India is a vast and varied country with a population of a billion, of which 70 million are disabled—more than the population of the UK. I was looking forward to returning to my homeland and working alongside those on the Lifeline Express. While the word Delhi may conjure up images of crowding, poverty and sickness, Delhi domestic terminal was like any other European airport—all Jasper Conran-designed hotels, five-star cuisine, designer shops and even a place to grab a coffee and a chocolate muffin. It seems Delhi has changed incredibly since my last visit three years ago.

After a good evening meal during which I choked over the wine list, as luxury items cost three times more than in London; yet everyday living costs less than one-third, I caught the red-eye flight from Delhi to Jabalpur in the Madhya Pradesh state.

Touching down in Jabalpur revealed a complete contrast. A solitary, simple, plain and dusty landscape. Jabalpur is just like many other small towns in India: low rise, an army presence and an air of forbearance from all those who go about their daily routine, especially when it comes to the traffic. Most importantly, it has a railway station!

Lifeline Express

Neelam Kshirsagar, General Manager of Special Projects for Impact India, met me and immediately took me to the Lifeline Express. The train of Impact India. She explained that the Lifeline Express was here to provide free treatment for all, but it could only be successful with the support and cooperation of the local community. Local hospitals had been contacted many months prior to arrival, and teams of local orthopaedic, eye, cleft lip and ENT surgeons agreed to give freely of their time. The local Hitkari Dental College was also supporting the project. The Director Dr Dhiranwani and his team would be assisting me for the duration of my visit.

Getting things moving

As only certain types of operations could be performed on the train, all patients had to be screened prior to commencement. The orthopaedic team alone saw more than 5,000 patients of which 200 were suitable cases! Lazarus explained that the only way to “get things moving” was to go straight to the ‘District Collector’. He is the head area of local government and in India holds considerable power and influence. He agreed to mobilise his network of officials to ensure that all in the town and outlying villages would be aware of the visit. The Collector also wanted to meet the ‘dentist from London’, and so at the daily appointed hour he arrived for the inaugural ceremony of the dental suite. He assured me that he was committed to spreading the word and promised me many patients for the next day. To
As a result, patients never turn up before 10:15. The team from the dental college arrived at 9:50. I had thought they would send dental nurses to assist me but to my surprise two dentists, Dr Mangesh Ghate and the newly qualified Dr Pratiba Patel, a hygienist, Amos; and our nurse, Reena, welcomed me. Dr Ghate explained that as it was my first day they wanted to ensure I was fully supported! He proposed that as it was likely to be very busy we concentrate on those most in need. Dr Patel and he would initially screen the patients and any non-urgent cases would be asked to return at a later date. Anyone else would be given a written prescription for treatment. This was of enormous assistance, as my Hindi is terrible and most patients spoke a local dialect (one of the 1,500rible and most patients spoke assistance, as my Hindi is ter-

By lunchtime, I had removed 9:30. I had thought they would send a dental nurse to assist me to ensure I was fully supported! I remained for the next two days, after which it was time to hand over to Dr Ghate and his team who would continue the service for three weeks.

Staggering

By the end of my two days, we had seen and treated 62 patients for dental problems, a number that rose to an impressive 554 at the end of the three-week clinic. The medical teams on the Lifeline Express also treated 405 patients with eye problems, more than 100 for cleft lips, 85 patients with ear problems, and 211 sufferers of polio; in total a staggering 1,154 patients were treated.

Impact India’s ultimate aim is to raise awareness in communities of the medical benefits available to them, by encouraging them to demand treatment at local and regional health centres. Most poor Indians are illiterate and unaware of their right to treatment. For instance, in Madhya Pradesh those below the poverty line are entitled to £500 (US$850) in treatment a year, paid for by the state. While funds are available to treat those below the poverty line, less than 10 per cent of the allocated funds reach those in need.

On my final day, I asked Lazarus what her ultimate dream for the Lifeline Express would be. “Neil, I hope that one day the train becomes defunct. If we can educate and inform people of their rights, treatment will be fully provided locally and our train will be surplus to requirements”.

Here’s to hoping!

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Some of those I examined had difficulty in opening their mouths and on further investigation, I noticed clinical changes on the buccal mucosa consistent with chewing tobacco and betel nut. Dr Ghate later confirmed that they see many cases of Submucous Fibrosis at the dental clinic. I remained for the next two days, after which it was time to hand over to Dr Ghate and his team who would continue the service for three weeks.

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Dr Neil Sikka (right) is owner of Barbican Dental Care in London, UK. He can be contacted at enp@barbican-dentalcare.com.