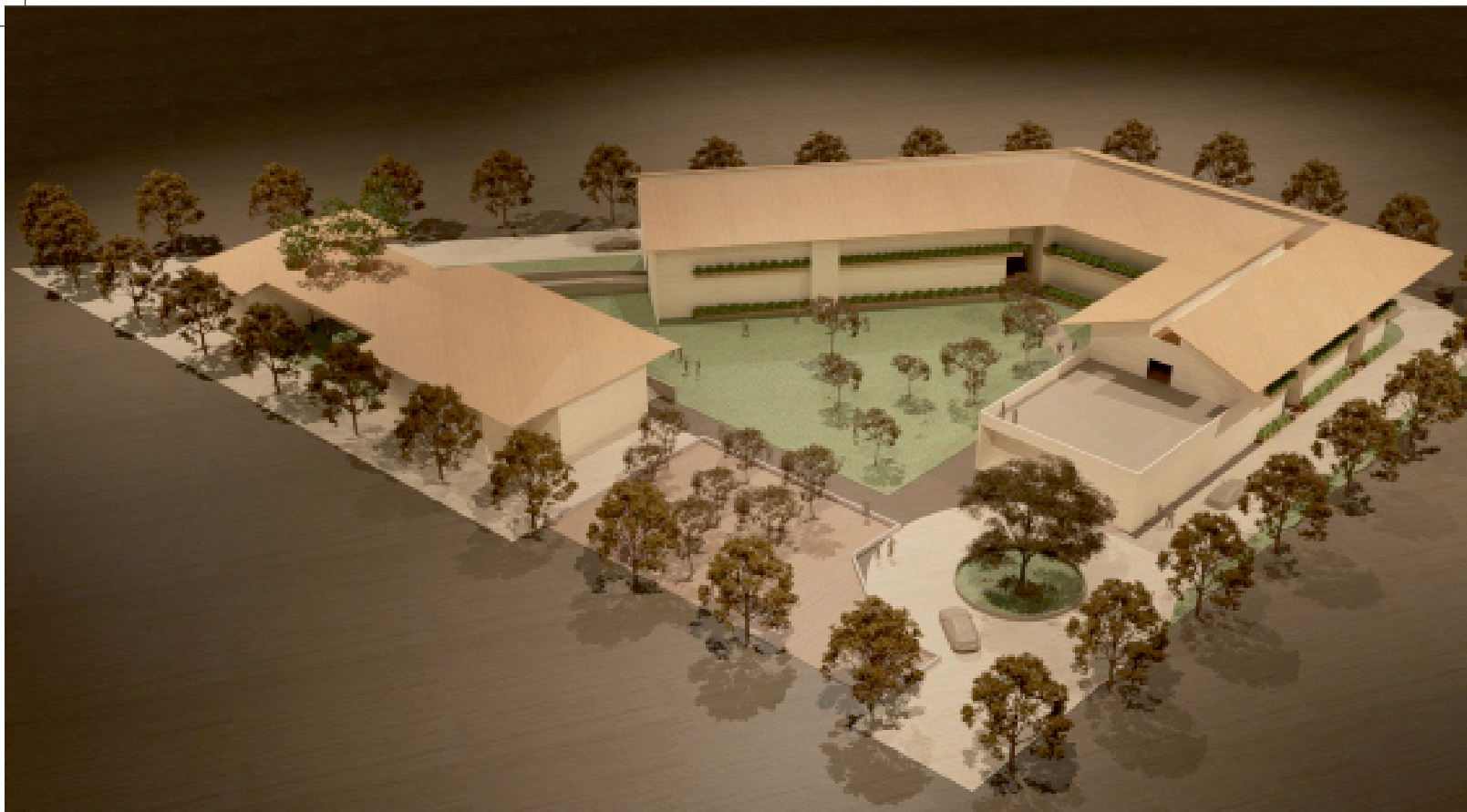


AANGAN

Hospice and Palliative Care



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AANGAN

The Palliative Care & Training Centre

Proposed by Light of Life Trust



Light of Life Trust - AANGAN

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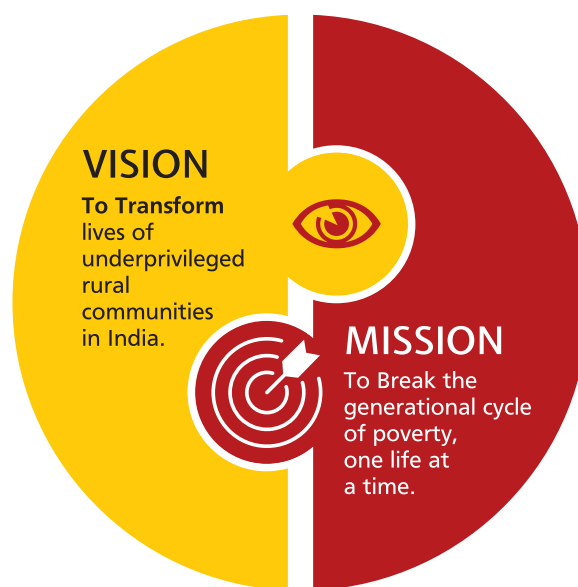
@lightoflifetrst

Light of Life Trust

The Founder and Managing Trustee of Light of Life Trust, Villy Doctor along with a few like-minded people came together and started Light of Life Trust, with the vision to transform the lives of rural communities. It's mission is to break the generational cycle of poverty, one life at a time.

Following a need assessment study of the local community in Karjat, the flagship division Anando was launched in the year 2005 with 25 children in Karjat Tehsil, Raigad District, Maharashtra State, based on the belief that no child should be forced to drop out of school.

In 2009, the second division Jagruti was initiated by establishing a livelihood and skill development programme for women and young adults. In addition primary health care service and an environment conservation programme has also been initiated.



PROGRAMMES



SDG Goals aligning to our Mission and Vision





From the Founder's Desk

A Vision of Compassion: Creating a Hospice and Palliative Care Center

In the journey of life, there comes a time when our focus shifts from the quantity of days to the quality of moments. It's a moment of profound reflection, where the value of compassionate care and comfort becomes immeasurable. This is where the vision to create a hospice and palliative care center takes root. It's a vision born of empathy, a vision that aims to embrace, comfort, and uplift those who need it the most.

A Sanctuary of Compassion

The purpose of a hospice and palliative care center is not merely to provide medical care, but to offer a sanctuary where individuals facing life-limiting illnesses can find solace, dignity, and compassion. It's a place where people can transition from life to the afterlife in an atmosphere of serenity, surrounded by love.

Comfort and Dignity : Our center's primary purpose is to ensure patients receive comfort and dignity. We provide them with pain management and symptom control, giving them the freedom to cherish their final moments without distress.

Emotional Support : Our vision extends beyond medical care. It's about offering emotional support to patients and their families. We aim to create a haven where the emotional well-being of patients and their loved ones is nurtured, helping them cope with the emotional burdens of terminal illness.

Holistic Approach : A hospice and palliative care center isn't just about physical care; it encompasses the whole person. We incorporate therapies like art, music, and spiritual counseling to soothe the mind and nurture the soul.

A Blueprint of Compassion

A vision, no matter how noble, must be backed by a solid plan. Our planning strategy revolves around two core pillars: funding and compassionate care giving.

- **Funding :** Building and maintaining a hospice and palliative care center requires financial resources. We plan to collaborate with philanthropists, medical institutions, and the community to secure the necessary funds. Fundraising events, donation drives, and partnerships with local businesses are all part of the strategy.
- **Expertise and Training :** Our caregivers are at the heart of our vision. We are committed to providing intensive training for medical staff, social workers, and volunteers to ensure they have the skills and emotional resilience needed to provide the highest quality care. Compassion is not just a word; it's our way of life.
- **Community Engagement :** A hospice and palliative care center is not an island. We plan to engage the community in a variety of ways. Educational programs, support groups, and outreach initiatives will help raise awareness and create a network of support.

A Place of Love and Light

Our vision is not just bricks and mortar; it's a place of love and light. It's where laughter and tears intertwine, and where the human spirit triumphs over the darkness of illness. We envisage this center as a sanctuary where every individual, no matter their age, race, or background, is met with compassion and warmth.

It's a place where patients find hope in their last moments and where families find solace knowing their loved ones are treated with respect and care. We envision an environment that fosters smiles, where every day is a testament to the beauty of life, no matter how fleeting.

Creating a hospice and palliative care center is not just a vision; it's an act of love and a testament to the human spirit. It's about weaving a tapestry of compassion, where the threads of care and empathy create a sanctuary for those in their twilight hours. This vision is an invitation to embrace our shared humanity and illuminate the lives of those who need it most.

To conclude, this hospice and palliative care center is not just a building; it's a legacy of love, a place where the candle of life is extinguished with gentleness, and the flame of compassion burns eternally.

Join us to be the Light
In your service



Villy Doctor
Founder & Managing Trustee
Light of Life Trust



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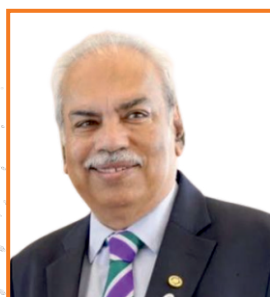


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CEO, Emeritus, LOLT



Mr. Ramesh Daswani
CEO, LOLT



Mr. Pradip Roy
Hon. Consultant, LOLT



Ms. Kamal Damania
COO, LOLT

LOLT Impact



1498
Villages Reached



626312
Transformed lives

ANANDO
217072
Beneficiaries

JAGRUTI
409240
Beneficiaries

Anando Programme



Anando School
Empowerment Programme



Livelihood & Skill
Development Programme



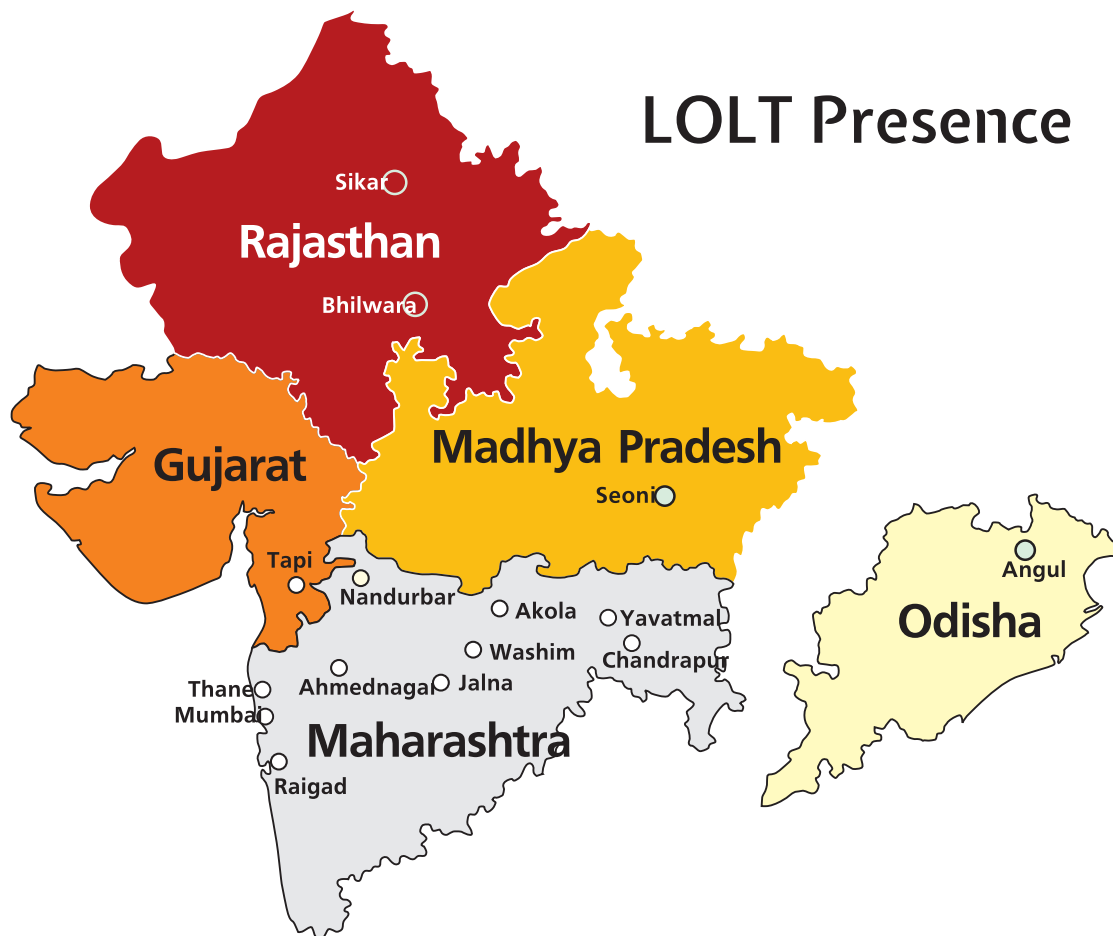
Medical Mobile Unit



Environment Conservation
Programmes



LOLT Presence





Our Divisions

ANANDO

Anando Programme

Aims to ensure rural underprivileged school children complete Std X.

Anando Plus Programme

Post Std X students supported and guided to make career choices.

Anant Programme

Creates a platform for selected Anando beneficiaries to Evolve, Enhance and Exhibit their talents.

Anando School Empowerment Programme

Improve Quality of Education in rural schools by working with the school authorities and teachers.

JAGRUTI

Livelihood and Skill Development Programme

Equip underprivileged rural women, girls and unemployed youth through livelihood training programme.

Primary Health Care Programme

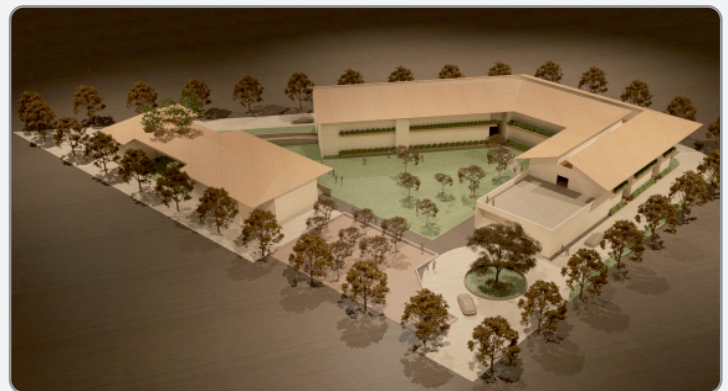
Provide services to remote rural villages and tribal hamlets having no access to any kind of medical facilities.

Environment Conservation Programme

The aim is to create sustainable livelihood for small farmers by providing them fruit bearing plant saplings.

AANGAN

Setting up operation of a Hospice & Palliative Care Centre to provide care and comfort to terminally ill, in Uttan Village Bhayander, Mumbai City.





Breaking the generational cycle of poverty - One life at a time!



Light of Life Trust, an NGO established in 2002 and registered under Bombay Public Trust Act, 1950, is founded by Villy Doctor, with a vision to transform the lives of underprivileged rural communities.

Organization's Commitment to **SUSTAINABLE DEVELOPMENT GOALS (SDGs)**

The organisation has pioneered two divisions that reflect its commitments to SDGs formulated by the United Nations

ANANDO

Started in 2005 the division supports probable school dropouts by equipping them with skills to become independent and productive through the holistic 3E approach,

- Educate
- Empower
- Equip for Employability

JAGRUTI

Started in 2009, the division supports the holistic development of underprivileged rural communities through three major programmes

- Skilling and livelihood training
- Primary healthcare
- Environment conservation

ANANDO BENEFICIARY IMPACT



Dipali Gajanan Ther

Dipali, a beneficiary of Mangrulpir center in Washim, was supported by the Light of Life Trust (LOLT) in 2014. After her father passed away her family faced financial constraints. Despite the challenges of balancing household chores and studies, Dipali excelled in her studies securing 80% in SSC and 82% in HSC. With LOLT's guidance, she pursued her passion for social work, by securing admission in SJSM College of Social Work and later to TISS Mumbai for an MA in Social Work (Women-Centered Practice). Though she faced difficulties coping up with the college environment and financial challenges, LOLT helped her to complete her education.

Nayan Laxman Lobhi

Nayan, was enrolled with Light of Life Trust in grade 8th under the category of neglected child. With the organization's support, he completed SSC with a 1st class & pursued the science stream securing 56% in HSC. With the help of career counselling, Nayan decided to pursue B.Sc. in Optometry at ITM Institute, Mumbai, despite facing financial constraints due to his father's ill health as he was a cancer patient. He received financial support from LOLT and a 50% fee concession from ITM Institute, Pune. He completed his degree & internship after his father passed away. LOLT provided financial support as well as emotional support. Today, Nayan works as a Sales Executive at Lenskart, earning ₹22,000/- per month.



JAGRUTI BENEFICIARY IMPACT



Harshala Arun More

Harshala, educated up to 7th standard, lives in Palu, Murbad Taluka with her mother-in-law, husband (a farmer), and her son. After completing the beautician course at the Livelihood & Skill Development Training Centre, Dhasai with Light of Life Trust, she gained the skills and confidence to start her own beauty parlor and cutlery center in Dhasai market. She operates from a rented shop and is earning well

Harishchandra Govind Iste

Harishchandra, a farmer from Istewadi village, Karjat supports his family through multiple agricultural activities. In June 2023, he received 20 fruit-bearing saplings and additional training from the Light of Life Trust's team. He later acquired 100 more mango saplings through a government scheme. Harishchandra also built a farm lake, cultivates mushrooms and is a vermicompost maker. Additionally, he also engages in goat rearing. His diverse efforts in farming contribute to his family's income and well-being.



Datta Bandu Shelar

Datta Bandu Shelar from Karjat, attended an eye screening camp organized by the Light of Life Trust's healthcare unit. After experiencing unclear vision for over a year, he hesitated to undergo surgery. Encouraged by previous beneficiary Mr. Chandrakant Bhanusghare, he went for a camp held in collaboration with Nair Super Specialty Eye Hospital. Diagnosed with cataracts in both eyes, he received free left-eye surgery. Grateful for his improved vision, he plans to have surgery on his right eye in the coming months.



From the CEO Desk

The Importance of Palliative Care in India: An Emotional and Statistical Perspective.

Palliative care is a specialized approach that focuses on providing relief from the symptoms and stress of serious illness. In India, the importance of palliative care cannot be overstated, given the country's vast and diverse population, where access to quality healthcare remains a challenge for many. This article delves into the significance of palliative care in India, highlighting its emotional impact and supporting the discussion with relevant statistical data.

The Emotional Connect

At its core, palliative care is about improving the quality of life for patients and their families. It addresses the emotional, physical, and psychological needs of patients who are dealing with life-limiting illnesses. The emotional aspect of palliative care is particularly crucial in a country like India, where cultural and social norms deeply influence how illness and death are perceived.

For many patients, receiving a diagnosis of a life-threatening illness can be an emotionally overwhelming experience. Palliative care provides a support system that helps patients cope with their diagnosis, manage their symptoms, and make informed decisions about their treatment. This support extends to the families of patients, who often bear the emotional and financial burden of caregiving. By offering counselling, respite care, and guidance, palliative care helps families navigate the complexities of their loved one's illness with dignity and compassion.

In Indian culture, where familial bonds are strong, the role of palliative care becomes even more significant. The emphasis on holistic care aligns with traditional Indian values of treating the patient as a whole person, rather than just addressing their physical symptoms. Palliative care teams often include doctors, nurses, social workers, and spiritual counsellors who work together to provide comprehensive care that respects the patient's cultural and religious beliefs.

Statistical Data on Palliative Care in India

The need for palliative care in India is underscored by some sobering statistics. According to the World Health Organization (WHO), approximately 5.4 million people in India need palliative care each year. This includes patients suffering from cancer, heart disease, chronic respiratory diseases, AIDS, and other life-limiting conditions.

Despite this significant need, access to palliative care remains limited. A study published in the Journal of Pain and Symptom Management in 2014 highlighted that less than 1% of India's population has access to palliative care services. This stark disparity is due to several factors, including a lack of trained healthcare professionals, limited awareness about palliative care, and inadequate government policies and funding.

Moreover, the Lancet Commission on Global Access to Palliative Care and Pain Relief reported in 2017 that India ranks 67th out of 80 countries in terms of palliative care development. This indicates a pressing need for improvement in both the availability and quality of palliative care services across the country.

The Path Forward: Enhancing Palliative Care in India

Recognizing the urgent need for palliative care, various organizations and government bodies have started to take action. The National Health Policy of India 2017 acknowledges palliative care as a crucial component of comprehensive healthcare. Several states, such as Kerala, have pioneered successful palliative care models that can serve as blueprints for other regions.

Kerala, in particular, has been a shining example of how community-based palliative care can make a difference. The state has implemented a decentralized approach, with palliative care units integrated into the primary healthcare system. This model has been instrumental in providing care to patients in remote and rural areas, ensuring that they receive the support they need without having to travel long distances.

Training healthcare professionals is another critical aspect of enhancing palliative care in India. Organizations like the Indian Association of Palliative Care (IAPC) and Pallium India are actively involved in training doctors, nurses, and other healthcare providers in palliative care principles and practices. These efforts aim to build a workforce that is equipped to deliver high-quality palliative care across the country.

The Emotional and Social Impact

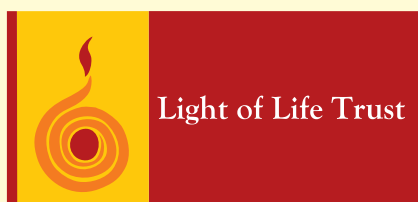
The emotional benefits of palliative care extend beyond the patients and their families. Healthcare providers who work in palliative care often report a deep sense of fulfillment and purpose, knowing that they are making a meaningful difference in the lives of those they care for. This emotional reward can lead to greater job satisfaction and reduced burnout among healthcare professionals. Furthermore, palliative care can help to reduce the stigma associated with serious illnesses and death in Indian society. By promoting open and compassionate conversations about these topics, palliative care can foster a more supportive and understanding community environment. This shift in perception can encourage more individuals to seek palliative care services, ultimately improving the overall quality of life for patients and their families.

Conclusion

Palliative care is an essential component of the healthcare system in India, addressing the complex needs of patients with life-limiting illnesses and their families. The emotional support provided by palliative care is invaluable, helping patients and their loved ones navigate the challenges of serious illness with dignity and compassion. While significant strides have been made, there is still much work to be done to ensure that palliative care is accessible to all who need it in India. By continuing to raise awareness, train healthcare professionals, and implement effective policies, India can move closer to a future where palliative care is an integral part of its healthcare landscape.

Mr. Ramesh Daswani
Chief Executive Officer
Light of Life Trust





PROJECT AANGAN

Hospice and Palliative Care



Each year the number of people in India who need Palliative Care is estimated at

5.4 Million

But only

1-3%

of those with serious conditions have access.



ICMR Report:

Cancer patients in India are projected to increase from 26.7 million in 2021 to 29.8 million in 2025. A 12 percent rise in cancer cases in India by the next five years.

"Home to one-sixth of the World's population, India has a huge burden of suffering from life-limiting diseases. Less than 2% of its population has access to pain relief and palliative care."

Mr Rajagopal, Director, Who Collaborating Centre for Policy and Training on access to pain relief and founder-chairman, Pallium.

Terminally-ill patients also deserve care like any other patient

In India the need for Palliative care is estimated at 5.4 million a year.

Terminal illnesses are always scary, and the patient and family need help coping with the new reality. These situations makes relentless physical, emotional and financial demands.

Every chronic life-limiting illness calls for Palliative Care – the beneficiaries can be children, adolescents, middle aged or the elderly.

Palliative care impacts not only the patient but also immediate care-givers. There are very few facilities available in & around Mumbai that are fully equipped to offer residential care.



Mumbai,
Maharashtra
and other parts
of India.



Target Population



Adults & children irrespective of religion
income, disease type, or age with any chronic
life-limiting condition in need of palliative care.

Project Goals

Need -

To establish a Hospice, given the limited number of facilities available in and around Mumbai – despite there being large number of terminally ill who continue bearing the pains silently before they breathe their last.

Objective -

To provide residential care and comfort to terminally ill with medical support.

Addressing physical, mental, emotional and spiritual health.

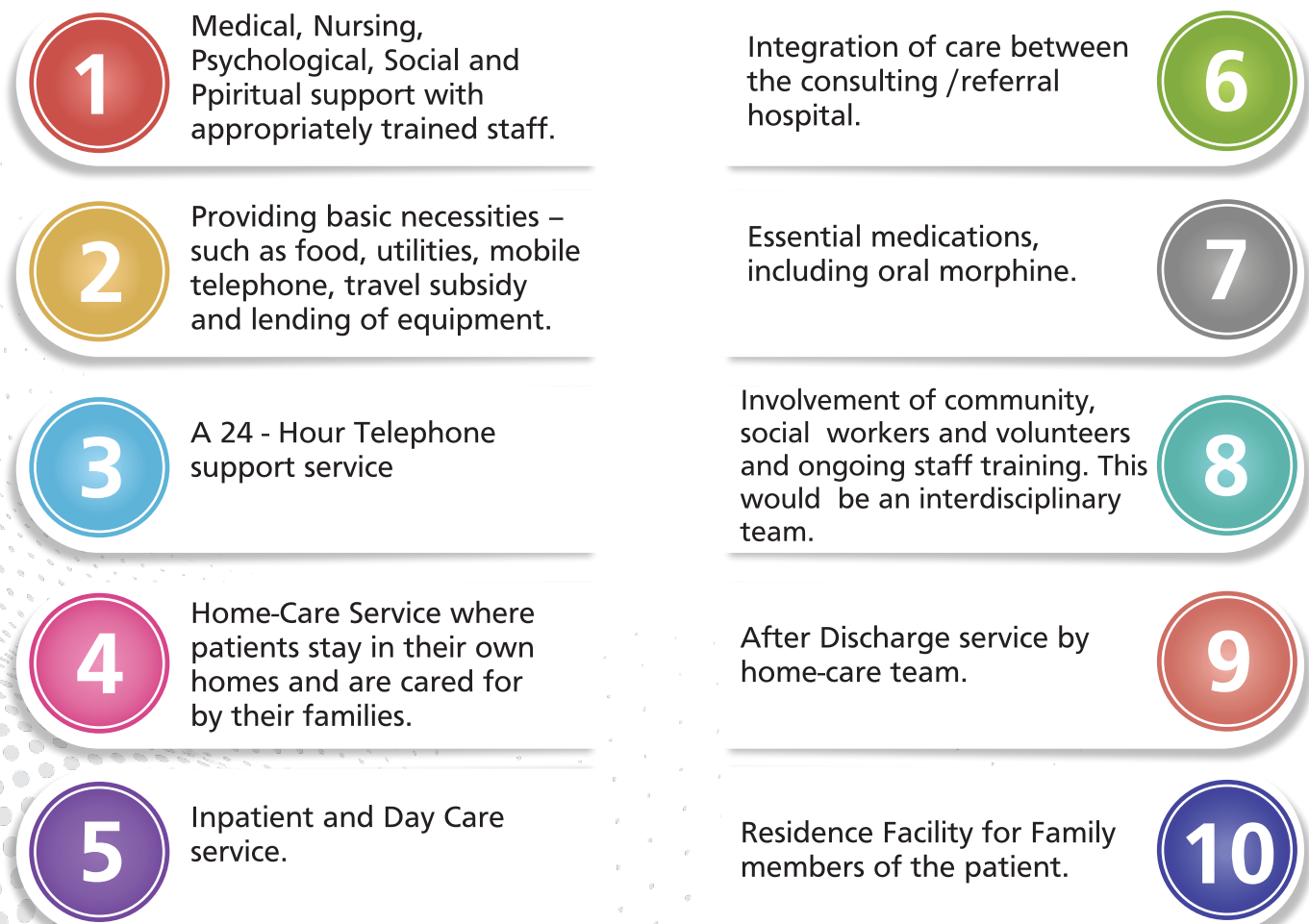
Methodology



Holistic Approach To Healing



Facilities at the Proposed Centre



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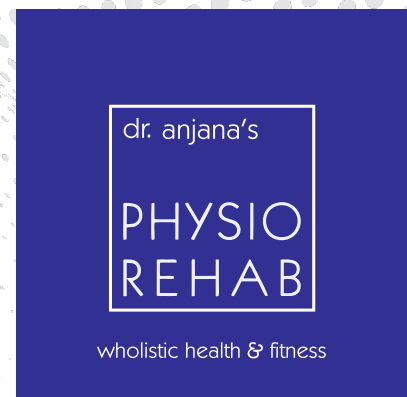
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PHYSIOTHERAPY IN PALLIATIVE CARE - PROJECT AANGAN



Palliative care is the active holistic care of individuals across all ages with serious health-related issues due to severe illness, and especially of those near the end of life. It aims to improve the patient's quality of life, their families, and their caregivers at the physical, psychological, social and spiritual level

Basis of Palliative Care: there can be an end to cure but no end to care!

A MULTI DISCIPLINARY TEAM FOR PALLIATIVE MANAGEMENT recognises the role of allied health professionals like a PHYSIOTHERAPIST in team care arrangements for a proactive person-centred approach to palliative care and best outcomes.

The role of physiotherapist in a Palliative Care Setup:

- It is led by the person's symptoms, realistic goals and expectations in the face of decline and impending death within the context of a therapeutic relationship.
- A physiotherapist assesses therapy needs, identifies and provides appropriate therapeutic interventions, reassesses the person's changing care needs as their condition changes.
- Non invasive therapeutic modality of treatments (massage, flexibility, strengthening exercises, pain management, breathwork and lung clearance therapy, balance training and falls prevention) to help the person manage the physical aspects of daily activities, such as Sitting, Walking, Cooking, Bathing, Self Care.
- A physiotherapist can provide advice on physical aids (walker, stick, braces) to improve mobility and management of fatigue.
- Family and Care giver education and managing the person's needs is a vital role
- A physiotherapist can assist with oedema management through Positioning, Exercise, Compression and Lymphatic Massage.
- A physiotherapist also helps prevent pressure injuries (bed sores, ulcers, nerve injury) through positioning and movement.
- A physiotherapist also provides support, education and training to informal carers (Wardboys, House or Personal Helper) about manual handling within the home context in order to reduce risk of injury, advice on prevention of falls (Rail Supports, Anti Kid Mats, use of Transfer Devices, Ergonomic tips).

Finally we cannot change the outcome but we can affect the journey.



Dr. ANJANA LAUNGANI
Founder / Medical Director
PHYSIOREHAB CLINICS INDIA PVT. LTD.

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Well Wisher**

*Best wishes
from
Skyscreen Entertainment Pvt. Ltd .*

**Dr. Rajam Krishnan Iyer MD;DNB;MRCP: NFPM;Diploma palliative care (Cardiff) Consultant Pulmonologist and palliative care physician
The Bhatia and P. D. Hinduja Hospitals, Mumbai**



Palliative Care

When my 88-year-old father had a Middle cerebral artery stroke, in simple words a cerebro vascular event in October 2015, I didn't realize what the subsequent weeks had in store for us as a family.

He progressively got unresponsive, totally dependent and bed-ridden, something he abhorred and we knew and respected that.

Neurologists were clear that any aggressive treatment at his age may be counterproductive.

At that time, focusing on his best interest, respect and dignity I as his doctor daughter discussed with my mother and cared for him at home.

We decided to keep him comfortable, clean, safe and in his own home of 40 years.

He passed away peacefully 3 weeks later, on an Ekadashi day like a true Vishnu devotee and his name.

After his demise, I read a life-changing Op-ed written by Dr. M.R.Rajagopal, father of palliative care in India and founder of Pallium India, on "Do Not Torture the dying".

This changed my life, for the better. I then realized the ethos and significance of palliative care. On hind sight, I gathered that I had cared for my dad along the principles of palliative care.

By definition, palliative care addresses "health related suffering" of patients and their caregivers. This suffering is due to physical, emotional, social, financial and spiritual pain, described aptly by Dame Cicely Saunders, founder of the modern palliative care movement, as "Total Pain".

Total pain is often not acknowledged by health care professionals hence not addressed.

Often focus is on patients' physical symptoms, not the impact that illness has on their mental social and financial status. Caregivers suffer along with patients and need appropriate support and guidance. This holistic care, requiring no sophisticated technology, is palliative care.

Palliative care team is a group of multi-disciplinary health care professionals, including doctors, nurses, counsellors, physiotherapists, social workers and volunteers. This helps in providing a holistic care for patients and caregivers, addressing their concerns, as during the difficult journey of the illness patients may experience and endure various issues.

It is therefore important to integrate palliative care early in the trajectory of any illness so that patients can experience a wholesome care, specialists can focus on the main medical management and palliative care team hand holds the patient and caregivers. WIN-WIN FOR ALL!

Palliative care is hence not only for malignant conditions and at end of life but for all conditions and stages of the illness. It is need based not based on diagnosis or prognosis.

We also continue to support families during bereavement, in those who are unable to cope or experience complicated grief.

In conclusion, palliative care is an essential and crucial part of the care experience our patients and their families need so that their difficult journey is well-supported. Even though the outcome is unchanged, the entire care experience is one of support, respect and dignity, something that is the right of every individual.

Palliative Care for Visually Impaired Individuals with Multiple Disabilities: A Compassionate Approach



Introduction

Palliative care is a specialized medical approach aimed at improving the quality of life for patients with serious, life-limiting illnesses. For individuals who are visually impaired and have multiple severe disabilities, palliative care becomes an essential service, providing not only medical support but also emotional, psychological, and social assistance. This article explores the unique needs of such patients and the strategies employed by palliative care centers to address these needs effectively.

Understanding the Challenges

Individuals who are visually impaired and have multiple disabilities face a complex set of challenges, especially when they are nearing the end of life. These challenges can include:

1. **Communication Barriers:** Traditional methods of communication may not be effective, requiring caregivers to employ alternative techniques such as tactile signing, audio cues, or personalized communication devices.
2. **Mobility Issues:** Mobility impairments can limit a patient's ability to move independently, necessitating specialized equipment and assistance from trained staff.
3. **Sensory Deprivation:** Loss of vision combined with other sensory impairments can lead to increased feelings of isolation and anxiety.
4. **Complex Medical Needs:** Multiple disabilities often require a comprehensive, coordinated approach to manage various symptoms and medical conditions simultaneously.

Understanding the Challenges

Palliative care centers are equipped to provide holistic care that addresses the physical, emotional, and social needs of patients. For visually impaired individuals with multiple disabilities, these centers offer several key services:

1. **Personalized Care Plans:** Each patient receives a tailored care plan that considers their specific disabilities, medical conditions, and personal preferences. This plan is developed in collaboration with a multidisciplinary team that includes doctors, nurses, therapists, and social workers.
2. **Communication Support:** Caregivers are trained in alternative communication methods to ensure that patients can express their needs and preferences. This may include using braille, audio devices, or tactile communication techniques.
3. **Assistive Technology:** The use of assistive technologies, such as screen readers, braille displays, and adaptive mobility aids, helps patients maintain a degree of independence and engagement with their surroundings.
4. **Emotional and Psychological Support:** Palliative care centers provide counseling and psychological support to help patients cope with the emotional challenges of their condition. This includes offering support to family members and caregivers.
5. **Symptom Management:** Effective pain and symptom management is a cornerstone of palliative care. For patients with multiple disabilities, this involves a careful balance of medications and therapies to address pain, respiratory issues, and other symptoms.
6. **Creating a Comforting Environment:** The physical environment of the palliative care center is designed to be as comforting and accessible as possible. This includes providing quiet spaces, sensory rooms, and areas for relaxation and social interaction.

Continue...

Case Study: A Holistic Approach .

Consider the case of John, a visually impaired individual with cerebral palsy and advanced-stage cancer. John's condition requires a comprehensive palliative care approach:

1. **Initial Assessment:** A thorough assessment is conducted to understand John's medical history, current symptoms, and personal preferences.
2. **Communication Strategy:** Caregivers use a combination of tactile signing and a customized communication board to interact with John.
3. **Assistive Devices:** John is provided with a specialized wheelchair that supports his posture and mobility needs, along with a braille device for reading and communication.
4. **Pain Management:** A pain management plan is implemented, involving medications and physical therapy to alleviate discomfort.
5. **Psychosocial Support:** Regular counseling sessions help John and his family navigate the emotional complexities of his condition.
6. **Family Involvement:** John's family is actively involved in his care plan, receiving training on how to assist with his daily needs and communicate effectively.

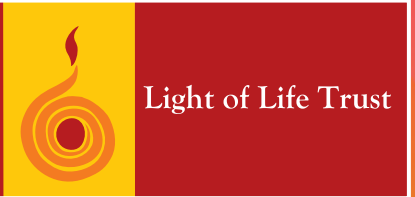
Conclusion:

Palliative care centers play a crucial role in supporting visually impaired individuals with multiple disabilities, especially as they approach the end of life. By addressing their unique needs through personalized care plans, communication support, assistive technology, and comprehensive symptom management, these centers ensure that patients receive the highest quality of life possible. The compassionate approach of palliative care not only eases the physical suffering of patients but also provides emotional and psychological solace to them and their families during challenging times.

Dr. Vimal Kumar Dengla
Acting Hon. Secretary General
National Association for the Blind, India
Treasurer
Asian Blind Union
Email id- vimaldengla@gmail.com/ hsgoffice@nabindia.info




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Giving Opportunities, Unlocking Potential - Empowering underprivileged tribal youth with world-class education and opportunities. With our aim to give opportunity to 40 students, 6 have already started their studies at Curtin University, Australia, and 2nd batch of 8 students are currently undertaking IELTS English Proficiency Training.



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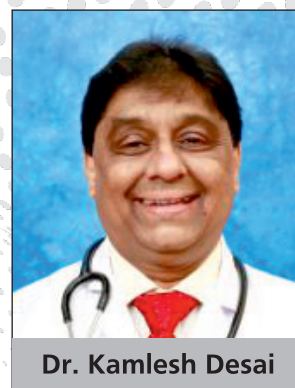
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Palliative Care in Oral cancer-essential tips.

The journey after the diagnosis, available treatment and crossing of threshold of the inability to treat any further is often a long one unto the end! In cancer, the mutilation, discomfort, aesthetic embarrassment, nutritional compromise, pain management, the psychological impairment and a gradual fading away are common features.

Best efforts sometimes are in vain.

Sensible palliative care (palliative: to cloak) becomes the only path to alleviate suffering and ensure a decent enough quality of life.



Dr. Kamlesh Desai

Its context encompasses mental, psychological, spiritual, and emotional and decision making needs apart from obvious physical ones.

Interdisciplinary coordination should be the mandate

In the Oral Cancer context, the following points become relevant

1. Nutrition: Where a balanced diet puréed food / formulae with sufficient multivitamins, D3, electrolyte support would be in order.
2. Oral physiotherapy to ensure adequate mouth opening is essential! Blowing balloons, mouth opening and tongue movement exercises are essential to prevent trismus.
3. Secondary anti infective , antifungal treatment: Super infection must be looked out for and addressed appropriately.
4. In the dentate patient topical fluoride therapy with mouthwashes, high fluoride containing toothpaste (greater than 5000 PPM), often professionally administered must be kept in mind. Warm saline gargles, brushing and rinsing after every meal, use of cucumber, carrot, and broccoli – post meals should be a common feature to ensure constant, good oral hygiene.
5. Burning mouth syndrome: Topical local anaesthetic, mild steroid creams, Anti-inflammatory mouth washes are prescribed, when indicated.
6. Dentistry in such cases is a challenge and must be handled & conservatively.
7. A case for dentures with well rounded borders, glass, ionomer and other fillings, endodontic root canal therapy) care is on the table! Metal dentures must be avoided. Bridework may be done if adjacent teeth are stable. Glass ionomer fillings, minimally traumatising extractions under antibiotic and infection controlled cover can be performed safely. Haemograms, crabs and state of debilitation must be well coordinated prior to Haemorrhage must be preemptively managed with INR reports and local and systemic therapy in conjunction with physicians. Periodontal scaling is a must for post oral cancer patients.
8. Implant therapy should be looked at with caution and more often, askance, than not.
9. Based on co-morbidities and medical history, medication in dentistry must be conservatively prescribed for the most part. Use of sedative painkillers must be coordinated with other prescriptions keeping in mind cross reactions as the patient may be taking many drugs. Secondary cardiac, renal, respiratory or cerebral complications should be avoided and assessed for, well in advance.
10. Oral saliva substitutes are now available and help mitigate a dry mouth. Use of Vaseline and other lubricants in the circumoral areas are also suggested.
11. Dentures-partial or full must be kept extremely well rounded and clean in order to prevent additional infection
12. Presurgical and pre radiation therapy mandates essential dental care as part of a concurrent palliative programme to alleviate post surgical/ radiation suffering.
13. Specialists in Oral Medicine/Oral Surgeons/well trained General Dentists are equipped to deal with such situations.
14. Spiritual hand holding, prayers, social warm gatherings and person centred psychotherapy to help the suffering individual come to terms with end of life are strongly recommended. Legal advice on affairs - financial - may also be roped in.

In conclusion:

Care, Caution and Conservatism are essential pivots in palliative management.

Dr Kamlesh Desai MDs practises Comprehensive Dentistry with a special emphasis on the care for the Geriatric and medically compromised patient. He is a specialist in Oral Medicine His practice encompasses all aspects of general dental care, Aesthetic Dentistry and Implant Dentistry.



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A Journey of Compassion, Dignity, and Connection

As a healthcare professional, I've often reflected on the stark contrast between the beginning and end of life. A newborn's arrival is celebrated with immense joy and preparation; it marks a fresh start and brings hope to a family. But why does the end of life often not receive the same sense of celebration and dignity? According to the Vedas, the departing soul seeks to reconnect with us, implying that even the end is a transition worth honoring with love and respect.



Dr. Prasanna Menon

Every individual on this planet deserves to leave with dignity, surrounded by care and compassion. Palliative care plays a crucial role in ensuring that patients with life-limiting illnesses receive not just medical support but emotional and spiritual comfort as well. Whether it's a stroke patient, someone battling severe dementia, Parkinson's disease, terminal cancer, or chronic renal failure, the need for comprehensive care is undeniable. Patients undergoing regular dialysis, radiation, chemotherapy, or those reliant on feeding tubes and catheters, all require a scientific yet holistic approach to their well-being.

Caring for these individuals tests our patience, strength, and compassion. It is a time when families come together, often facing challenges and differing opinions on caregiving. This journey, while daunting, becomes more manageable with the support of palliative care. It is not just the patient who benefits; the entire family finds relief, guidance, and a sense of peace knowing their loved one is being cared for holistically.

Palliative care is a team effort. One person alone cannot meet the diverse and demanding needs of these patients. It requires a coordinated approach, involving doctors, nurses, psychologists, caregivers, and even volunteers. The well-being of a patient is a sum total of their physical, emotional, spiritual, and environmental health. A well-balanced palliative care approach acknowledges all these aspects, offering a blend of medical intervention and compassionate support.

This form of care transcends traditional healthcare services. It is a beautiful combination of work, compassion, and passion. Unfortunately, only a small fraction—less than 10%—of our population currently has access to palliative care. However, this shouldn't be the case, as palliative care can involve people from all walks of life—teachers, homemakers, students, and professionals. Each person can contribute uniquely to this field, whether by offering direct care, emotional support, or simply being present.



Continue...

Doctors play a pivotal role in this ecosystem, guiding the team and ensuring that the care provided is in line with the best medical practices. This interdisciplinary collaboration not only provides job satisfaction but also creates an enriching environment where knowledge, maturity, and wisdom are passed from one generation to the next. The interaction between seniors and youngsters in this setting is invaluable, fostering mutual respect and understanding.

For patients requiring end-of-life care, palliative care physicians are indispensable. They provide families with the knowledge and resources needed to navigate this challenging phase, ensuring that their loved ones are comfortable and their needs are met. This specialized care helps families make informed decisions, alleviating some of the emotional burdens during these difficult times.

In conclusion, palliative care is more than a medical service; it is a philosophy of care that embodies compassion, respect, and love. It ensures that every individual, regardless of their health condition, can exit this world with dignity and peace. As a society, we must strive to make palliative care accessible to all, recognizing it as a crucial component of our healthcare system and a testament to our collective humanity.

Dr. Prasanna Menon's Perspective on Palliative Care:

Dr. Menon's Palliative Care

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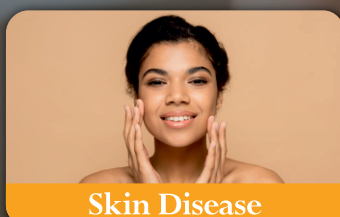
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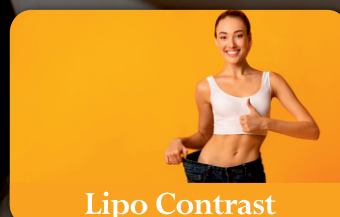
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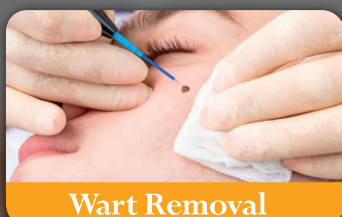
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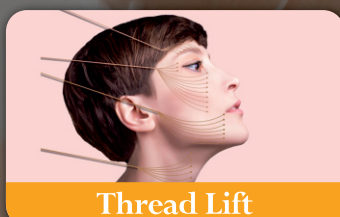
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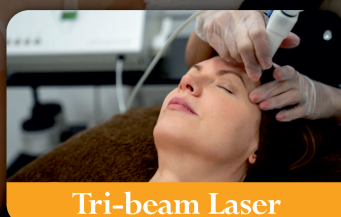
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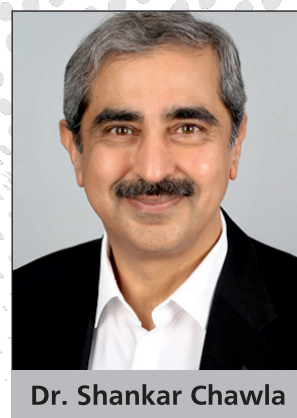
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Palliative Care in Homeopathy

Homeopathy, founded by Dr Samuel Hahnemann in the 19th century, is based on the law of similars, which states that a medicinal substance capable of producing a set of morbid symptoms in a healthy individual will remove similar symptoms in an individual suffering from illness. Homeopathy aims to manage symptoms, particularly in patients with irreversible pathological conditions or life-limiting illnesses, to alleviate or reduce symptom severity, improve quality of life, and enhance patient comfort.



Combining homeopathy with mainstream medicine has proven safe, effective, and free from interactions with conventional treatments. Homeopathic remedies provide relief and comfort to patients even with advanced cancer or terminal illnesses, promoting a sense of well-being and improving quality of life. A multidimensional approach improves outcomes, emphasizing self-care and individualized treatment.

Homeopathic remedies address unique patient needs, alleviating symptoms such as nausea, vomiting, pain, breathlessness, dry mouth, fatigue, constipation, diarrhoea, depression, altered taste, wound care, sleep disturbances, and digestive issues. Homeopathic remedies improve physical well-being, enhance emotional well-being, and support psychic and spiritual needs, normalizing defence mechanisms and encouraging social support.

Common remedies used in palliative care include:

1. Arnica Montana - pain management, wound care, and trauma
2. Arsenicum Album - anxiety, restlessness, fear, nausea, vomiting, and diarrhea
3. Bryonia - breathlessness, pain, and irritability
4. Carcinosin - cancer-related symptoms, weakness, and fatigue
5. Hydrastis - nausea, vomiting, digestive issues, and constipation
6. Ignatia - anxiety, fear, and emotional distress
7. Ipecacuanha - nausea, vomiting, and cough
8. Lycopodium - fear, anxiety, and respiratory issues
9. Opium - pain management, sleep disturbance, anxiety, and constipation
10. Phosphorus - fatigue, weakness, and respiratory symptoms
11. Rhus Toxicodendron - pain management, restlessness, and skin issues
12. Symphytum - pain management, wound care, and trauma
13. Taraxacum - digestive issues, nausea, and fatigue
14. Thuja - skin conditions, emotional distress, and fluid retention

Homeopathic pills are easy to administer, dissolving under the tongue, making acceptance easier for terminally ill patients. Homeopathic remedies are simple, safe, portable, cost-effective, and free from side effects, with no interactions with conventional treatments.

A 73-year-old male patient SC, was diagnosed with Adenocarcinoma of the Stomach and duodenum in 2015, which progressed to the head of Pancreas visited clinic on 12/7/2018. Despite his poor prognosis, he was treated with homeopathy for palliative care. Remedies prescribed included Phosphorus, Arsenic Album, Colocynth, Iris-versicolor, and Capsicum. The patient passed away peacefully at home in October 2018.

Continue...

Integrative Holistic Medicine Practitioner

With over 39 years of experience in Medical Practice, Dr Shankar Chawla is a pioneer in Integrative Holistic Medicine, seamlessly blending the benefits of Homeopathy with other alternative therapies like Acupuncture, Natural Medicine, Yoga, Lifestyle Modification, Nutrition, and Counselling.

Qualifications:

- Homeopathic Medical Graduate from Prestigious CMP Homeopathic Medical College Vile-Parle, Mumbai
- Post Graduate MD (Homeopathy)
- Post Graduate Dip – Advanced Pathologies Treating with Homeopathy from International Academy of

Classical Homeopathy from Greece.

- Post Graduate Dip - Palliative Care from Sri Guru Ramdas University of Health Sciences
- Post Graduate Dip - Preventive Health Care Lifestyle Management (Apollo Hospitals, Hyderabad)
- Diploma & Post Graduate - Acupuncture Licensed Acupuncturist Registered with Maharashtra

Acupuncture Council.

Expertise:

- Holistic approach to Health and Disease
- Promotes Holistic Living & Wellness
- Life challenging situations management
- Coping mechanisms for stress, anxiety, depression, behaviours, emotional dysregulation

Passion:

- Transforming lives through holistic healing
- Empowering individuals to take charge of their decisions and manage life energy
- Awakening natural intuitions and self-transformation

Dr Chawla's unique approach integrates modern psychology, behavioural changes, and spirituality to achieve permanent goodness and meaning for higher purpose of human existence.

Social:

Rotarian – Past President Rotary Deonar Dist 3141

Hon. & Chief Homeopathic Physician – Arya Samaj Charitable Clinic – Chembur Mumbai

Head & Hon. Lifestyle Unit – Spandan Holistic Mother & Child Hospital – Deonar Mumbai

Note: Homeopathic remedies should only be used under the guidance of trained homeopathic physicians, especially in palliative care

Dr Shankar Chawla MD (Hom)

To know more about Dr Chawla visit : www.askdrchawla.com

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INTRODUCTION

Dr. Maya Kirpalani is a Consultant Psychologist & a Family Therapist at the Jaslok Hospital & Research Centre and the Bhatia Hospital in Mumbai. She was born in Saigon (Vietnam). She did her Bachelor of Science in Microbiology and Chemistry and her Master of Arts in Counselling Psychology from the University of Bombay and her Doctorate in Psychology from the SNDT Women's University, Mumbai.

She has received practical clinical training in 'Family & Marital Therapy' at the Philadelphia Child Guidance Clinic's Family Therapy Training Center in Philadelphia.



DR. MAYA KRIPLANI

Palliative care refers to relieving the symptoms of a chronic, serious life-threatening disease. Improving the quality of life, easing the anxiety and stress when one is confined to bed and leading a sedentary life with minimal movement can be agonizing if you have lived active years of life. Imagine what it can be, when you see young children suffering from cancer receiving palliative care!

When providing palliative care, there are no defined theories of psychology to follow. **In my experience, the more humble, open and receptive you are to suffering and pain yourself, it can help you to navigate better in understanding and feeling with patients who need palliative care.**

Giving a listening ear and a patient hearing is essential. If the patient is silent or reticent, do not force a conversation. Most patients at this stage, begin to view themselves as a burden to others, feeling disheartened and gloomy within and filled with dark thoughts. Being at his side, holding his hand if permitted, helps the patient to embrace the fact that someone is present to spend time with him, even when he has not much to offer. Telling them a story or singing a song also helps. My favorite story is that of a king who asked his advisor to announce to the public, that he would reward anyone who would give him a few words that would enable him to remain calm and poised in any situation. After much search, the king found solace in the four words of a wise old man who told him, 'This too shall pass.' Isn't it true? Everything passes, whether it is a painful situation or a joyful situation. When we continue to grasp a joyful event or obsess around the negative thoughts of a painful situation, that is when the trouble starts, as everything passes. Patients needing palliative care as many others too, cling to the joyful events in their thoughts and lament and feel sad that they can never experience these moments again, whether it is taking a vacation, or being as active as they were before in their homes or professions. Others continue to brood on their aches and pains and remain engulfed in their misery.

Thus, we need to support our patients in what they are going through, allowing them to feel what they are feeling and experiencing, whilst at the same time gently nudging them to accept the fact that everything changes and whatever the situation may be, it will surely pass. Palliative care patients are often plagued with memories of past wounds like childhood sexual abuse or the major fights that have taken place with their family members and colleagues. Urging them to make amends wherever possible by saying sorry or writing an apology note to those concerned, helps them to be at ease. Letting go of events that cannot be changed or practicing forgiveness are other ways to encourage the patient to move on to his new journey with peace and freedom from hatred and ill-will in their hearts. Many take recourse to practicing spirituality and reflecting upon the purpose of their lives. Reading to them their desired scriptural texts and encouraging them to chant Mantras in their mind aids the spiritual journey. In palliative care, we are not only the givers. We are also the receivers, as we acknowledge the patient's courage and endurance in dealing with the disease.

Continue...

What have I received in treating palliative care patients?

I have realized how to treat life more reverentially and take nothing for granted. I have learned to be simpler and stop accumulating in life, whether it may be objects or experiences and live life with a flow and a rhythm that I can best manage with my capacities. I have realized that there is no end to learning in life. Death is certain but the interim period between life and death is a matter of choices at every stage, whose consequences one bears. I have seen a few patients who can wear a genuine smile on their face when asked about their state of well-being and have no word of complaint on their lips. How do they manage that? The inner strength that they carry within and the equipoise they display amidst their suffering is brought about by their rich understanding of life, and a life well lived with no regrets and with gratitude.

Facing death is a scary matter for most. Being a burden to family due to their ailing physical condition or mental state is even scarier! The fear and agony is understandable. Patients can turn angry, sad or even jealous of those who are keeping good health. Do not take it personally when these emotions are hurled at you. Stay with the patient in a loving, compassionate and an open space allowing them to bare their souls. Be genuine, warm, sensitive and compassionate when dealing with palliative care patients.

Dealing with death can be a transformative experience. It is certain that we will all die. However, we do not know when or how we will die. So let us all live our lives with dignity, purpose and poise with enough joy and calmness to sail us through to our next journey.

DR. MAYA KRIPALANI

Consultant Psychologist & a Family Therapist
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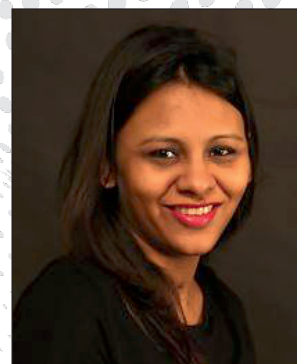
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With over a decade of invaluable hands-on experience in various Multispeciality Hospitals and Private Practices, my journey has fostered a deep sense of empathy, driving me to wholeheartedly share my wealth of knowledge as a passionate educator with Upcoming Dietitians and Nutritionist



DISHA JHAVERI SHAH

Palliative Care and Nutrition: A Dietitian's Perspective on Nurturing Through Nourishment

As a dietitian specializing in cancer and critical care, I've witnessed first-hand the profound impact that nutrition can have on patients, especially those receiving palliative care. Palliative care, which focuses on providing relief from the symptoms and stress of a serious illness, emphasizes quality of life. Nutrition plays a vital role in this holistic approach, offering comfort, maintaining strength, and preserving dignity for patients in their most vulnerable moments.

Understanding Palliative Care

Palliative care is not just about managing pain or symptoms; it's about enhancing the quality of life for patients and their families. For those battling chronic or terminal illnesses, the focus shifts from curative treatments to comfort care, where the goal is to alleviate suffering and improve the patient's overall well-being. Nutrition, often overlooked in this setting, becomes a cornerstone of care that can profoundly influence how patients feel and function.

The Role of Nutrition in Palliative Care

In palliative care, the goals of nutrition are distinct from those in curative or rehabilitative settings. The emphasis is on supporting the patient's current condition rather than trying to reverse the disease process. The focus shifts to providing nutrients that maintain energy levels, manage symptoms, and offer psychological comfort.

Maintaining Energy and Strength

One of the primary objectives of nutrition in palliative care is to maintain energy and strength. This can be challenging, as patients often experience anorexia, cachexia, or general fatigue. These conditions can lead to significant weight loss and muscle wasting, which further weakens the patient and reduces their quality of life.

As a dietitian, I work closely with patients to develop individualized nutrition plans that are both realistic and compassionate. These plans often include high-calorie, high-protein foods that are easy to eat and digest and nutrient-dense snacks. The goal is not to force-feed but to encourage intake in a way that respects the patient's appetite and preferences.

Symptom Management Through Diet

Nutrition also plays a crucial role in managing symptoms that are common in palliative care patients, such as nausea, constipation, and mouth sores. For example, patients suffering from nausea might benefit from small, frequent meals, we also tried giving some patients flavoured ice cubes and that gave them good relief for those experiencing constipation, increasing fiber intake through fruits, vegetables, and whole grains can be beneficial, though this must be balanced with the patient's overall digestive comfort. Hydration is equally important, especially when managing symptoms like dry mouth or thickened saliva, which can make eating difficult.

Psychological Comfort and Dignity

Food is not just about physical nourishment; it's deeply tied to our emotions, memories, and sense of identity. For patients in palliative care, eating can become a source of anxiety, especially if they feel they are no longer able to enjoy their favourite foods or if eating causes discomfort. As a dietitian, my role extends to providing emotional support and reassurance that it's okay to prioritize comfort over traditional nutritional guidelines.

Continue...

Offering favourite foods, even in small amounts, can bring immense psychological comfort to patients. The act of eating something familiar can evoke memories of happier times and provide a sense of normalcy. In cases where patients can no longer eat, exploring alternative methods like nutrient-rich broths, smoothies, or even just the ritual of sitting at the table with loved ones can help maintain a connection to the act of eating.

Challenges and Ethical Considerations

Working in palliative care comes with its unique set of challenges and ethical considerations. One of the most difficult aspects is navigating the fine line between providing nutrition that supports life and recognizing when the body can no longer process food effectively. As the disease progresses, patients may lose the ability to digest or absorb nutrients, leading to a point where continued feeding may cause more harm than good.

In these cases, the decision to reduce or withdraw nutritional support must be made with sensitivity and respect for the patient's wishes and quality of life. It's essential to have open, honest conversations with patients and their families about the role of nutrition at this stage of care. The focus should always be on the patient's comfort and dignity.

The Dietitian's Role in a Palliative Care Team

As part of the multidisciplinary palliative care team, dietitians play a crucial role in ensuring that nutrition is tailored to the individual needs of each patient. Collaboration with doctors, nurses, and other healthcare professionals is essential to provide a comprehensive care plan that addresses all aspects of the patient's well-being.

Regular assessments and adjustments to the nutrition plan are necessary as the patient's condition evolves. This dynamic approach allows us to respond to the changing needs of the patient, whether that means modifying texture, offering new flavor options, or adjusting the timing of meals to align with the patient's energy levels.

Conclusion :

Nutrition in palliative care is about much more than just food; it's about offering comfort, preserving dignity, and supporting quality of life during the most challenging times. As a dietitian specializing in cancer and critical care, I am privileged to help patients navigate this journey, using nutrition as a tool to nurture both the body and the spirit. The power of a well-chosen meal or a comforting sip of broth cannot be underestimated; in palliative care, these small acts of nourishment are profound expressions of care and compassion.

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The young beneficiaries from Light of Life Trust's Anant Programme for their beautiful songs that added to the magical evening.

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Actor Shri Boman Irani for the video clip for Aangan.

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*With Best
Compliments*

Mrs. Villoo J. Appoo

