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REHABTALK

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From the Editors Desk

Dear Friends,

Herewith wishing all of you a very happy New Year. India is moving towards prosperity and becoming a health destination for many affluent countries. Many are the lives saved that need to be made into lives worth living. Insurance is also making new strides and there are new insurance schemes for the disabled. All this makes it more viable for physiatrists to enter private practice and this is being followed by quite a few of the new entrants to the field. All this is quite encouraging since this is happening against the backdrop of several vacancies in institutions for the speciality and the gradual inclusion of the speciality in the basic medical courses. For optimists this augurs well.

This issue is dedicated to Dr. Navnendra Mathur, whose passing away prompted such a flurry of anguished responses from several of our members, a few of which I have carried in the following pages in an edited version.

Dr.S.Sunder
Editor Rehabtalk



Dr.S.SUNDER

From the President's Desk

Dear friends,

Patna, Saturday 14th Nov., 2009

On behalf of the newly elected office bearers, I wish to express my sincere thanks to you for reposing faith and trust in us. The torch led by our Past President, Dr BK Choudhury of Kolkata and his associates, in providing a promising & brighter horizon, is now in the hands of the present office bearers. Protecting and promoting the aims and objects of the Association shall always remain the topic on priority. It is high time that

- State chapters are further strengthened. Few states still do not have their chapter representation. This is a matter of great concern.
- State chapter representatives should communicate with the MCI for the inclusion of at least ten PM and R lectures in the MBBS curriculum.
- Each of us should sit for a while and think for a moment. Should we not start mentioning "Physiatrist" against our names in our visiting cards, letter heads and in our name plates? Let us all pledge and start doing it from today.
- We encourage MBBS graduates to take up DNB courses in Physical Medicine and Rehabilitation.
- The Association comes forward to join hands with the International body i.e., International Society of Physical and Rehabilitation Medicine (ISPRM).
- New openings at various Institutes and Medical Colleges have come up. Young Physiatrists must come forward and take the positions. Do not lose this opportunity

The Association looks forward to receiving your valuable suggestions, guidelines and advice. Please join us at Jaipur in January 2010 during the next Annual Conference of IAPMR 2010 and make it a grand success.

Truly yours,

Dr Ajit kumar Varma, *Physiatrist, President, IAPM and R, Patna*

From the desk of the Secretary

Dear Members,

It is time to start preparations for the Jaipur Conference. As in the previous years, Annual Report will be published soon. You are requested to send the following report and information to me as early as possible.

1. Change of Address
2. Your Achievements

Please feel free to call me anytime.

With warm regards,

Prof. R.N. Haldar, *Secretary, IAPMR.*



A Decade of experience with 6%phenol for decreasing spasticity

I started using 6% phenol in water in C.M.C Vellore since 1998. At that time we had a portable nerve stimulator with which we used to localize the motor nerves and inject phenol in both lower limbs to decrease spasticity. There was a dramatic decrease in spasticity. When I was a DNB resident at that time my thesis topic was on reduction of spasticity by 6%phenol, I got fascinated with phenol and I continued my management of spasticity with 6% phenol. After joining NIMS in 2002 I was giving nerve blocks and started giving motor point blocks also.

In NIMS for affordable patients we use to give Botulinum toxin and phenol for non affordable patients. Occasionally we have given botulinum toxin in one limb and phenol in another limb, and we found that whereas phenol effect was immediate, there was equal response in decreasing spasticity. In few patients after giving phenol for decreasing spasticity, in a few weeks when we operated for release of contractures we found that there was no tissue necrosis but there were few adhesions. Plenty of patients who were not able to walk because of spasticity started ambulating after giving phenol blocks.

Dr.Rajendra Kumar

Dr Nair's column

Rehabilitation within Health and Wellness

The fact is there was health even before the WHO. Perhaps the concept of 'sustithi' predates the WHO's definition of health by centuries. The definition of health as 'physical, mental and social well-being and not merely the absence of disease or infirmity' is in reality a position it adopted much before 1974.

The concept of health encompasses two main ideas: firstly, that it is a dynamic rather than a static process, and secondly, the environment or context of their lives influences the extent to which people can reach their health potentials. This means that people in different societies tend to have different health potentials and expectations. Simply by being born into a disadvantaged society one might have less than satisfactory health and inadequate health related life-goals.

Some experts believed that by introducing the concept of Quality of Life (QOL) the problems in health and equity could be addressed. Not so. People in less advantaged societies are more likely to have less QOL than what they subjectively perceive as having. A person with a chronic and progressing disease might report high QOL rates with small increments in improvement of disease condition. People with impairments might overcome difficulties and live a life of relative accomplishment. People in societies with lower life expectancies have less time to plan their lives and thus run the risk of dying early due to unforeseen diseases and accidents. Life is seen as unfolding of one's biography and happiness and quality are attributes linked to time, memories and transactions. As young adults, people develop ideas of future and create by and large specific goals for their lives. Inability to fulfill these life goals for whatever reason ought to affect their happiness in life. So a good life or a life with quality must also be one that was spent in happiness. It is this aspect of life that goes missing in the discourses of health and QOL.

Can wellness be considered as a better tool in understanding health? The term *wellness* refers to a state of health in which an individual maintains balance and purposeful direction within the environment in which he or she is functioning (Crisp and Taylor, 2000). Wellness therefore has both subjective and objective attributes. It is not the opposite of illness either. Wellness is also a dynamic process and is strongly influenced by environmental factors. While at the individual functioning level, wellness might be similar to positive health, the same may not hold true when the individual has to function within the community. Factors unrelated to health namely continuous rain, heat wave, or economic recession might impact upon the feeling of wellness.

If health, wellness and public good are considered on a bio-socio-medical model, several factors can be seen influencing health. They potentially include gender, age, employability, culture, social resources, family finances, parenting styles, family dynamics, and geographical knowledge (McMurray, 2003). Current health status and disease outcomes associated with diseases both in individuals and populations are determined by multiple factors that are both internal and external to the individual or population. For example, the outcomes of spinal cord injury in an individual differ in a village and a city, though the clinical features remain the same. The same holds good in other chronic diseases as well. Illness and sickness experience consequent to the same pathological process will vary considerably between individuals in the same population, though within the strict boundaries of a biomedical model there shall be unique similarities making diagnosis and management possible.

The question that we need to consider now is: where does rehabilitation medicine fit in? Dan Brock says, "Adjustments to impairments that leave primary functions undiminished or that redirect one's life plan into areas where function will be better – both central aims of rehabilitative medicine – can, however, enhance QOL even in the face of a diminished opportunity range". Brock also quotes Nicholas Rango who thinks rehabilitative care is "aimed at identifying and treating excess disabilities, the gap between actual level of physical, psychological or social functioning and potential functioning capacity" (Martha Nussbaum & Amartya Sen – The Quality of Life, OUP: 2002). If this be so, how should rehabilitation medicine be laid out?

This idea of rehabilitation medicine opens up new directions for thinking and of course new opportunities (Brock and Rango). The former definition demands that persons with disablement should be directed toward areas or abilities where functioning is more acceptable, rather than concentrating on improving abilities to the best potential. A person with paraplegia is justified in taking efforts at optimizing functioning of the upper limbs or in finding out how learning and thinking can be more fulfilling to one's life plans than mere walking which in any case might not take him/her very far. The latter definition wants the gap between the actual functioning level and the person's potential to be narrowed. This means that true rehabilitative effort needs some understanding of a person's potential in the physical, psychological or social functioning in comparison to the actual abilities in these domains.

Rehabilitation medicine is public good as well. In fact the PWD Act by implication accepts this argument. By reducing disablement in the individual, the society stands to benefit as less public resource needs to be spent on rehabilitation. More importantly, most persons with disabilities are equipped with several abilities which are in need for the society. The society stands to lose them and this reflects loss of potential wealth. This makes rehabilitation medicine a much valued social good.

U N Nair Professor of PMR, Annamalai University

Dr. Navnendra Mathur - An Astute Clinician and Endearing Friend

Indian J Orthop 2009;43:313



What does one say about a dedicated academician, an astute clinician; a versatile professional well versed in Orthopedics, Physical Medicine and Rehabilitation and a great endearing colleague and friend!

Dr. Navnendra Mathur did his MS Ortho from SMS Medical College, Jaipur, in 1980. He then did his DNB in Physical Medicine and Rehabilitation in 1986. The following year he was selected for the prestigious IOA Johnson and Johnson Fellowship. After a stint as orthopedic specialist at King Fahd Hospital, Jeddah, Saudi Arabia he returned to join as Assistant Professor in Physical Medicine and Rehabilitation. He rose to the post of Professor and Head of Department, Physical Medicine; Director of the Rehabilitation Research Centre set up by his mentor Dr PK Sethi.

Dr. Navnendra was virtually obsessed with the study of spinal injuries and presented many outstanding papers on the subject at national and international conferences including the International Spine and Spinal injuries Conference at Indian Spinal Injuries Centre, New Delhi; International Society of Physical Medicine and Rehabilitation Medicine, Seoul, Asian Oceania Conference of Physical Medicine & Rehabilitation, Nanking, China and ASCON at Vietnam last year. A life member of IOA, Dr Mathur has to his credit more than 25 publications in international and national Orthopedic and Physical medicine journals.

Born in November 1951, Dr. Navnendra had yet to complete 58 years. He passed away on July 3, 2009. He is survived by his wife Dr. Sushma, a CGHS GDMO, and two daughters.

Rakesh Bhargava Professor and Head, Department of Orthopedics, SMS Medical College, India

Dear Friends,

I agree with the suggestions given and initiatives by Dr S Sunder and Prof. U. Singh regarding sending the condolence messages as well as printing in the Newsletter.

I would even like to propose that the very next issue of IJPMR should carry an obituary.

This in no way will reduce the intensity and enormity of this great loss, but it will hopefully keep the memories alive and may inspire the younger members to imbibe some of the many great qualities for which our beloved friend, who was like an elder brother to me, is fondly remembered by many, as is very clearly evident from the messages pouring in on this group.

I would like that the unfinished work left behind by Dr. Navnendra Mathur, whether at the department or in the executive, should be carried on with full dedication, as a mark of respect to the departed soul. He was working very hard towards making preparations for the forthcoming IAPMR Conference in January, 2010 and was very enthusiastic to extend a warm welcome to all IAPMR members to Jaipur on this occasion.

A two minutes silence should be observed as a mark of respect to this noble soul in the forthcoming IAPMR events(s).

Sanjay Wadhwa

The PMR Association has suddenly lost one vibrating and pulsating member. Besides being Vice President of this Association, Dr Navnendra Mathur was a combination of commitment and vision. On behalf of the members of the IAPM and R, I salute this great but humble personality for his dedication.

Dr Ajit K. Varma, *Physiatrist*

Dear friends,

GREAT PERSONS ALWAYS THINK GREAT .Prof. Mathur, chose his last day for his heavenly abode, while he was going to operate on one of his patients. "Some are born great, Some have greatness thrust upon them and some achieve the greatness by their activities and their achievements. Prof.Mathur was the king of our hearts by virtue of his simplicity, sincerity, commitment and devotion for the specialty. He was very special to me, because I have found him advocating the treatment modalities according to our Indian conditions

Physically, Prof. Mathur is no more with us but he will be in our hearts for decades to come. With heavy heart and under neurogenic shock,

Virendrakumar Gupta (*ex treasurer, IAPMR*)

Who says Mathur Saheb departed us?

He is still amongst us. His works and his dedications towards Physiatry will be remembered for ever. We can not forget his amicable behaviour, softly spoken words and his attitude towards seniors as well as juniors & encouragement to the PGTs. We, the members from Bengal Chapter of IAPMR will remember him ever.

My Salute to my friend Dr Navnendra.

Dr.B.K.Choudhury

Dr Navnendra Mathur a pillar of PMR is no more His commitment to the specialty was so great that he would voluntarily donate a standard Rs 10000 to any conference he attended. He did so for the mid term CME at Delhi 2005, for the Hyderabad conference and numerous other conferences. His last request to IAPMR was to have an oration in the name of Dr Sethi His sad demise is an irreparable loss for whole of PMR fraternity and I join you all in praying for the departed soul.

B Ramachandran

It is really a great shock to me as has been to all of us who care for Rehabilitation Medicine. On numerous occasions I had a chance to meet him personally at Delhi and Jaipur. I always came out of these meetings more and more committed to the cause of uplifting Physiatry in India. His teaching, his guiding principles, his dedication towards his profession, his human approach towards patients and never-ending desire to excel will always be alive in our minds and hearts. I find myself at loss to express my feelings on this untimely unfortunate event. There is a saying that fits his stature most appropriately - *To live in the hearts, you leave behind, is not to die.* Yes, He is still with us.

Virinder Singh Gogia *St. Stephen's Hospital Delhi*

Today I got an SMS from Dr S.Y.Kothary informing the sudden demise of Prof.Dr.Navendra Mathur.I was shocked to see the news and it is really a great loss to all of us . As a Physiatrist Dr.Mathur has guided the association, and worked hard for the Progress of the specialty As Vice President he wanted to do a lot for the IAPMR. .Such a kind gentle personality is no more with us and I Pray God to rest the departed Divine soul in peace.

Dr.T.Sreedhar. *Mumbai*

What a great soul. I know you are with us only and will remain with us always. Your smiling face and welcoming gesture will always be with us. We know that you are watching us. We will not cry and will follow your smile. The association and speciality will thrive on your footprints.

Shishir rastogi

It is indeed shocking to learn about untimely demise of our beloved colleague Dr. N.Mathur. We will all miss a nice friend, an excellent teacher and a scientist.

Taly

I got completely shaken after hearing the news that Prof N Mathur is no more... I couldn't believe it, since I met him couple of times during last few days in Jaipur and also I had a chance to have an accommodation with him on sharing basis in Istanbul, Turkey just 2 weeks ago. Apart from being a competent doctor he was also a great human being; kind hearted, hard working, truthful, soft spoken, affectionate, interactive and highly dedicated person towards both his profession and patients with great enthusiasm. I know this is a irreparable loss to mankind, Indian physiatry and family too. Sir, We will miss you every minute of our lives.

S L Yadav

We lost one of our dynamic leader in PMR, most energetic and active person. My sincere condolences on behalf of our physiatrists from Tamilnadu.

Thirunavukkarasu Chennai

Its a great personal tragedy for family members and in general huge loss to our PMR fraternity.

May God give them strength, to pass through these testing times.

Dr Sanjay Pandey, Kolkata

We all at NIOH-Kolkata, were shocked to know it.

Dr Mathur was very close to our hearts- as a teacher to us & as a friend to all.

Dr Ameed Equebal NIOH, Kolkata

Really a shocking news. We will be missing an excellent teacher. A great loss for the specialty.

Dr. Ak. Joy Singh

After going through the condolence mails from the seniors and colleagues working in the field of rehabilitation across the country, I have no doubt in my mind we have lost a great person, doctor and teacher. It is all the more saddening for a person like me who have been trained and tutored by Navnendra sir. I was fortunate enough to have had long interaction with sir during the last almost 12 years But god can snatch away only the flesh, not the fond memories and teachings of sir, from us.

May his soul rest in peace for eternity.

One of his many students.

Dr. Anupam Gupta (NIMHANS),

It was a shock to hear about the sudden and untimely demise of Dr Mathur. He was a person with extraordinary abilities and drive. His passing away is a huge blow to our entire fraternity.

Suresh R.

Rajalakshmi Hariharan

Kurian Zachariah

It is such a shocking news for me; we lost a great leader, a great teacher and a dedicated physiatrist. He will be always remembered for his untiring efforts to bring the specialty at par with other reputed medical specialties and promoting of interventional skills in physiatry. Words are inadequate to express his multifaceted contribution to the specialty. We will always remember his great work; his memoirs are strength for us and will carry forward his dreams to make them reality.

Dr. Mallikarjuna Nallegowda

Very sad. I could open the email just now, and gone through the news and messages about the sad demise of our dear Dr Navanendra Mathur. This has been a great loss not only to his family but also to the Physiatrist fraternity.

Dr Sushil Jain

It is very painful to know the sudden sad demise of Dr N K Mathur – what a great name in PMR ! Hats off to him. We offer our heartfelt condolences on his death and pray the Almighty God that Soul is rested in Eternal Peace and to give the courage & strength to the family members to bear the loss. Let us follow the path shown by him...In sorrow

Vinay Varma & Anand Varma

It is difficult to believe that Dr N K Mathur is no more with us. The news of the sudden demise of Prof. Mathur is really very sad and shocking. He was one of the persons who was really keen to take the speciality of PMR to new heights. We have lost a real gentle person and a dedicated professional. May God give his family and friends strength to bear the loss. We will always miss him. May his soul rest in peace.

Dr Anil Gaur

All India council of Technical education, a statutory body of Govt. of India has initiated a technical course book award in Hindi 2007-08. In this context I have published a book on prosthetics & orthotics in Hindi in 2008 sponsored by UP Hindi Sansthan

BOOK-POST

To

If undelivered, please return to :

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Lucknow. The book deals with the basic of artificial limbs & calipers for physically handicapped. I have already sold more than 300 copies and in general the students of orthopaedics, Neurology, Pediatrics, community medicine & paramedical, technical students have shown their keenness to buy the book. My book has been given second prize of Rs. 21000/- by AICTE, New Delhi. I am thankful to my esteemed senior members who have given me cooperation help & constant encouragement for writing this book.

Dr. A.K. Agarwal

International Confernece on Neurology And Rehabilitation is to be held in Holiday Inn, Goa from 23-25 April '2010. Kindly see the website www.icnr2010.org and participate in large numbers.

Dr Abhishek Srivastava *Consultant Physiatrist*
Jt Organizing Secretary Mumbai