

Society Against Birth Defects in Children [SABD]

Dr Sanjay Kulshrestha is also the president of the 'Society against birth defects in children' that is working in this region for the treatment of poor babies born with some birth defects. Since India is a poor country and majority of cases come from the villages so in about 40-50% cases we have to operate free of cost or at no profit and no loss basis for the simple reason that they do not have money to pay and the baby would have died if we do not operate free. This was the main reason or inspiration behind establishing this society. It is a government registered charitable society and working in this area for the last 12 years. It is the first and only society of it's kind in India. A brief introduction of the activities of the society is being given below. *We must accept the fact that at present this society is not working in a well-organized way because at present we do not have any financial support. We are helping these cases of birth defects mainly by acting as a conduit between some rich fellow or local charitable organizations or clubs and the poor patients. These individuals or organizations bear the necessary expenses for the operation. Since the Society does not have it's own 'buffer' funds so problem comes in emergency cases where an urgent operation is needed.*

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ADDRESS: SOCIETY AGAINST BIRTH DEFECTS IN CHILDREN

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Some of the cases of birth defects that have been benefited by the Society:



• **BIRTH DEFECTS RELATED TO NEUROSURGERY** - Babies having swelling due to protruding brain spinal cord before (1,3,5) and after (2,4,6) operations. Enlarged head due to collection of fluid inside brain before (7,9) & after (8, 10) operations. A girl (11) with a similar brain swelling where delay in surgery has caused deformity of eyes.

• **BIRTH DEFECTS INVOLVING INTESTINAL TRACT** - One day old baby with absent food pipe (esophagus) before (1) and after (2) operation. This is the most challenging defect in the newborn. An operation by (3) with an absent segment of small intestine (4). Baby with absent anus before (5) during (6) and after (7) operation. Female babies with abnormal openings of rectum into the vagina before (8, 9) during (10) and after (11) operation. A baby with exposed abdominal viscera before (12) and 1 month after (13) operation.





↑ CONGENITAL TUMOURS OR MASS - Tumour (Teratoma) of lower back before (1,2) and after (3,4) operations. Similar tumour of lower abdomen before (5) during (6) and after operation (7). An operated baby (8) with a congenital intestinal mass (9). Congenital mass in the liver (10, 11) and kidney during (12, 13) and after (14) operation. A baby with incomplete twinning where a partially developed fetus (16) was successfully separated from the fully developed baby (15). Two cases (17,19) with congenital abdominal mass and the resected tumours (18,20). A newborn with large vascular tumour over face that was considered inoperable with



↑ MALFORMATIONS OF GENITALIA - Deformed penis with abnormal urinary opening below (1) and above (3) penis and the same cases after operations (2,4). Babies with malformed lower urinary tract before (5,6) and after operation (7,8). Babies with doubtful sex (9,10) are converted to either male or female (11) and after that they can have more or less normal life. Such babies of doubtful sex are usually forcibly taken away by the customs and forced to live a miserable life. Congenital hernia in a boy (12).

↓ Baby with congenital neck swelling before (1,3) and after operation (2,4). Baby with a vascular lesion of lower limb before (5) and after partial treatment (6). Congenital tumour of the tongue (7,8) during (9) and after (11) and the resected portion of the tongue (10). Baby with a cleft lip before (12) and after (13) operation.



OUR LIMITATIONS :

1. The number of babies seeking treatment is often more than the actual capacity of the society. There are two main reasons for the increased work load on the society. Firstly, these congenital anomalies are more common in low socioeconomic status which forms the major part of the population in the developing countries like India. Secondly, about 15 million people inhabiting 12 major cities depend on Agra for superspeciality care. Unfortunately facilities for neonatal surgery are still not available even in the Regional medical college hospitals or in any other government hospital.
2. Neonatal surgery is a highly specialized surgery where the results depend very much on the availability of pre and post-operative intensive care. The maintenance of this intensive care is very costly as most of the equipments used are expensive and imported from abroad.
3. Presently our work is mainly limited to the operative treatment of the babies and the preventive aspects of the birth defects which include genetic counseling, antenatal diagnosis and public education regarding awareness of birth defects are still less than satisfactory.

FUTURE PLANS OF THE SOCIETY:

1. To provide more advanced care to the babies having birth defects and also to improve the working capacity of the society so that maximum numbers of babies having birth defects can be benefited.
2. To promote research work regarding the incidence and causes of these birth defects especially for those defects that are more common in this part of the country.
3. To improve the facilities of genetic counseling regarding the risk of occurrence of a genetic disorder in a family. It is especially important to couples whose first child has just been born with a birth defect, to the older couples or to the couples before marriage or while planning a baby.
4. To provide facilities for early detection or antenatal diagnosis of these birth defects so that a proper planning for the early treatment could be made to optimize the results.

We hope that with your active support and encouragement, we would become more efficient and would be able to cure many more babies with birth defects. Remember that these poor babies need your support only once in their lives because once they are operated, majority of them lead an absolutely normal life.



association

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Agra, 29 January 2015

DOCTOR SANJAY KULSRESTHA

Dear Sanjay Kulsrestha,

Once again, it is our pleasure and honour to be able to thank you sincerely and whole-heartedly for the gracious help you are giving to our Charity, concerning our child Mohit.

Mrs Annie Poullain, our Chairman, keeps us regularly informed by both phone and emails of our action in favour of the children and families we support, and she has just told us your customary affection, again, for La Roue de Secours.

We have been informed of your great kindness about the surgery you performed yesterday at your Hospital, for one of our children Mohit.

It hardly seems necessary to say how important such generosity is to us, but we are certain that Annie will have expressed our gratitude quite appropriately.

Your personal involvement in La Roue de Secours is an encouragement to us all, both on the Board of Governors and amongst the many benefactors that contribute to the school fees, uniforms, books and copies, vaccinations, medical, private transport for school, tutions, and other expenses that are required to help our more than two hundred children (240 for the moment, included 23 degrees).

As you probably know, Europe is currently going through a most difficult economic period and it has become more and more difficult than ever to find the money needed to satisfy the requirements of our Children.

We highly appreciate your participation and generosity and on behalf of our children, the Governors Members of the Board want to reiterate our grateful thanks.

Yours faithfully

Doctor Alan Irvine-William
Governor Member of the Board

Received this night by mail.

For Alan: Annie Poullain

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घोसलों को दो-दो हजार रुपए की सहायता दी गई। नौ दिन में मां के तीन बार गाउन गिरे। तीनों बार भ्रष्टाचार का दोष था या ऐसा नहीं था, यह तो

नवमी पर नवजात शिशु को फेंक दिया जानवरों की जमात में

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vansh informed the police (by dialling 100) about the murder. Following the call, a police team led by SP-rural Rajesh Kumar

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