

The Bone and Joint Decade INDIA 2000-2010 PROGRESS & ACHIEVEMENTS

India is a billion people democracy with a remarkable diversity that transcends every aspect of human life. This creates a challenge for any national initiative be it political, scientific, medical or otherwise. But it also provides the finest measure for success.

How to reach the people and awaken them to the harsh realities of their bony aches and pains? How to spread the message and aspirations of the Bone and Joint Decade? It was against this backdrop that BJD India National Action Network was launched as a charitable and research society and registered nonprofit trust organization from Pune in Nov 2000.

BJD India has diligently followed the parent organization in spirit and content. It has strived to be a true umbrella organization for all stakeholders. The participation of several national professional organizations is a strong rejoinder. The participating organizations are Indian Orthopedic Association, Indian Rheumatology association, Indian Society of Bone and Mineral Research, Osteoporosis Society of India, All India Association of Physical Medicine & Rehabilitation, Armed Forces Medical Services, Mission Arthritis India, Trauma Society of India, Indian Society of Spine, Bombay Orthopaedic Society and Indian Institute of Sports Medicine. Each organization has nominated a member to form the executive board that has renewed periodically and functioned in a democratic and transparent manner as per the society constitution. The chair has been held successively by orthopedics, rheumatology and now endocrinology. Similarly, the coveted positions of coordinator and national secretary have been rotated to ensure fair representation.

220 members represent all parts of India, both urban and rural (in particular Pune, Mumbai, Aurangabad, Jalna, Nagpur, Nasik, Dhule, Thane, Jalgaon, Akola, Gadchiroli, Gondia, Latur, Kolhapur, Solapur, Phaltan, Warangal, Daund, Aurangabad, Pusad, Sikar, Secunderabad, Gandhinagar, Mehsana, Jabalpur, Ranchi, Delhi, Patiala, Jammu, Mandi, Gurgaon Noida, Bangalore, Chennai, Hyderabad, Mangalore, Calicut, Trivandrum, Kalpakkam, Madurai, Malleswaram, Coimbatore, Manipal Kolkata, Kokinada, Jabalpur, Kalol, Assam, Imphal, Patna, Chitradurga, Chittorgarh, , Punjagutta, Aligarh, Gulbarga, Dibrugarh, Bikaner, Ahmedabad, Himachal Pradesh, Indore, Jharkand, Warangal, Lucknow and Secunderabad.)

BJD India NAN is recognized by Department of Scientific and Industrial Research, Government of India, as a Scientific & Industrial Research Organization (SIRO). This is the highest level of recognition accorded by the Government for research which qualifies for donations with tax exemption.

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BJD India cemented corporate partnership with pharmaceutical companies (IPCA, Ranbaxy Croslands, Sanofi Aventis, Novartis, Unichem, Zydus Cadila and Wallace Lifestyle) that have voluntarily supported both education and research activities.

During the decade, several CME programs on arthritis, osteoporosis and trauma were conducted in alliance with the constituent organizations at local, regional and national level for the medical fraternity. A regular feature has been a 'BJD plenary session' during the annual meet of the IOA/ IRA/ IAPMR. Special sessions were held in several premier medical institutes to obtain their endorsement of the program, notable were Armed Forces Medical College (Pune), All India Institute of Medical Sciences (New Delhi), St Stephen Hospital (New Delhi), T N Medical College & Sion Hospital (Mumbai), BJ Medical College and Sassoon Hospital (Pune).

BJD India catalyzed the formation of 'Mission Arthritis India' (MAI), a patient support group. Over the years, MAI has successfully increased its membership and spread its wings beyond the state of Maharashtra. Since 2003, MAI has published a quarterly news letter and an annual health magazine with increasing outreach and popularity which is now poised to be printed in over six regional languages. Above all, MAI has been a strong advocate of BJD India and its attempt to empower patients with sufficient knowledge on bone and joints.

Community health education programs have been the main focus during the annual BJD activity week celebration every year. Public rallies and free of cost arthritis evaluation camps were held in several places including the Himalayan mountainous reaches of Leh & Ladakh. The media, both written and visual, was extensively utilized by the BJD members to educate and spread the message.

A highlight of the community activities during 2008 and 2009 was the free of cost distribution of over 700 BJD endorsed crash helmets through road shows and rallies in several towns and cities all over India, often in conjunction with colleges and traffic police and local administration to attract public attention on 'road safety'.

BJD India has supported and funded 21 research proposals from all over India. The prime focus has been to measure the national burden of rheumatic musculoskeletal disorders. To begin with, an in house project was developed in collaboration with COPCORD (Community oriented program for control of rheumatic diseases) India to update and validate the core questionnaires (COPCORD) developed during the maiden India COPCORD in village Bhigwan (Pune). Section on trauma was added to comprehensively meet the BJD objectives. Subsequently, investigators were chosen from all over India and population surveys were completed in 13 sites (see BJD India-COPCORD survey map) to cover a 65,000+ population living in both urban and rural regions. 61,132 subjects have been screened till date and the crude prevalence of any kind of rheumatic

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musculoskeletal pain is 19.7%, with prevalence in rural area being 23.6% and that in urban being 12.9%. The summary statistic of this national BJD effort are likely to be ready by end 2010 and will form the basis of draft on proposed national control and prevention program in rheumatic musculoskeletal disorders including injuries.

Another vital project completed during the last three years has been a project on community based prevalence of unintentional injuries in Pune city carried out by University of Pune and sponsored by BJD India. 4.7% respondents reported injury and only 17% received some kind of first aid. 46.5% injuries were caused by road traffic. 5.4% of all cases reported severe disability and 2.7% lost jobs.

20 young medical graduates have been the recipient of BJD India research fellowships in association with Unichem pharma, a corporate partner. 3 amongst the latter were medical undergraduate students. A medical graduate was also supported to attend a fellowship program in pediatric rheumatology in Australia.

The 8th International meet of World BJD co-coordinators and patients advocacy meeting was held in Pune in Nov 2008. The primary focus was on the burden of RMSK in rural developing economies and several presentations from COPCORD surveys around the World were made. A highlight was a one day BJD program in village Bhigwan, 100 kms from Pune, where the World meeting delegates interacted with rural patients, doctors and administration to learn about the burden and collect data. The latter was coordinated and recorded by BJD ISC/Patient Advocacy group and the report is awaited. A 'Pune Declaration' was released by Prof Lars Lidgren, Chair, BJD ISC, to encourage COPCORD like initiatives for measure and control of RMSK.

BJD India has played a proactive role in spreading the message in the Indian subcontinent. Exchanges were made with colleagues in Bangladesh, Sri Lanka and Nepal. In fact, BJD India played a pivotal role in launching BJD program in Bangladesh. Besides the neighboring countries, BJD India was also able to canvass BJD participation for the first time from Nepal, Sri Lanka, Nigeria, Uganda and Guatemala (Central America) and delegates from these countries attended the World BJD meeting in Pune.

BJD India representatives have attended every annual World BJD meeting and actively sought the attention of the delegates towards the problems of the developing World. We have clamored to be heard. We have agitated for a truly representative voice for our problems. We have tried to solicit BJD ISC to accept the WHO ILAR COPCORD model to spread its wings in the developing World..

Late Prof TK Shanamugasundaram, Late Sh PC Nahar, Prof Dinesh Mohan, Dr K Mahendranath Dr Arvind Chopra have been BJD ambassadors during the decade.

How much has been achieved? Above all, for the first time, BJD India has provided a unique platform for different medical specialties and disciplines to work together in a cohesive and friendly manner. This creation of a team India effort and spirit has been by far the best achievement. Considering our nation and its current priorities in the health sector, our success appears to be a drop in the ocean. But the drop has caused

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ripples across the length and breadth of India. BJD India has provided a stimulus to try and combat the bone and joint pain, disability and disorders, and improve people's lives.