

RAJKOT HOMOEOPATHIC MEDICAL COLLEGE

PARUL UNIVERSITY

DEPARTMENT OF COMMUNITY MEDICINE

PROPOSAL LETTER

Date- 14-03-2024.

To
The Principal
Rajkot Homoeopathic Medical College,
Parul University, Rajkot.
Gujarat.

Sub: To arrange an academic Visit to DTC.

Respected sir,

As per the curriculum by the National Commission for homoeopathy (Government of India), it is mandatory to arrange an academic visit for the students of 4th BHMS (Session – 2024 – 2026) at any infectious disease hospital for their academic purposes. So, in this regard Department of Community medicine is seeking your permission to conduct an Academic Visit to District Tuberculosis Centre, Rajkot, Gujarat, which will be convenient for our students, preferably in the 2nd week of April 2024.

Your kind co-operation is highly solicited.

Thanking you,
Yours faithfully,

Das 14/3/24

Prof (Dr) Anup Kumar Das.
H.O.D.

Department of Community Medicine.

HOD
Department of
Community Medicine



PARUL UNIVERSITY
RAJKOT HOMOEOPATHIC MEDICAL COLLEGE
DEPARTMENT OF COMMUNITY MEDICINE

Date - 10-04-2024

CIRCULAR

All the students of ~~4th~~ BHMS (24-26) BHMS are hereby informed that Department of Community Medicine has organized an academic visit to District Tuberculosis Centre On 12-04-2024 & 13-04-2024

Your presence is mandatory. Absence without prior permission will attract a disciplinary action.



[Signature]
H.O.D.

Department of Community Medicine.

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Department of
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Parul[®]
University

NAAC
GRADE A++

DEPARTMENT OF COMMUNITY MEDICINE

PERMISSION LETTER

To
The Medical Officer
District Tuberculosis Centre,
Rajkot Gujarat.

Date- 14-03-2024.

Sub: To arrange an academic District Tuberculosis Centre.

Respected sir,

As per the curriculum by the National Commission for homoeopathy (Government of India), it is mandatory to arrange an academic visit for the students of 4th BHMS (Session – 2024 – 2026) at any infectious disease hospital for their academic purposes. So, in this regard Department of Community medicine is seeking your permission to conduct an Academic visit to **district Tuberculosis Centre, Rajkot, Gujarat**, at any convenient date to you, preferably in the **2nd week of April 2024**. Our students are eagerly waiting to visit your esteemed Primary Health Centre at Rajkot.

Your kind co-operation is highly solicited.

Thanking you,
Yours faithfully,

(Signature)
14/3/24

Prof (Dr) Anup Kumar Das.
H.O.D.

Department of Community Medicine.

HOD

Department of
Community Medicine



(Signature)
14/3/24

Prof (Dr) H.N. Mehta.
Principal.

Rajkot Homoeopathic Medical College.

PRINCIPAL

RAJKOT HOMOEOPATHIC MEDICAL COLLEGE
RAJKOT.

(Signature)
10.4.24

Visit date
10.4.24

@ 11.4.24

At. 9/30 A.M.

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Rajkot Homoeopathic Medical College
Faculty of Homoeopathy



**A Report on visit to
DISTRICT TUBERCULOSIS CENTRE [DTC]**

At KOTHI COMPOUND , Rajkot 360005

ON 12TH & 13TH APRIL

ORGANISED BY,

**DEPARTMENT OF COMMUNITY
MEDICINE**



GUIDED BY :

Dr. ANUP KUMAR DAS (HOD,
DEPARTMENT OF COMMUNITY
MEDICINE)

Dr. HUMANI SHARMA (Associate
Professor of community medicine)

PREPARED BY :

SHREYA DHOLAKIA

Roll no : 29

4th BHMS (2024 -2026)



[Signature]
17/4/24
PRINCIPAL
RAJKOT HOMOEOPATHIC MEDICAL COLLEGE
RAJKOT.

[Signature]
15/4/24
HOD
Department of
Community Medicine

- **PLACE OF VISIT:**

DISTRICT TUBERCULOSIS CENTRE [DTC]

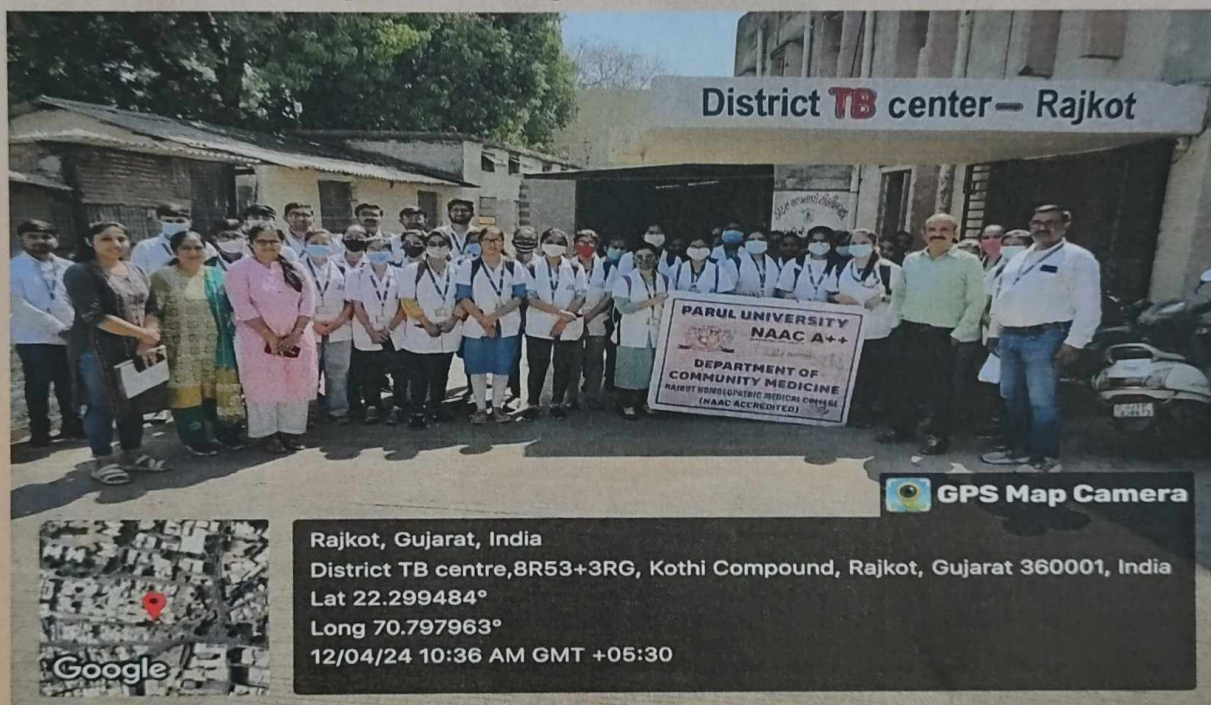
- **DATE OF VISIT :**

12TH & 13TH APRIL, 2024



- **OBJECTIVE OF VISIT :**

1. To understand the management of tuberculosis at designated health institute for tuberculosis.
2. To study the broader plan of management of infective disease – tuberculosis.



❖WHAT IS TUBERCULOSIS ?

- tuberculosis is an infective disease usually caused by – mycobacterium tuberculosis bacteria.
- Tuberculosis generally affects the lungs , but can also affect other parts of the body.

❖CLASSIFICATION OF TUBERCULOSIS :

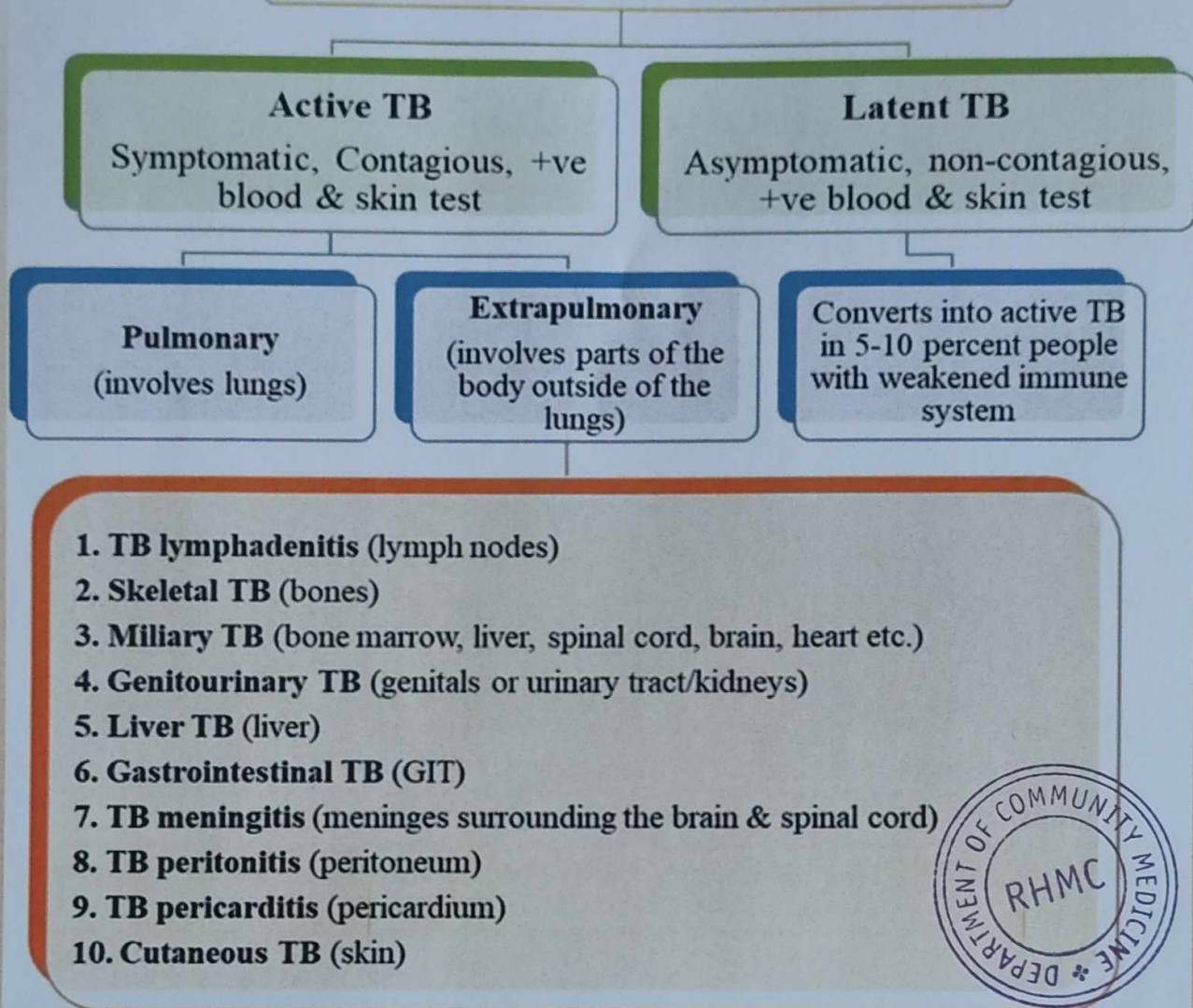


- It can be classified into two broad groups:

A.Pulmonary tuberculosis

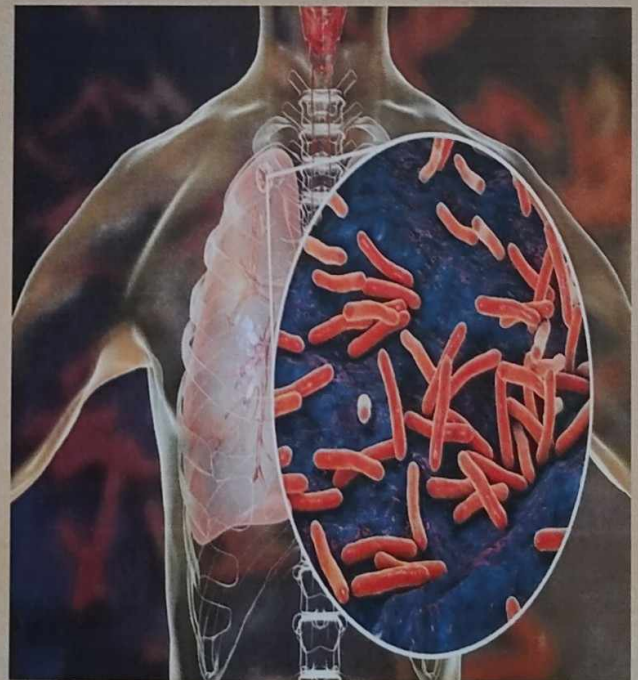
B.Extra- pulmonary tuberculosis

Types of Tuberculosis (TB)

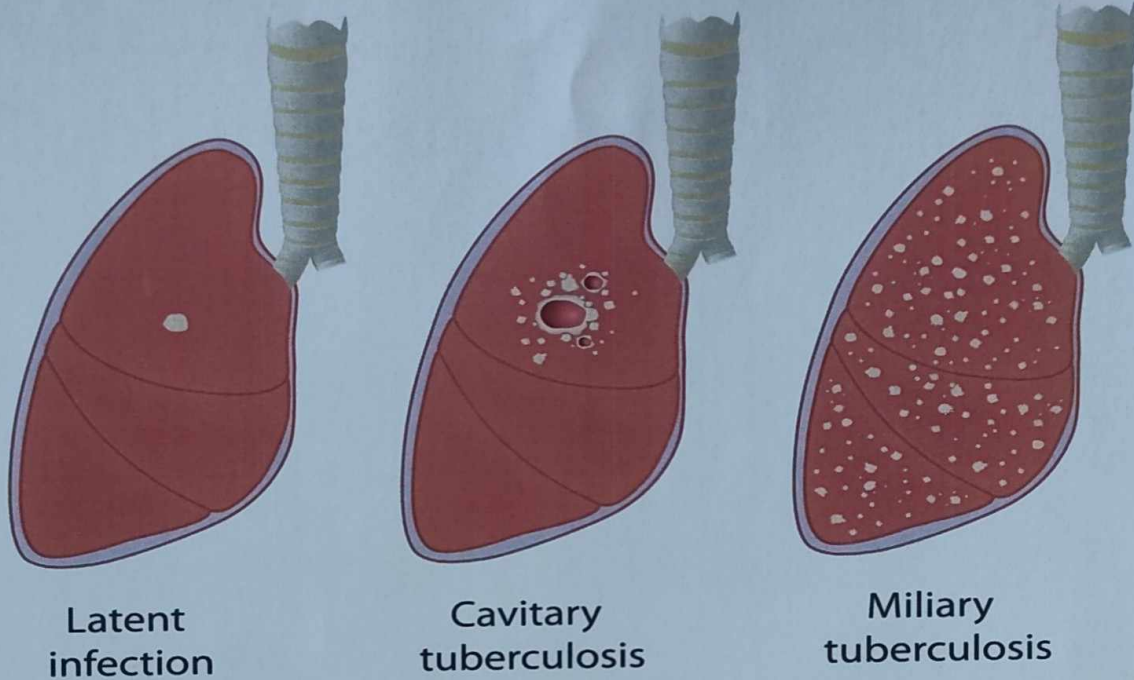


▪ **Based upon phase of disease it can be :**

- A. Latent tuberculosis
- B. Active tuberculosis
- C. Cavitory tuberculosis
- D. Miliary tuberculosis



Tuberculosis



❖ CLINICAL FEATURES OF TUBERCULOSIS:



the usual symptoms of tuberculosis include

- Fever
- Chills
- Night sweat

- Cough
- Loss of appetite
- Weight loss
- Blood in sputum [phlegm]
- Loss of energy .

SIGN AND SYMPTOMS OF TUBERCULOSIS



COUGHING UP BLOOD



FEVER



CHEST PAIN



CHILLS



WEIGHT LOSE



NIGHT SWEATS



LONG-TERM COUGH

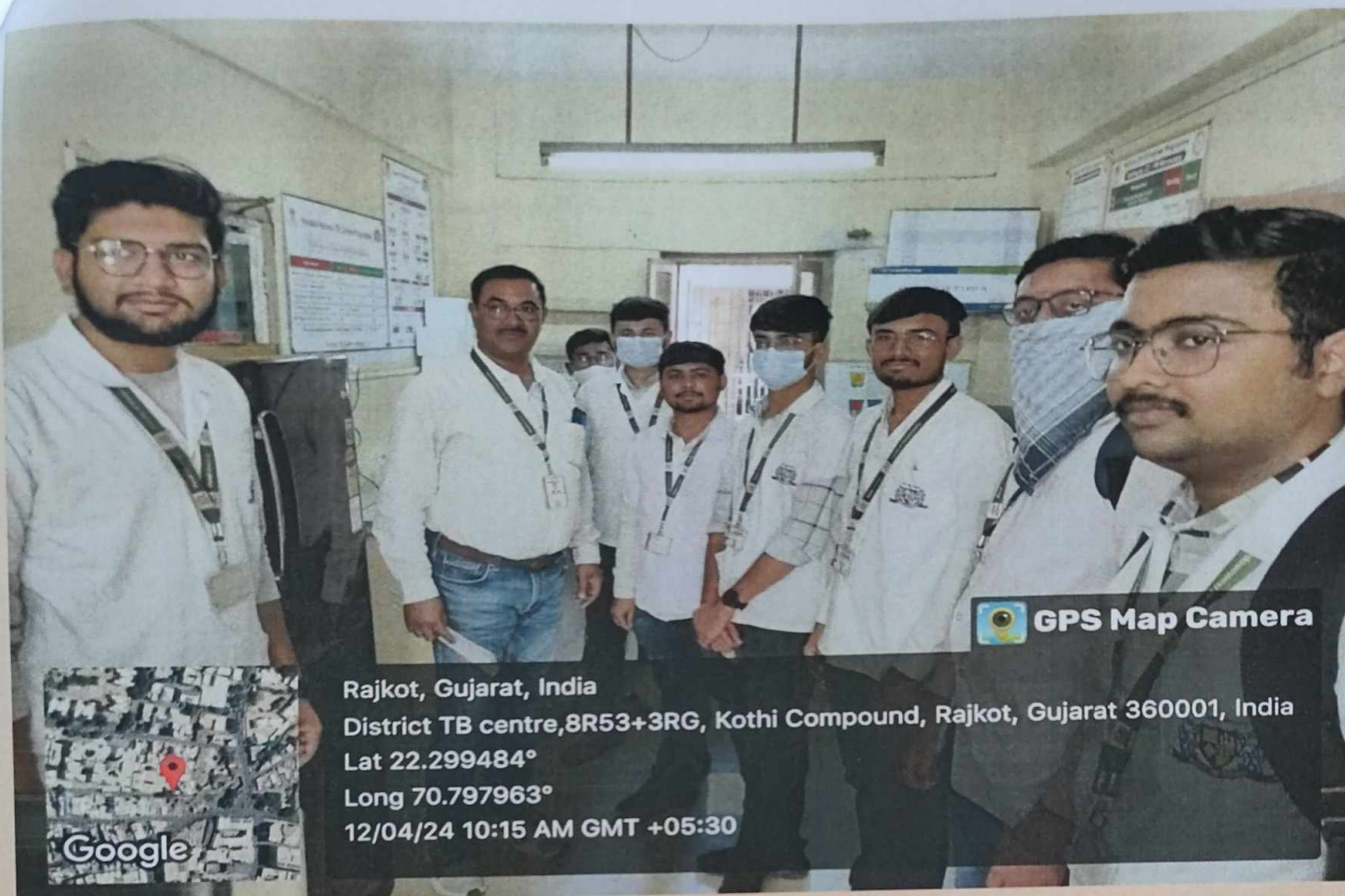


NO APPETITE



FATIGUE





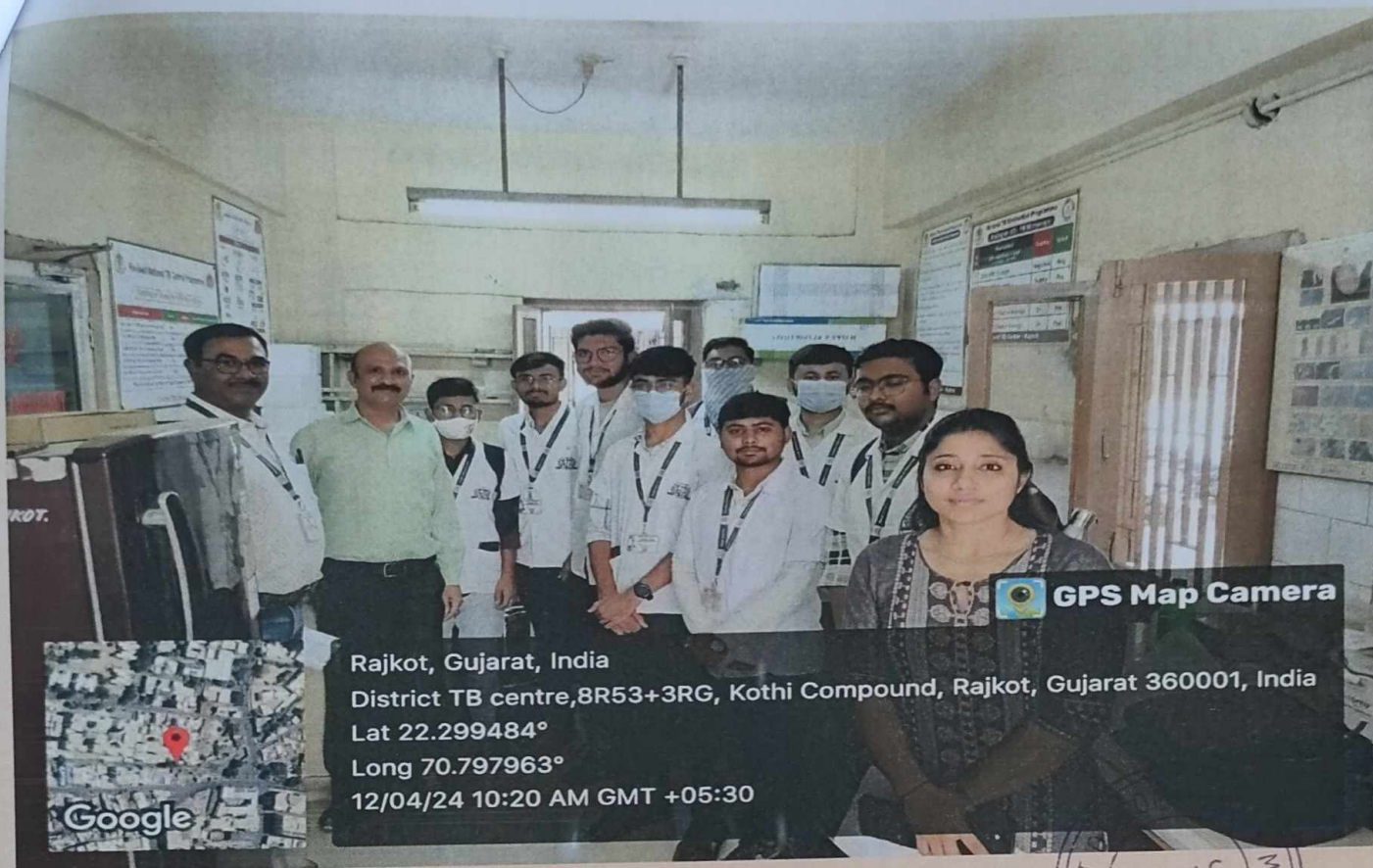
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District TB centre, 8R53+3RG, Kothi Compound, Rajkot, Gujarat 360001, India
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Long 70.797963°
12/04/24 10:15 AM GMT +05:30

GPS Map Camera

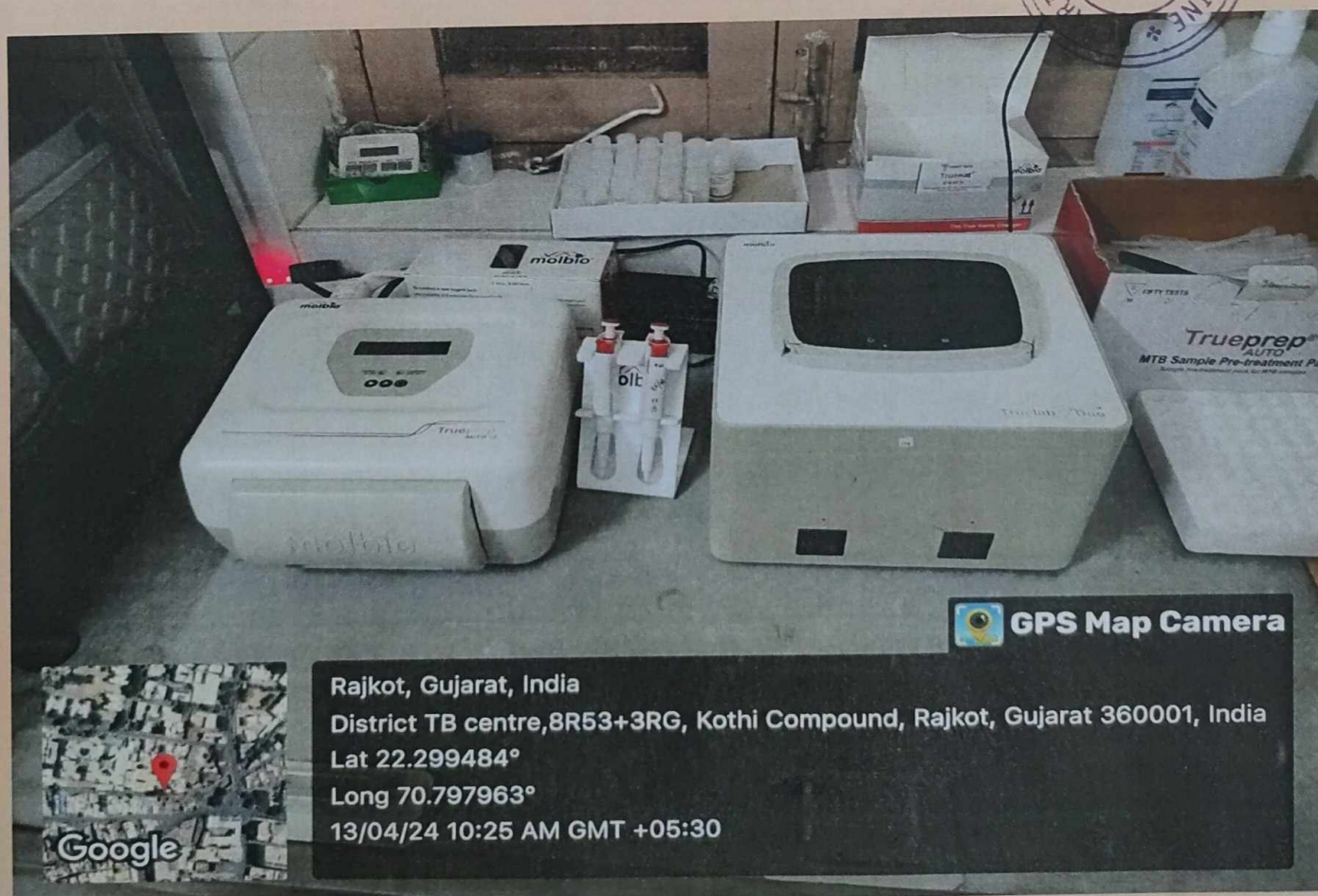


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Long 70.797963°
13/04/24 10:43 AM GMT +05:30

GPS Map Camera



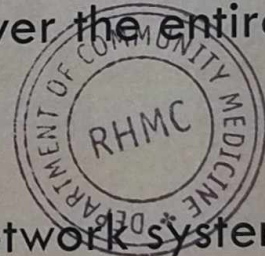
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Lat 22.299484°
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13/04/24 10:25 AM GMT +05:30

❖ LABORATORY INVESTIGATION AT DTC :

- RNTCP screens around 20 million TB symptomatics by microscopy and initiates around 1.5 million cases of TB on treatment annually since 2007-08. Rapid molecular diagnostics introduced since 2009
- scaled up from 2012 onwards has ensured that Line Probe Assay and CBNAAT testing is available.
- throughout the country. In 2016, 520,000 patients have been tested and 35,000 Rifampicin resistant/MDR-TB patients have been diagnosed. Second line DST using Liquid culture systems are in place and are being scaled up to cover the entire country by December 2017.
- RNTCP has a three tier laboratory network system for the diagnosis of Tuberculosis. The NRL, IR and DMCs, all the laboratories under RNTCP follows the quality assurance protocol for all technologies as per the WHO guidelines. RNTCP uses sputum smear microscopy for primary diagnosis of drug sensitive TB and rapid molecular test for the diagnosis of drug resistant TB.



■ The integrated diagnostic algorithm as described in the TOG prioritizes the use of high sensitivity Tools like Chest X-Ray as a screening method to improve the sensitivity of detecting pulmonary TB followed by a high sensitivity diagnostic test like CB-NAAT as tool for universal DST. In the Mantoux test, a standard dose of 5 tuberculin units(TU - 0.1 ml), according to the CDC, or 2 TU of Statens .

■ Serum Institute (SSI) tuberculin RT23 in 0.1 ml solution, according to the NHS, is injected intradermally (between the layers of dermis) on the flexor surface of the left forearm, midway between elbow and wrist. The injection should be made with a tuberculin syringe, with the needle bevel facing upward. Alternatively, the probe can be administered by a needle-free jet injector. When placed correctly, injection should produce a pale wheal of the skin, 6 to 10 mm in diameter. The result of the test is read after 48-96 hours but 72 hours (3rd day) is the ideal. This intradermal injection is termed Mantoux technique.

- **Mantoux test:-** In the Mantoux test, a standard dose of 5 tuberculin units (TU - 0.1 ml), according to the CDC, or 2 TU of Statens Serum Institute (SSI) tuberculin RT23 in 0.1 ml solution, according to the NHS, is injected intradermally (between layers of dermis) on the flexor surface of the left forearm, midway between elbow and wrist. The injection should be made with a tuberculin syringe, with the needle bevel facing upward. Alternatively, the probe can be administered by a needle-free jet injector. When placed correctly, injection should produce a pale wheal of the skin, 6 to 10 mm in diameter. The result of the test is read after 48-96 hours but 72 hours (3rd day) is the ideal. This intradermal injection is termed the Mantoux technique.



❖ DIFFERENT REGIMENS ADAPTED AT DTC:

Treatment of pts in the private sector: Once the patient is notified the responsibility of these will also be on the public sector to provide patient support that will ensure successful completion of treatment. This will include patient friendly adherence support, screening for co-morbidities and drug resistance. Mechanisms will be developed to ensure treatment regimens as per the STCI and quality assured drugs in the private sector. The mechanisms to ensure treatment regimens as per the STCI will include: a. Effective use of Schedule 1 provisions b. Use of reimbursement mechanisms.

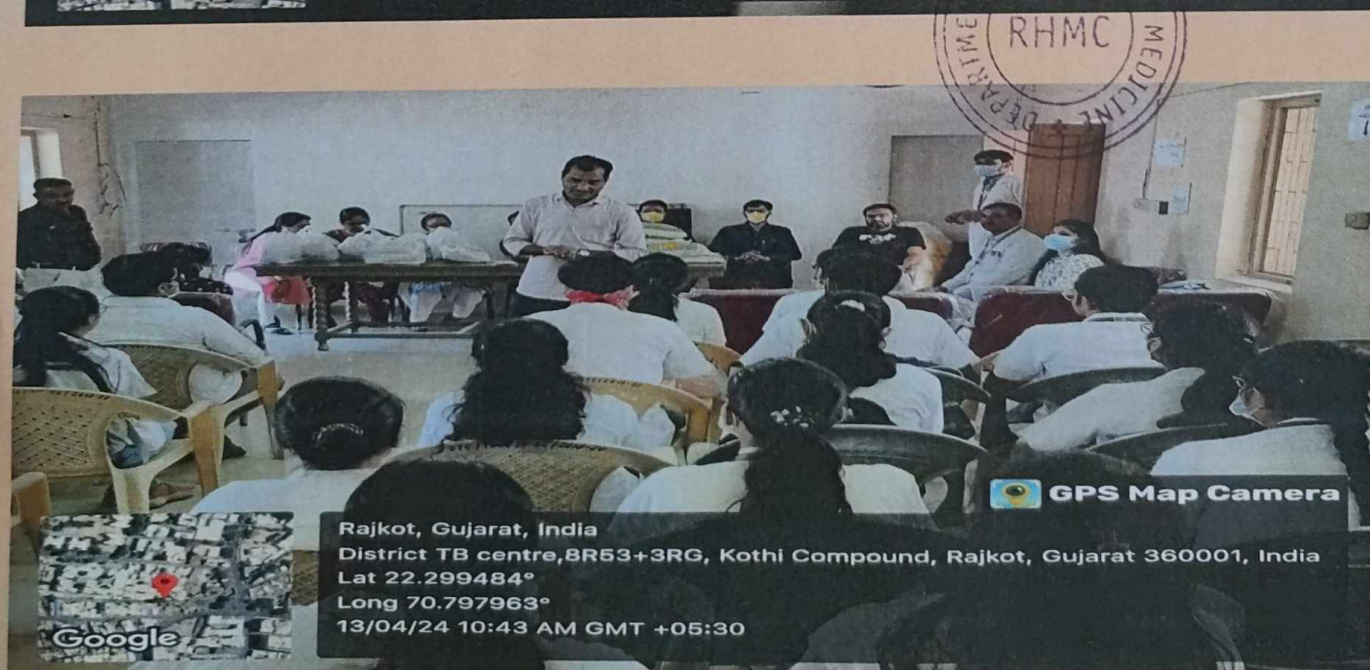
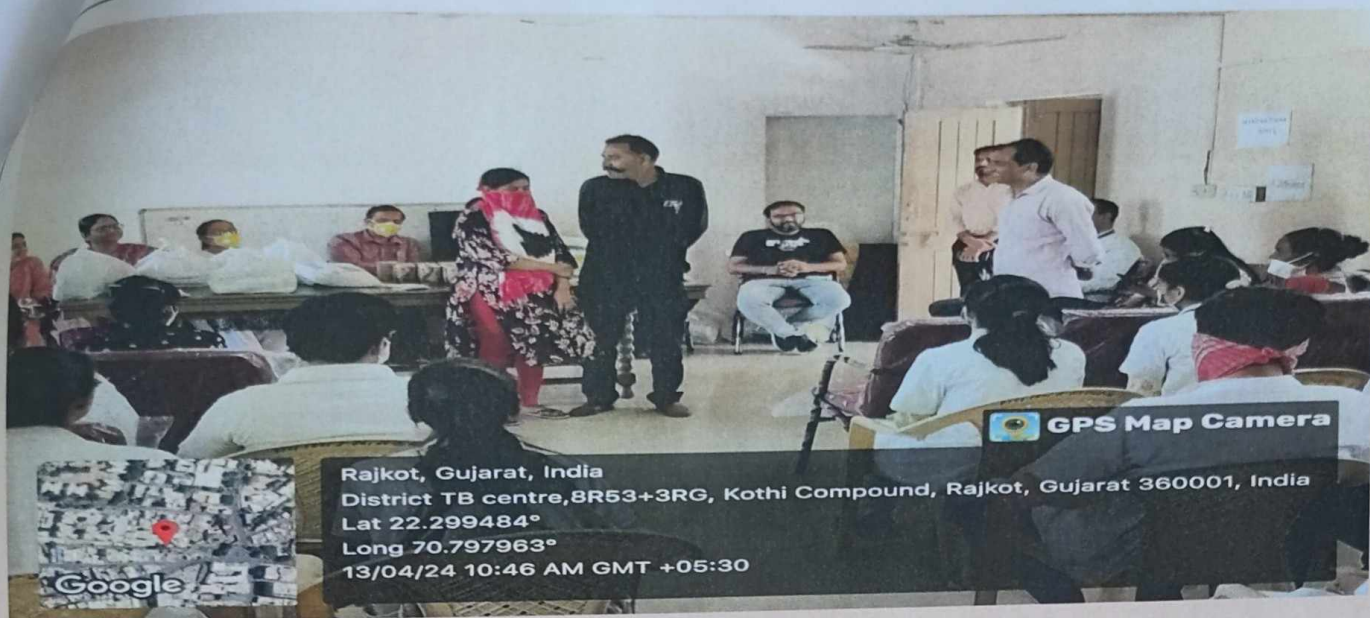


2. Treatment of DSTB: The priorities of the current plan include change of regimen for DSTB using daily FDCs as per patient's weight band with augmented continuation phase and intensified treatment support systems using ICT. This will be scaled up across India by the end of 2017 and also extended to the private sector in a phased manner over the next 5 years.

3. Treating drug resistant TB: RNTCP will embark upon addressing all forms of drug resistant TB. The thrust areas in the treatment for DR-TB over the NSP period will include the following. a) Management of H Mono Poly resistance: H mono-polyresistance is known to be around thrice as prevalent as RR-TB. It has been observed from programmatic data that nearly half of OFMUN.

- such patients treated with standard first line treatment failed and further half of them amplified to MDR-TB. Thus, a specific 9 1 2 month treatment regimen to manage H monopoly resistance with available first line drugs substantiated with afluroquinolone and a second line injectable.
- Shorter MDR-TB regimen: Since inception of PMDT services, RNTCP has witnessed a treatment success rate of just under 50% with the standard 24-27 months regimen. In 2016, WHO endorsed and recommended a shorter MDR-TB regimen for 9-11 months duration based on growing evidences of its effectiveness to improve treatment success particularly in RR- TB patients with additional resistance to fluoroquinolones and second line injectable.





Rajkot Homoeopathic Medical College
Parul University, Rajkot
 Academic Visit to District Tuberculosis centre .for 4th B.H.M.S.(2024-2026)

Date 12-04-2024 & 13-04-2024

R.No.	E.No.	Name	Signature
1	200409101001	Aakhunji Tarannum Mahammadshakilbhai	
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51	200409101050	Limbasiya Jatin Rameshbhai	
52	200409101051	Maheshwari Mahek Manojbhai	

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 Department of
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55	200409101054	Makwana Omika Vikrambhai	
56	200409101055	Manchandia Jatin Pradeep	
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79	190409101069	Prajapati Satish L.	
80	200409101077	Rajatiya Vishva Laxmanbhai	
81	200409101078	Rughani Jay Harshadbhai	
82	200409101079	Sagpariya Kruti Batukbhai	
83	200409101080	Sangani Fenaben Sanjaybhai	
84	200409101081	Satasiya Hemangiben Bhayeshbhai	
85	200409101082	Savani Kinnari Jitendrabhai	
86	200409101083	Shah Devanshi Virendra	
87	200409101084	Sheikh Mahir Mohammad Ishaq	
88	200409101085	Solanki Jagruti Jayantibhai	
89	200409101086	Solanki Prakruti Paragbhai	
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93	200409101090	Vadher Bhargav Vijaybhai	
94	200409101091	Vadher Jay Dhirajbhai	
95	200409101092	Vadodariya Krupa Shaileshbhai	
96	200409101093	Vagadiya Dharmik Parsotambhai	
97	200409101094	Vaghasiya Smruti Ashokbhai	
98	200409101095	Vaghela Priya Rameshbhai	
99	190409101098	Vakhariya Ashfak U.	
100	200409101096	Vala Abhijit Ranjitbhai	
101	200409101097	Valand Parth Mitulbhai	
102	200409101098	Vithalani Kaveri Bhavinkumar	
103	200409101099	Vithlani Dev Piyushbhai	
104	200409101100	Zala Jahnavi Ketanbhai	
105	200409101036	Humbal Mansi Atulbhai	
106	180409101046	Kanzariya Bhavik V.	



(Signature)

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81	200409101078	Rughani Jay Harshadbhai	<i>Jay</i>
82	200409101079	Sagpariya Kruti Batukbhai	<i>Kruti</i>
83	200409101080	Sangani Fenaben Sanjaybhai	<i>Fenaben</i>
84	200409101081	Satasiya Hemangiben Bhaveshbhai	<i>Hemangiben</i>
85	200409101082	Savani Kinnari Jitendrabhai	<i>Kinnari</i>
86	200409101083	Shah Devanshi Virendra	<i>Devanshi</i>
87	200409101084	Sheikh Mahir Mohammad Ishaq	<i>Mahir</i>
88	200409101085	Solanki Jagruti Jayantibhai	<i>Jagruti</i>
89	200409101086	Solanki Prakruti Paragbhai	<i>Prakruti</i>
90	200409101087	Soni Niyati Hiteshbhai	<i>Niyati</i>
91	200409101088	Thar Grisha Shilpesh	<i>Grisha</i>
92	200409101089	Tilala Dhru Chetanbhai	<i>Dhru</i>
93	200409101090	Vadher Bhargav Vijaybhai	<i>Bhargav</i>
94	200409101091	Vadher Jay Dhirajbhai	<i>Jay</i>
95	200409101092	Vadodariya Krupa Shaileshbhai	<i>Krupa</i>
96	200409101093	Vagadiya Dharmik Parsotambhai	<i>Dharmik</i>
97	200409101094	Vaghasiya Smruti Ashokbhai	<i>Smruti</i>
98	200409101095	Vaghela Priya Rameshbhai	<i>Priya</i>
99	190409101098	Vakhariya Ashfak U.	<i>Ashfak</i>
100	200409101096	Vala Abhijit Ranjitbhai	<i>Abhijit</i>
101	200409101097	Valand Parth Mitulbhai	<i>Parth</i>
102	200409101098	Vithalani Kaveri Bhavinkumar	<i>Kaveri</i>
103	200409101099	Vithlani Dev Piyushbhai	<i>Dev</i>
104	200409101100	Zala Jahnavi Ketanbhai	<i>Jahnavi</i>
105	200409101036	Humbal Mansi Atulbhai	<i>Mansi</i>
106	180409101046	Kanzariya Bhavik V.	<i>Bhavik</i>



13/4/24
HOD

Department of
Community Medicine



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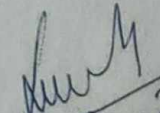


CERTIFICATE

TO WHOM IT MAY CONCERN

This is to certify that total 100 students of 4th year BHMS(2024- 2026), of Rajkot Homoeopathic Medical College, Parul University, had visited District Tuberculosis Centre, Rajkot on dated 12 -04-2024 and 13-04-2024 under the guidance of Department of Community Medicine.

Prof(Dr) Anup Kumar Das, HOD, Dept. of Community Medicine, Assistant Professor Dr Humani Sharma, Department of Community Medicine, accompanied and guided the students during the visit.


3/6/24
District TB Officer,
District TB Center,
Rajkot.