



KADAMBINI ORTHOPAEDIC & SPINE TRUST

(Kadambini Charitable Trust)

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I returned from UK after finishing my training in Orthopaedics and Spine surgery in July 1999 and joined Sir Gangaram Hospital, New Delhi as a consultant. As my native place is Orissa, I regularly visit Orissa and treat patients as well. Since then I have been regularly visiting Orissa and treating patients. My good friend Dr Sreejoy Patnaik offered his hospital facilities for me to see and treat patients. I used to go for a couple of days and do whatever little I could do and come back. There were many

patients who had spinal deformity and other spine conditions who could not afford treatment. I used to always feel guilty and sad. Many children were referred to me for opinion by senior orthopaedic surgeons and friend's. They desperately needed treatment and I couldn't help them. It was my usual habit to have my morning cup of tea with my mother as both of us were early risers. I used to tell her about the events and happenings of Orissa, welfare of relative's etc on my return from Orissa. Though she settled in Delhi her heart was always in Orissa. When she heard of the poverty and lack of free medical facilities, she would always encourage me to do the best I could for the patients.

Years passed by and every year I used to think that things were getting better in Orissa. We now had more spine surgeons, more corporate hospitals, many private medical colleges but healthcare was still not accessible or affordable for the poor of my state. One thing which I observed very often was that spinal deformities seemed to be more in poor people may be because I came across more of them. On the contrary, those who could afford and were rich were getting treated in the corporate Hospitals.

With lots of ideas and dreams in my mind but with no manpower or infrastructure, I registered the **KADAMBINI ORTHOPAEDIC & SPINE TRUST (Kadambini Charitable Trust)** in 2011, in my mother's name. However, initially I really didn't do much apart from making some patient information booklets.

My mother's death on 1st June 2012 really shook me. I live in the same house now with my father and my family and whenever I am home I can still feel her moving all around the house working all the time, praying, cleaning, cooking, watering the plants, and advising me all the time to look after my health. All her life she was a giver and rarely a receiver. Till she breathed her last, she was more worried about her five children than herself.

I decided that in my next visit I would start with a health camp in my mother's village. I contacted my uncles who were very supportive and organized all the logistics for the camp, which was held in Patia, my mother's village near Bhubaneswar. No camp is possible without a team work. I was very lucky that my friends came from all over the country to help and the pharmacy industry pitched in with lots of free medicines which we distributed. The first camp on 2nd December 2011 was a great success.

This patient information booklet is to create awareness among people that there are a lot of health issues that can now be treated effectively.

I hope in years to come my friends, family and well wishers will help me in activities of the trust

Shankar Acharya

Trustee (KOST-KCT)

NOBEL 2005, Sushrutam 79, SPAI 76

Exercises and advice from your Physiotherapist

Introduction

The spine is very complex in structure and function and there are many parts (ligaments, muscles, joints and nerves), which can cause discomfort, weakness or altered sensation.

The aim of your surgery is to alleviate problems in one or two of these structures. Even with advanced surgical techniques, some scar tissue will occur as a result of the procedure. Scar tissue occurs not only on the skin but also on underlying tissues including muscles, ligaments and particularly around the nerve root. This scar tissue leads to stiffness and may cause discomfort and pain. Your own post surgical care is a vital component in getting the best possible outcome from your surgery. Your aims are:

1. To restore movement of the spine and its structures in order to decrease the potential effects of scar tissue.
2. To restore muscle strength and good posture. This is often poor as a result of chronic symptoms.
3. To improve awareness of how your back works and how to look after your back. The exercises must be repeated 2-3 times a day as is comfortable. They should not cause an increase in your pain or symptoms of numbness, pins and needles or weakness. However, while exercising you may feel a little discomfort, stiffness, pulling or twinges of pain, which is normal straight after your operation. We recommend that you continue these exercises for at least six months. We also recommend you continue some form of exercise as this will help your back in the future.

GALL STONE DISEASE AND LAPAROSCOPIC SURGERY

A gallstone is a deposition of crystalline bile components formed within the gallbladder or bile ducts. Presence of gall stone leads to pain, inflammation and other complications like jaundice and pancreatitis.

Different types of stone are there in gall bladder and obstruction of gallbladder neck will lead to severe pain. Diagnosis is usually by ultrasonography of abdomen and in some cases may require MRI of abdomen.

Treatment of gall stone disease is usually surgical and laparoscopic surgery is now the best treatment. In this operation in which gall bladder along with the stone is totally removed by small key hole surgery(laparoscopic cholecystectomy).

Previously in open operation the abdomen was cut open, the operation performed and lastly sutured in which there is pain, more scar, increased hospital stay. In comparison in laparoscopic surgery there is small 5-10 mm cut, through which camera and long laparoscopic instruments are placed to operate at gall bladder in which there is less pain, scar and short hospital stay.

Laparoscopic surgery is also done in cases of appendicitis, hernia and other gastrointestinal operations.

Benefits of laparoscopic surgery-

1. Quicker diagnosis
2. Faster recovery with shorter hospital stay
3. Minimal tissue damage ,so less pain
4. Minimal post operative infections
5. Less scarring

Dr. Tanmaya Panda

Laparoscopic Surgeon
Apollo Hospital

Exercises



1) Lie on your back with your knees bent and your feet in line with your hips. Relax your stomach. Breathe into your lower ribs and on relaxing out slowly draw your tummy button up and in. You should feel a gentle tightening in your lower stomach. Do not allow your back or pelvis to move.

You can monitor movement by placing your hands over the front of your pelvis. Hold and sustain the contraction for 10seconds as able.

Repeat ____

Three simple exercises can be performed in this position:



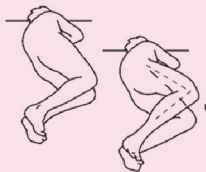
2) While maintaining the above contraction, slide one heel away so that the leg becomes straight. Then slide the heel back to the starting position. Do not allow your back or pelvis to move.



3) With your knees bent, slowly let one knee lower out to the side without allowing your pelvis to twist. Slowly return to the starting position again maintaining control of your back and pelvis.



4) With your knees bent, slowly raise one knee so that your hip is flexed 90 degrees. Keep your back and pelvis stable throughout the movement and return to the starting position.



5) Lie on one side with your pelvis square, hips flexed to approximately 45 degrees and knees bent, and back in neutral position. Leaving your heels together, slowly lift the top knee by turning your hip out without letting your back or pelvis twist.

Hold for ____ seconds, repeat ____

6) Sit tall with your back in a neutral arch, your shoulders directly over the pelvis and the legs relaxed. Keeping your back in a neutral arch, alternately slowly straighten one knee. Do not let your pelvis roll backwards or twist or let your back bend. Do not lean back. Stop when you feel any discomfort in your back or leg.

Repeat ____ (L) Repeat ____ (R)



7) Start on your hands and knees. Knees must be under your hips and your back relaxed in a neutral position. Relax your stomach. Breathe into your lower ribs and on relaxing out slowly draw your tummy button up and in. You should feel a gentle tightening in your lower stomach. Do not allow your back to move. Continue to breathe but hold the contraction for 10 seconds if able.

Hold for ____ seconds, repeat ____



8) In the same position a gentle stretch can be performed. Keeping your back relaxed, slowly sit back towards your heels. Stop when you feel a gentle stretch and before you feel any pain.

Hold for ____ seconds, repeat ____

Life style Diseases: No longer an Urban Predicament!

Dr Anita S. Acharya

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Introduction

Life style diseases or "Non-communicable diseases" are increasing at an enormous pace in India. They are called "Non-communicable diseases (NCDs)" as they are not transmitted by another person or a vector or environment. NCDs like cardio-vascular diseases, stroke, cancer, respiratory diseases, and diabetes are a growing concern in developing countries like India. They are the cause of premature deaths and increase in morbidity and disabilities. In 2005, NCDs contributed to 60% of global deaths annually and 47% of global burden of disease. By 2020, it is expected to increase to 73% and 60% respectively. In 2008 they were the top killers in South East Asia WHO region causing 7.9 million deaths and the percentage is likely to increase to 21% in the next decade [1]. Of the total deaths in the South-East Asia region (14.5 million), cardiovascular diseases accounted for 25%, chronic respiratory diseases 9.6%, cancer 7.8% and diabetes 2.1%. India is the Diabetic Capital of the world where every fifth diabetic in the world is an Indian. They will have a significant social, economic and health consequences in near future. NCDs are no longer the diseases of the urban populace but are slowly and steadily afflicting the rural population of the country as well due to migration, changing life styles, increasing socio-economic status etc. Studies have shown that risk factors for NCDs are prevalent in the rural population as well.

Who is at risk?

There are certain "risk factors" which increase the person's susceptibility to life style diseases. A "risk factor" is an "attribute", "characteristic" or "exposure of an individual" which increases the likelihood of an individual to develop non-communicable disease. (WHO). They are classified as "Controllable or Modifiable" risk factors and "Non-controllable" or "Non-modifiable" risk factors.

Smoking, alcohol use, sedentary habits or low physical activity, low fruit and vegetable intake, stress, obesity, high blood pressure, high blood sugar, abnormal blood lipids belong to the first group whereas heredity, gender, age, ethnicity are the non-modifiable risk factors.

The good part is that the emergence of most of the risk factors can be prevented. These habits start early in life even as early as childhood. So, it is of utmost importance to inculcate healthy habits from childhood. We need a healthy start to life so that the health promoting behaviours remain throughout the rest of the lives.

What preventive measures can be taken?

A] DIET: Unhealthy diet is one of the most important risk factor for life style diseases. Increase in urbanization, purchasing power, easy availability of fast foods, junk foods and calorie rich foods have led to dietary changes especially in children and adolescents. Faulty methods of cooking like deep frying, repeated frying using the same oil increases the trans-fatty acids in the food. Dietary modification in the form of increasing fruits and vegetables intake, consumption of at least 5 servings of fruits and vegetables a day, restricting calorie intake, sugar intake, salt intake (<5 gms per day), trans-fats, saturated fats need to be done.

B] PHYSICAL ACTIVITY: Sedentary lifestyle is another common risk factor for many of the life style diseases. Due to rapid urbanization, availability of modern gadgets, easy transport, physical activity amongst the people is on the decline.

Regular physical activity in the form of brisk walking for at least 30 minutes for five days a week will go a long way in improving the cardio-vascular health. Other activities like swimming, jogging, and participation in sports need to be encouraged among children. Taking the stairs instead of the lift to workplaces, shopping malls is a better alternative. Encouraging school children to participate actively in sports will go a long way in inculcating healthy habits in children.

C] SMOKING: Tobacco use in any form be it cigarettes, bidi etc or the smokeless forms like gutkha, khaini is a major risk factor for many non-communicable diseases like cancer, lung diseases, cardiovascular diseases. Tobacco kills nearly six million people each year, of whom more than 5 million are users and ex users and more than 600 000 are nonsmokers exposed to second-hand smoke. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030. [WHO]

D] ALCOHOL USE: Alcohol is another risk factor for cardio-vascular diseases. The harmful use of alcohol results in 2.5 million deaths each year. 320 000 young people between the age of 15 and 29 die from alcohol-related causes, resulting in 9% of all deaths in that age group. [WHO]

E] OBESITY: Obesity, though a disease in itself is also a risk factor for other non-communicable diseases. Body mass index (BMI) is an indicator of obesity which is calculated by the formula: Weight in Kg/Height in Metre square. The cut off values [WHO] are as follows:

BMI : <18.5.....Under-weight	18.5-24.9.....Normal	25.0-29.9.....Over-weight
30-39.9..... Obese	>40.....Morbid Obesity	

With healthy diet and physical activity, one must try to keep his/her BMI within normality.

F] STRESS: Preventive measures to reduce/eliminate stress include practicing meditation, yoga along with a healthy diet and exercise.

G] HIGH BLOOD PRESSURE (HYPERTENSION): is a disease in itself as well as a major risk factor for cardio-vascular diseases, stroke etc. Life style changes which include dietary modification like restricting salt intake, saturated fats, increasing physical activity, stress reduction, yoga, and meditation will lower the blood pressure.

H] HIGH BLOOD SUGAR (DIABETES): Diabetes is a condition characterised by hyperglycaemia ie high blood sugar due to inability of the pancreas to utilize the blood sugar due to relative or complete insulin deficiency. Diabetes is again a major risk factor for other lifestyle diseases. Preventive measures include dietary modification, increasing physical activity, decrease in stress, cessation of smoking etc.

Little can be done to modify or change the non-modifiable risk factors like age and gender. Certain diseases go on increasing with increasing age, some cancers like breast cancer are more common in females while cardiovascular diseases are more common in males, heredity also has some role in non-communicable diseases.

CONCLUSION:

Life style diseases can be prevented by inculcating healthy habits early in life viz dietary modifications, increasing physical activity, cessation of smoking and alcohol etc. The age old saying "Prevention is better than cure" holds true and is more relevant for lifestyle diseases most prevalent in our country. So folks, we must pull up our sleeves and ACT NOW!!



GLIMPSES OF THE HEALTH CAMP AT KALARAHANGA ON 02. 12. 2012



EYE CARE FOR HEALTHY EYES Contd from P- 6

Regular Eye Checkups : Periodicity of eye examinations should be: One eye exam before 5 years of age to check for childhood problems like amblyopia (sometimes called lazy eye) or strabismus (misaligned eyes).

Up to 19 years of age on an as-needed basis for vision problems or injuries. One examination in 20s and two in 30s to identify problems which may benefit from early treatment. After 40 years of age once every two to four years to detect serious eye problems like glaucoma and macular degeneration (deterioration of retina that causes loss of detail vision) which can be treated if detected early. After the age of 65, once every one to two years. Anyone with diabetes, hypertension or a family history of eye problems should check with their doctor about more frequent visits because of increased risk of eye problems.

"Best of Luck for Clear and Healthy viewing"

Dr. Lalatendu Satpathy

GLIMPSES OF THE HEALTH CAMP AT KALARAHANGA ON 02. 12. 2012



EYE CARE FOR HEALTHY EYES

Get the Best Nutrients for Good Vision : Foods containing vitamins A, C and E, omega-3 fatty acids, lutein, and zinc can help delay age-related vision problems such as macular degeneration and cataracts. Sources – Green-leafy vegetables (Spinach, Cabbage, Lettuce, Coriander Leaves), Carrots, Corn, Tomatoes, Eggs, Nuts, Beans, Oranges and other citrus fruits, Berries, Pomegranates, Cherries, Poultry and Dairy products.

Quit Smoking : Smoking has been linked to an increased risk of cataracts, optic nerve damage, and macular degeneration. Quitting smoking reduces this risk.

Reading : Always hold your reading material at least 40 cms away from your eyes. Always read in good light - it is better to have more light than less light. Do not read in moving vehicles. Sit with your back straight while reading.

Eye Protection : Too much exposure to Ultraviolet rays increases risk of cataracts and macular degeneration. The right kind of sunglasses helps protect the eyes from the sun's ultraviolet (UV) rays. Choose sunglasses that block 99% to 100% of both UVA and UVB rays. Polarized lenses work well to help reduce glare when driving. Helmets with protective face masks or sports goggles with polycarbonate lenses can protect the eyes from flying objects.

Eye Care For Computer Users : Ninety percent people who use a computer for at least three hours a day suffer from some type of visual problem or complaint such as eyestrain, blurry vision, difficulty in focusing at a distance, dry eyes, headaches, neck, back, and shoulder pain. This is known as Computer Vision Syndrome.

Tips to prevent Computer Vision Syndrome :

- Make sure your glasses or contact lens is adequate for computer use.
- Position your computer at your arm's length, 15 – 200 below eye level so that your eyes are level with the top of the monitor. This allows you to look slightly down at the screen.
- Try to avoid glare on your computer from windows and lights. Use an anti-glare screen if needed.
- Choose a comfortable, supportive chair. Position it so that your feet are flat on the floor.
- Remember to blink often. Try to blink 12 to 15 times every minute this can help prevent dry eyes.
- Try the 20-20-20 rule: Every 20 minutes rest your eyes by looking 20 feet away for 20 seconds and blink several times. Every two hours, get up and take a 15-minute break. This can help reduce eyestrain.
- Exercise you eyes at frequent intervals. Close your eyes and roll them in clockwise and anti clockwise direction. While doing this, inhale and exhale slowly and open your eyes slowly after doing this.
- Palming - Rub your palms against each other till them become warm. Cover your eyes with your warm palms for about a minute to relax and soothe your eyes.
- Splashing water on your face during breaks can keep you refreshed. This also helps in cooling your eyes.

contd. on Page-4



Today, we live in an age of convergence in which corporate entities and society are more connected, interactive and inter-dependent than ever before in the past. Corporations are increasingly aware of their social obligations. Corporate Social Responsibility (CSR) is no longer the buzzword. At a time when there is growing social inequality in the aftermath of rapid globalization and global financial crisis, it comes as a challenge as well as an opportunity to narrow the gap. CSR is construed to be a bridge between organizations and society and also a means to promote awareness amongst corporates, NGOs, civic bodies and government of the value and importance of social responsibility to bridge the gap between the privileged and the disadvantaged of the society. It facilitates and creates an environment for lasting partnership between civil society and business.

In the above backdrop, OPTCL/GRIDCO have embarked on this CSR journey to join hands with medical fraternity under the able leadership of Dr Shankar Acharya, Sr Consultant Ortho & Spine of Sir Ganga Ram Hospital, New Delhi and founder Chairman of Kadambini Charitable Trust to hold its first ever free multi-speciality health camp for its employees and underprivileged people of this locality.

I am thankful to Dr Acharya, his team of eminent medical practitioners as well as my medical team at Power Hospital to have demonstrated strong commitment to work for a better cause.

I look forward to collaborating with Dr Acharya and his team on a greater scale to serve the community as part of our CSR obligations.

Thanking you.

Sri Pradip Jena ,
CMD, OPTCL and GRIDCO

What is scoliosis?

A normal spine, when viewed from behind, appears straight. However, a spine affected by scoliosis shows evidence of a lateral, or sideways, curvature, and a rotation of the back bones (vertebrae), giving the appearance that the person is leaning to one side. Scoliosis is defined as a curvature of the spine measuring 10 degrees or greater on x-ray.

Scoliosis is a type of spinal deformity and should not be confused with poor posture.

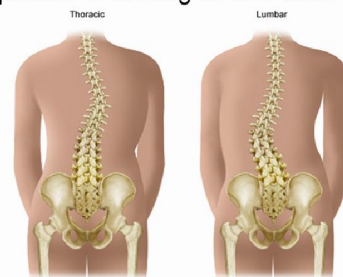
Four common types of curve patterns seen in scoliosis include the following:

thoracic - 90 percent of the curves occur on the right side.

lumbar - 70 percent of the curves occur on the left side.

thoracolumbar - 80 percent of the curves occur on the right side.

double major - curves that occur on the right and left side.



What causes scoliosis?

In most (80 to 85 percent) cases, the cause of scoliosis is unknown - a condition called idiopathic scoliosis. In other cases, scoliosis may develop as a result of degeneration of the spinal disks, as seen with osteoporosis, or as a hereditary condition that tends to run in families. The abnormal curves of the spine are classified according to their cause, including the following:

nonstructural scoliosis (Also called functional scoliosis.) In this condition, a structurally normal spine appears curved due to one or more underlying conditions (i.e., difference in leg length, an inflammatory condition, etc.). This type of scoliosis is generally temporary and is often relieved when the underlying condition is treated.

structural scoliosis. The possible causes of structural scoliosis are numerous, including the following:

of unknown origin (idiopathic structural scoliosis) disease (i.e., neuromuscular, metabolic, connective tissue, or rheumatoid disease), birth defect injury, infection, abnormal growth or tumor

What are the symptoms of scoliosis?

The following are the most common symptoms of scoliosis. However, each individual may experience symptoms differently.

Symptoms may include:

difference in shoulder height

the head is not centered with the rest of the body

difference in hip height or position

difference in shoulder blade height or position

when standing straight, difference in the way the arms hang beside the body

when bending forward, the sides of the back appear different in height

Back pain, leg pain, and changes in bowel and bladder habits are not commonly associated

with idiopathic scoliosis. A person experiencing these types of symptoms requires further medical evaluation by a physician.

The symptoms of scoliosis may resemble other spinal conditions or deformities, or may be a result of an injury or infection. Always consult your physician for a diagnosis.

How is scoliosis diagnosed?

In addition to a complete medical history and physical examination, x-rays (a diagnostic test which uses invisible electromagnetic energy beams to produce images of internal tissues, bones, and organs onto film) are the primary diagnostic tool for scoliosis. In establishing a diagnosis of scoliosis, the physician measures the degree of spinal curvature on the x-ray.

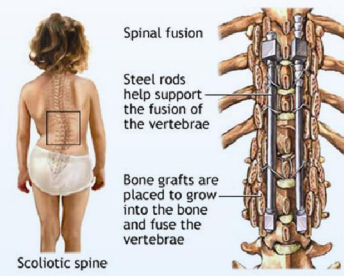
The following other diagnostic procedures may be performed for nonidiopathic curvatures, atypical curve patterns, or congenital scoliosis: magnetic resonance imaging (MRI) - a diagnostic procedure that uses a combination of large magnets, radiofrequencies, and a computer to produce detailed images of organs and structures within the body. computed tomography scan (Also called a CT or CAT scan.) - a diagnostic imaging procedure that uses a combination of x-rays and computer technology to produce cross-sectional images (often called slices), both horizontally and vertically, of the body. A CT scan shows detailed images of any part of the body, including the bones, muscles, fat, and organs. CT scans are more detailed than general x-rays.

Early detection of scoliosis is most important for successful treatment.

Treatment of scoliosis:

Specific treatment of scoliosis will be determined by your physician based on: your age, overall health, and medical history extent of the condition, your tolerance for specific medications, procedures, or therapies, expectations for the course of the condition your opinion or preference, The goal of treatment is to stop the progression of the curve and prevent deformity. Treatment may include: observation and repeated examinations, Observation and repeated examinations may be necessary to determine if the spine is continuing to curve. bracing, Bracing may be used when the curve measures between 25 to 40 degrees on an x-ray, but skeletal growth remains. The type of brace and the amount of time spent in the brace will depend on the severity of the condition.

surgery, Surgery may be recommended when the curve measures 50 degrees or more on an x-ray and bracing is not successful in slowing down the progression of the curve.



AN APPEAL

KADAMBINI ORTHOPAEDIC SPINE TRUST(KOST)

KOST was established by my father Dr Shankar Acharya in the revered memory of our loving grandmother late (Smt)Kadambini Acharya in the year 2011 . The objective of this trust is to provide free health services to the under-privileged of the society and create awareness amongst the masses regarding pertinent health issues.

This is a purely charitable trust with a very humble beginning. I request all the benevolent citizens of the society, my respected elders/seniors, colleagues and friends to donate generously for this noble cause.

Thank-you

With Kind Regards

Pinaki Acharya
Aditya Acharya



ACKNOWLEDGEMENTS

For this camp and the previous camp I sincerely acknowledge the help of the following .

1. Gaurav Anand & his team led by Sumanta from stadchem pharma
2. Kamal reddy & Gopesh Bhargava and all members of Reddy Labs .
3. All members of **NOBEL 2005** (a registered charity's) and all members of **SUSHRUTAM** (my friends from SCB) especially Sivaji Patnaik & fly., Lalatendu, Srinagesh, Subramanyam S, Ajaya Sethi and others.
4. All members of my mothers family especially my uncle Mr Uma Prasad Mishra and Prof Santan Rath and aunt Mrs Sushma Rath who played a major role in the success of the 1st camp. I must also thank Debarchan Mishra, Axis Bank and Sanjib (Budhan) Rath my cousin who have gone out of there way to help .
5. Mr. Shantanu Rath from Gridco and his team for organising the 2nd camp .
6. All the rest including my family whose names I have not mentioned who have helped, I thank them once again.
7. There are so many more friends ,family,colleagues and lastly all my **patients** who have put so much faith in my abilities without which I would have been nothing. All the rest is in Gods hands and we are mere players dancing to his tune .

Shankar Acharya

Trustee KOST, Member NOBEL2005
GROUP Shustrutam79, SPAI 1976



“Business has a responsibility beyond its basic responsibility to its shareholders; a responsibility to a broader constituency that includes its key stakeholders: customers, employee, NGOs, government - the people of the communities in which it operates.” - Courtney Pratt, Former CEO Toronto Hydro.

Connecting, building relationship with various stakeholders and meeting their legitimate expectations in a fair and ethical way is what good governance is all about. CSR is an integral part of governance, and more than an enabler to improve and strengthen both internal and external relationships with different stakeholders around a business entity.

Healthcare Sector clearly stands out as a leader, when it boils down to CSR issues because of its mandate to improve quality of life as well as its direct and close relation to its multiple stakeholders of suffering masses in the society, government, NGOs. Hence CSR should not be considered as a mere PR show.

We are what we are today because of the values, ethos, society and the great nation which we inherit. Irrespective of belief, caste, colour , creed and status ,we are duty bound to give back more than what we have got from society.

Viewed in the above backdrop, OPTCL and GRIDCO being the leading power utilities of the State need to focus, at this juncture, on certain areas to make meaningful contributions to the society. To take this CSR initiatives forward, we have joined hands with medical fraternity under the inspired leadership of Dr Shankar Acharya, Sr Consultant Ortho & Spine of Sir Ganga Ram Hospital, New Delhi and founder Chairman of Kadambini Charitable Trust to organise first ever free multi-speciality healthcare camp for its employees and underprivileged people of this locality on 6th Jan 2013 at Power Hospital, Gridco Colony, Bhubaneswar.

We acknowledge the altruism, dedication, and the will to serve the mankind demonstrated by Dr Shankar Acharya, and his wonderful Team.

Looking forward to contributing more in CSR space on collaborative network.

Santanu Rath

Director –HR, OPTCL & GRIDCO