

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.*

PATRON

Prof. B. Sarkar, MS, FICOG, FICMCH, MIAC.
Senior Consultant [Gynae. & Obs.]

PRESIDENT

Dr, Sanjay Kulshrestha, M.S.,M.Ch.
Senior Consultant Peadiatric Surgeon

VICE PRESIDENT

Dr N Chaturvedi, M.D.,
Senior Consultant Peiatrician

SECRETARY

Dr. Meeta Kulshreshtha, M.S.,
Consultant General Surgeon

ADDRESS: SOCIETY AGAINST BIRTH DEFECTS IN CHILDREN

1/151,Delhi Gate, Gulab Rai Marg, Agra – 2, India



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

la roue de secours

3 rue morbeau 75116 paris france
tel 00 33 1 40 67 78 54
mob 00 33 6 61 41 09 71
mob 00 91 98 37 19 06 51
mail larouedesecours@free.fr
mail poullain.india@gmail.com
mail c/o picolorlab@gmail.com

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

hotel bhawna clarks inn # 321
bhavna tower sector 16/B sikandra scheme delhi road near gurudwara guru ka tal
agra 282007 uttar pradesh india

धक-धक शुरू होते ही दांव पर जिंदगी

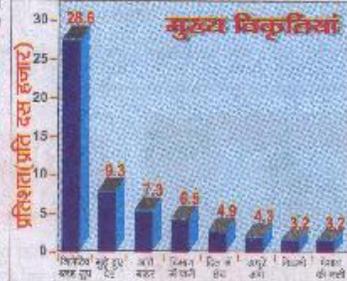
कोख में ही लिख जाती है ताजिंदगी जिल्लतों की इबारत

आगरा, चचेरे मित्र

कुदरा का करिष्म है कोख। पार जाने-अनजाने में इंसान की गलतियों से फोख पर जो ताजिंदगी लिख जाती है। कोख में जब आखी पीढ़ी के चिलग को उम्मीदें रोशन होती हैं, तभी पता नहीं किसकी बन्दुआ लग जाती है। गानुक दिहा जो रफा-एफा भड़कत है, मगर शरीर के दुरारे आंग कुदरत के लिहा जो चुनौती बनने लगते हैं। कियों का दिमाग 'खरब' हो जाता है जो कियों के दिहा में खेद भड़कते जो फ्रेकशप करने लगता है। निष्प कर्म शिख के लाले पढ़ने की नीजत आ जाती है जो कियों की अती का जाल वेद फाड़ देता है। गानुक अंगे के बलते खेद से जिंदगी जो खण पर लग जाती है। कुछ पहली खणकत नही मना जाते जो कुछ ताजिंदगी विफलते सेलने को मजबूर होते हैं। चात से गरी है अनजानत विकृतिनी यानि कर्म शिखकत की। मानव



शरीर में लगभग 25 हजार जीन्स होते हैं। इनमें से एक जीन्स के भी खेला देने पर शरीर का कोई न कोई अंग अपनी कुदली क्रियारहितता से वंचित हो जाता है। जैसे कानों के दूधे पानी से प रहे हैं, मगर विशिष्क विज्ञान ने उसके लिहा, पंचानुगत और पर्वोचरणीय अंक्रमण के साथ-साथ गर्भगणप करने से पहले और दमन्यन की सापरकलियों की जाणिर की है। दवाशी का अस्त्र भी फोख पर पड़ता है एक महीने के पूरा में वेग सिस्टम और स्पानल कॉर्ड बन जाती है। तीन महीने के पूरा में मज्जनन शुरू हो जाती है और इसके साथ ही विकृतिनां भी अपना आस्त्र दिखाने लगते हैं। इन्ही रेश विशेषत आशिया गुला यालते हैं कि पहले तीन महीने में खबल पाकर में विकृतिनां का पता माल जात है। तीन महीने बाद दिहा पाकर में दुरारी अन्य विकृतिनां जानकारी में आ जाती है।



विकृतियां

- दिमाग में पानी भर जाना
- पैसाब या मलमल की मली में खराबी
- रक्त की मली में खराबी
- बंदे होत
- दिल में खेद
- गैह की दृशी में गज

कारण

- मां का भ्रूणपन करना
- खर्बकरीन, शरं या खेदें अथ भावैर खेपारी देना
- गणगणना के रोजन दवाशी का अधिशूय सेवन।

इंडिया में ईंनजार है फोएटस सर्जरी का

पेरिक्युलर मज्जन का अस्त्र कुदरत कारणों में एक 'फोएटस सर्जरी' के इंडिया में किये-पुले की गेटर है। भारत में भी इंतजार करना खतरा। खतरा से एंगी खेदनेजत अंत खतरा पर दमन्यन की खेपारी की 12 खेदित अंग के अजगल की खेपारी है। जो शिखकतों की खेपार पर एक अजगल खेद मिला जाती है। एक विज्ञानिक गुशी मीनी है, शिखकत खेपारी कियों के खेद को मजबूत है। मज्जन पर अंगों खेद खेपारी की खेप से खेद में हो खेपारी है। खेपारी में खेपि खेद खेद की खेपिनीय खेद खेद खेद खेपारी खेद खेपारी है। खेपारी खेपारी खेपारी के खेद खेद खेपारी में शिखकत की खेपारी खेपारी है। खेपारी में ही शिखकतों की खेपारी खेपारी है।

बिजली: 'पीएनसी' और 'टोरंटो' ने ठोकी ताल

बच्चे के पेट में बच्चा

आगरा। बच्चे के पेट में बच्चा। यह बात कुछ लोगों के लिए अटपटी हो सकती है लेकिन डाक्टरों के लिए यह कोई नई बात नहीं है। ऐसे ही एक ठोई साल के बच्चे का आपरेशन कर उसे दर्द से निजत दिलाई गई। यह बच्चे की ऐसी खेपारी है, जो बहुत कम को होत है। करोब पांच लाख में से एक को। दर्द साल के इस बच्चे पेट फुला हुआ था। दर्द से उसकी इस्तत खराब थी। उसके पेट में दूसरा बच्चा था। सरकर नर्सिंग होम में डा. सज्ज कुलश्रेष्ठ, डा. मील कुलश्रेष्ठ ने उसका आपरेशन किया। बेहोशी के विशेषत डा. केके मिश्र ने सहयोग किया। एसएन मेडिकल कालेज के खाल रोग विभाग के अध्यक्ष प्रो. आर दवान के अनुसार यह ऐसी ही घुटि है जैसे किसी बच्चे के जन्मजात कुछ अंग नहीं हो। कभी कुछव बच्चे होते हैं। तो कभी दूसरे बच्चे का अविनासित मृत शरीर दूसरे बच्चे के पेट में आ जाता है।

