Experience: 1

This is regarding a patient discharged from Sanatorium a few months back whom myself and Mr KR Hemanth, Health Visitor, National Tuberculosis Institute interviewed during our field visit in June 2002, during the sanatorium study in Mysore District. The patient named Rangaiah, aged 55 years, stays in a very small room separated from the main house where his wife, son, daughter-in-law and granddaughter stay.

Mr Rangaiah worked as a Tailor and was taking care of the family members. Two years back he suddenly fell sick with fever and cough and was admitted to sanatorium. He took treatment for 2 months and was discharged. Later he never bothered to continue treatment as he felt that he was cured.

After a lapse of 5 to 6 months he started vomiting blood. He was taken to general hospital, Mysore where the doctor advised him to take treatment from District Tuberculosis Centre (DTC), Mysore, as he was suffering from tuberculosis. He never visited DTC, Mysore for treatment. As he started loosing weight, his wife took him to DTC, Mysore. After examination he was diagnosed as sputum positive and put on treatment. The family members revealed that he used to visit DTC for drug collection but never consumed the drugs. He used to keep them in a wooden box. When asked, the reasons given were (i) he was not able to consume the red tablet in empty stomach, (ii) he felt like vomiting and giddiness whenever he saw them and (iii) he was afraid of his family members. The family members informed that he did not smoke or drink but lied.

Last year he was again admitted to sanatorium for 2 months as he was loosing weight. After discharge, the doctor advised him to continue treatment for 8 more months. He never turned up for collecting the drugs at sanatorium. When asked why he was not collecting the drugs, the patient and family members said that they had no money to pay, as they have to pay a sum of Rs 270/- to the society to collect drugs every month. The family members were also not willing to get the drugs as the patient did not consume them. The patient was now not able to walk properly. We motivated him to take the drugs at DTC, Mysore. The patient agreed but insisted us also to visit DTC, Mysore to enable him to get the treatment. We agreed and asked his son, an auto rikshaw driver to bring the patient in his auto next day morning at 10.00 AM to DTC, Mysore. Next day, we waited at DTC, Mysore but the patient did not turn up. After waiting for more than one hour we visited the patients’ house. The patient was at home. When asked why he did not come we were told that there was no body to bring him to DTC, Mysore as his wife and son had gone for work. The patient also said that the family members did not bother about him. They even did not allow him to watch TV and his grand daughter to come near him and he was not provided food properly. After hearing all the stories from the patient we took him to DTC, Mysore. We spoke to the Doctor and informed everything about the patient. The doctor after examination found him to be sputum positive and put him on treatment. The doctor and the treatment organiser motivated the patient to continue treatment. He was asked to come to the centre daily for getting injections and drugs. We also informed him that he would die if he did not take treatment regularly. After administering the injection and tablets consumed under the supervision of the treatment organiser, we took him back to his house. In the evening we again visited his house and motivated the family members to take him to the centre regularly for treatment. They were told that he would be alright in 8 months time and will soon start back to his work. We were happy to know after a weeks time from the treatment organiser.

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क्षयरोगियों के साथ अन्योन्यक्रियाएं - एक अनुभव

एन. नागेन्द्रा*

अनुभव - 9

यह अनुभव पूरे रोगी के बारे में है जिसे कुछ महीने पहले क्षयरोग आरोप रखा गया था और इसका साक्ष्य जनि तथा जिसका उपचार करीब 55 वर्षीय रोगी ने अपने मुख्य घर, जहाँ कि उसकी पत्नी, पुत्र, पुत्रवधु तथा पोती रहते हैं, से दूर एक छोटे से कमरे में निवास करता है।

रोगी उसी कर्म करके अपने परिवार का निवास कर रहा था। दो वर्ष पहले उसने अचानक वह दूधी द ज्वार से आतंक तथा उसे आरोपित कर दिया गया। दो महीनों के उपचार के बाद उसे ज्वार के दूधी दे दिये गए। उसके पश्चात उसने उपचार पर फिर नहीं रखा क्योंकि उसे लगा कि वह ठीक हो चुका था।

पांच-छह महीनों के अंतराल के बाद उसे खुन की उपचार करने हो गया। उसे मौत के समायोजन के लिए लेकर गया जिसने ज्वार के लिए जिला क्षयरोग केंद्र, मौत के उपचार करने की सलाह दी क्योंकि उसे ज्वार किया गया। यह कभी भी उचित कि उसके साथ जोला जाता है अचानक उसे ज्वार के लिए जिला क्षयरोग केंद्र (डी.डी.एस.), बंगलुर नहीं गया। जब उसका ज्वार पत्नी लगे तो उसकी पत्नी उसने डी.डी.एस., मौत के लिए लेकर गया। परिस्थितियों के अनुसार उसने सुधार पोजिटिव पाया गया तथा उपचार के लिए रखा गया। परिस्थितियों के अनुसार उसने सुधार पोजिटिव पाया गया तथा उपचार के लिए रखा गया। परिस्थितियों के अनुसार उसने सुधार पोजिटिव पाया गया तथा उपचार के लिए रखा गया।
यह अनुमान भी राजकीय क्षेत्रों अस्तित्व, पुराना मद्रास रोड, आरोग्यशाला, बंगलूर में किए गए अध्ययन के अंतर्गत क्षेत्रीय कार्य के दौरान हुआ। मुझे आरोग्यशाला के कुछ आंतरिक रोगियों का साक्षात्कार करना था। जब मैं वहाँ गया तो श्रीमान मेरिक नामक एक रोगी अपने बिस्तर पर नहीं था। अन्य रोगियों ने मुझे बताया कि वह श्रीवाचल के पिलवड़े था। जब मैं वहाँ पहुँचा तो कुछ लोगों को धूमपान करते हुए देखकर दुखे आचार्य हुआ। श्रीमान मेरिक भी वहाँ थे। मैंने रोगिक-परिचर को बुझाया तथा और बौद्धिक झंडे लेने के लिए श्रीमान मेरिक की जेब की तलाशी लेने को कहा। बौद्धिक के स्थान पर लगभग 15 क्षेत्र निरोधक गोलियाँ देखकर मैं आश्चर्यचकित रह गया। पूछने पर उसने निसंकोच बताया कि उसका गोलिया लेने की मान नहीं करता। इस बात की सुनना प्रभावी नर्स को दी गई। वह उस पर चिल्लाई तथा कहा कि वह इसकी सूचना अथैशक को देगी। मैंने नर्स को बताया कि नियमित दवा न लेने से क्या होता है तथा फिर ऐसा न करने को कहा। मैंने नर्स को भी प्रेरित किया कि रोगी के हाथ में गोलिया देने की अथैश अपनी देखरेख में उन्हें सेवान कराए, ताकि ऐसी घटना की पुनरावृत्ति न हो।