

Newsletter of
NEUROTRAUMA SOCIETY OF INDIA
(Published Quarterly and distributed free to members)

Vol. 8

No. 2

New Delhi

January 2010



From the Secretary's Desk

TRAUMA has been dubbed as the forgotten epidemic and the neglected disease of modern society. In working towards decreasing the burden of death and disability from injury, a spectrum of activities need to be considered, ranging from surveillance and basic research to prevention programmes, to trauma management. Large gains are to be made in prevention, and hence a major emphasis should be placed on this approach. There are also major gains to be made by addressing treatment. That is to say, low-cost initiatives can help to reinforce current trauma treatment systems worldwide and by so doing help to reduce the overall burden from injury. There are notable disparities in mortality rates for injured patients around the world. In addition to an excess mortality, there is a tremendous burden of disability from extremity injuries in many developing countries. By comparison, head and spinal cord injuries contribute a greater percentage of disability in high income countries. Much of the disability from extremity injuries in developing countries should be eminently preventable through inexpensive improvements in orthopaedic care and rehabilitation. In part, the improved survival and functional outcome among injured patients in developed countries comes from high-cost equipment and technology. However, much of the improvement in patient outcome in higher-income countries has come from improvements in the organization of trauma care services. Improvement in the organization of trauma services should be

President

Shyam Babhulkar
Nagpur

President Elect

R.C. Mishra
Agra

Hon. Secretary

Yashbir Dewan
New Delhi

Past President

G. K. Prusty
Kolkata

A. K. Singh

New Delhi

Treasurer

V. D. Sinha
Jaipur

Members

Sanjay Kumar
Ranchi

Deepak Gupta
New Delhi

Editor IJNT

H. S. Bhatoo
Pune

achievable in almost every setting and may represent a cost effective way of improving patient outcomes. In addition to efforts to improve care at individual hospitals, progress has to be made by addressing the entire spectrum of the development of systems for trauma management. This involves formation of national policy on emergency medical services, pre-hospital triage, transfer criteria and transfer arrangements between hospitals institutionally, regionally, and nationally. Current practice of Stand alone Trauma centre may provide benefit to but predicted deficit in emergency & Trauma care centers and trained emergency & trauma care doctors may further compound the problem of care of the critically injured patient.

Yashbir Dewan

KNOW YOUR PRESIDENT ELECT

Dr. R.C. Mishra has done his Medical Graduation and Post Graduation in Surgery from GSVM medical college Kanpur in 1976-77 and 1980-81 respectively. Post doctoral Mch Neurosurgery was done from Delhi University and Maulana Azad Medical College Delhi with senior residency at G. B Pant Hospital from 1981 to 1985. During this tenure he had been working/training at AIIMS New Delhi, NIMHANS Bangalore, CMC Vellore and MMC Chennai. After brief stint as pool office in G B Pant Hospital, he joined as faculty in SCTIMST Trivandrum in 1985. In April 1986 he started his present Neurosurgical career as lecturer in S N Medical College Agra where he rose to Professor of Neurosurgery .He vacated the chair to proceed for full time practice in General Neurosurgery with special interest in Tumor Surgery and extensive exposure and commitment towards Neuro Trauma. He has been life member of Neurological Society of India (NSI), Skull Base Society (ISSBS), Indian Society for Paediatric Neurosurgery (ISPN), Neurotrauma Society of India (NTSI) , Indian Society of Neuro Oncology (ISNO), Indian Society of Cerebrovascular Surgery (ISCVS). He is an active international member of Congress of Neurological Surgeons, USA.



He has attended many National and International meetings of repute since his beginning of Neurosurgical career and has participated as Lecturer / Discussant / Chairperson and Presenter.

He has organized several meetings at Agra WFNS Course 1998 on Posterior Fossa tumor, Indo-Canadian CME Neuro ortho Update 2000, National Neuro Trauma Meeting 2002; Annual Conference of Neurological Society of India 2007. He is in the process of organizing WFNS – AASNS Course on 13th & 14th February 2010.

Patient care and neurosurgical practice has been the assigned and accepted task for him and he has two things to be proud of, one of them is motivating medical graduates and post graduates to pursue Neurosurgical career. This has resulted in approx. 40 students of S N Medical College, Agra going for career in Neurosurgery in the last 23 years. The other is maintaining “patient centric approach” in neurosurgical care.

From the Desk of President Elect

I am about to take over the Presidentship of Neuro Trauma Society of India. Neuro Trauma is most of the time, part of Poly Trauma and almost always incorporates the care given from all specialities. Can there be comprehensive trauma care in our country where it has taken the pandemic proportion. There is indeed necessity for lot of home work which integrates the Trauma Care Givers. The talk of Post Graduation in Trauma Medicine is in a way producing another set of generalist and it is not going to solve the problem of specialist care and their integration. The hurdle is at knowledge level and information level which is so very important for a given patient and it is gallafing every day. Will it be possible for an individual to have complete knowledge of the subject ? If no a given patient will have right to point out towards inadequate care. How to integrate at knowledge on information level is another challenge.

The pre hospital care, a dream talk or reality is another issue which provokes me. It can't be only doctor and hospital's domain. The accountability of administration has a major role.

Too much is said and printed regarding Trauma Care sometimes with overzealous and unsubstantiated inputs. I accept them with all humility but no one ever talks about that incident which must and could have been avoided. It ranges from road worthiness of vehicle to medical condition of driver, the validity of driving license to road administration. It will not be out of place to point out those countries where road traffic accidents have fallen tremendously after strict implementation of road rules.

I am very much pained at the scenario and I want that road administration and road discipline which is nonexistent in our country should improve to internationally accepted norms and should make all accountable. The zero tolerance for road indiscipline should be the moto because Trauma is 100% preventable without any vaccine programme. The legislation and implementation is the need of the day. It is painful to notice that not more than few minutes were given to trauma precaution in Parliament while so many sub-committees and nodal ministry's preoccupation is so much evident on other illnesses which are less in proportion in Cross section of society.

19th Annual Conference of Neurotrauma Society of India

Chennai, India 20-22 August, 2010

Dr. V. Sundar, Organizing Secretary

www.neurotrauma2010.com

20th Annual Conference of Neurotrauma Society of India

Ranchi, India August, 2011

Dr. Sanjay Kumar, Organizing Secretary

FUNDING FOR TRAUMA SYSTEMS

Supreme Court Bench (**Fuel levy to help hit-and-run victims? 7 January 2010 Times of India**) of Justices R V Raveendran, M K Sharma and K S Radhakrishnan has appealed to Parliament to take new legislative measures. It has urged lawmakers to explore the possibility of levying additional fuel levy/surcharge on sale of petrol and diesel, or collecting a one-time (lifetime) third party insurance premium by a central agency from every new vehicle sold, to ensure that all accident victims get compensation. It is necessary to formulate a more comprehensive scheme, the Bench said and suggested these two measures, or a mix of them. But what bothered the bench most was the manner in which road accident victims were left to die unattended. "There is therefore an urgent need for laying down and enforcing road safety measures and establishment of large number of trauma centres and first aid centres," said Justice Raveendran, writing the judgment for the Bench.

There are two key requirements for the establishment of State 'Trauma Systems'. The first requirement is policy development which recognizes the socio-economic burden of injury and commits governing institutions to reform present, inadequate systems of care. The requirement for policy development has already been stressed by the World Health Organization and needs to be continually stressed by interested parties - including surgical and associated medical groups who shoulder the burden of care. The second key requirement is funding. An ongoing, guaranteed funding stream is crucial to Trauma System development.

The lack of guaranteed, recurrent funding is the major threat to a State Trauma System establishing - and then continuing. By the mid-1990s 100 trauma centers had closed in the United States of America. The primary reason was financial loss from treating uninsured patients. The authors recommend the establishment of no-fault, compulsory, third party insurance schemes linked to vehicle registration or alternatively as part of an annual 'road tax'. The scheme would cover the prehospital and initial hospital and medical costs of all persons injured by a registered vehicle in a transport accident on a no fault basis (drivers, passengers and pedestrians). It would not remove the common law rights for pecuniary loss and pain and suffering for the seriously injured. There would be oversight of medical excess and mandatory police reporting to reduce "frivolous" claims. Property damage car insurance would still be provided by private insurance companies. The scheme is based on the Transport Accident Commission (TAC) which operates in Victoria, Australia. However, this latter scheme also provides long term care for clients with major injuries and common law liability for clients who have a serious injury. These are the most significant areas of liability covered by the latter scheme but are not recommended initially. Under the Victorian scheme US\$70,000,000 per annum covers road rescue, ambulance, acute hospital and medical costs of those persons injured by registered vehicles on the roads. This equates to US \$22 per annum per registered vehicle. The premium is collected automatically as part of an annual, vehicle

registration process. This guarantees that the premium is collected and eliminates the need to “market” insurance. The TAC’s premium is based on 23 vehicle classes (passenger, goods, motorcycles, other) with smaller vehicles paying cheaper premiums. Geographic risk zones (Melbourne, surrounding areas, rural) are also loaded into the premium. Similar systems operate in other Australian states and jurisdictions. A prepaid scheme guarantees prompt payment of hospital and medical costs, funding of infrastructure that can then be used for all trauma/emergency cases, the development of trauma registries for data collection, improved staffing and careers in trauma care – and improved patient outcomes. Guaranteed prompt payment of medical and hospital costs encourages clinicians who wish to devote their careers to trauma care and provides them with the infrastructure required.

A statutory authority or equivalent, would administer the scheme which would fund the costs of initial medical care on a no-fault principle. A no-fault scheme guarantees payment for care from the statutory authority irrespective of who is at fault and encourages immediate hospital care and surgical intervention for those who require it. For example, in Kerala there are an estimated 50,000 injured in accidents each year, at a healthcare cost of Rs. 80,00,00,000 or US\$ 20,000,000 per annum. In 2003 there were 2,500,000 registered vehicles in Kerala, implying an average Rs. 450 per annum per vehicle surcharge (US \$10) which could then be pooled to cover the scheme. Administrative costs need to be determined and a formal scoping study would need to be undertaken to accurately determine the costs associated with collection, infrastructure funding and medical and hospital care. Therefore, the development of state-based, no-fault insurance schemes linked to the State health, police and road tax collection systems that currently exist in India, is recommended. These will have the capacity to reduce mortality rates and improve outcomes and will be propelled by a strong economic incentive to reduce the insurers’ outgoing expenses by reducing the incidence of road trauma. The additional income then received will be appropriately spent on developing the medical and policing infrastructure required.

(From India and the management of road crashes: Towards a national trauma system – IJS, Aug. 2006 Vol. 68)

Dr. Yashbir Dewan
Senior Consultant Neurosurgery
Fortis, Vasant Kunj
ydewan@yahoo.com

2nd International Congress of Asia-Oceania Neurotrauma Society (AONTS)

in conjunction with the 33rd Annual Meeting of the Japan Society of Neurotraumatology

Department of Neurosurgery, Kurume University School of Medicine

Address: 67, Asahi-machi, Kurume, 830-0011, Fukuoka, Japan

TEL: +81-942-31-7570 FAX: +81-942-38-8179

NEW MEMBERS

S.No.	Membership No.	Name and Address	Telephone Fax Email
1.	R21	Dr. Simanchal Raul Narayan Tower, 103 Thakurbari Road Sakhi Jamshedpur, Jharkhand 831001 India	0657-2429755 chisonu2002@hotmail.com
2.	S44	Dr. Arun Kumar Singh 36/2111, Mohanpura Agra, U.P. 282001 India	2421632 drarun1@gmail.com
3.	G15	Dr. Sarvpreet Singh Grewal H No. 35 M Defence Colony, BRS Nagar, Ludhiana Punjab 141012 India	91-161-2464524 91-161-2223537, 9815500943 sarvpreetgrewal@yahoo.co.in
4.	M16	Dr. Patrick Prabodh Minj Minj Cottage, Tunkitoli, Kokar, Behind RIMS, Bariattu Ranchi Jharkhand 834009 India	0651-2540727 patrickpminj@yahoo.co.in
5.	K2	Dr. Anil Kumar 101, Meghdoot Apt, South Office, Paray Doranda Ranchi Jharkhand 834002 India	0651-2410190 doctormail007@yahoo.com
6.	M17	Prof Sudhansu Sekhar Mishra Friends Colony Cuttack Orissa 753001 India	9437013939 drssmishra@gmail.com
7.	A10	Dr. Praveen Ankathi Dept. of Neurosurgery, Nizams Instt. of Medical Sciences, Pujagutta Hyderabad - 500082, India	9885263996 praveenankathi@yahoo.com
8.	B5	Prof Pradeep Bharti LLRM LLRM, Medical College Meerut U.P. India	0121-2603403 pradeepbharti2005@yahoo.com
9.	G16	Dr. Charitesh Gupta B-XI/3 Himalayan Institute Hospital Trust Jolly Grant Dehradun Uttranchal 248140 India	9412001799 chariteshcms@yahoo.co.in
10.	K14	Dr. Anantha Kishan Pavana 54/2 17th Cross, Malleshwaram Banglore Karnataka 560055 India	080-23348212 9341281111 kishan.anantha@yahoo.co.in
11.	K15	Dr. Naresh Kumar Krishnani C-145 Sector -1, Devendra Nagar Raipur C.G. 492001 India	nareshkrishnani@in.com
12.	P17	Prof A K Purohit HOD, Nizams Institute of Medical Sciences Plunjagutta Hyderabad Andra Pradesh-500082	9849054600 akpcpcp@gmail.com
13.	N7	Dr. V Bhadri Narayan 1063, 36th Cross, 4th 'T' Block Jayanagar Jayanagar Bangalore 560041 India	26631356 bhadro_narayan@yahoo.co.in
14.	S46	Dr. Navneet Singla PGIMER Asstt. Prof. Dept of Neurosurgery PGIMER Chandigarh Chandigarh 160012 India	9914208769 0172-2756699 925713965 0172-2748077 drnavi2007@yahoo.co.in
15.	U1	Dr. Alok Arvind Umredkar PGIMER Dept of Neurosurgery PGIMER Chandigarh Chandigarh 160012 India	0172-2756707 alokumr@yahoo.co.in alokumredkar@gmail.com
16.	G17	Dr. Atul Gupta KK-13 Kavi Nagar Ghaziabad U.P. 201002 India	0120-4373687 9810021130 0120-2752168 dr-atulgupta@indiatimes.com
17.	S45	Dr. Sunil Kumar Singh CSMMU Dept of Neurosurgery CSMMU Lucknow U.P. 226003 India	2257606 9918677444 drsksingh2k@gmail.com
18.	D5	Dr. Sanjeev Dua Fortis B-4 Swasthya, Vihar, Delhi-110092, India	9811104002 drsdua@gmail.com

S.No.	Membership No.	Name and Address	Telephone Fax Email
19.	F2	Dr. Tejpal Faroda Goyal Hospital & Research Centre C-139, Krishna Nagar, Basni, New Pali Road Jodhpur, Rajasthan - 342005 India	0291-2432144 0291-2728720 9166587042 tejpalneuro@gmail.com
20.	B-12	Dr. Ajay Bajaj H. No. G-6, Hospital Campus School Building Choithram Hospital & Research Centre Indore, M.P. Pin - 452014	
21.	A13	Dr. Mam Raj Agarwal 80 - A, Talwandi, Kota, Rajasthan, Pin - 324005	

ASSOCIATE MEMBERS - 2009

1.		Dr. Kumkum Srivastava 301, Bisheshwar Apartment, J Sharan Las Lane Buri Compound, Delhi 834009, India	9470564662 kumkumsrivastava@indiatimes.com
2.		Dr. Shejoy P Joshua AIIMS Senior Resident, Dept of Neurosurgery 720, CN Centre, AIIMS New Delhi 110029	9313875076 shejoyj@yahoo.co.in
3.		Dr. Noufal Basheer AIIMS 8/55, Gents Hostel, AIIMS New Delhi - 110029	9968849812 basheer.noufal@gmail.com
4.		Dr. Pankaj Ailawadhi B-2/24, 1st Floor, Janak Puri, New Delhi-110058	9958828729 pankajailawadhi@yahoo.co.in
5.		Dr. Shailesh Jain AIIMS Room No 75, Hostel 8, AIIMS Campus Ansari Nagar New Delhi 110029	9868037542 shaileshaims@gmail.com drskj01@yahoo.co.in
6.		Dr. Pankaj Dawar AIIMS Room No.720 CN Centre, AIIMS New Delhi - 110029	pankaj2506@gmail.com
7.		Dr. Amit Thapa AIIMS Senior Resident, Dept of Neurosurgery AIIMS New Delhi - 110029	0091-9968411005 dramitthapa@yahoo.com helloitsamit@yahoo.com

Glimpses of 18th Annual Conference of Neurotrauma Society of India



Neurotrauma Society of India

MEMBERSHIP FORM Life Member / Associate Member

First Name : _____
Middle Name : _____
Last Name : _____
Designation : _____
Hospital Name : _____

ADDRESS-I

Address for Correspondence:

City : _____
State : _____
PIN code : _____
Country : _____
Date of Birth : _____
Anniversary : _____

Qualifications

Degree	MBBS	M.S	M.Ch
University	_____	_____	_____
Institute	_____	_____	_____
Year	_____	_____	_____

Payment Details

Cheque/ Draft No. Date :
For Rs. Drawn on (Name of the bank)

Signatures

FOR OFFICE USE

Receipt Number **Amount** **Date**
Presented to EC on
Membership Confirmed/ Rejected Membership No.
Information send to Applicant date by Post/ Email

Signatures Secretary NTSI



Dr. Amit Thapa

Delhi

Shri J.B. Modi Best Paper Award - 2009



Dr. Rakesh Gupta

Indore

***Shri Suresh Kare - Indoco Remedies
Best Poster Prizes - 2009***

Dear Members

www.ntsai.in



Register Your Profile at Neurotrauma Society of India website

Click on Membership Form Link



Fill up your
Membership No
First Name
Last Name

Form will Open up- Fill Up the Form
Create Your Pass word (min 6 characters alpha numeric)
Your Registered email will be Your User Name

ROAD TRAUMA IN INDIA

Road trauma in India is a significant health and socio-economic burden which requires urgent attention? When compared to countries with established Trauma Systems, those injured in India have up to a six-fold higher mortality rate. The death rate would be reduced with better organised systems of trauma care. This is dependent on State authorities introducing systems that fund accident prevention along with the organised care of the injured.

The goal of an effective Trauma System should be to provide universal.

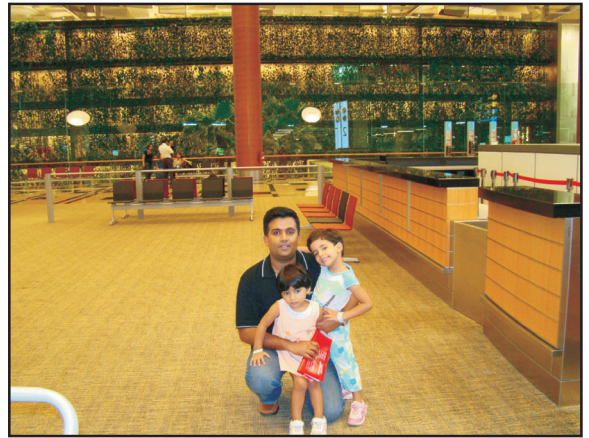
Emergency care with equity of access. The belief that trauma care cannot be cost effective in low-income settings needs to be refuted. Better planning will result in cost-effective improvements in patient outcomes. However, without protected and guaranteed funding schemes, the development of Trauma Systems in India will fail.

Despite the evident overall significance of accidents for public health, the number of countries that have established adequate policies and programmes based on sound scientific evidence and available safety technologies, is still too low. The situation is particularly imbalanced and detrimental to developing countries, where deaths from injuries rank now among the first five causes of general mortality, and where the protection of Consumers and communities against hazards is often a reflection of a compromise between safety needs and economic pressures. The powerful role of underdevelopment in determining the extent of the injury problem and potential for action in developing countries should be constantly emphasized (WHO 1988).

Improvement in trauma care depends on the establishment of functioning trauma care systems, of which a trauma registry is a crucial component. Hospitals and governments in developing countries should be encouraged to establish trauma registries using proven cost-effective strategies. As a medical student in the early 1990's in India I was convinced that we need to have a coordinated system for managing traumas. Our general surgeons, neurosurgeons & orthopaedicians are individually good in managing trauma cases .But I could see that 90% of the patients don't reach the hospitals within the golden hour. There was hardly any prehospital management. I was convinced that I have to at least try & do something about making a change in the way we approach trauma. After doing my MS in surgery I met Assoc. Prof .Mark Fitzgerald who was the Australian Trauma Association president & also the director of the Emergency & Trauma Centre of the Alfred hospital in Melbourne, Australia. He was a keynote speaker for the National Neurotrauma conference, Neurotrauma 2004, at Ludhiana. He had a special interest in developing trauma systems in India , Srilanka & China. He out of his own interest has made several trips to India, Srilanka & China to develop systems for a co-ordinated approach to trauma. He has been successful in Srilanka where there was the development of an emergency department in Galle Srilanka .They have now trained close to 2500 doctors & nurses in the ABC's of trauma management. I was with him in the first visit to Srilanka.Now 2-3 years after the programme was initiated, I have to say that Silankans manage trauma better than in India. We subsequently published an article in the Indian surgical journal about developing a National trauma system in India. The interesting part was that there was hardly any impact of that in India. The Chinese government got interested in the Article & invited the team from the Alfred hospital to set it up in parts of China. I had to admire the speed in which the Chinese government moved & the project is a reality now. Assoc. Prof. Fitzgerald

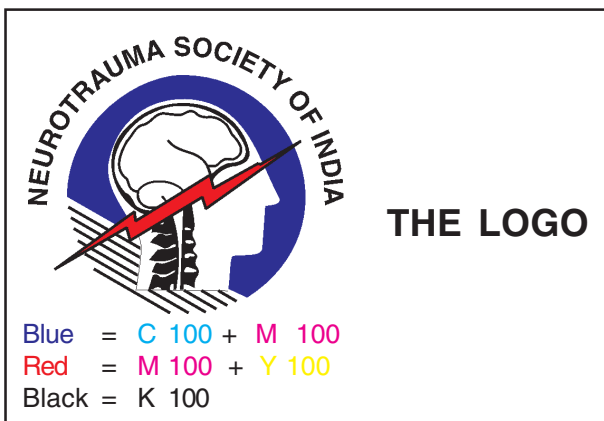
believes in the woodpecker's attitude & continues to help in developing systems in India.

The Alfred hospital had been actively involved in sending teams to India for teaching doctors & nurses on the ABC's of trauma management. Prof. Peter Cameron who is the President of International Federation of Emergency Medicine & head of the Victorian State Trauma Registry and Associate Director of the National Trauma Research Institute in Australia has been another dignitary who has been to India to promote the same. Dr Gerard O' Reilly who is the chair of the



Australian College of Emergency Medicine special interests group on International Emergency Medicine visited India recently with a group of senior trauma physician and trauma nurses for a 3 week education session on trauma reception and resuscitation **for Emergency Medicine.**

During our trips to India when we met dignitaries including the Cabinet Minister for health, Kerala Minister of health, Punjab Finance minister etc to promote the idea of developing a trauma system nationally & on a state level. What I always felt was the lack of appreciation by the senior ministers & bureaucrats on the size of the problem that trauma related deaths had become. There was an attitude that we see more trauma & by default become better in managing trauma. There were also attitudes from surgeons & bureaucrats that we are a world power now & that we were good in our own right. That might be true in certain aspects of life. We have to accept that we need to have a good pre hospital emergency & paramedic system coupled with a good protocol driven emergency & trauma management system in hospitals. We need to have a system that will fund itself & won't be a burden to the state & to the people. The Victorian system in Australia is quoted by WHO in its "road traffic prevention" reports as one of those systems. I have worked in that system & found it be a good system. It is time we addressed the trauma "menace" & I feel that change has to be driven through legislation. I believe the Neurotrauma society has a vital role in being a group of enlightened souls who can put adequate pressure on the Government in making changes in the way we treat trauma. It doesn't matter how many nuclear bombs we make or how many missiles we make, unless we take steps to manage health of our citizens. So I encourage the Neurotrauma group & other surgical groups to make every effort to implement a comprehensive national trauma system in place by 2015 in India.



Dr Joseph K Mathew
Senior Registrar

Alfred Hospital Emergency & Trauma Centre
Prahran

Melbourne – Australia

E-mail: moncysneha@gmail.com

Membership Fees

Associate Members

Admission Fees	Rs. 300/-
3 years subscription	Rs. 900/-
Total	Rs.1200/-

Full Members

Admission Fees	Rs. 800/-
Life membership	Rs. 2,500/- (once)
Total	Rs. 3,300/-

- ☞ Conversion of associate member to full member : By paying Life membership subscription Fees Rs. 2500/-.
- ☞ DD/cheque to be drawn in favour of “**Neurotrauma Society of India**” Payable at the city of residence of Treasurer NTSI. Out station bank charges Rs.100/- to be included in the cheque.

Send your complete Forms alongwith cheque/draft –

Dr. Yashbir Dewan

K-20, First Floor
Lajpat Nagar-III
New Delhi - 110024
ydewan@yahoo.com
+919999948648
www.ntsi.in

<u>Book-Post</u>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Stamp</div>	
If undelivered please return to: Dr. Yashbir Dewan K-20 First Floor Lajpat Nagar-III New Delhi - 110024	To,

Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Edited & Published by: Neurotrauma Society of India

Printed by : Jay Dee Services Inc., New Delhi. Tel : 011-2462556, 9310047997, 98102 47997, E-mail: jdsi2000@gmail.com