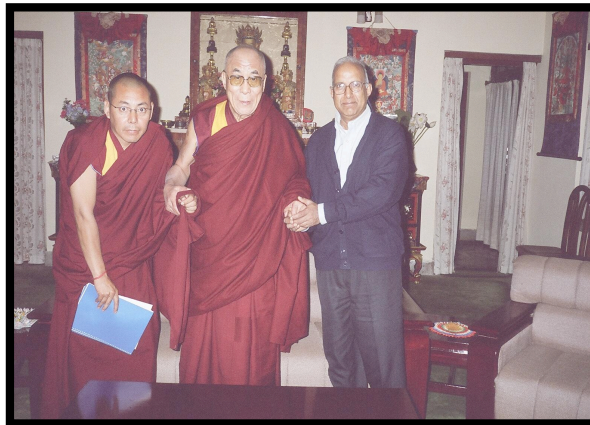




Newsletter

November 2005-August 2006



On March; 2006 Appointment granted by H.H. The Dalai Lama to ven'ble Chogyal president L.H.F. and professor Sampath kumar senior Cardio-thoracic surgeon of AIIMS New Delhi at Dharamsala (H.P). This was a meeting to seek blessings of H.H.The Dalai Lama for Ladakh Heart foundation. Professor Sampath Kumar briefed H.H. The Dalai Lama about the objective of LHF Hospital in particular. Amongst other things he mentioned about performing heart surgery during last three years on poor Ladakhi patients in Ladakh itself and envision doing major surgeries in Ladakh itself and envision doing major surgeries in Ladakh itself once LHF gets established. He presented a CD of the cardiac surgery being performed by him and his colleague in Leh. H.H. was delighted to know of these developments and enquired about the cost of building equipments and infrastructure. Professor Sampath Kumar and ven'ble Chogyal had worked out the cost of the establishment running in two digit corers of rupees. H.H. The Dalai Lama expressed confident of supporting to generate possible donors and requested his secretaries to start correspondence to this effect in earnest. LHF considers itself very fortunate in getting the blessings of H.H. The Dalai Lama and his continuous support. H.H. The Dalai Lama is the patron of LHF and we keep him informed of our activities.

After a month we have received Rs. 20,00,000/-(twenty lakh rupees) and kind letter of recommendation to philanthropist around the world to support the Ladakh Heart Foundation. Following that recommendation we have received \$100,000/- dollar from Mrs. Fusako Okawa from Tokyo.

On 1st to 15th September 2006 is a Ladakh festival day on that occasion all the people from all over the Ladakh they participate in this celebration. The Ladakh Volunteer Network (LVN) organisation to take this good opportunity they have organize an exhibition in Leh for the awareness of Ladakh community about what is mean by NGO and what they do and does.

We have been continuing and extending our activities all over Ladakh, trying to prevent and cure all forms of heart disease, while also concerning ourselves with the general health of the local population, Our efforts can be broken down into four main areas-

- Primary preventative medicine, mainly in the form of lectures and seminars
- Village clinics in out-lying regions

- The maintenance of a register of all patients in the region, and the continued monitoring of their conditions
- Surgery and diagnostic clinics

Lecture Programs

Dr. Norboo continues to run his popular lectures on topical subjects (such as hypertension, heart attack, diet, etc.) to the local communities and schools.

Patient Register

Updated data of rheumatic and congenital heart disease revealed

Rheumatic heart disease to be 145 and congenital heart disease to be 101.

Due to health education numbers of rheumatic heart disease have been reduced.

Exit programme. As department of health has accepted the programme of primary prevention and has taken over distribution of Benzathine penicillin, syringes and distilled water for primary prevention of acute rheumatic fever and secondary prophylaxis of rheumatic heart disease. We are extremely pleased by the outcome of this project and the acceptance of the programme by the government.

Heart Surgery:

Operated heart patients supported by L.H.F



This small boy named Dorjee Gyaltsen Age 14 years. Studying in Disket monastery. He is suffering from a heart disease (Fallots Triology)) as diagnosis by a doctor from SNM Hospital, Leh. He belong to very poor family background. It very difficult to his parent to bear such huge expenses.



Before surgery

Above photo name Dorjee Gyaltsen

After surgery



This small girl named Pema Khando from Ladakhi. Age 2 years. Basically she is from South Indian and her father officially transferred Ladakhi when she was 4 month old. In the mean time she had a persistent cough with chest infection & being hospitalized several time in SNM hospital Leh. But the sign of improvement is very slow and lastly doctors advised to do Eco-cardiograph and found that she had a Congenital Heart Disease and advise to undergo heart surgery in AIIMS hospital New Delhi. The total expenses for the heart surgery estimated about ninety thousand. And luckily they came to know that LHF helping to meet the medical expenses especially for the poor and needy. It is very difficult to his parent to bear such huge expenses. Only her father is earner and mother is unemployed.

Baby Pema Khando with her parent

Individual Sponsorships

Donation

Thanks to our support group in Geneva Les Amis de Ladakh Heart Foundation continues to make generous donations for this construction of Ladakh Heart Foundation Hospital building.

Thanks to Prof. Sampath Kumar Mr. & Mrs. Vinod K. Wazir sent Ladakh Heart Foundation a donation of Rs. 25,000/- (Twenty five Thousand only). We profusely thank them for the continues donation.

Thanks to Mr. Nawang Rigzin Jora Hon'ble Minister for Science and Technology J & K Government sent Ladakh Heart Foundation Rs 1,50,000/-(one lakh fifty thousand) we profusely thanks for the generous donation.

Construction Site (to date)

The LHF Hospital construction will be completed in this summer and the dream that we dreamt appears to be realized due to the continues supporters like you. The most essential things now are hospital equipments and those equipments are too costly.

Actually His Holiness The Dalai Lama was supposed to visit Ladakh on July 29, and we were planning to inaugurate the hospital with his Holiness presence and blessings but unfortunately he is not coming this year.

L.I.P AND L.H.F ACTIVITIES

ACTIVITIES OF LHF. DURING 2005-2006

Date	Occasion	Subject	Venue	Paper presented by
Nov30;05		Nutrition, health with particular relevance to prevention of Non-communicable diseases and cancer prevention	LEHO Passive solar facility community centre.	Dr. T.Norboo MD
July 13-14; 2005	Seminar on high altitude related issues & high altitude medicine	Organized jointly by DRDO& 153 GH	Obstetrics practice at high altitude	Dr. T. Lhadol MD
- Do -	- Do -	- Do -	Health & environment policy –Ladakh 2025	Dr. T.Norboo MD
Mar 13-14; 2006	Diploma course teaching on sustainable development by TIS Mumbai	Deemed university of Tata institute of social studies Tuljapur Mumbai	Two full days teaching to 20 Diploma course students on Ladakh specific health problems	Dr. T. Norboo MD
April 7; 2006	World Health Day	Auditorium hall Leh & SOS School	Ten impending diseases of new millennium	Dr. T.Norboo MD
May 31; 2006	World no tobacco day	Elizer Joldan degree College, Leh	Health Hazard of tobacco smoking	Dr. T. Norboo MD
July 18; 2006	State level workshop on Promoting Youth Volunteerism Ladakh. Participants Ladakhi	Buddha Garden Choglamsar Organized by Rural Development You (RD	“Promoting Youth Volunteerism in the field of health sector”	Dr. T. Norboo MD

	youth & NGO.			
July 23; 2006	Curbing Alcohol and drug abuse menace in Ladakh.	River Indus Bank Choglamsar Organized by Ame Tsogspa Choglamsar	Alcohol and drug abused	Dr. T. Norboo MD

January 26,2006

A memorable day, when one of the vice president of LIP and an important member of LHF Dr. Tsering Lhadol, the Gynecologist's name appeared in the distinguished groups list of the president of India (Govt. of India) of national award of the highest order for their distinguished service to the society. She was awarded with Padma Shri one of the most prestigious award of the country: whole Ladakh including the members of our society rejoiced over the news and congratulated her for the honour conferred on her by the president of India.

YOGA SESSION

LIP and LHF introduced Yoga sessions in the LIP office lobby. Three batches of participants; each batch comprising of 6 to 8 participants underwent well-planned yoga initiations and training. Mr. Simon and Mrs. Emma Simon, very experienced yoga teacher and experienced nurse supervise respectively were kind enough to conduct the yoga sessions voluntarily and painstakingly. Each batch attended eight sessions of yoga classes on Monday and Thursday's between 5 to 6.30pm for 4weeks. The Yoga classes were followed by brief talks and discussions on topics like yoga and heart: nutrition and health, importance of exercise, basic first aid etc.

Mr. Cam and Mrs. Sarah took over the responsibility of yoga sessions from middle of September to October for the third batch of 8 participants Mrs. Sarla Chewang the president of LIP also participated for the full course of yoga session with the third batch. LIP & LHF plans to motivate our office staff member Miss Sherap Dolma to develop this skill as a trainer. She has been attending 24 session of yoga this season. Inactivity, a big risk factor for cardio-vascular disease, diabetes, obesity and related health problems is afflicting the Ladakhi society in a big way. Propagation of yoga in the younger generation by LIP & LHF is one of the many ways of letting the society shed off the habit of inactivity. Next year, we plan to develop yoga programmes for middle aged and hypertensive subjects quite appropriate for their health conditions.

PREVENTION OF STROKE AND DEMENTIA

LIP & LHF are grateful to Professor Otsuka Kuniaki of women's hospital, university of Tokyo and Fukuda Denshi Company to let us utilize their instrument (PWV) (to determine aortic stiffness and the ECG machine. We utilized this opportunity to do well-planned study in the rural and urban community with questionnaire on life style, sleep pattern, psychiatric ailments followed by physical examination and cognitive function tests and battery of other investigations which includes height and weight measurement (BMI) SaO₂, B.P, Pulse wave velocity, ECG, fasting blood sugar and hemoglobin estimation. Though the study was meant for senior citizens; the communities desire made us to include men and women aged 40years and above. These studies were preceded by health education explaining to them in particular the relevance of the study. On the completion of study, each subject was examined by the

physician and appropriate treatment and advice were given free on spot. The relevant findings of the investigations recorded on their health cards.

The population covered in the urban sector included Shanam, Kazoo, Murche and a portion of main town. In the rural set up – the study included areas as far as Thakungkuru, Sumdo, Karzok in Changthang; Tongtot, Taksha and surrounding villages in Nubra and Sakti.

The study being very detailed in nature, help of dedicated, trained and motivated volunteers is very crucial to make this programme successful. LIP and LHF very gratefully acknowledges the invaluable help of following volunteers: Dr Diskit, Dr Tundup, Dr Norbu Angchuk; Dr Stanzin Choeing; Dr Pame, Dr Farhana, Dr Rinchen Angmo; Dr Qadar Pasha; Dr Iqbal, Mr. Mohd Iqbal; Mr. Motup; Mr. Stobdan; Miss Dolley, Mr. Thubstan; Mr Dorje Angchuk, Mrs. Rinche Angmo; Mr. Tsering Sonam, Miss Yeshe Angmo, Miss Sumi, Mr. Rigzin and Angdus tok, staff members of PHC Sakti Panamik Tongstot Staksha, Mr Wangchuk Noney; House father and house mother and children of lions club children hostel; SOS hospital staff Mr Thubstan (the excellent camp cook) and not forgetting Miss Sherap Dolma and Ms Rinchen Dolma for producing the questionnaire forms well in time.

This type of epidemiological studies cum health education cum health clinics though very useful for health of the individual as well as health of the community producing enormous information for future health planning as well as promotion of health and prevention of diseases; however each big camp costing on an average Rs 20,000/- (Rupees twenty thousand) for the NGO organizing it may affect the enthusiasm unless government; NGO's and individual support groups joins in this noble venture.

June 23; 2006

Lecture on Prevention of disabilities in Ladakh

Venue: CMO's office, Leh

Participants: - Pharmacists of khalse block NIRLAC & district health services had jointly organized a programme "Basic training in management of disabilities for health workers" pharmacists around twenty from khalse block were the participants. Dr T. Norboo of LIP & LHF was asked to speak on prevention of disabilities on this day from 2 – 4 pm.

Started with definition of developmental disabilities.

- As usual, we start such programmes in the community with realization that it become successful only when we start with programmes which the community feels important & therefore NIRLAC perhaps very rightly started with data collection and management of disabilities. Prevention as usual took a backburner.
- People are not concerned with disability problems unless some one they love become disabled. These families are then the leaders of such initiation & the disabled are the real force. (NIRLAC is no exception; is the best example) next group of concerned people should be the health workers of all level who has to tackle these problems in his/her practice. Physically challenged is a better description then disabled.
- What is important is to critically analyze the NIRLAC data as to which of the disabilities are the commonest; what age group? Which sex? Which region? & What is so different in the distribution of disability problem in Ladakh compared to other districts of India? Such analysis can give us vital clue about the predominant causes and naturally help plan preventive measures so that our future generations are not afflicted with disability problems.
- Socio-economic conditions has big role to play in prevalence of disability problems: poverty, illiteracy, undernutrition, lack of sanitation, lack of basic health and rehabilitation programmes; examples – premature babies- lack or trained ANM's to conduct proper delivery-prolonged obstructed labours – lack of immunization – accounting for increased prevalence of cerebral palsy – post-polio – paralysis lack or iodine in water supply leading to cretinism, mentally retarded babies etc.

Therefore multipronged health and environment and rural and urban development are very crucial to prevent disability problems.

- Immunization particularly pulse polio programmes are crucial in prevention of disability: Proper storing of vaccines – transport of vaccines & ensuring 100% coverage & AVOIDING INJECTIONS are very important issues that health care workers need to keep in mind. It has been reported that 2million cases of paralysis due to Poliomyelitis are caused by giving injections to these patients during this illness.
- Avoid medicine during pregnancy – avoid X-ray radiation during pregnancy – points which need awareness in all; health care workers in particular.
- Rural Ladakh needs special attention to improve their nutritional status. Protective food available through fresh vegetables, fresh fruits, are not available throughout the year in places like Changthang, Zaskar etc. deep green, deep yellow vegetables & meat rich sources of vitamin A should be made available if blindness as one of the disability is to be prevented.
- Skeletal & dental fluorosis (Chushul, Man Merak, area) iodine deficiency disorders in Nubra regions needs attention to prevent skeletal, dental & mental retardation disabilities.
- Unorganized small industrial units like Saw machines – automobile – cement & flour factories etc. needs utmost safety measures to prevent disabilities causing for example Amputation of limbs etc.
- Planning to prevent automobile; road accidents are urgently needed to prevent preventable disabilities.
- Adulterated alcohol sale; adulterated edible oil sale; use of pesticides, insecticides in farms etc needs special attentions to prevent disabilities like vision lose etc.
- Awareness about Ear, nose and throat care is important to avoid preventable deafness. Pharmacist should know that inappropriate unnecessary injection of Aminoglycosids like Streptomycin, Gentamycin etc can cause deafness.

If you would like to sponsor any individual part of the operation of the foundation, such as a Village Clinics, the Hospital requirements or the Rheumatic Heart Disease injections, please contact Lama Chogyal at the Foundation.

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