

Sanchita Sharma

sanchitasharma@hindustantimes.com

**NEW DELHI:** IT consultant Suhas Malhotra, 36, woke up with high fever on Tuesday and got tested for H1N1, dengue, malaria, typhoid and bacterial infections the next day.

"It turned out I had malaria and gastroenteritis. I didn't know one could get twin infections," said the Vasant Vihar resident.

Medical experts are not as surprised. Delhi is reeling under an onslaught of viral and bacterial infections, many of which begin with fever, headache and bodyache but go on to make you sick enough to need hospitalisation in less than a week.

"This season, dengue cases are the highest in a decade. Twin infections are also being reported. AIIMS is flooded with H1N1, dengue and conjunctivitis cases, but since there are no beds available, critically-ill patients are stabilised and referred to other hospitals," said Dr D.K. Sharma, medical superintendent, AIIMS.

So sick is the city that there are no free beds even in high-end hospitals. Delhi has 724 hospitals and nursing homes with 36,352 hospital beds, which is

### DISEASED DELHI



■ Delhi CM at a cleanliness campaign on Saturday. Like Dikshit, cover your mouth and nose while sneezing.

SUNIL SAXENA / HT PHOTO

71 more patients tested positive for dengue on Saturday. Hospitals across Delhi are now reporting 100 per cent occupancy

### INFECTION CITY

Compared to last year, 2010 has seen a sharp rise in infection cases

**Dengue: Up 120 times**  
(10 cases till September 4, 2009; 1,226 in 2010)

**Swine flu: Up 2 times**

**Viral and bacterial conjunctivitis: Up 4 times**

**Seasonal flu: Up 2 times**

**Gastroenteritis: Up 2 times**

**Malaria: Up 2 times**

**Typhoid: Same as last year**

### NO BEDS VACANT

100 % occupancy\*:

AIIMS

(2,200 beds)

Ganga Ram

(675 beds)

Medanta

(400 beds)

Fortis hospitals

(1,326 beds)

Apollo

(600 beds)

Max hospitals:

(800 beds)

\*Data for first week of September, 2010.

SOURCE: HEALTH DEPARTMENT, HOSPITALS

Sibal, group medical director, Apollo Hospitals. His advice: Manage fever with paracetamol but get tested for dengue, malaria, H1N1 and typhoid if fever over 102 F persists on day three.

The Fortis Group of Hospitals has set up an infectious diseases control team that works 24x7.

214 beds per 1,000 persons — 2.5 times more compared to the national average of 0.86.

"Seasonal infections are higher this year. Add to that higher awareness and you have hospitals flooded with people demanding admission even when it's not needed," said Dr Anurag

With Delhi government and civic agencies shy of admitting the city is facing an infection nightmare, it's now up to Union health minister Ghulam Nabi Azad's to get the city cleaned up in time for the Commonwealth Games.

» DELHI AFFLICTED, P4



http://www.pharmstoday.com/news/articleView.html?idxno=74436

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KHCA 전 세계와 한국의 의료 현주소

Anupam Sibal points about remote medical which has spotlight in India. 25% of people in India has to go long distance big size of country. small size of clinic's installation is release difficulty of hospital visit.

## KHCA 전 세계와 한국의 의료 현주소 짚어

원격의료 현황 및 병원정보 필요성, 중동지역 진출 팀 등

2010년 11월 04일 (목) 17:56:28

주소바 기자 top@pharmstoday.com

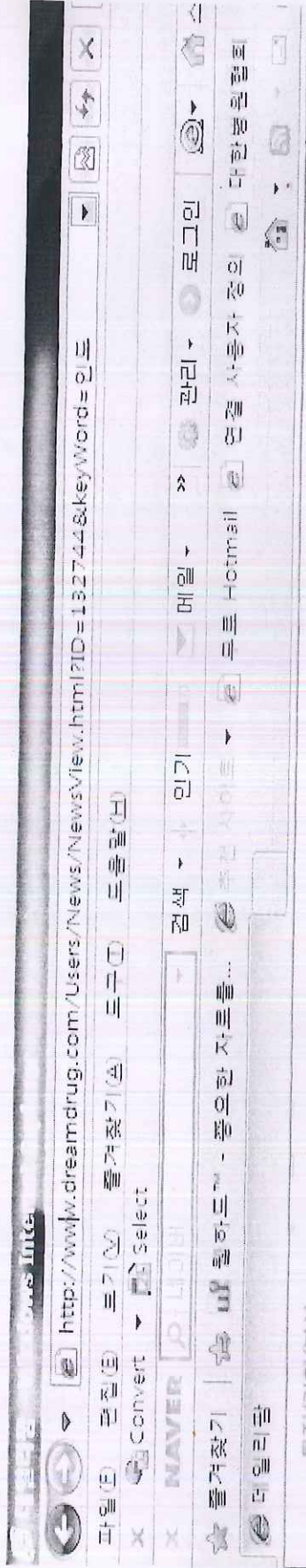
4일 63빌딩에서 '환자중심의 미래의료'라는 주제로 열린 '2010 Korea Healthcare Congress' 기자 브리핑에서 세계 각지역의 의료관계자들이 초청돼 각국의 의료현황을 발표하고 한국의 의료를 짚어보는 시간을 가졌다.



▲(좌로부터)Beau Herr 건축가, Anupam Sibal 교수, Choon Yong Loo 회장, 미원준 병원 정책이사, Jason Hwang 박사, Mark Erhart 대표, Jeremy Lim Fung Yen 디렉터.

먼저 미국의 Jason Hwang 박사는 원격진료와 관련, 미국도 한국과 같은 초기단계이며, 다수의 규제 및 금여대상 제한 등의 문제점을 토로했다.





## 인도 아폴로병원은 왜 약국 500곳을 소유했나?

2010 코리아 헬스케어에서 외국 민간병원 소개

아폴로병원은 통합의료서비스시스템을 통해 소유 및 위탁관리병원, 진단클리닉, 약국, 컨설팅 서비스를 아우르는 인도 최초의 기업형 병원그룹이다.

또한 환자 가정 방문 의료, 임상 및 진단 서비스, 위탁행정서비스, 의료보험 등의 서비스를 제공하고 있다.



▲ Anupam Sibal

또한 그 원격의료서비스를 손꼽았다.

Sibal은 "Health Highway를 통해 자 기록을 공유할 수 있도록 했료를 제공한다"고 밝혔다.

하지만 미국과 싱가포르의 경우로했다.

아폴로병원 메디컬 디렉터를 지낸 Anupam Sibal은 "인도 경제 개방 이후 아폴로병원은 1개의 신규 병원을 시작으로 현재 50개 병원의 8500병상을 가진 그룹으로 규모가 커졌다"고 말했다.

Sibal은 "환자가 중복되는 검사와 병력을 반복해서 설명 들을 필요가 없도록 그룹안에서 모든 것이 해결가능하도록 했다"며 "약국의 경우 향후 1500개 이상으로 늘릴 계획을 갖고 있다"며 의료서비스와 관련된 모든 분야에 진출하겠다는 포부를 밝혔다

### Why Apollo hospital owns 500 pharmacy?

Apollo hosp. is India's first business type hosp. which uses IDs. Anupam Sibal says, "After economic openness, Apollo hosp. starts to grow up from 1 hosp. to 50.

Through Health Highway, Indias every other hospitals doctors can share patients history.





WHAT TROUBLE? JAGAN'S  
LOYALISTS CHEERED ME,  
SAYS NEW ANDHRA CM  
ALL THAT MATTERS | P 22



BIMARU TO BOOMING:  
U-TURN FOR BIHAR, ABOUT  
TURN FOR OTHER STATES?  
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OUR MEDAL WINNERS'  
JOURNEY TO THE TOP  
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NEW DELHI

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# Active organ donation in two hospitals only

Durgesh Nandan Jha | TNN

New Delhi: The organ collection unit of the country's premier hospital is in the lurch. In the past five years, the Organ Retrieval and Banking Organisation (ORBO) at AIIMS — a national nodal centre — has not received a single organ through any private or state-run hospital. The Army hospital and AIIMS are the only active centres for organ retrieval in Delhi. These, too, see very few donations compared to the number of accidental deaths reported in the city.

On World Organ Donation Day — celebrated in India for the first time on Saturday — experts called for changes in the law coupled with a massive awareness campaign to meet the high demand so that precious lives could be saved every day. "We have received about 780 organs and tissue through donations. Most of these have come from AIIMS Trauma Centre or patients who were admitted at the institute and some from the Army Research and Referral Hospital. In the past five years, no donations have been received from private and other hospitals," said a senior official, who did not wish to be named. In Delhi, many hospitals such as G B Pant Hospital, Apollo Hospital, Fortis Hospital and Sir Ganga Ram Hospital have facilities for transplantation of vital human organs, including the heart valve, kidney, liver and eyes. Many patients, however, continue to suffer as a result of the lack of donors.

"Delhi reports over 2,000 accident deaths every year. Most of the incidents involve middle-aged persons and youth. These persons are most suitable as there is rarely any medical contraindication such as cancer or tuberculosis. But people do not come forward due to lack of awareness and religious considerations. According to the law, even if a person has pledged to donate his body after death organs can't be retrieved if the family objects. We should introduce the concept of 'presumed consent' in which everybody is considered a donor after death unless he/she has opted out of it," said Dr Sudhir Gupta, associate professor, forensic medicine and toxicology, AIIMS. He added that it should be mandatory for hospitals to declare all brain deaths and register these with an online organ directory.

Said Dr Anupam Sibal, medical director, Apollo hospitals, "We have carried out some organ retrievals at our hospital. But it is difficult. Family members are not even ready to accept the death. We need to create more awareness among people and there has to be legal security for doctors."

Pushpa Singh, group transplant coordinator of Fortis hospitals, said, "To announce a patient brain dead and retrieve organs, there is a chain of procedures. A committee of medical experts has to certify the brain death and the patient has to be kept on ventilator support till retrieval process starts. But first, the family has to agree."



# प्रत्यारोपण के लिए विदेशी भी आते हैं आपो

ई (पू.सं.)। लिबर और यारोपण के लिए अपोलो मंद अस्पताल के रूप में देश में पहली बार सन प्रत्यारोपण इसी अस्पताल के ग्रुप मेडिकल निदेशक आज गुवाहाटी प्रेस क्लब ददाता सम्मेलन में बताया के लिए अपोलो अस्पताल में अपनी पहचान बना

त्यारोपण कर चुका है और मामलों में पूरी सफलता में मरीज अपने घर चला है। इस वर्ष १५० लिबर योजना है। उन्होंने बताया, दिल्ली में तो अमरीका देशों के मरीज आ चुके हैं। अन्य देशों की तुलना में स्ता है। उनके अस्पतालों कार्य हो जाता है। इसकी प्रयास भी जारी है।

गति बिना में आने वाली



जाए तो लिबर बदलवा पड़ती है। इसलिए लिबर खान-पान में सावधानी बदलने की नौबत तभी तरह खराब हो जाता है। उ मौजूद हैं। उन्होंने बताया ६० हजार लोग लिबर की उन्होंने यह भी बताया सप्ताह में ठीक नहीं हो इलाज कराना चाहिए। य करने लगता है।

इस मौके पर वरिष्ठ विशेषज्ञ डा. विजया राज पिछले दस वर्षों में अपोलो अधिक किडनी प्रत्यारोपण की दस काफ़ी अधिक है। मधुमेह और अति तनाव हैं। इसलिए मधुमेह की नि तनाव मुक्त होने की कोशि

मालूम हो कि अपोलो ही असम और अरुणाचल लेकर आ रहा है। इसी सि पदाधिकारी राज्य के दो थे। कल उन लोगों ने मूड

गुवाहाटी : अपोलो के ग्रुप मेडिकल निदेशक डा. अनुपम सिन्हा रविवार को प्रेस





**BY ANUPAM SIBAL**

**I**nnovations have been the key driver in improving patient outcomes, improving access to healthcare and enhancing affordability. The coming decade is likely to see a lot of innovations in technology, financing and delivery models, which hold the potential to change the healthcare landscape of India.

#### **USE OF NEW MEDIA**

New age media tools have transformed medical science and healthcare beyond imagination. Today there is a wider acceptance for technology and innovative solutions in the delivery of healthcare. For instance, a survey conducted in 2008 among Indian general practitioners in three Indian cities — Delhi, Gurgaon and Chandigarh, revealed that 69% of the respondent doctors use the internet to assist professional and academic activities and 92% felt the internet has the potential to add immense value to their practice. These responses mark a paradigm shift in the way technology and innovation is viewed by practitioners today.

This shift has happened at a time when internet penetrations have increased dramatically across the country. This infrastructure has played the role of a catalyst in finding innovative solutions using new media. Imagine a network where a doctor could have real-time access to the entire health eco-system — insurance providers, larger hospitals, knowledge banks, pharmacies, diagnostic centres and other physicians. This access would not only enhance knowledge sharing among the vital cogs in the healthcare wheel, but also improve patient outcomes with best practices being followed. The Health HiWay is a network that aims to achieve seamless connectivity. Pioneered by Apollo Hospitals Group, Health HiWay's innovative products and solutions are changing the way technology is being used in healthcare to deliver faster and better results.

Along with the internet revolution, the spread of the mobile phone across India has occurred at a breathtaking pace. India, today, is the fastest growing telecom market in the world and like the Health HiWay, there is immense opportunities in the field of m-health or mobile health solutions. m-health will be increasingly used in the practice of medicine. m-health is being evaluated via several projects, which seek to provide medical consultation to people in geographically difficult areas. Apollo Hospitals Education and Research Foundation (AHERF) has already taken up a project on providing information on



# EGRATE, BORATE

Research, technology and collaboration are the three pillars on which the future of healthcare depends. India has been at the forefront of all three and is well poised for the new phase of innovation

drug interactions via mobile phones.

Technology has the ability to change the provision of healthcare access for large sections of our population. To provide medical services in rural areas, Mobile Medical Units have been set up by Apollo, which provide a basic level of medical care and carry out screening for referral to tertiary care facility. Along with this, telemedicine is a rapidly developing field, where medical consultation is provided to patients in remote locations by consultants in bigger hospitals through the use of interactive audiovisual media. It is immensely beneficial financially for patients since it saves time spent on commuting as well as the cost of travel while still accessing quality healthcare. The Apollo Telemedicine Networking Foundation (ATNF) has been a pioneer in this direction and has recently completed 10 years. ATNF has been providing services such as teleconsultation, monitoring and reporting services. With increasing global recognition of India's healthcare capability ATNF has been approached by several countries and now has many telemedicine centres abroad. Today ATNF has more than 100 functioning centres.

Innovation has not stopped at health delivery, rather it has moved onto other related healthcare domains such as education. Medvarsity, India's online health platform, was set up to deliver information technology-based quality education to healthcare providers at any distance and to facilitate cutting edge research in delivery of medical education. It offers a host of courses in medical, para-

medical and nursing courses and is another valuable example of successful use of technology for innovative solutions in healthcare.

## RESEARCH INITIATIVES

Research is the cornerstone of improvement in healthcare. A lot of work is being done on stem cell research, clinical trials, molecular medicine, pharmacogenomics, epidemiology and in newer branches of medicine such as regenerative medicine. The clinical trials market in India is growing at a rapid pace. Here, too, innovative solutions and a collaborative approach have ensured that synergies develop between researchers, hospitals and clinical research labs. AHERF is undertaking diverse projects in areas covering basic research, epidemiological research, clinical trials and clinical research while also setting up a Cell and Molecular Biology Research Centre.

Global clinical research organisations have vastly expanded their operations in India for clinical trials. The key enablers for increased investment in research have been the availability of high-quality talented staff, a lower cost of operations, improving infrastructure, growing regulatory support from the government and better investor involvement.

## HEALTHCARE DELIVERY

On the healthcare delivery front, health cities, which are integrated institutes of healthcare delivery, education and research, could change the way medical education, research and development is conducted in India. The first of its kind, Health City was set up in Hyderabad.

Centres of Excellence are being created by hospitals to provide the best of care in various specialties. Centres of Excellence have the best infrastructure, the best health professionals and a reliance on clinical pathways and clinical practice guidelines. Along with clinical care, there is a focused awareness on clinical outcomes. Outcome-based monitoring, such as that for medication errors, survival rates and average length of stay is being practised by many hospitals, and Apollo has institutionalised this by setting up the Apollo Clinical Excellence (ACE) system across its network of hospitals. The ACE model has been set up across the Apollo locations for monitoring clinical quality. Accreditation by institutions, such as the Joint Commission International (JCI), has endorsed the quality assurance of many Indian hospitals. Seven hospitals of the Apollo Group have been accredited by the JCI.

Apollo Hospitals always believed in investing in the right technology that will help in improving clinical outcomes and enhancing the service delivery to patients. The latest being a breakthrough technology of the Cyberknife System installed at Apollo Speciality Cancer Hospital Chennai. This is the next revolution in cancer treatment.

Healthcare education is getting its due attention today. Through universities and affiliating bodies, Apollo has been offering paramedical education in a host of disciplines like nursing, physiotherapy and hospital administration. Apollo is also recognised for training in 25 specialties by the National Board.

## COLLABORATIONS

Collaboration between Indian and international institutions has the potential to be the game-changer to improve healthcare delivery, education and research. In recent years, there is a growing interest among foreign players to enter India's healthcare sector through capital investments, technology tie-ups, and collaborative ventures across various segments, including diagnostics, medical equipment, hospitals, education and training. The healthcare industry is at the forefront of using technology and innovative solutions to propel the next phase of growth.

*(The writer is Group Medical Director and Senior Paediatrician and Gastroenterologist, Apollo Hospitals)*





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VILLA SCORES TWICE AS BARCA

DRUGS TODAY  
**TIMES CITY**

PREITY ZINTA PIPS DALAI LAMA TO ASSADOR  
PH 13

# Wonder boy wants to be doc

## 13-Year-Old First To Undergo Paediatric Liver Transplant

Risha Chittiangia | TNN

**New Delhi:** His story has been a source of inspiration and hope for scores of liver failure patients—mostly children suffering from biliary atresia—and has prompted them to go for liver transplant. India's first paediatric liver transplant patient, 13-year-old K Shakti Kandhaswamy, aspires to become a doctor.

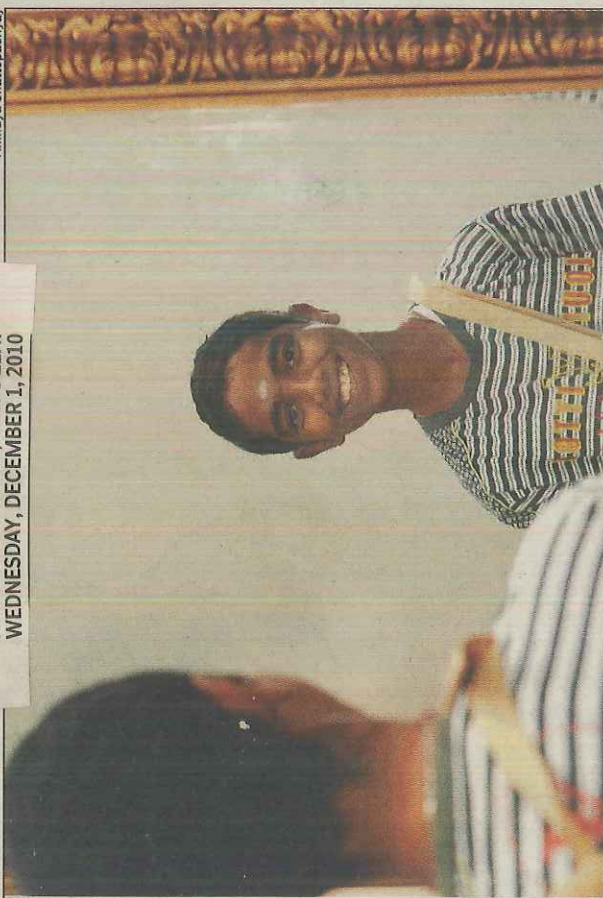
Born with biliary atresia, a rare congenital defect in which liver is completely damaged, Shakti underwent a surgery just 62 days after birth. As his surgery was unsuccessful his parents were left with no option but to give their consent for liver transplant. "I had no hope that he will survive. I was more worried about my husband, who had donated a part of his liver," said S Thilaka, Shakti's mother.

His mother's fears were justified as there were no success stories to bolster her confidence. "We could not reassure her as our first paediatric liver transplant patient died within days of the transplant. Liver transplant was then in its nascent stages. Today he is India's first paediatric gastroenterologist, who has been treating Shakti since 1997.

From the time he was bereft of hope to the time he is assisted by his son in reading documents in English, Shakti's father, A Kandhaswamy, has come a long way and says he is proud of his decision to

THE TIMES OF INDIA, NEW DELHI  
WEDNESDAY, DECEMBER 1, 2010

Anindya Chattopadhyay



**RARE SURGERY:** Shakti Kandhaswamy was operated just 62 days after birth

Dr Anupam Sibal, senior paediatric gastroenterologist, who has been treating Shakti since 1997. "I want to be everything on his own. Life couldn't have been better than this," said Kandhaswamy. Shakti's only regret is that he can't play basketball or cricket like his friends. "I get breathless if I run. I prefer to paint and watch television instead. As I want to live long I have to take care of myself and religiously take my medi-

come a surgeon. "I want to be come a surgeon so that I can help people get a new liver and lead a normal life like me," said Shakti. Since 1998, liver transplant scenario has changed drastically. "Today we have a success rate of 90-95% in liver transplant. Since then we have carried out close to 250 transplants in Delhi



SUNDAY

## hindustan

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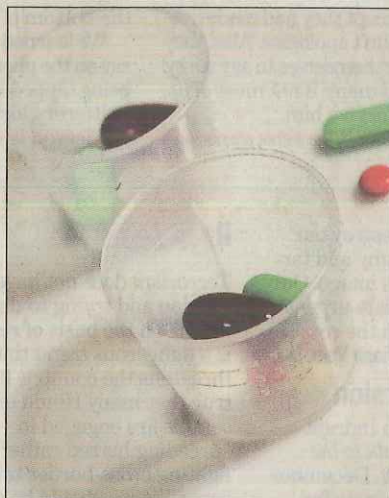
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times  
DECEMBER 26, 2010NET-SAVVY  
HYPOCHONDRIACS

When it comes to health, people swing between extremes. The majority would rather not know what's wrong with them. And when they do get to know, they take action only under extreme duress.

A small majority, whom doctors have learnt to fear almost as much as getting their medical licences cancelled, are health junkies who knock at hospital doors after trawling the internet looking for infections, disorders, diseases or syndromes, real and imaginary. "There's too much information available and it's often difficult for a non-medical person to decipher. A lot of health information posted online is incorrect. The best sites to go to are the ones run by institutions, such as hospitals, and societies, that also offer information on support group," says paediatrician Dr Anupam Sibal, group medical director, Apollo Hospitals.

Googling for five child-related problems showed 11% of the 500 results gave inaccurate information, and 39% gave the right answer, reported *The Archives of Disease in Childhood* in April this year. It confirmed Sibal's recommendation: that government-run sites were reliable sources of information, followed by hospitals.

For the study, the five words googled were 'MMR autism', 'HIV breastfeeding',



'mastitis breastfeeding', 'baby sleeping position' and 'green vomit'. The most incorrect replies were on MMR and autism, followed by HIV and breastfeeding. "It's always important to whet what you've read with your physician," says Sibal.

Infection outbreaks bring out the worst in worrywarts, making them aggressive, even annoying. The annual dengue outbreak in Delhi is an example. "People think all fevers are dengue and insist on being admitted to a hospital even when there is no need for it," says a doctor at the All India Institute of Medical Sciences.





## Wheat allergy making inroads

Risha Chittlangia | TNN

**New Delhi:** An allergy to wheat — or any gluten product — in the Indian population was unthinkable. For long, it has been simply considered as a disease of the West. Doctors say that due to this lack of awareness close to 97% of celiac disease cases remain undiagnosed. If left untreated, the disease can have serious consequences such as autoimmune disorder, rheumatoid arthritis, cancer, neurological complications, etc.

"Wheat is an important part of our diet, specially in north India. That's why gluten allergy was never considered a serious problem in our country. Though there have been no studies in India to ascertain the prevalence of the disease, it is a serious problem," said Dr Shimini Bhatnagar, senior scientist, AIIMS.

Celiac diseases occur in people who are genetically predisposed and have gluten intolerance. Glutelin, a gluten protein, triggers the immune system to destroy Villi — a hair-like projection that helps in absorption of important vitamins, minerals, fats, nutrients and micronutrients — in the small intestine. "People who are predisposed to celiac disease are not able to absorb these important nutrients, which play an essential role in the body's growth and functioning. The Villi is completely destroyed and body functions are disturbed. As a result, a child is not able to gain weight and height. Stunted growth is commonly seen in kids with celiac disease," said Ishi Khosla, nutritionist and founder president, Celiac Society for Delhi.

Doctors say that chronic diar-

rhoea, bloating of stomach, unexplained constipation, etc, are symptoms of celiac disease. But in some cases, these symptoms might not be evident. "If left untreated, it can trigger an autoimmune disorder like thyroid, type 1 diabetes, etc. It can even result in cancer or neuro-

logical complications," said Khosla.

But doctors warn that only after detailed investigation should people go on a gluten-free diet. "A blood test can help you diagnose the problem. But an endoscopic biopsy must be done before a kid is put on a glu-

Graphic: Pranjoti Mukherjee

### CELIAC DISEASE

It is hard to believe, but gluten allergy is very common in India. Doctors say due to growing awareness about the disease, some cases are now being diagnosed in the early stages. It is, however, fast becoming a hidden epidemic as the cases that still do remain undiagnosed is

97%



### ABOUT THE AILMENT

It is an autoimmune disorder that can occur in genetically predisposed people of all ages. Caused by protein gluten found in wheat, triggers the immune system to develop antibodies that cross-react with bowel tissues. As a result, the small intestine is not able to absorb important nutrients, vitamins & micro-nutrients. In children, it results in stunted growth

There are no particular symptoms, but most people who suffer from this disease face problems like

### COMMON SYMPTOMS

Intermittent diarrhoea	Abdominal cramps, gas and bloating	Foul-smelling or grayish stools that may be fatty or oily
Weakness & fatigue	Stunted growth (in children)	Celiac disease shows symptoms of gastric ulcer, anaemia,

### CAUSES

Small intestine has tiny hair-like projections called villi, which absorb vitamins, fats, nutrients & other important minerals from food. In celiac disease, villi are destroyed by the body's own immune system



If left undiagnosed, it can lead to

Thyroid Multiple Sclerosis (MS)	Rheumatoid arthritis
Liver disease	Type 1 diabetes

### OVERALL PRECAUTIONS PRESCRIBED

Avoid wheat, barley, rye and oats

Use all gluten-free products

Consult a dietitian for help

### DIAGNOSTIC TEST

A blood test can detect the higher level of antibodies — anti-endomysium & antitissue transglutaminase — as a result of reaction to gluten



ten-free diet, as it is a lifelong condition. The diet should be planned in consultation with the doctor. Moreover, 6-8% children with diabetes might have celiac disease," said Dr Anupam Sibal, senior consultant paediatric hepatologist, Indraprastha Apollo.





## Mila's secret to happiness

P10

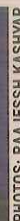
New Delhi, Thursday, January 13, 2011

## party 03

# Hello, doc!

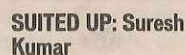
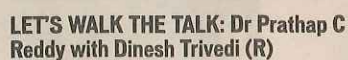


## NOT MISSING THE SUN: Dr Anupam Sibal



### SEEING GREEN: Dr Meera Narasimhan

**AROMA SAH**





# रांची एक्सप्रेस

रांची, शुक्रवार 11 फरवरी 2011

## बच्चों के लीवर की बीमारी का सफल इलाज पेडियाट्रिक लीवर ट्रांसप्लांट : डॉ. सिब्बल



प्रेसवार्ता को सम्बोधित करते डा. अनुपम सिब्बल साथ में डा. सुजीत चौधरी एवं सईद अहमद अंसारी एवं अन्य।  
छाया : आसिफ

रांची, 10 फरवरी (रा.ए.सं.) : बच्चों में गंभीर लीवर की बीमारी का सफल इलाज पेडियाट्रिक लीवर ट्रांसप्लांट है। लेकिन इसमें कई बाधाएं हैं जिसे आने वाले समय में दूर करना ही होगा। लीवर ट्रांसप्लांट के लिए बच्चे एवं परिवार को तैयार करने में काफी समय लगता है। अपोलो अस्पताल के ग्रुप मेडिकल डायरेक्टर एवं पेडियाट्रिक गैस्ट्रो इंटेलॉजिस्ट डा. अनुपम सिब्बल ने आज प्रेसवार्ता में उपरोक्त बातें कहीं। उन्होंने कहा कि प्रतिवर्ष बीस हजार लीवर ट्रांसप्लांट की जरूरत है। वयस्क एवं बच्चे का लीवर ट्रांसप्लांट किया जा रहा है जिसमें 90 प्रतिशत सफलता मिली है। अपोलो अस्पताल में विगत 12 वर्षों से लीवर ट्रांसप्लांट विगत

सफलतापूर्वक किया जा रहा है। मरीज लीवर ट्रांसप्लांट के बाद 12 वर्षों से लगातार सामान्य जीवन जी रहे हैं। अपोलो अस्पताल में अब तक 479 लीवर ट्रांसप्लांट किये जा चुके हैं। इन्द्रप्रस्थ अपोलो अस्पताल के पेडियाट्रिक यूरोलॉजिस्ट डा. सुजीत चौधरी ने कहा कि पेडियाट्रिक यूरोलॉजिकल असामान्यता (डिस ऑर्डर) वयस्क यूरोलॉजिकल असामान्यता से काफी भिन्न है। खासकर बच्चों में जन्मजात या जन्म के समय खराबी (बर्थ डिफेक्ट) होने के कारण यूरोलॉजिकल डिसऑर्डर होता है। प्रेसवार्ता में अपोलो अस्पताल, इरबा के निदेशक सईद अहमद अंसारी एवं चिकित्सा अधीक्षक डा. पी.डी. सिन्हा उपस्थित थे।



# रांची

धूमधाम  
से मूर्ति  
विसर्जन

रांची : विद्या की रेत  
एक साथ खड़े होने  
विचार किया गया।

4 सन्मार्ग

गया, शुक्रवार, 11 फरवरी 2011

## लीवर प्रत्यारोपण के प्रति जागरूकता बढ़ी : डॉ सिब्ल



### वरीय संवाददाता

रांची : भारत में हर साल 20 हजार लोगों को और हर 12 हजार बच्चों में एक बच्चे को लीवर प्रत्यारोपण की जरूरत पड़ती है। विश्व में जितने लोगों को लीवर प्रत्यारोपण की जरूरत पड़ती है उस सूची में हर तीन मिनट में एक नये मरीज का नाम जुड़ जाता है। दिल्ली स्थित इंद्रप्रस्थ अपोलो अस्पताल के सिनियर कंसल्टेंट व ग्रुप मेडिकल डायरेक्टर डॉ अनुपम सिब्ल ने होटल कैपिटॉल हिल में गुरुवार को पत्रकारों को बताया कि अपोलो हॉस्पिटल में पिछले 12 साल में 479 सफल लीवर प्रत्यारोपण किया गया है। पिछले तीन साल में ही 339 ऑपरेशन हुए हैं जिनकी सफलता 90 प्रतिशत तक रही है। इससे साफ लग रहा है कि लोग लीवर प्रत्यारोपण के प्रति जागरूक हुए हैं। भारत में सबसे पहला सफल प्रत्यारोपण 1998 में हुआ था। इंद्रप्रस्थ अपोलो के ही सिनियर कंसल्टेंट डॉ सुजीत चौधरी ने बताया कि हर सौ बच्चे में से एक बच्चे को कोई न कोई सर्जिकल समस्या होती

है। एक छह महीने के छोटे बच्चे का भी लीवर प्रत्यारोपण किया जा सकता है। ऐसे 50 प्रतिशत केस में दूरबीन की सहायता से ऑपरेशन किया जाता

तीन मिनट में एक मरीज शामिल हो जाता है सूची में  
अपोलो में 12 साल में 479 सफल प्रत्यारोपण

है। पत्रकारों से बातचीत के दौरान रांची में इरबा स्थित अपोलो अस्पताल के प्रोजेक्ट डायरेक्टर एसए अंसारी भी उपस्थित थे।

### केवल परिवार से ही लिया जाता है लीवर

मरीज में लीवर प्रत्यारोपण के लिए केवल उसके परिवार के लोगों से ही लीवर लिया जाता है। जिस व्यक्ति से लीवर लिया जाता है उसका लीवर दोबारा आठ से 12 हफ्तों में अपने सामान्य आकार में आ जाता है।

मरीज में लीवर प्रत्यारोपण में लगभग 12 घंटे और डोनर के ऑपरेशन में लगभग छह घंटे लगते हैं। मरीज को पूरी जिंदगी हर माह लगभग दस हजार रुपये की दवा खानी पड़ती है। लीवर प्रत्यारोपण में जहां अमेरिका में 1.50 करोड़ और यूके में 90 लाख रुपये खर्च होते हैं वहीं दिल्ली के अपोलो अस्पताल में बड़ों के लीवर प्रत्यारोपण के लिए 18 लाख व बच्चे के लिए 12 लाख रुपये लगते हैं जिसमें सारे खर्च समाहित हैं।



# लीवर प्रत्यारोपण से नहीं होती समस्या

भास्कर न्यूज़ | रांची

लीवर प्रत्यारोपण से कोई समस्या नहीं होती। यह पूरी तरह से सुरक्षित है। हमारे देश में भी यह सुविधा उपलब्ध है। दिल्ली स्थित इंद्रप्रस्थ अपोलो अस्पताल में मरीजों का सफल प्रत्यारोपण हो रहा है। यह जानकारी अपोलो ग्रुप ऑफ हॉस्पिटल्स के मेडिकल डायरेक्टर सुजीत चौधरी और पेडियाट्रिक गैस्ट्रोएंट्रोलाॅजिस्ट डॉ. अनुपम सिबल ने दी। दोनों विशेषज्ञ दस फरवरी को होटल कैपिटोल हिल में संवाददाताओं से बात कर रहे थे।

सुजीत चौधरी ने बताया कि बच्चों में लीवर की खराबी होने पर पांच साल के अंदर ही उसका प्रत्यारोपण कर देना चाहिए। इसके लिए उसके माता-पिता या नजदीकी रिश्तेदारों से लीवर लिया जाता है। बच्चों के लिए डोनर से सिर्फ 30 से 40 प्रतिशत लीवर की ही जरूरत होती है।

लीवर दान करनेवाले में वह हिस्सा



प्रेस वार्ता में बोलते सुजीत चौधरी।

आठ से बारह हफ्ते में तैयार हो जाता है। बड़ों के लिए 50 से 60 प्रतिशत की जरूरत होती है। इसमें 12 से 18 लाख रुपया खर्च आता है। संवाददाता सम्मलेन में अपोलो रांची के डायरेक्टर एसए अंसारी, मेडिकल सुपरिंटेंडेंट डॉ. पीडी

सिन्हा और अन्य भी चिकित्सक उपस्थित थे।





प्रभात खबर

www.prabhatkhabar.com

## तेजी से बढ़ रहे हैं लीवर के मरीज

रांची : हर साल पूरे भारत में 20 हजार लोगों को लीवर प्रत्यारोपण की जरूरत पड़ती है। सबसे आश्चर्य की बात यह है कि हर तीन मिनट में एक मरीज बढ़ जाता है। इंद्रप्रस्थ अपोलो अस्पताल, नयी दिल्ली के डॉ अनुपम सिब्बल ने

### लीवर प्रत्यारोपण का खर्च

अमेरिका	1.50 करोड़
न्यूजीलैंड	90 लाख
भारत	18 लाख (बड़ों)
	12 लाख (बच्चों)

गुरुवार को पत्रकारों को बताया कि पहले लीवर प्रत्यारोपण कराने वालों की संख्या मात्र 80 थी, लेकिन इधर तीन वर्षों में लीवर प्रत्यारोपण के मरीज काफी बढ़ गये हैं और जागरूक भी हुए हैं। जिस वजह तीन वर्षों में यह संख्या बढ़ कर 497 हो गयी है। डॉ सिब्बल ने जानकारी दी कि इधर बच्चों में भी लीवर प्रत्यारोपण की शिकायत मिल रही है। अपोलो ने सबसे पहले कोलकाता में छह माह के बच्चे का प्रत्यारोपण किया अभी वो पूरी तरह से स्वस्थ है। यही नहीं एक 15 माह के बच्चे का भी प्रत्यारोपण किया गया वो भी स्वस्थ है। वो अब स्कूल में पढ़ रहा है। उन्होंने बताया कि लीवर प्रत्यारोपण का खर्च अन्य देशों की तुलना में अपोलो में कम है। उन्होंने कहा कि लीवर प्रत्यारोपण की समस्या न हो इस पर लोगों को ध्यान देना होगा। डॉ सुजीत चौधरी ने बताया कि हर सौ बच्चों में एक बच्चे को किसी न किसी प्रकार का सर्जिकल समस्या होता है। इनमें से 50 प्रतिशत समस्याएं ठीक होने वाली होती हैं।



# लापरवाही से फेल हो सकता है लीवर

बच्चों के लीवर प्रत्यारोपण की सुविधा अब देश में भी उपलब्ध, सफलता शत-प्रतिशत, छह माह तक के बच्चे का इलाज संभव

संवाददाता

रांची

देश में भी छोटे बच्चों के लीवर प्रत्यारोपण की सुविधा मौजूद है। इंद्रप्रस्थ अपोलो अस्पताल के ग्रुप मेडिकल डाइरेक्टर एवं जाने-माने पेडियाट्रिक गैस्ट्रोएन्टेरोलॉजिस्ट सह हेपाटोलॉजिस्ट डॉ अनुपम सिब्बल ने यह जानकारी दी। डॉ सिब्बल गुरुवार को पत्रकारों से बातचीत कर रहे थे। उन्होंने बताया कि लीवर प्रत्यारोपण पहले दुनिया के चुनिंदा मेडिकल अस्पताल में होता था, लेकिन यह सुविधा अब देश में और काफी कम खर्च में संभव है। कहा कि जटिल



संवाददाता सम्मेलन में उपस्थित डॉ अनुपम सिब्बल, डॉ सुजीत चौधरी और अन्य। • हिन्दुस्तान

ऑपरेशन की वजह से इसका इलाज दुनिया में काफी महंगा है। यहां छोटे बच्चों का ऑपरेशन 12 लाख में एवं वयस्क का लीवर प्रत्यारोपण 18 लाख में हो रहा है। उन्होंने बताया कि लीवर प्रत्यारोपण की सफलता शत-प्रतिशत है। इंद्रप्रस्थ अपोलो में छह माह तक के बच्चे एवं पांच किलो वजन तक के बच्चों के लीवर का प्रत्यारोपण कर

कीर्तिमान स्थापित किया गया है। अपने देश में पांच साल से कम उम्र के हर एक सौ में एक बच्चे एवं 60 हजार वयस्कों के लीवर प्रत्यारोपण की जरूरत हर साल होती है। डॉ सिब्बल ने बताया कि लीवर से संबंधित बीमारी के इलाज में लापरवाही नहीं बरतनी चाहिए। लापरवाही एवं जागरूकता के अभाव में कई बार लीवर फेल हो जाता है।

इंद्रप्रस्थ अपोलो अस्पताल के सीनियर कंसल्टेंट व पेडियाट्रिक यूरोलॉजिस्ट डॉ सुजीत चौधरी ने बताया कि दूषित जल, अत्यधिक शराब, पीलिया एवं दूषित रक्त चढ़ाने से लीवर फेल होने की समस्या आती है। वहीं, कई बच्चों में यह बीमारी जन्मजात होती है। उन्होंने कहा कि समय रहते जांच एवं देवाई शुरू करने से लीवर जनित रोग का निदान

## कारण

- दूषित जल
- अत्यधिक शराब पीना
- पीलिया रोग
- दूषित रक्त चढ़ाने

## रखें ध्यान

- लीवर संबंधित बीमारी के इलाज में लापरवाही नहीं बरतें
- समय रहते जांच एवं देवा शुरू करने से निदान संभव

संभव है। इधर, दोनों चिकित्सकों ने लीवर प्रत्यारोपण एवं पेडियाट्रिक विषय पर आयोजित कार्यक्रम में व्याख्यान प्रस्तुत किए। कार्यक्रम में अब्दुरजाकि मेमोरियल वीवर्स अस्पताल के अधीक्षक डॉ पीडी सिन्हा, पीआरओ जावेद अहमद समेत कई चिकित्सक मौजूद थे।



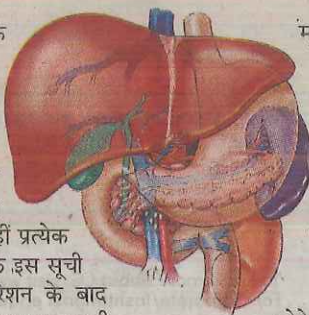
# 20 हजार प्रतिवर्ष लीवर प्रत्यारोपण की जरूरत

अपोलो में 18 लाख का आता है खर्च, अमेरिका में डेढ़ करोड़

रांची : अपोलो ग्रुप के चिकित्सा निदेशक डा. अनुपम सिब्बल ने कहा कि भारतीय उपमहाद्वीप में हर वर्ष बीस हजार लोगों को लीवर ट्रांसप्लांट की

आवश्यकता होती है। वहीं प्रत्येक तीन मिनट पर एक व्यक्ति इस सूची में जुड़ जाता है। ऑपरेशन के बाद डोनर को दस दिन में अस्पताल छोटी कर दी जाती है। लेकिन मरीज को 21 दिन के बाद अस्पताल से छोटी मिलती है।

सर्जरी के बाद मरीज को सावधानी बरतने की जरूरत है। अधिकतर प्रत्यारोपण पूरी तरह से सफल रहता है। अपोलो में 18 लाख के खर्च पर इसका इलाज संभव है। जबकि अमेरिका में इसके उपचार में 1.5 करोड़



मरीज के परिजनों को खर्च करने पड़ते हैं।

## बच्चों का प्रत्यारोपण भी संभव

डा. सिब्बल ने बताया कि छोटे बच्चों का लीवर ट्रांसप्लांट संभव है। खुद उन्होंने छह माह के बच्चे का ऑपरेशन किया है, जो आज पूरी तरह से स्वस्थ है।

## सावधानी बेहद जरूरी

कैपिटल हिल में गुरुवार को अपोलो, इरवा

की ओर से भारत में लीवर ट्रांसप्लांट के बारह साल होने पर आयोजित कार्यक्रम में डा. सिब्बल ने कहा कि लीवर रोग से बचाव के लिए सावधानी बेहद जरूरी है।

सावधानी रखें ताकि प्रत्यारोपण की नौबत ही ना आए। जैसे ही इसके लक्षण आए, तत्काल मरीज को चिकित्सक की सलाह पर जांच करानी चाहिए। जांच रिपोर्ट के आधार पर मरीज को रोग का उपचार कराना चाहिए। थोड़ी सी भी लापरवाही मरीज की जान जा सकती है। खासकर मरीज को पीलिया होने पर मरीज को ज्यादा सतर्क रहने की आवश्यकता है। इसके लिए मरीज को हैपेटाइटिस की जांच करानी चाहिए। इस मौके पर इंद्रप्रस्थ अपोलो हॉस्पिटल के डॉ. सुजीत चौधरी, अपोलो के चिकित्सा निदेशक डॉ. पीडी सिन्हा और डायरेक्टर प्रोजेक्ट एसए अंसारी उपस्थित थे।