



## FEDERATION of Indian Thalasseemics

# National Thalassemia Bulletin

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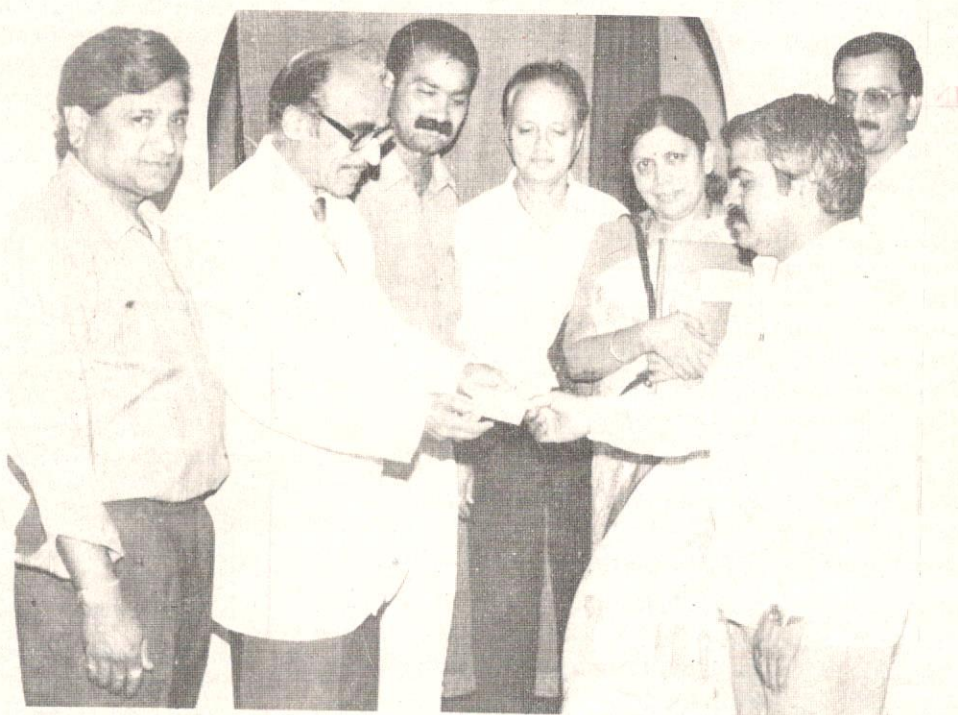
### T.I.F.-W.H.O. (N.G.O.)

At its ninety-seventh session in January 1996, the W.H.O. Executive Board decided to admit the Thalassemia International Federation into official relations with the World Health Organisation.

The objectives of W.H.O.'s collaboration with N.G.O.'s are to promote the policies, strategies and programmes derived from the decisions of the organisation's governing bodies; to collaborate with regard to various W.H.O. programmes in jointly agreed activities to implement these strategies; and to play an appropriate role in ensuring the harmonising of intersectoral interests among the various sectoral bodies concerned in a country, regional or global setting.

T.I.F.'s collaboration with W.H.O. opens up a new era for T.I.F.'s objectives and goals.

### थैलासीमिया पीड़ित बालक के आपरेशन हेतु अनुदान



डा॰ एन॰ एस॰ भागवनानी 60 हजार रुपये का ड्राफ्ट देते हुये साथ में डा॰ सविता इनामदार, डा॰ अशोक पोरवाल, सोसायटी अध्यक्ष लोकेश खूबनानी, सचिव रमेश हर्षवाल, उपाध्यक्ष अशोक मन्दवानी एवं मनोज पाहवा।

Report Inside

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**MEMBER SOCIETIES****Ahmedabad**

Thalassemia &amp; Sickle Cell Society of Ahmedabad

**Bombay**

Patient's Association Thalassemic Unit Trust

**Burdwan**Thalassemic Child Health Care Society  
Thalassemia Welfare Society of Burdwan**Calcutta**

Thalassemia Society of India

**Chandigarh**

Thalassemic Children Welfare Association

**Delhi**National Thalassemia Welfare Society,  
Thalassemics India**J&K**

J&amp;K Thalassemia Welfare Society

**Jaipur**

Thalassemia Society of Jaipur &amp; SDMH

**Kota**

The Thalassemia Society of Kota

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**U.P.**

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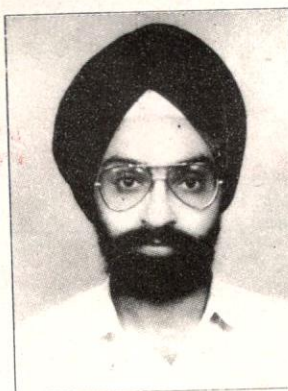
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**Dr. I.C. Verma**

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**EDITORIAL****Tax Benefits**

We had approached the Finance Minister during pre budget 1995 to grant exemption in Income Tax in respect of medical treatment of Thalassemia. We again perused the matter in late 1995. As a result of that there is a provision in present budget which I am quoting as below:

Clause 24 of I.T. Act

**Deduction in respect of medical treatment of chronic and protracted diseases and**

**terminal ailments such as AIDS, Thalassemia, etc.**

"The Bill proposes to provide for a separate deduction of fifteen thousand rupees in the computation of total income of an individual suffering from chronic and protracted diseases and terminal ailments or to any individual or HUF, on whom such individual is dependant. The diseases in respect of which the deduction would be available shall be notified in the Income-tax Rules. The tax payer shall have to submit a certificate in this regard from a prescribed authority every year along with the return of income."

The proposed amendment will take effect from 1st April, 1997 and will, accordingly, apply in relation to assessment year 1997-98 and subsequent years.

*This will certainly reduce the burden of tax payers.*

Clause 25 of I.T. Act

"The Bill also proposes to amend section 80G in order to provide for 100% deduction in the case of tax payers who make a donation to the National Council of Blood Transfusion headed by the Additional Secretary (AIDS Control Project) in the Govt. of India, or the State Councils headed by the Secretary, Health of the concerned State Government/Union Territory, to be set up in consultation with the National Council."

*The exact role of the proposed blood councils is not known yet but certainly it will help us in improving the safe blood supply and management of blood disorders.*

"The Bill also proposes to create a national illness assistance fund with an initial corpus of Rs. 5 crore. Besides, Rs. 25 crore have been set apart for contributions to the corpus of state illness assistance funds that would encourage the state governments to establish. Hundred per cent of the donations to these funds will be exempt from income tax. These funds will be used to provide assistance to the very poor for surgery or treatment for serious illnesses requiring hospitalisation."

*This fund may be asked by thalassemics lucky enough to get a matched marrow but are not in a positions to bear the cost.*

Reduction in the cost of Kelfer is also high on our agenda.

**Dr. J.S. ARORA**



## BACTERIAL INFECTIONS IN THALASSEMIA

— Dr. John B Porter-University College London  
(From TIF News)

After cardiac failure, bacterial infection is the second commonest cause of death in Thalassemia major. Two major factors predispose to bacterial infection in Thalassemia syndromes. These are iron overload and removal of the spleen. Splenectomy predisposes to infections with capsulated organisms such as pneumococcus, haemophilus and meningococcus. A combined approach of immunisation and antibiotics is recommended for prevention of infections with these organisms.

A major function of transferrin is to deprive bacteria of the iron necessary for their growth so that free iron does not exist extra-cellularly. As iron overload develops, transferrin becomes saturated and free iron is found in plasma. Bacteria make low molecular weight molecules called siderophores to enable them to acquire the iron necessary for their growth. The iron-bound species of these siderophores are taken into bacteria by specific receptors. Bacteria unable to make their own siderophores can acquire iron from the siderophores of other species or may live intra-cellularly where low molecular iron is generally available.

In iron overload or if siderophores such as Desferal are prescribed, such bacteria have a growth advantage. *Y. enterocolitica* is the most important of these and affects about 10% of Thalassemia patients or one per 80 patient years. *Yersinia pseudotuberculosis* infection has also been described. A variety of other bacteria may have a growth advantage in iron overload such as *Clostridium sordellii* and *Listeria monocytogenes*. Growth advantage is not confined, to bacteria, however, and sporadic cases of *Mucor*, *Cryptococcus* and *Cryptosporidium* have been reported in Thalassemia. Pythiosis infections have been clearly described in patients from

Thailand. In animal models, the pathogenicity of *Y. enterocolitica* is increased about tenfold by iron overload and 105 by Desferal.

*Yersinia* infection may be confined to the ileum, mesenteric nodes and peritoneum, when it is relatively benign. Generalised infection with septicaemia has a high mortality. Common symptoms include abdominal pains, diarrhoea, vomiting and fever. More rarely arthralgia and rash are present. Examination often reveals an abdominal mass or signs consistent with appendicitis. *Y. enterocolitica* is often under diagnosed because cultures of blood and stool may be negative even when selective medium is used. Serological testing is helpful but may also give false negative results, particularly if rarer serotypes are not tested for. In some cases, diagnosis may, therefore, be presumptive based on classical symptoms and response to treatment or on biopsy of affected bowel followed by immunofluorescence.

Thalassemia patients presenting with sepsis should stop Desferal immediately until *Yersinia* infection can be reasonably excluded or treated. Response rates to antibiotics are less than predicted from in vitro data because of slow intracellular penetration by some antibiotics. Mild infection generally responds well to cotrimoxazole whereas more severe infections require antibiotics with good intracellular penetration such as ciprofloxacin. After cure, it is recommended that treatment continues with cotrimoxazole for one month. It is unclear how soon Desferal should be reintroduced after effective treatment of proven *Yersinia* infection but reintroduction of Desferal within two to four weeks of resolution of symptoms is reasonable, provided cotrimoxazole continues for one month. In cases of relapsing infection ciprofloxacin has been found to be effective.



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## थैलासीमिया में जीवाणु संक्रमण

हृदय की गति बंद होने के अतिरिक्त जीवाणु संक्रमण थैलासीमिया में मृत्यु का दूसरा मुख्य कारण है। थैलासीमिया में संक्रमण के दो मुख्य कारण हैं: शरीर में लोहे की अधिकता व तिल्ली का निकालना। तिल्ली निकाल देने से न्यूमोनिया व गर्दन तोड़ बुखार आदि होने की संभावना बढ़ जाती है। इनके प्रतिरोधक वैक्सीन व एंटीबायोटिक की मिली जुली प्रक्रिया इनके संक्रमण को रोकने में सहायक होती है।

रक्त में Transferrin जीवाणुओं के लिये मुक्त लोहे की उपलब्धि को रोकता है जोकि जीवाणुओं की वृद्धि के लिये अति आवश्यक है। शरीर में लोहे की अधिकता होने पर Transferrin परिपूर्ण हो जाता है तथा रक्त में मुक्त लोहा बहुतायत में पाया जाता है। जीवाणु हल्के-हल्के कण सिडरोफोर बनाते हैं जो उनकी वृद्धि के लिये आवश्यक लोहे को प्लाज्मा में से पकड़ लेते हैं। जो जीवाणु अपने सिडरोफोर नहीं बना सकते वे अन्य जीवाणुओं के सिडरोफोर प्रयोग कर लेते हैं अथवा कोशिकाओं के अंदर उपलब्ध हल्के लोहे के कणों को प्रयोग कर लेते हैं।

लोहे की अधिकता अथवा डैस्फराल (जोकि स्वयं एक सिडरोफोर है) की उपस्थिति जीवाणु की वृद्धि में सहायक होती है। *Y. enterocolitica* सबसे अधिक 10% थैलासीमिया के रोगियों में पाया जाता है। *Yersinia pseudotuberculosis* भी इनमें देखा गया है। *Clostridium sordelli* व *Listeria monocytogenes* आदि संक्रमण भी लोहे की अधिकता का पूरा फायदा उठाता है। इनके अतिरिक्त *Mucor*, *Cryptococcus* व *Cryptosporidium* भी थैलासीमिया रोगियों में पाया जाता है। थाईलैंड में *Pythiosis* नामक संक्रमण भी पाया गया

है। नमूने के रूप में पशुओं में देखा गया है कि *Yersinia enterocolitica* संक्रमण लोहे की अधिकता से 10 गुणा बढ़ जाती है व डैस्फराल से 105।

जब *Yersinia* का हल्का संक्रमण होता है तो यह छोटी आंत्र, आंत्र पेशी अथवा आंत्र झिल्ली तक ही सीमित रहता है। अति शारीरिक संक्रमण होने से मृत्यु की संभावना बहुत बढ़ जाती है। इसमें पेट में दर्द, अतिसार छर्दि (वमि) व ज्वर आदि होता है। कभी-कभी जोड़ों में दर्द व चकत्ते भी देखने को मिलते हैं। परीक्षण करने पर पेट में एक गोला महसूस होता है अथवा *appendicitis* समान लक्षण मिल सकते हैं। *Y. enterocolitica* का संक्रमण अक्सर निदान नहीं हो पाता क्योंकि रक्त व मल के culture परीक्षण में यह नहीं भी पाया जा सकता। Serological परीक्षण में भी मिथ्या अनुपस्थिति के परिणाम आ सकते हैं। अतः रोग का निदान लक्षण, चिकित्सा से लाभ अथवा आंत्र की बायोप्सी उपरान्त immunofluorescence परीक्षण द्वारा भी किया जाता है।

थैलासीमिया के रोगियों में तीव्र विषाक्त लक्षण मिलने पर तुरन्त डैस्फराल बंद कर देना चाहिए जब तक कि यह निश्चित न हो जाय कि *Yersinia* संक्रमण नहीं है अथवा इसका पूर्ण इलाज न कर लिया गया हो। जीवाणु रोधक दवाओं से आशानुसार लाभ नहीं मिलता। हल्के संक्रमण में *Septran*/*Bactrim* व तीव्र संक्रमण में *ciprofloxacin* का अच्छा प्रभाव देखने को मिलता है। ठीक होने के पश्चात भी एक माह तक *Septran* देनी चाहिए। ठीक होने के 2-4 सप्ताह पश्चात डैस्फराल पुनः आरंभ किया जा सकता है बशर्ते *Septran* एक मास तक देते रहें। संक्रमण के पुनः आवर्तन होने पर *ciprofloxacin* ही अधिक लाभदायक है।



## Report from Chandigarh

On 8th May, 1996 the International Thalassemia Day Thalassemic Children Welfare Association, Chandigarh with the collaboration of State Bank of India, organised a Blood Donation Camp which was inaugurated by Mr. D.N. Pandit, Chief General Manager, State Bank of India, Local Head Office, Chandigarh. He also handed over a cheque for Rs. 1,00,800/- to the President Mr. S.P. Ajmani for the purchase of items for the welfare of Thalassemia patients like Refrigerator, Hemoglobin Testing Machine, Serum Ferritin Kits, Hot cases and other miscellaneous necessary items. Mr. B.K. Sharma, Director, PGIMER, Chandigarh, presided the function. S/Shri M.S. Rekhi, S.S. Khattar also highlighted regarding the disease and thanked the C.G.M. SBI for donation for the noble cause. Blood Donation Camp was also organised on this day.

On 8th June, 1996 second Blood Donation Camp was held jointly with the collaboration of State Bank of India, Punjab University Branch, Sector 14, Chandigarh in PGI Chandigarh Lecture Theatre III (Basement). The camp was inaugurated by Mr. Dass Gupta Dy. General Manager, State Bank of India (Punjab) Chandigarh. More than 350 donors including staff of SBI donated blood for thalassemic children. It was also decided to hold Prize Distribution Function for the thalassemic children who had done excellent work in the education, paintings, drawings and poems and those who got more than 80% marks in the final examination were suitably awarded.

### FREE TRAVEL IN HARYANA ROADWAYS

With efforts of Thalassemic Children Welfare Association, Chandigarh, Financial Commissioner & Secretary to Govt. Haryana Transport Department vide Memo No. 19/8/95-37(II) dated 19-12-95 has granted **Facility of free travelling to the child suffering from Thalassemia disease along with one attendant in Haryana Roadways Busses.**

Transport Commissioner, Haryana has forwarded a copy of the order for immediate action to all General Managers, Haryana Roadways on 11-01-96.

A copy of the ORDER has been mailed to all Thalassemia Societies in India for availing of the facility and approaching their respective roadways for similar benefits.

## Report from Delhi

### NATIONAL THALASSEMIA WELFARE SOCIETY

Annual General Body Meeting of the society was held on 14th April, 1996 at Lajpat Bhawan, Lajpat Nagar. Over 150 persons attended. Dr. A.P. Dubey, Dr. V.K. Khanna and Dr. Siddharth Sen delivered lectures on "Day to day management of Thalassemia", "Prevention of Hepatitis" and "Prevention & Control of Thalassemia" respectively. Dr. J.S. Arora read the report of activities & achievements during the last one year.

International Thalassemia Day was celebrated on 8th May at NCUI Board Room, Khel Gaon Marg. It started with panel discussion by eminent Doctors. Dr. V.P. Choudhry, Dr. I.C. Verma, Dr. Nikhil Tandon, Dr. Dipika Deca & Dr. Aneesh Bhargava replied to queries raised by the parents. Dr. Verma, Head of Genetic Unit, AIIMS & Dr. Deca, Head of Gyne & Obs., AIIMS reflected their will to extend full co-operation for prevention of Thalassemia. Dr. Aneesh Bhargava spoke on the homeopathy aspect of Thalassemia. The panel discussion was followed by puppet show. Fifteen thalassemic children who had excelled in Academic, sports or any other extra curricular activity were honoured. Enthusiasm of the participants was seen in lucky draw. All the children were given a carry back gift. The day concluded with delicious dinner. Over 130 thalassemic children & their parents attended the meeting.

Society organised a blood donation camp at Vikas Puri in collaboration with Vikas Puri Main Market Association and IMA Janak Puri on 16th June 1996. Another blood donation camp was organised in collaboration with Naraina Vihar Club at Club premises on 7th July, 1996.

All the donors were given T-shirts printed with Blood donor for Thalassemia. K M Capital sponsored the T-shirts. Naraina Vihar Club also gifted clocks to its donors.

Mr. Gautam Seth, President of Vikas Puri Main Market Association and Mr. C.L. Chauhan, President of Naraina Vihar Club promised similar camp every year.



# INTERNATIONAL CONFERENCE ON THALASSEMIA

25th, 26th & 27th October, 1996

at

Hotel Taj Mansingh, New Delhi

## Distinguished Speakers:

- |                                 |                                    |
|---------------------------------|------------------------------------|
| ❖ Dr. M. Augastiniotis — Cyprus | ❖ Dr. V. De Sanctis — Italy        |
| ❖ Dr. B. Wonke — U.K.           | ❖ Dr. M. Walker — U.K.             |
| ❖ Dr. N. Olivieri — Canada      | ❖ Mr. P. Englezos — Cyprus         |
| ❖ Dr. M.B Aggarwal — Mumbai     | (T.I.F. Chairman)                  |
| ❖ Dr. R.K. Marwah — Chandigarh  | ❖ Dr. M.M. Chandy — Vellore        |
| ❖ Dr. V.K. Khanna — Delhi       | ❖ Dr. V.P. Choudhry — AIIMS, Delhi |
| ❖ Mr. G. Constantinou — Cyprus  | ❖ Dr. I.C. Verma — AIIMS, Delhi    |
| (T.I.F. Secretary)              |                                    |

## The Conference will cover the following aspects of Thalassemia:

- |  |   |
|--|---|
| ● Hepatitis & Osteoporosis               | ● Parents Associations                    |
| ● Cardiac Complications                  | ● Growth & Endocrinological Complications |
| ● Oral Chelator & other novel treatments | ● Bone Marrow Transplantation             |
| ● Epidemiology & Prevention              | ● Stem Cell Transplantation               |

## Organisers: THALASSEMICS INDIA & SIR GANGA RAM HOSPITAL

For Registration & further information contact:

Thalassemics India

C-1/59, Safdarjung Dev. Area, New Delhi-110 016

Tel: 6511199 or 6489666 Fax: 91-11-6855721/6462970

**6th International Conference on  
Thalassemia and the Haemoglobinopathies &  
8th Annual Thalassemia Parent and  
Thalassemics International Conference  
St. Paul's Bay, Malta, 6-12 April 1997**

### Organisers:

The University of Malta

The Thalassemia International Federation (T.I.F.)

In close collaboration with the Ministry of Social Policy and the Department of Health of Malta.

Under the auspices of W.H.O.



## इन्दौर विज्ञप्ति

### थैलासीमिया पीड़ित बालक के आपरेशन हेतु अनुदान

सामाजिक संस्थाओं एवं दानदाताओं द्वारा एक गरीब पीड़ित बच्चे की मदद कर उसे नई जिन्दगी दी जा सकती है। इसका उदाहरण थैलासीमिया एण्ड सिकल सेल सोसायटी ऑफ इन्दौर ने बंखुबी से दिया है।

मास्टर कन्हैयालाल मेघराज चेतवानी निवासी खंडवा जो थैलासीमिया एण्ड सिकल सेल सोसायटी ऑफ इन्दौर का सदस्य है व उसके माध्यम से बोन मैरो ट्रांसप्लांट के लिए सी. एम. सी. अस्पताल वैल्लूर (मद्रास) गया।

भगवान की कृपा से उसका आपरेशन सफल रहा जिसमें उसके आपरेशन का खर्चा 5 लाख 80 हजार रुपये आया उसके माता पिता ने अपना मकान, दुकान सभी बेचकर 3-4 लाख रुपये एकत्रित किये व कुछ राशि दानदाताओं ने दी एवं सोसायटी ने भी उसे 50 हजार रुपये की मदद कर उसे वैल्लूर (मद्रास) आपरेशन के लिए भेजा।

सफल आपरेशन के एक माह पश्चात उस बच्चे को कुछ कारणों से इन्फेक्शन हो गया। दोबारा उसे डाक्टरों की सलाह से अस्पताल में भर्ती कराया गया व उसका खर्चा 2 लाख 50 हजार रुपये और बताया गया।

उस पीड़ित बच्चे के पालक ने मद्रास से पत्र लिखकर सोसायटी से दोबारा मदद की गुहार की है।

सोसायटी ने दोबारा उसे 60 हजार रुपये एकत्रित कर चोईथराम अस्पताल में एक समारोह में दिये जिसकी अध्यक्षता आदरणीय श्री डा. एन. एस. भगवानानी, मेनेजिंग डायरेक्टर चोईथराम अस्पताल द्वारा की गई।

इस समारोह में डा. भगवानानी, डा. सविता इनामदार, डा. अशोक पोरवाल, डा. शिखर जैन, सोसायटी अध्यक्ष लोकेश खुबनानी द्वारा सभी सामाजिक संस्थाओं, दानदाताओं एवं उद्योगपतियों से थैलासीमिया पीड़ित बच्चों के लिये अधिक से अधिक धनराशि एवं रक्तदान करने का आग्रह किया।

अब उसके माता पिता के पास न तो कमाई का साधन रहा है न ही रहने हेतु मकान वे आपसे भी मदद की गुहार कर रहे हैं।

इच्छुक दानदाता थैलासीमिया एण्ड सिकल सेल सोसायटी ऑफ इन्दौर, 94 वीर सावरकर मार्केट (फ्रुट मार्केट) इन्दौर कार्यालय पर संपर्क कर सकते हैं।



18 फरवरी, 1996

थैलासीमिया बीमारी के प्राथमिक उपचार एवं रोकथाम हेतु निःशुल्क जांच शिविर एवं संगोष्ठी का कार्यक्रम थैलासीमिया एण्ड सिकल सेल सोसायटी ऑफ इन्दौर, चाचा नेहरू बाल चिकित्सालय एवं एम. वाय. अस्पताल के संयुक्त तत्वावधान में सम्पन्न हुआ।

कार्यक्रम के मुख्य अतिथि इन्दौर प्रेस क्लब के अध्यक्ष श्री ओमी खण्डेलवाल ने दीप प्रज्ज्वलित कर शुभारंभ किया। अध्यक्षता शिशु रोग विशेषज्ञ एम. वाय. अस्पताल के अधीक्षक डा. भरत छापरवाल ने की। विशेष अतिथि पूर्व मंत्री व म. प्र. कांग्रेस के महामंत्री श्री ललित जैन थे।

विशेष अतिथि श्री ललित जैन ने अपने उद्बोधन में कहा कि शासन द्वारा इन पीड़ित बच्चों के लिये निदान केन्द्र एवं उपकरण हेतु मुख्यमंत्री द्वारा की गई घोषणा की राशि एवं निदान केन्द्र हेतु जमीन शीघ्र दिलवाने में मदद करेंगे व अन्य सामाजिक संस्थाओं से भी मदद दिलवायेंगे।

एम. वाय. अस्पताल के अधीक्षक शिशु रोग विशेषज्ञ डा. श्री भरत छापरवाल ने अपने उद्बोधन में कहा कि चाचा नेहरू अस्पताल एवं एम. वाय. अस्पताल में थैलासीमिया से पीड़ित बच्चों को सभी प्रकार की जांच एवं पैकड सेल ब्लड ही दिया जाता है। व निकट भविष्य में अतिशीघ्र थैलासीमिया युनिट की स्थापना की घोषणा की एवं पीड़ित बच्चों की अधिक से अधिक मदद देने हेतु कहा।

19 मई को भोपाल दूरदर्शन से डा. सविता इनामदार द्वारा लिखित थैलासीमिया पर आधारित एक टेलीफिल्म "आरम्भ" प्रसारित की गई। 30 मिन्ट की अवधि में थैलासीमिया क्या है? इस वंशानुगत रोग को रोकने के लिए क्या कदम उठाये जाने चाहिए। इस का इलाज और उससे जुड़े अन्य असर, जैसे शरीर में लोह तत्व का



बढ़ जाना के बारे में विस्तृत रूप से समझाने के साथ-साथ रक्त दान की महत्ता का संदेश भी फिल्म देती है।

“आरम्भ” की प्रस्तुति दो परिवारों के माध्यम से कही गई है। डॉक्युड्रामा (नाटक के साथ वृत्तचित्र) शैली अपनाने से फिल्म बोधगम्य है। आशीष कोतवाल की निर्देशकीय सूझ-बूझ से फिल्म महज भाषण या उपदेश से भी बच गई है। फिल्म की शूटिंग इन्दौर के चौइथराम अस्पताल में की गई है।

इस फिल्म की एक कैसट 350/- रुपये का ड्राफ्ट AADI FILMS के नाम से निम्न पते पर भेज कर प्राप्त की जा सकती है।

Dr. Savita Inamdar  
22/10, Y.N. Road,  
Indore (M.P.)

### Report from Rohtak

Haryana Thalassemia Welfare Society organised a series of blood donation camps during last one year. On 4th August, 95 20 units of blood were collected from M.D. University, Rohtak. Another camp was organised on 14th March, 96 at I.T.I. Rohtak, the response was very good and 187 units of blood was collected. Open hearted support of Model School, Rohtak enabled to collect 247 units on 21st April, 96. 37 volunteered to beat the scorching heat and donated blood on 18th May, 96 at P BD SP CIMS.

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### J&K Thalassemics Unite

Parents of thalassemics children of J&K, their well wishers, social workers and Medical specialists formed J&K Thalassemia Welfare Society on 18-04-96.

Following office bearers have been unanimously elected:

President: Brig (Retd.) K. Jagmohan Singh, Hon. Secretary Indian Red Cross Society, Jammu Region.

Vice President: Er. Sudhir Seth

General Secretary: Mr. G.M. Pathak

Medical Adviser: Dr. Ashok Gupta, Asst. Prof. of Paediatrics, Govt. Medical College, Jammu

Office: C/o Western Electronics Ltd. Jewel Chowk, Canal Road, Jammu Tawi.

J&K Thalassemia Welfare Society is also member of the Federation.

### Blessy is Back

Blessy aged 3 years had gone to Vellore for B.M.T. His B.M.T. was scheduled on 22-4-96. After 40 days of struggle at B.M.T. Room and follow up at Vellore he is smiling and thriving again. Out of total expenditure of Rs. 5.25 lacs, Rs. 4.50 lacs was contributed by Nishkam Sikh Welfare Council, New Delhi

National Thalassemia Welfare Society also shared Rs. 21,000 from its sources. Mrs. Jeet Oberoi a social worker was the main force behind the raising of fund.

If other social welfare organisation also follow the same course many Blessies can be saved.



## INTERNATIONAL THALASSEMIA DAY CELEBRATION AT JAIPUR ON 8TH MAY, 1996

Santokba Durlabhji Memorial Hospital, Jaipur, The Thalassemia Children Society of Jaipur and The Indian Academy of Pediatrics, Jaipur branch jointly organised a Clinical Symposia (in local language Hindi) and a free medical checkup camp at S.D.M. Hospital auditorium on 8th May, 1996, the International Thalassemia Day. Fifty thalassemic children and their parents participated.

Dr. Rajiv Bansal, Consultant Pediatrician at Santokba Durlabhji Memorial Hospital, who has special interest in management of thalassemics presented a talk in Hindi.



Emphasis was placed on proper transfusion, vaccination, chelation, psychotherapy and prevention during clinical discussion. Parents and children actively participated in the discussion. Dr. Bansal & his team of doctors examined the children. Growth monitoring was started for all children present and was planned on a longitudinal basis with emphasis on organisation of such camps thrice a year.

The response was overwhelming. Many among the public promised to help the society financially and through blood donation.

## OBITUARY

Prof. Alex. P. Mowat suddenly died on 11th November, 1995 whilst on lecture tour in Chile, Santiago.

Dr. Alexander Parker Mowat was born in 1935. He did his MRCP in 1965 and FRCP in 1975. He was consultant Paediatrician/Paediatric Hepatologist, King's college, London and a Clinical teacher and Professor of Paediatric Hepatology in the University of London. He was also an Honorary consultant in Paediatrics to the Royal Air Force.

His main interest had been in the study of liver disease in children and in this subject he was a world renowned figure. He had many original scientific papers on this subject; some of which are pathbreaking. His contribution to paediatric hepatology has perhaps not been equalled by any other person.

He gave a comprehensive talk on liver disease in Thalassemia during the National Thalassemia Conference Delhi 1994.



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## NATIONAL THALASSEMIA WELFARE SOCIETY (Regd.)

**KG-1/97, Vikas Puri, New Delhi-110 018 Tel: 550 7483**

### SPECIAL THALASSEMIA CLINIC

National Thalassemia Welfare Society organises Thalassemia Check up Clinic **on 2nd Sunday** of every month at **Charitable Medical Clinic, Lajpat Bhawan**, Near Vikram Hotel, Near Mool Chand flyover, Lajpat Nagar, New Delhi.

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Dr. J.S. Arora, Tel: 550 7483

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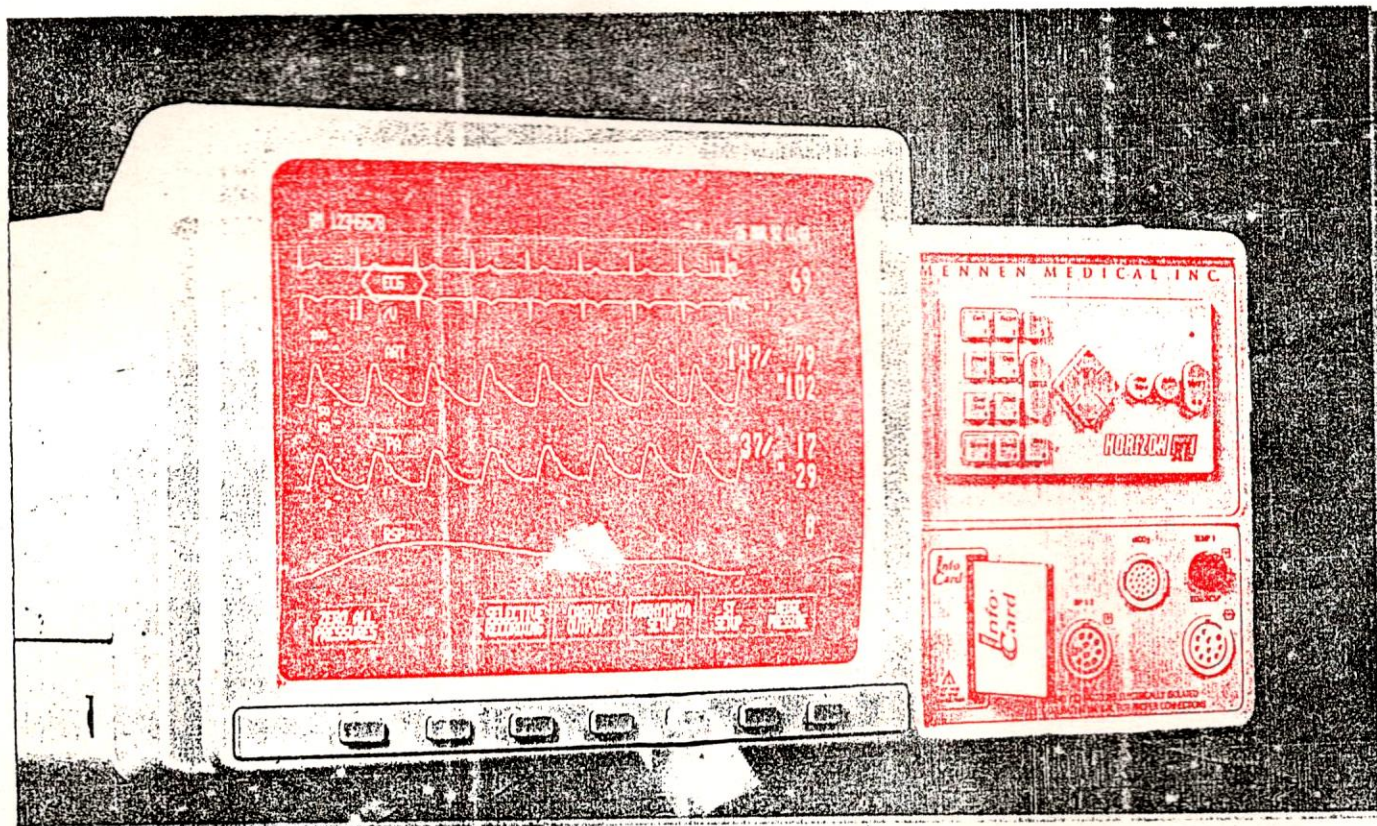
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**नोट:-** नवम्बर 1996 में दीपावली के कारण थैलासीमिया क्लिनिक दूसरे रविवार (10-11-96) के स्थान पर तीसरे रविवार (17-11-96) को होगी।



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