

Health Matters

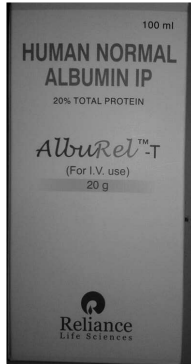
Human Serum Albumin: A burden to the needy patients

By: Hijam Joychandra

Having no intention to create issues or to gain any personal fame by writing this article but it is just to impart awareness to the general public and concerns over the responsible authorities, I am writing this article to draw their kind attention, initiation and intervention to sort out amicable solutions to this trending issue of illicit selling of Serum Albumin infusion in black market under the counter in Manipur and other states.

I am a spinal cord injured patient lately admitted to RIMS for the possible bed sores treatment and therapy and after few investigations, I learnt that my serum Albumin level was drastically dropped down due to infection and other related factors thus left me unfit for any anaesthetical procedures. The fact that I learnt is that insufficiency of this Albumin in the body leads to weaken immunity, delay in wound healing and higher chances of catching infection as in my case. Henceforth, Albumin infusion is prescribed to boost the level up. At least 4/5 bottles of 100ml 20% Albumin infusion are required to boost 1 unit. This serum protein Albumin is also prescribed to many patients suffering from dialysis, burn, shock and other chronic patients and indeed it is categorized under life saving drugs.

The actual problem about this serum protein is that it is unavailable at the open market but available under the counter at every pharmacy located near hospital premises selling illicitly up to Rs. 2000 more the quoted MRPs. When I dig out the reasons behind this illegitimate issue, I learned from the news source that there is acute shortage of Human Albumin Serum across the country. The pharmaceutical companies making the drug have stop supplying in the Indian market after the price of 100ml Albumin vials were slashed from nearly Rs.6500 to Rs.2500 under the latest Drug Price Control Order (DPCO) for essential



medicines issued by the National Pharmaceutical Pricing Authority (NPPA) under the Government of India. This has given an opportunity for the Albumin to go gray elsewhere. There are many poverty stricken patients in the Burn Ward, RIMS who are suffering from burn and shock injuries that require Albumin infusion to be administered for their treatment. And many have to purchase this drug from any available sources in black in larger than life situation spending extra thousand or two against the MRPs. And my patient next room sold their only oxen they have for farming to meet the needs thus making the victims more victimized time and again by such discrepancies. Neither had we procured the birth right to get treatment following the illness due to such illegitimate business nor do we hardly sense any concerned authorities taking up measures to curb this problem? No voices rises, all are blindfolded and who cares who but I am thinking about the people who worried about their illnesses and those people doing under-the-counter business over their illness. This is indeed very ironical. I am hopeful that only the media houses can take a dig into this prevailing issue and spread the awareness to the masses.

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AR withdraws notice to media houses in Nagaland

PTI NEW DELHI, Jan 24 : Press Council of India (PCI) on Friday said the Assam Rifles has decided to withdraw its notice to the media in Nagaland asking them not to publish news pertaining to banned organisations.

PCI Chairman Justice CK Prasad, while expressing concern over the "apathy" of Nagaland Government over the issue, also said that the Council is planning to evolve guidelines for the media and security forces on reporting in conflict situations.

The newspapers in Nagaland had left editorial space blank on November 16, the National Press Day, last year to protest against the diktat of the Assam Rifles impinging on the editorial judgment of the media.

In a statement issued here, the PCI Chairman said on the direction of the Council, the editors of the media organisations in Nagaland and top officers of Assam Rifles met in Dimapur on January 14 and decided to resolve issues keeping in view the freedom of the press, security concerns and national interest. The Council held a special suo-motu inquiry at Guwahati on

December 11 last year on the notice given by the Assam Rifles, a paramilitary force, last October asking them not to publish any news on the activities of the banned organisations in the State, the statement said.

"I am happy that the officials of Assam Rifles and the editors discussed the matter in a cordial atmosphere and came to an understanding under which the Assam Rifles withdrew its notice to the media while the editors agreed to keep security concerns in mind while reporting on activities of the banned outfits," Prasad said. The PCI statement also said the Council would soon evolve guidelines for the media and security forces on reporting in conflict situations, particularly in North East, where the media is working under pressure from militants and security forces, after holding wide ranging consultations with all stakeholders. "I am concerned over the apathy of the Nagaland Government over the issue and hope it would take positive steps to maintain a fine balance between the freedom of the press and security concerns," Justice Prasad said.

Mizoram PwD Commissioner removed

Aizawl, Jan. 23: Under pressure from agitation by students and associations of differently-abled people, Mizoram government today revoked the order for extension of service of Commissioner for People with Disabilities (PwD) B Sairengpuii. Social Welfare Minister P C Lalthanliana said the government has revoked the order for extension of service of B Sairengpuii as PwD Commissioner. Lalthanliana showed the government order in this regard to the leaders of the Mizo Students Union (MSU), spearheading the agitation demanding removal of Sairengpuii, younger sister of the Chief Minister Lal Thanhawla's wife Lal Riliiani. Thousands of students assembled near Vanapa Hall, a noted auditorium in the city, dispersed after hearing the news but not before adopting three resolutions seeking immediate appointment of a qualified person in the post of the PwD Commissioner, drafting of recruitment rules for the PwD Commissioner and compensation for students injured in clashes with the police on Thursday.

At least eight people including six policemen were injured when the police tried to disperse agitating students in front of the office of the PwD Commissioner on Thursday.

The Mizo Students' Union (MSU), the Aizawl City College Joint Students Union (ACCJSU) and the Mizoram Blind Society have been protesting against the appointment and extension of the service of Sairengpuii.

They alleged that Sairengpuii, a retired state secretariat service officer, was appointed as PwD Commissioner though she did not have qualification to become one. (Courtesy nlive)

Corrigendum

News report appeared on our yesterday's issue under the heading "MLA Joykishan Arrested; Produced Before High Court" should be written as MLA Joykishan Arrested; Produced before CJM Imphal West. The error committed is regretted. Editor

Contd. from page 1

Seminar on Conflict and Mental Health in Northeast India

The study would be useful to empirically establish the link between armed-conflict and mental health.

Dr. Hanjabam Shukhdeba Sharma proposed the vote of thanks. In the first technical session titled, "Conflict, Militarization and Mental Health", chaired by Dr. Aheibam Koireng, Asst. Prof., Centre for Manipur Studies, Manipur University, 4(four) resource persons presented papers.

Dr. Malen Ningthouja from the Indian Institute of Advance Studies, Shimla presented a paper titled, "Torture and Mental Health". He said that torture can be understood as pain caused to human life that last and remain for longer period of time. When torture is shifted from individuals to society it becomes a social issue. There are many terms used around the globe. India was declared as a disturbed area so AFSPA 1956 was passed by the Government of India. The Act was amended in conflict area like J&K and also in states that wanted to get independence. According to him, there are two factors of torture. First one is military & political or institutionalised form of torture. The second form of torture which challenges the human rights which are somewhat related with the constitutional laws. The system of the society causes torture to the society and individuals. Self inflicted torture by accepting torture to face the torture or for the cost of the society. Law enforcing agencies uses law as tools for torture and form an informed kind of torture. Capitalist superstructure imposes torture to the individuals to acquire their desire.

Dr. Homen Thagjam, MB College, Government of Manipur presented a paper on "Theorising Violence and Mental Health". He noted that violence is being used in the paper to connote the political form. The birth of modern states (nation-states) was through a tumultuous and violent struggle of the people. It was forged through blood and war. And embedded in this violent product was a violent nature which holds the monopoly over violence in a Weberian sense. Modern state is in pursuit of homogenization and stands for the same. In order to achieve this goal, it uses violence in the name of security and development. Those who oppose it simply because they have a memory which so different from the one the nation-state holds are termed as the internal enemy or the objective enemy who needs to be terminated. He cited examples from Manipur and Algeria to illustrate his opinion. Citing Franz Fanon, Dr. Homen stressed that the first symptoms of mental health begins with the question, "Who am I or who are we?".

Dr. Nelson Lotongbam from the Department of Psychiatry, Jawaharlal

Nehru Institute of Medical Science, Imphal presented a paper on "Post Traumatic Stress Disorder following ethnic clashes in Manipur". He observed that mental health is gradually recognized as an important development issue, especially in the case of conflict-affected zones. Traumatic events and the way people cope with them have a crucial role in development of Post Traumatic Stress Disorder (PTSD), major depressive disorder (MDD), generalized anxiety disorder (GAD), somatization, and dissociative disorder. He added that although conflict is associated with an increase in the prevalence of mental disorders, there are few population based studies carried out in conflict-affected areas and low income countries. Mental health is more than the absence of disease or disorder. It is defined as a state of complete mental well-being including social, spiritual, cognitive and emotional aspects. And Posttraumatic stress disorder (PTSD) is an anxiety disorder that a person may develop after experiencing or witnessing an extreme, overwhelming traumatic event, during which they felt intense fear, helplessness, or horror. For the study, victims included all the persons who had experienced, witnessed or were confronted with an event or events that involved actual or threatened death or serious injury or a threat to physical integrity of self or others as a result of the ethnic violence.

He remarked that out of the total 100 cases taken up for study 97 percent had some form of psychiatric morbidity. Further, the hospital sample had 100 percent morbidity which was expected as the individuals have attended the psychiatric OPD for treatment. The field sample which was 'at risk' population showed 94 percent morbidity. In the case of PTSD in the total sample was found to be 25 percent, PTSD in Hospital Sample was only one case (2 percent) and PTSD in the field sample was 24 cases (48 percent). As way forward he stressed on the need for recognition of the importance of the linkage between poverty, conflicts, social capital, mental and psychosocial well-being and dysfunction. The session also had a short discussion hour after the resource persons had presented their respective papers. During the discussion hour, resource persons were asked different questions by delegates. Queries about the law related with conflicts, insurgency problems and mental health were clarified by resource persons. With this the session was concluded with the words of appreciation from Dr. Aheibam Koireng Singh. Babloo Lotongbam presented a paper titled, "Culture of Impunity and Mental Health", Human Rights Alerts. As a part

of the presentation there was a screening of a documentary film, "claiming Justice: Women Confronting Impunity in India's Northeast", a Human Rights Alert production, which was followed by discussion.

The post lunch session titled, "Conflict and Resilience Mechanism" was chaired by Dr. Sashi Mangang, State Epidemiologist, Manipur Health Services and 3(three) resource persons presented papers. Kangujam Ranjit representing Families of Involuntarily Disappeared Association (FIDAM) presented a paper titled, "FIDAM's Experience". He narrated the agony of the family members of the "disappeared" persons after the imposition of the Armed Forces Special Powers Act in the hill areas in 1958 and in the valley areas of Manipur in 1980. He stressed that what had and is happening to Manipur is as good as wiping out the people from the State after the imposition of the draconian law. After a husband disappeared, the onus of caring the family goes to the wife. It is heart wrenching to observe how the wife struggles. Equally questionable is if the victims receive the deserved legal rights. He added that FIDAM submitted a PIL to provide the same to the High Court of Manipur. "However, no positive response is forthcoming. It has become a habit of the State as well as the Union Government to put everything under the carpet and cover up its misdeeds", he remarked. He also pleaded to the medical fraternity to organise awareness programmes on mental health especially for the families of the "disappeared" persons so that they can be rehabilitated and bring back into normal life.

Sobita Mangsatabam from the Women Action for Development, Imphal shared "Resilience Mechanism (Experience from Eco Project)", a project that covered Kashmir and Manipur. In the case of Manipur (May 2014 to December 2015) as a part of the project, 25 villages in Thoubal district were covered. According to her Thoubal district has the record of having the highest number of fake encounters, arbitrary killings and enforced disappearances. She said that Awareness Generation Programme (AGP) on mental health, health camp and community based psychosocial care and support were organised. Plus, Resilience Building Program (RBP) targeting community leaders, alliance building with apex civil society organisations, need based skill training program and capacity building program for the victims (direct and indirect) of armed conflict were conducted. He added that screening, clinical assessment (mental disorder) and Referral Service for the needy were provided in the year 2014-15. Further she mentioned that Livelihood Support (overall 154) were provided to needy such as conflict widow (26), torture victim (108), family who lost bread earner (13), victim who sustained either projectile/bullet/splinter injury (5) and family who lost bread earner due to enforced disappearance (2). According to her some of the major challenges faced during the tenure of the project were included trust deficit between implementing staffs and villagers due to false promise made by other NGOs in the past and refusal of local elected representatives to involve in the project as awareness on MNREGA, PDS and governmental schemes were included during the implementation. Otherwise, local representatives tried to discredit the project in order to avoid their self interest from governmental welfare schemes. Moreover, care-givers were seen as informers.

Alung Kamei from Rural Education & Action for Change, Manipur (REACH-M), Pallel shared his experience on "Resilience Mechanism (Experience from Eco Project)". He stated that objective of the project was to improve the quality of life of people affected by the prolonged conflicts in Manipur and to improve the resilience of the most vulnerable people in coping with and recovering from the affects of conflict. The project covered 15 villages in the Chandel district. He shared that Awareness Generation Programme (AGP) on mental health, health camp and community based psychosocial care and support were organised. Plus, Resilience Building Program (RBP) targeting community leaders, alliance building with apex civil society organisations, need based skill training program and capacity building program for the victims (direct and indirect) of armed conflict were conducted. He added that screening, clinical assessment (mental disorder) and referral service for the needy were provided. Further he mentioned that livelihood support were provided to needy such as conflict widow, torture victim, family who lost bread earner, victim who sustained either projectile/bullet/splinter injury and family who lost bread earner due to enforced disappearance. According to him the psycho social functioning of people are affected by various consequences of conflict situation. People are living in stressful environment due to traumatic events. Limited livelihood opportunities are available to the victims and costs for treatment for the affected people (psychosocial problem) are extremely high. Finally he shared that people suffering from psycho social issues are stigmatized due to lack of community awareness.