

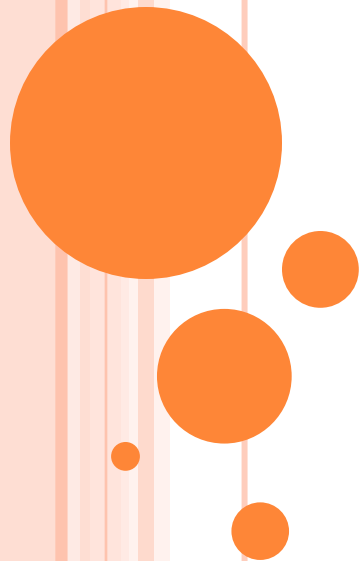
**The Real issues affecting the Health of Elder
Citizens (Part I)**

&

**Presenting The Nano Health Ensurance Concept
(Health Security for All) (Part II)**

**Bharatiya Vidya Bhavan, Chennai Kendra
Golden Jubilee Medical Lecture Series – 3.**

September 21, 2008



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The Seven Ages of Man – William Shakespeare

Jaques.

All the world's as a stage,

*And all the men and women merely players:
They have their exits and their entrances;
And one man in his time plays many parts,
His acts being seven ages. At first the infant,
Mewling and puking in the nurse's arms.
And then the whining school-boy, with his satchel,
And shining morning face, creeping like snail
Unwillingly to school. And then the lover,
Sighing like furnace, with a woful ballad
Made to his mistress' eyebrow. Then a soldier,
Full of strange oaths, and bearded like the pard,
Jealous in honour, sudden and quick in quarrel,
Seeking the bubble reputation.*



Contd...

The Seven Ages of Man – William Shakespeare – Contd...

*Even in the cannon's mouth. And then the justice,
In fair round belly with good capon lin'd ,
With eyes severe, and beard of formal cut,
Full of wise saws and modern instances,
And so he plays his part. The sixth age shifts
Into the lean and slipper'd pantaloon,
With spectacles on nose and pouch on side,
His youthful hose well sav'd, a world too wide
For his shrunk shank; and his big manly voice,
Turning again toward childish treble, pipes
And whistles in his sound. Last scene of all,
That ends this strange eventful history,
Is second childishness and mere oblivion,
Sans teeth, sans eyes, sans taste, sans everything.*

As You Like It, II. vii



Definition of Elder Citizen of classification and old age

Senior Citizens – 65-75 yrs.

Super Seniors 75-80 yrs.

Elder Citizens 80-90 yrs

Old persons > 90 yrs

What is the Secret of long life?

The previous speakers :

Mind, Stress, Music & Health – Prof. Krishnamoorthy Srinivas.

Life Span, Life Expectancy, Health Expectancy – Prof. B.M. Hedge,

The real problems of old age are not Diabetes, Heart attacks and CAD, Hypertension, Stroke, Parkinsonism etc: which require individual customized medical attention for variable periods – short or long term.



They all require adjustment of Life style and *specific non drug therapies* which would contribute to *more than 50%* towards recovery and regaining *Health expectancy*.

They also stressed that aggressive interventions either with drugs or with other invasive modalities are as a general rule & Protocol did more harm than good, as shown by several large scale studies – eg. ACCORD; DREAM; POISE etc.. Interventions should be confined to selected cases of special situations only.

Also it was stressed with more than adequate evidence by Prof. B.M. Hedge that long-term usage of pharmaceutical chemical agents in the so-called prevention of Non-Communicable Diseases, and *even their clinical trials are highly unethical, immoral and unscientific*



Imported drugs are Lapped up in India without trials.

18 THE TIMES OF INDIA, CHENNAI, FRIDAY, AUGUST 29, 2008

Imported drugs are lapped up in India without trials

Mumbai Can a patient expect to stand out from thousands of others to acquire just 100 mg of a life-saving antibiotic? Or a patient expect to stand out from thousands of others to acquire just 100 mg of a life-saving antibiotic? Or a patient expect to stand out from thousands of others to acquire just 100 mg of a life-saving antibiotic?

The news of the importation of drugs into India has been a topic of debate for some time. The issue is not just about the availability of drugs, but also about the quality and safety of the drugs. The Indian Medical Association (IMA) has been vocal about the issue, stating that the importation of drugs without proper trials is a violation of the law.

According to a recent report by the Drug Controller General of India (DCGI), the importation of drugs into India is a complex process. The DCGI has issued guidelines for the importation of drugs, stating that the drugs must be of the same quality as those available in the country of origin. The DCGI has also stated that the importation of drugs without proper trials is a violation of the law.

The issue is not just about the availability of drugs, but also about the quality and safety of the drugs. The Indian Medical Association (IMA) has been vocal about the issue, stating that the importation of drugs without proper trials is a violation of the law.

Dr. Rishab Pringle, a senior consultant at the National Pharmaceutical Inspection Directorate, says that the importation of drugs without proper trials is a violation of the law. He says that the importation of drugs without proper trials is a violation of the law.

Chennai, though, India is an important market for many drugs. The issue is not just about the availability of drugs, but also about the quality and safety of the drugs. The Indian Medical Association (IMA) has been vocal about the issue, stating that the importation of drugs without proper trials is a violation of the law.

CLINICAL CALL

Aspirin (Acetylsalicylic acid) is used in the treatment of chest pain, heart attack, stroke, and other conditions. It is also used to prevent blood clots. Aspirin is a non-steroidal anti-inflammatory drug (NSAID). It is also used to prevent blood clots.

Paracetamol (Acetaminophen) is used in the treatment of pain and fever. It is also used to reduce inflammation. Paracetamol is a non-steroidal anti-inflammatory drug (NSAID). It is also used to reduce inflammation.

CONSUMER WATCH : SHARE GRIEVANCES

If you have a consumer problem to share or would like us to address one

EMAIL To mytimesservice@timesgroup.com Consumer Watch in subject line

SMS To 56789. Please do not exceed 160 characters

POST To Editor MTV Consumer Watch, The Times of India, Chembur Road, Chennai-600035

ALL IN A DAY

S&P 500: 11,800.00
Nifty: 7,800.00
BSE: 248.00

MARKET CAPITALISATION

Company: Infosys, TCS, Wipro, etc.

MARKET TOP 10

Company: Infosys, TCS, Wipro, etc.

ADVANCE TABLE

Company: Infosys, TCS, Wipro, etc.

The Times of India, Chennai August 29, 2008.
(Quoting Dr. Chandra Gulati, Editor MMIS)

The Body Hunters by Sonia Shah

The New Press New York London, 2006.



So, What are the real issues affecting the Elder Citizens' Health?

1. Loneliness (alone and lonely PICA) → Depression.
2. Insecurity and Fear of the unknown (→ Anxiety → Neurosis)
3. Physical Disabilities (Eyesight, Hearing Locomotor, etc.) (Minor – Major) (→ Depression Frustration Self Destruction).
4. Pain (Real, Low threshold, imaginary (hypochondriac) (→ Chronic & over medication → GI/Kidney and other complications. In extreme cases severe depression and self destruction).
5. Obsession Inflexibility Aggression/Anger Repetition Forgetfulness etc → causes problems both to themselves and more for their carers.



6. Dementia:

- a. **Alzheimer's → Difficult to manage with serious fatal outcome.**
- b. **Non Alzheimer's → Non-fatal but difficult to manage – needs family medical, Para-medical and societal support.**

7. Miscellaneous Medical Problems – affecting day to day life ; Elders' main day to day concerns are sleep, bowel, appetite ↑ or ↓, Knee Pain movements, difficulty in urination or urgency and incontinence of urine/bowel.

- a. **Medical: Difficult to Micturition, Catheter or RT, Ileostomy Bag, Self Injections of Insulin, Incontinence, etc.**
- b. **Non Medical: Running a home, Paying Bills, Going to work (Ageism), Property plus cash minus.**

8. The A,B, C and D of dignity Conserving (Medical) Care. (Harvey Chochinov Winnipeg, Canada – BMJ 28th July 07).

Healthcare providers have a profound influence on how patients experience illness and on their sense of dignity. The A, B, C or D of dignity conserving at the bed side are:

A: Attitude B: Behaviour

C: Compassion & D: Dialogue

This frame work can be applied to teaching, clinical practice across the multidisciplinary teams offering care for the elderly.



9. [In Search of Good Death](#) (Stephen Workman Dalhousie University Halifax, NS, Canada) – (BMJ, 10th March 2007).

*Decisions regarding interventions, CPR, Medications, alternative therapies etc.. who should take decisions and when – onus of implementation and resultant responsibilities – family.

Minerva (BMJ 21 June 2008)

After the recent death of two friends, a doctor speculates why, as a profession, we are so bad at dealing with dying – despite the obvious fact that, sooner or later, it is the certain fate of every patient that we see. He thinks that we shouldn't think of death as an aberration or as a failure. We need to realize medicine is peripheral to death, not the other way around

(Postgraduate Medical Journal 2008;84:279-80).

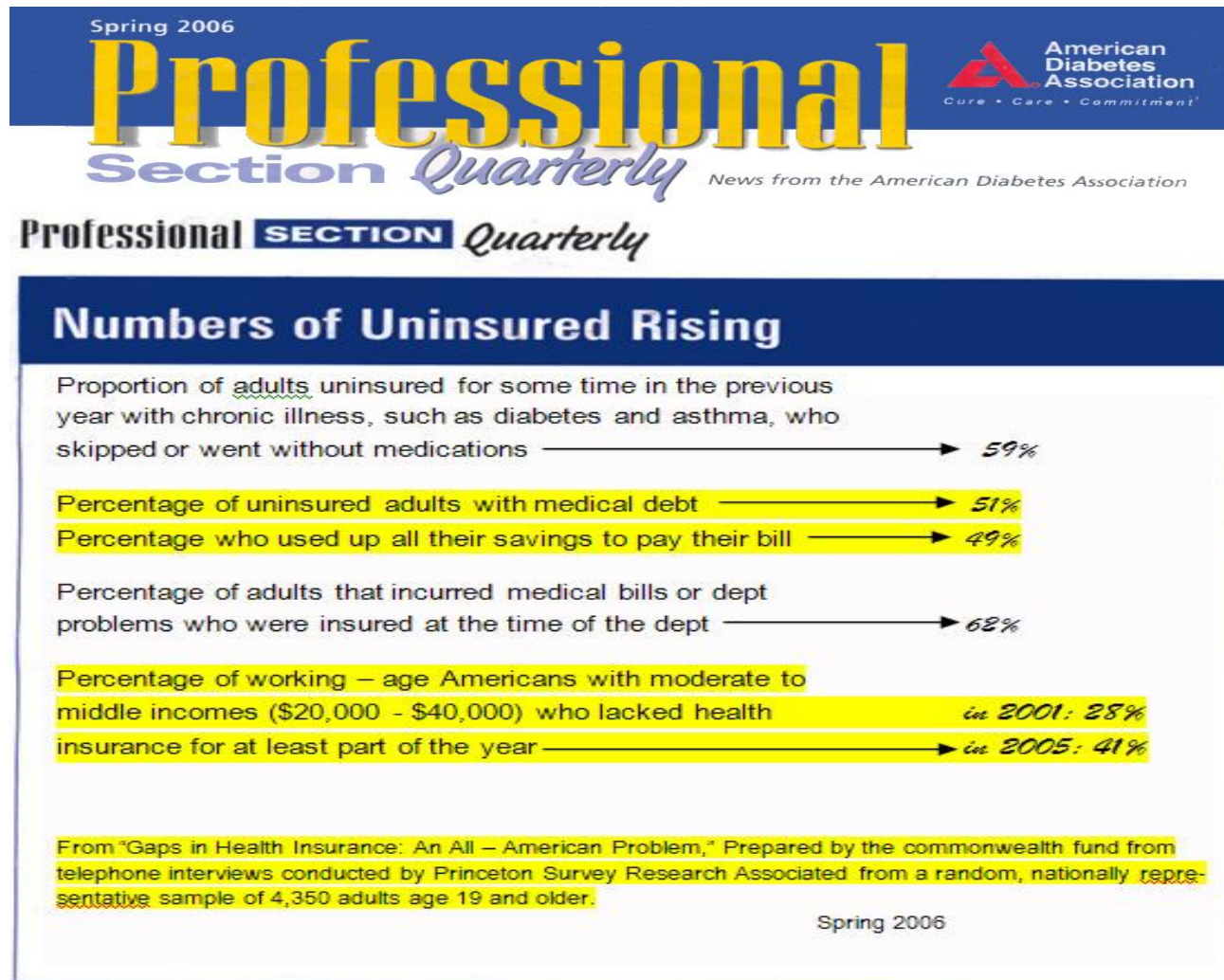
'Bhaja Govindam'

punarapi jananam punarapi maraNam
punarapi jananI jaTare shayanam
iha samsAre bahudustAre
krpayA pAre pAhi murAre

Repeated birth, repeated death and repeated lying in mother's womb - this transmigratory process is extensive and difficult to cross; save me, O destroyer of Mura, through your grace.

10. Financial Concern & Health Security Economics

The American Healthcare Model is a failure by their own admission



BMJ

3371-60 No 7660 International ISSN 0959-8346
5 July 2008 | bmj.com



THE NEW
**NATIONAL
HEALTH
SERVICE**

**Your new National Health Service begins on
5th July. What is it? How do you get it?**

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a “charity”. You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.

1948-?



3. The N.H.S. (U.K.) Model 60 years on

<u>Positive Aspects</u>	<u>Negative Aspects</u>
National Health as the goal	wide gap in personalized vs NP care. Less Affluent Economics cannot afford this £105 BN per year. Government spends (Average £3500 for every + working.....)
All Diseases/ailments are covered Health needs including deliveries and Womens & Childrens. Welfare covered (Dental/Nursing Care recent including after 60 years)	Unisystem (Modern Medicine only) Many grey areas in medicine and chronic insurable ailments are not given any other option. Maternity services not customized.
All age groups are covered	
Several Regional Trusts take care of special requirements of these regions.	Long wait-list for even simple surgical conditions like Hernia, Cataracts, etc... Laser PC even for vision threatening stage may sometimes have to wait for long periods.
Truly egalitarian in creature-comfort terms (LIG, MIG, HIG all have same level)	For those who can afford and who pay more and are used to Deluxe comfort levels the service is a let down.
Academic Institutions give the advantage of higher quality of scientific expertise.	Academics investigations can sometimes be counter productive (UCH eg).



An Outdated Model

The NHS was nothing but a “politically controlled state monopoly that is inefficient, outdated, and unsustainable,” he said, claiming the UK taxpayer does not see an adequate return on its almost £105n (€133bn; \$209bn) annual investment – an average of £3500 for every working Briton. “Yet we have some of the worst survival rates in Europe for cancer and strokes. Spending on the NHS under this government has more than doubled in less than seven years. Where on earth does all the money go? Are we twice as healthy?”

“There is a limit to which younger taxpayers are going to subsidise the new gerontocracy”

Karol Sikora



The Indian Scenario

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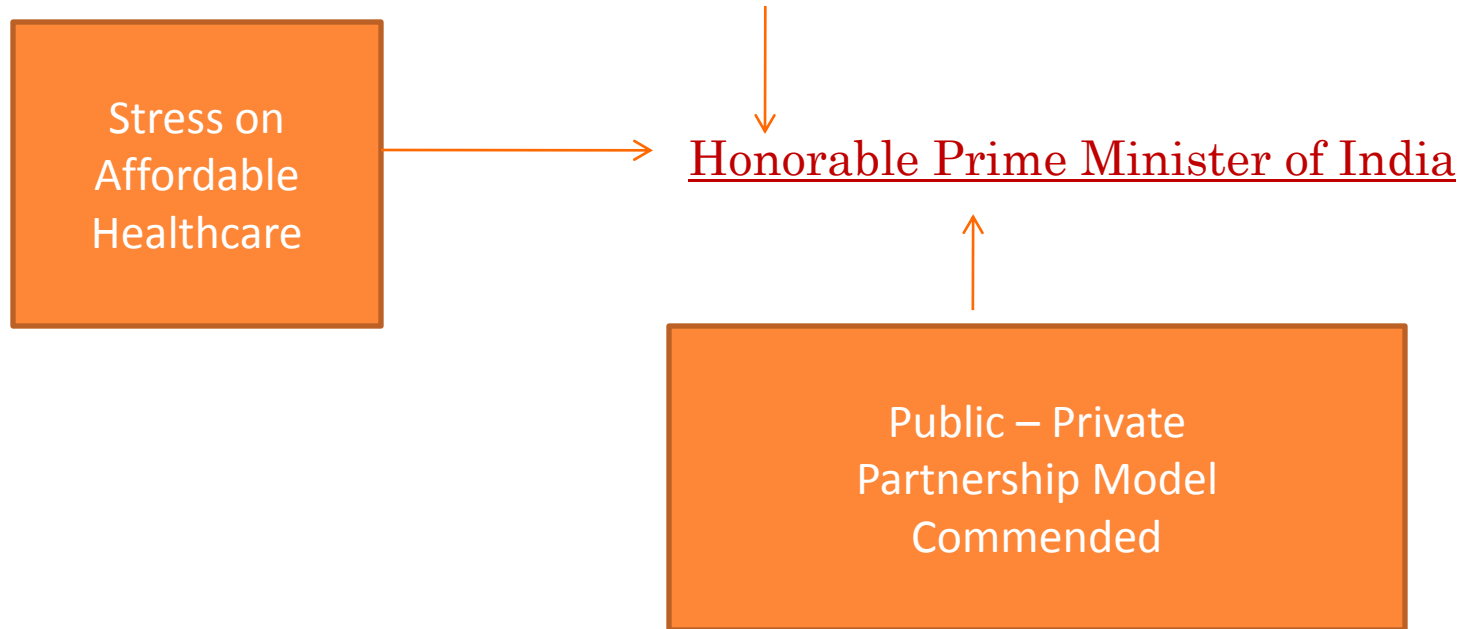


GENERALLY SPEAKING PRESENTLY WE HAVE DISEASE INSURANCE SCHEMES (Not Health Insurance Schemes)

Encourages Deceit/Mistrust Falsehood Aggression LITIGATION Unethical-Medical & Practices Trade etc..	Premium and Limit oriented Diseases oriented ORGAN oriented Questions oriented Rejection oriented Profit Oriented



- Development, growth, and Health have to be Inclusive and Sustainable



Insurance scheme tweaked

Express News Service
Chennai, September 5

UNION Minister of Finance P Chidambaram announced significant changes in the Universal Health Insurance Scheme (UHS), which was launched in 2003-04 for BPL families.

At the inauguration of the first Apollo Reach Hospital here on Friday, Chidambaram said while there was no substitute for a comprehensive public health system, today it was necessary to marry the public and private sectors to supplement each other. Regarding the UHS, he said, that from Friday, pre-existing illnesses, which were previously not covered by the scheme, would now be covered. Also, the scheme would now extend maternity benefits. While previously the scheme only allowed for the loss of wages of the earning head of the family, it would now be extended to the spouse of the earning head as well.

Cover extended

- Pre-existing illnesses have been included in the Universal Health Insurance Scheme
- Scheme now extends maternity benefits
- Age bar raised to 70

Changes in premium per annum:

For individuals	From Rs 360 to Rs 300
For families of five	From Rs 540 to Rs 450
For families of seven	From Rs 730 to Rs 600

The New Indian Express, 6-9-2008.

LAUNCH OF
Revised



UNIVERSAL HEALTH INSURANCE SCHEME

Date : 7th September 2008, Time : 10.45 a.m.

Venue : L.C.T.L. Palaniappa Chettiar Memorial Auditorium, College Road, Karaikudi - 630 002

Thiru. P. CHIDAMBARAM
Hon'ble Minister of Finance, Govt. of India
will launch the Scheme.

Shri. G. SRINIVASAN
Chairman-cum-Managing Director

Scheme Highlights : • Special Policy designed to cover BPL families • Lowest Premium
• Age Limit : 3 months to 70 years • Pre-existing diseases covered • Insurance Cover upto
Rs. 30,000/- • One Maternity Benefit included • Medical expenses facility to the new born child
upto 3 months • Benefit of loss of wages to earning head and/or spouse of the earning head.



UNITED INDIA INSURANCE COMPANY LTD.

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Solutions that bring back smiles... real fast

Compare the UHS with a Affluent person (Rs.3000 per day) or
Rs.100,000 pm)

Paying Rs.30 per day = 1% of their income

(or)

Rs.60 per day =1% of their income)

For Rs.6000 per day or 180,000 p.m. = 1% of their income

(or)

Rs.100 per day (For Rs.10,000 per day or Rs.3 lakhs p.m.)



A SIMPLE MATHEMATICAL CALCULATION

- India has over 70% of its population (1 billion) earning LESS THAN Rs.20 per day (BPL Persons) (Go I Report)
- If these BPL people are made to pay Rs.1 per day 5% of their daily income.
- From the Total Annual Budget Allocation of the country, Go I spends around 5% for Health (All aspects included) Is it fair to ask a BPL person to spend 5% of his income for limited Health cover?



NANO HEALTH INSURANCE CONCEPT PROPOSES TO NEGATE ALL THE ABOVE AND BRING IN

A revolutionary, completely transparent inclusive Health ensuring policy where the Affordable person is pays 1% of his not income and this automatically covers the Health Ensurance of 1,2 or 3 persons of their choice like close relatives (Parents, Siblings and Dependants and Domestic Helpers (Domestic Helpers, Children's Nannies & Drivers, etc...))

This concept is Trust Oriented, Transparency Oriented, Truth Oriented, Total Health Oriented.





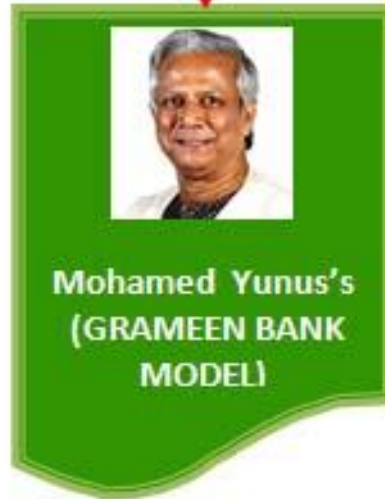
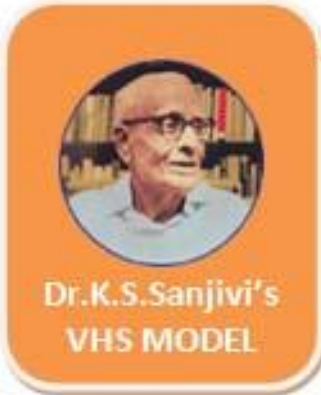
Nano Health Insurance Concept

C.V.Krishnaswami



Nano Health Insurance Concept

INSPIRED BY



4. What you get free:

- a. Full medical check up on Registration with fully secured on-line EPMRC with personalized code and its maintenance throughout the period of insurance.
- b. Complete Inpatient and out patient services including essential medicines.
1% of daily income for those earning
Premium Group – A – Rs.10,000 per day (who pay a premium of Rs.100/day)
Premium Group – B – Rs. 6,000 per day (who pay a premium of Rs.60/day)
Premium Group – C – Rs.3,000 per day (who pay a premium of Rs.30/day)
- c. All investigations recommended by NHI doctors (vide list) (except very few special investigations like PET Scan etc.)

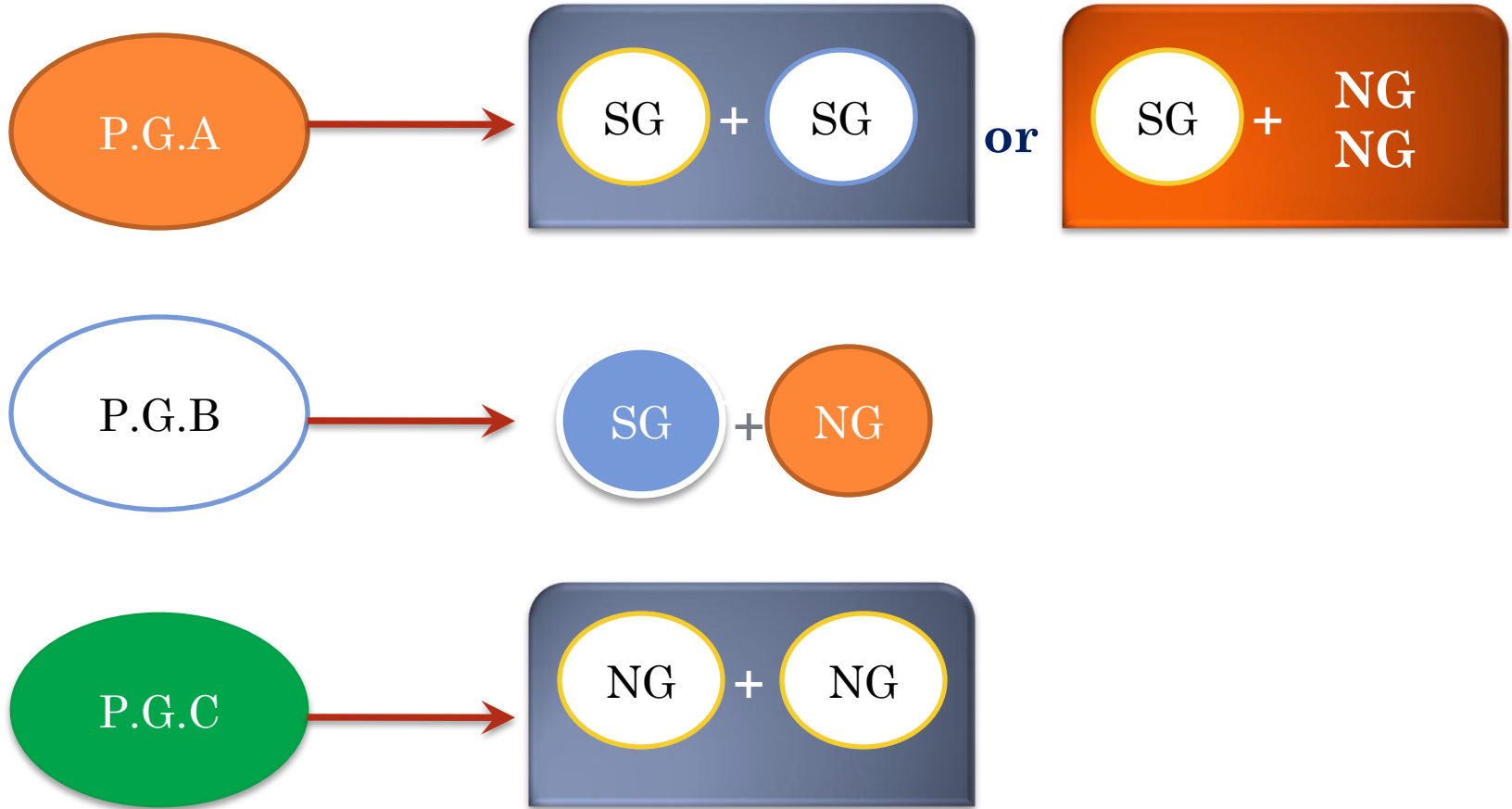


- d. Free expert consult and investigative and surgical procedures (vide list)*
- e. For Every Premium Group A Registration 1 to 3 registrations are given free*
Premium Group – A – 3 extra beneficiaries – 2 SG + 1 NG or 1 SG + 2 NG.
Premium Group – B – 2 extra beneficiaries.
Premium Group – C – 2 extra beneficiary.
- f. These persons are also given all benefits described above free throughout the PG insurer's period.*
- g. Domiciliary medical/Nursing/Rehabilitation service for emergencies and short-term (up to 4 weeks) - for the elderly citizens.*



Premium Registration Groups

Free Registrations



5. WHAT ARE THE HIGHLIGHTS OF N.H.E.?

- a. Once you are registered there are no more tedious forms to be filled or permission required; No questions are asked about past, present or future illnesses or diseases. Once registered, all health problems are automatically covered fully. You are treated as a dignified and respected partner in our Health Care Services Venture. Your positive feed-backs and inputs will be sought to be implemented by the organization to better the Quality of service Quotient.
- b. Unnecessary medical or surgical or other interventions (which cause more harm than good) are scrupulously avoided.
- c. You get an exclusive, unique and secured on-line EMR which could be retrieved any where in the world, anytime you are faced with medical problem or emergency to assist your doctors (a very important life-saving medical tool) not available in most insurance systems in the world.



6. WHERE WILL THE NHE BE AVAILABLE?

The NHE e-Hospital which will be called the IAHS&R THE MODEL NHE E-HOSPITAL (BASE HOSPITAL & RESEARCH & TRAINING CENTRE) will be located in Chennai & Called THE INSTITUTE OF AUTHENTIC HEALING SCIENCES & RESEARCH –TIAHS&R)

Which will be a fully electronic Tele-Medicine oriented multispecialty hospital, staffed by highly qualified and experienced national and internationally renowned Physicians, Surgeons and specialists in all areas of modern medicine

PLUS



PLUS

Renowned and experienced Healing Professionals for other forms of authenticated healing sciences from India and abroad.

As the record maintenance and progress of all patients treated in this Institute are continually kept electronically updated, it automatically facilitates authentication and comparative advantages of the various systems, and the result of this scientific analysis will be periodically published in '*The Journal of the Sciences of Healing Outcomes*'. a super peer reviewed Journal already in existence (e-format).

The N.H.E. participants are therefore in a position to decide for themselves (in consultation with the doctors) the best options for their various health problems, at any given point of time.

The N.H.E. plans to join hands with the **WORLD ACADEMY OF AUTHENTIC HEALING SCIENCES** (Mangalore, India and Washington DC, U.S.A.) which is a most progressive organization in the field of human health endeavour.

7. APPLICATION OF NHE CONCEPT:

In Stage I it is planned to make NHE available in its main E-Hospital-The Institute of Authentic Healing Science & Research and some satellite clinics in urban Chennai.

In Stage II, III and IV the concept could be customized to suit any small (100-150 bed), Medium (200-400bed), or large (750-1500bed) hospitals and medical teaching institutions all over Tamil Nadu, later in the All India level and internationally.

This model could be applied successfully in small, medium or large numbers in the Public (Governmental), Private (Corporates) and NGO (Voluntary) Sectors.



8. DISCLAIMER AND CLAIMER:

- a. The president and committee of trustees of the Institute of Authentic Sciences, Chennai, Tamil Nadu, India are fully authorized to deal with the running of the hospital and all its administrative, financial, legal and other matters.
- b. This concept document is Registered within accordance withand is the sole property of Dr. C.V. Krishnaswami and Dr. Prema Krishnaswami.....



9. MERITS OF NHE

- a. This is an all inclusive Insurance concept, it envisages health as a societal commitment and is inclusive of all economic levels and illness and healing outcomes as a holistic model combining the modern science with Ancient wisdom. It also fosters the concept of family bondage, brotherhood of people and welfare in society (Governmental or Corporate Social Responsibility).
- b. Improves quality of medical care (EMR) and trust between medical profession, patients and healthcare provider.
- c. Reduces the risk of ADR – which accounts for several lakhs in treatment morbidity and related mortality every year.



d. Gives patients several authenticated health care options and should be welcomed by all modalities of healthcare systems.

e. This is a more authentic medical statistical model than the existing medical science and will provide vital inputs when applied at the National level.

f. No Administrative hassles (Filling forms, answering queries etc).

g. Complete medicare coverage with virtually no exclusion criteria (excepting Cosmetology or non medical interventions like Botox etc.)



10. LIMITATIONS:

- a. Extensive use of I.T. – Infrastructure needed.
- b. Training of all the participants in this venture (doctors, Insured persons, administrative staff, etc.).
- c. Certain contagious diseases like cholera, Pox, HIV/AIDS etc. will be excluded from/cover by NHI. But-customized packages could be worked out for special situations and cases.
- d. Certain highly specialized medical/surgical modalities (eg. Stem-cell therapy/complex cardiac surgeries etc) would be out-sourced to affiliated and accredited institutions only if recommended by our panel of experts, when the charges will be borne by the N.H.E.



- e. For NHI concept to become a national success it needs the backing of all participants who should co-operate in improving their own health and also enabling in giving HEALTH CARE FOR their kith and kin.

Sarve Jana Sukino Bhavanthu (Sanskrit) (Let all beings be healthy and happy) – Vedas.

सर्वे जना सुकिनी भवन्तु

எல்லோரும் இன்புற்று இருப்பதல்லால் வேரென்றும் அறியேன் பராபரமே!

தாயுமானவர்



Thank You

