



OUR VISION

Christ's transforming presence in healthcare and the nation through Christ-centered medical professionals

FAR & NEAR

SECOND QUARTER
2016



Chairman's Letter

Fulfilment | fù(l)-'fil-mənt |

For some time, I have had a nervous relationship with the word 'fulfillment'. Is it a good thing? Should I be seeking it? Or is it selfish to be thinking about one's own fulfillment? I have come to realize that there are two levels in understanding 'fulfillment'.

At one level, fulfillment is about how much of what I am (my endowments, talents, strengths) and what I do are in the 'flow'. Mihaly Csikszentmihalyi coined the word 'flow' in his book: '*Flow: The Psychology of Optimal Experience*'. He defines *flow* as a state of complete absorption, engagement, fulfillment, skill and concentration that temporal concerns like time, food, ego-self are ignored. This is a state where we know, we are at our best, where our talents and strengths are used to the maximum - a state of immense fulfillment. We may not experience this all the time, but we might have had moments of such 'flow'. This is a state where we are in perfect harmony with how God has created us and the work we do. It is important to experience this state of 'flow' because it is an affirmation of our humanity and our unique created personality.

But we need to move to the next level. Life of Jesus gives us a new meaning to the word 'fulfillment'. The word is always mentioned in the context of Jesus fulfilling a prophecy or His Father's will. What is most important is not how much I am fulfilled, but how what I do fulfills the purposes of God.

Being in *flow* may not necessarily be a state where we are fulfilling the purposes of God. It could be the opposite. There are many examples of this in the Bible. Take for example, David. He had a perfect life as a shepherd. He was excelling in his work as a shepherd by defending his flock against lions and bears. He was a sharp shooter with slings. He was a very good poet and a singer with harps as well. We could say he was a fulfilled young man. God comes in - muddies the waters of his life, and David ends up running for his life for a long time, eventually becoming the greatest king of Israel. Abraham, Joseph, Moses, the Prophets, the Disciples and Paul are some clear examples of those who led fulfilled but insipid lives. Their lives are thrown into chaos by a God who specializes in upsetting placid lives. God, thereby, goads them on to become key players in shaping history as He intended.

Yielding to such disturbances and upsets is perhaps one way to reach the second level of fulfillment i.e., fulfilling the plans of God in our lives. There is no better example of this than Mary. She says, "I am the Lord's servant. May your word to me be fulfilled" (Luke 1:38). That is exactly what we need to say and pray, to be fulfilled!

Varghese Philip



ICMDA

South Asia Regional Christian Doctors
& Dentists Conference (ICMDA)

Jointly hosted by CMAI & EMFI

**FOR A TIME,
SUCH AS THIS**
(Esther 4:14)

27 (3pm) - 30 (2pm) October 2016
'Seva Kendra Calcutta 52-B, Radhanath Chowdhury Road,
Tangra, Kolkata, West Bengal 700015

Speakers:
Rev Dr Roger Gaiikwad
Dr Arul Anketell
Dr Vinod Shah



For Registration online use this link
<http://tinyurl.com/ICMDA-OCT2016-Reg-Form>
or send a mail to emfiannualconf@gmail.com)
Registrations are restricted to 250 delegates only due
to limitations at the venue.

KT Paul: Coordinator - North India

KT Paul visited fellowships in Kolkata and some parts of North East India. At Aizwal, he was encouraged to spend time with Dr Nghakliana's (EMFI's first travelling secretary) wife and daughter, Dr Mary. The Chattisgarh trip to Ambikapur, Raipur, Jagdishpur, Dhamteri, Baithelpur and Bilaspur was short but was purposeful. At Beithelpur, KT was encouraged to see a couple he had known for a long time joining the Leprosy Mission hospital. He writes, "We could count God's faithfulness and I could share the Word in the hospital church service among the staff and leprosy patients. It was a blessing." At Bhararwa, KT visited the Malto village and was disturbed seeing their pathetic living conditions even in the 21st century. In some fellowships he was able to discuss on topics like holy living, pornography, peer pressure, witnessing and ethical issues. At Jhansi, KT could get the students in touch with a doctor from Chattarpur Hospital. The students were much encouraged by their interaction with him. He also visited Gurdaspur, Ludhiana and Delhi.

Linu Zachariah: Field Partner - Tamil Nadu

Linu visited fellowships in Madurai, Tirichy, Salem, Theni and Sivagangai. He engaged the students with topics like Pride and Pleasures of the world. At Theni he could encourage the students as they were trying to find a place close by to meet for fellowship. At Salem, Linu could also be part of a farewell function for exchange students. In some of the places it has been encouraging to see the fellowship meeting in the graduates homes.

Malcolm & Uma Johnson: Associate Staff - Telangana

Malcolm mobilised around eighteen students to attend the IMM at Asha Kiran hospital and later accompanied 6 of these students on mission trips to hospitals in Nabrangpur and Bissamcuttak. The students understanding of medical missions has been greatly enlarged by this. At Warangal, Malcolm and Uma encouraged a senior doctor couple in their ministry among medical students. The Lord protected them from the scorching heat that prevailed in Telangana all through their travels in the summer.

Michael Sandersingh: Coordinator - Pastoral Care

Michael and Grace have been following up the fellowships in Delhi. They hosted some doctors from CMC, Ludhiana and Sitapur who were transiting Delhi. Michael also visited the leadership at EHA and spent time praying with them. He also ministered to the staff and the families in the campus of Harriet Benson Hospital, Lalitpur. He was also involved in retreats taking place in CMC, Ludhiana. On his visit to Raxaul to finalise the bible study material along with Deva and KT Paul he could visit many of the doctors in the campus and encourage them.

M V Rao: Associate Staff - Andhra Pradesh

Rao has recently joined the family of EMFI. He is based in Tirupathi and will be covering some places in Andhra Pradesh. He has already visited Nellore and Vijayawada and made contacts among students and graduates. He could personally visit some of the doctors there and pray for their needs.

Pratik Sindhu: Coordinator - Madhya Pradesh & Chattisgarh

Pratik visited fellowships in Gwalior, Indore, Bhopal and Raipur. He also accompanied some students on their trip to Laknadon Mission Hospital and introduced them to the doctors there. The students were blessed and challenged seeing the work there. At Raipur he could help the students plan for their upcoming Regional conference and also finalise the venue. He could also visit, encourage and pray for many students appearing for their exams.

Solomon Raju: Field Partner - Andhra Pradesh

Solomon could visit fellowships at Kurnool, Vijayawada, Nandyal and Anantapur on a regular basis. He was also part of the 'Kingdom of God' seminar at Ongole where around 40 doctors from Nellore and Guntur attended. At Nandyal, Solomon addressed the interns who will be leaving college soon and encouraged them to be good role models.

Chandy Issac: Associate Staff - Bengaluru

Mr Chandy helped Lindley mobilise students to attend the Karnataka state conference that took place in March. He has been engaging some fellowships that meet at his house and in some hospitals in systematic topical bible studies. This is what he writes about the fellowship that meets at his home, "We could see God steadily adding 2 more graduates and last week 7 more students into the fellowship. Molly was quite excited to see all these young people trooping in last Friday and she served some goodies which we all enjoyed! In the long run it will be nice to see these young students grounded in God's Word & walking with the Lord as they prepare for their life's work."

Bibin Benoy: Junior Field Partner - Karnataka

Bibin is the new addition to the staff family of EMFI. He will be based in Bengaluru and will be covering Karnataka. He has been visiting college fellowships in and around Bengaluru and meeting regularly with Chandy Issac for prayer. He is slowly developing contacts and building relationships with the students in the fellowships. Pray that the Lord will continue to guide him as he begins his work and travel.

Devakumar: Coordinator - Training

Devakumar is encouraged to see young leaders emerging from some of the fellowships in Chennai. Six young doctor couples could attend the 'Parenting Seminar' at Chennai. The couples had a blessed time of learning on topics like, 'How to handle children of different age groups!', 'Disciplining Children, Love' etc. The feedback of the students who attended the Tamil Nadu state conference at Pachalur, Oddanchatram has been encouraging. The resource people were Dr Isaac, Dr Vinu, Drs Alex & Hannah, Dr Chandra Singh and Dr Susheel Tharien. They touched on topics like Medical Missions, Practical Christian living, Purposeful living, Salvation, Sin, Marriage, Habits Romance, Guilt etc. Devakumar also participated in the DOWNLOAD program at Hyderabad, which was a weekend program on basic biblical doctrines. Though it was exam time and a long weekend around 30 students participated. Some of the topics dealt with were, 'Blueprint for marriage, Sin & Salvation, Failure is not final, Finding God's will etc.

George Suchiang: Field Partner - North East India

George has been engaging the students in the fellowships of Shillong and Tezpur on topics like Priority and Commitment. At Guwahati the fellowship is steadily growing and he is encouraged to see their thirst for the Word. He also addressed the fellowship on Easter Sunday. At Jowai, George and his wife Dafa encouraged and prayed with one of the doctors who is going to serve in the interior part of the state. During one of the fellowship meetings at Jowai, there was an earthquake but the Lord protected everyone. The one day retreat at Jorhat had a good number of people in attendance.

Malsawmlianna Darlong: Field Partner - West Bengal

Malsawma visited fellowships at Burdwan, Bankura, Khalighat and Manikatla encouraging students from the Word and helping them to meet regularly. He could also motivate a young doctor to travel along with him to the fellowships. The students were encouraged by this visit. He could also guide two Post Graduates from a fellowship to serve in needy areas. We will miss Malsawma as he leaves EMFI to go back to his home town in Tripura and help his ageing parents. We wish him God's blessings as he gets involved in Church ministry there.

Sylvester: Designer & Assistant Admin.

Sylvester who has been the creative designer of EMFI for the past few years is leaving us to pursue his designing career in a private company. Though we will miss him here at EMFI, we wish him God's blessings as he explores new horizons.



GROUND REALITIES

WHEN THE TYRE HITS THE ROAD

Our Work is For a King

Chinchpada Christian Hospital is situated in the Nandurbar District of the state of Maharashtra in West-Central India. It is in a remote, hilly area with limited access by road or rail. Two missionary nurses with The Evangelical Alliance Mission (TEAM) founded it in 1918 as a small clinic for serving the 'Bhil' tribal people in the surrounding communities. The facility grew gradually to a fifty bedded hospital, and was incorporated into Emmanuel Hospital Association in 1976.

The 'Bhils' are primarily farmers and very poor, with high prevalence of malnutrition and infectious disease. This is also a dense sickle cell disease belt, and there is a high incidence of urinary tract stone disease. The hospital functioned well for several decades, offering quality health services to the poor people in this region. Recently, it suffered a decline because of various factors, including inconsistent availability of doctors. Finally, it had to be shut down for a year in 2013. We were commissioned to reopen services in the hospital in October 2014. A generous grant allowed the main medical building to be renovated and provided funds for new staff housing. However, running the hospital with very limited equipment, drugs, and support services was a daunting challenge. Although the number of patients accessing the services of the hospital is growing slowly and steadily, we still need to make referrals for relatively basic and essential services like ultrasound, endoscopies, and other diagnostic and therapeutic procedures for which we are adequately trained and experienced, but lack facilities. Even keeping an adequate supply of life saving and commonly used drugs and oxygen has often been a struggle due to limited finances. Most of these need to be procured from far away. The regular nine hour power cuts add to the challenge. Through all this we are experiencing God's grace and sufficiency in amazing ways, not least through the faithful and valuable support of many of our dear friends. We trust that this is His work, and He will fulfill His eternal purposes in His time. We rely on the Lord for daily provision as we seek to reach out to the people here with healing in body, mind, and soul in Jesus' name.

Currently Chinchpada Christian hospital provides out-patient and inpatient services, occasional outreach clinics, and school health clinics in the region. We have also started a home based palliative care program, and look forward to addressing disability as well as alcohol rehabilitation needs in this region.

One-year-old Amit was brought to the hospital by his worried parents. He had aspirated a custard apple seed and it was lodged in his trachea and the seed needed to be removed with a bronchoscope or Amit would not live much longer. Chinchpada does not yet have a bronchoscope. We encouraged the parents to take Amit to a better-equipped center 90 kms away, but they had no way to get there, nor the money required. The staff called several centers and finally located a specialist 100 kms away and asked to borrow his equipment. He graciously agreed, and a friend from our hospital drove three hours by motorcycle to bring the equipment to Chinchpada. We began the procedure with much trepidation and prayer, but by God's mercy and grace successfully removed the seed. Amit recovered fully and went home on the third day. Treating patients without the necessary equipment is an added difficulty in an already challenging medical environment. However, this also affords us priceless opportunities to experience God's miracle-working hand in the reality of our inadequacies and helplessness.

The Evangelical Alliance Mission began their outreach in the village of Chinchpada in the early 1900s, and an estimated 70 to 85 churches have been established in the area. In the 1990s, these churches split into three groups and have since been at odds with one another. When we came to Chinchpada Christian Hospital in 2014, the Lord laid it on our hearts to invite the local church to pray with us. Pastors from one of the groups of churches came to the hospital prayer hall every Wednesday to fast, pray, and seek God's intervention. As they prayed, they began to see breakthroughs in the bitterness, anger, and strife, as well as rejuvenation in their personal, family and church prayer lives. Slowly over the ensuing months the other groups also joined in this prayer along with the hospital staff and have been seeing prayers answered, chains broken, and miracles happen in the workplace and in the home. This has been a major breakthrough for the Glory of the Lord.

As we look forward to the coming few years we realize that the times are difficult. There are many hurdles to cross. Every day we see people resorting to superstition and idolatry, witchcraft and other potentially harmful indigenous treatments when their loved ones are ill. It is an everyday affair to have a patient with hemoglobin levels under 3gms%, or a gangrenous foot covered in cow dung, or extensive Tuberculosis that has never been evaluated, brought through the hospital doors. Unless there is over-all improvement in education and awareness, standards of living and nutrition, healthcare that is purely hospital based will only be a damage-control measure. We look forward to further preventive interventions in the community as the Lord adds people to our team.

As with any place in a remote, location, the stagnation that results from being secluded professionally is a significant challenge in all fields. We are grateful for the inputs we receive from visiting professionals, as well as from people who join in the work from various places and cultures, contributing to the learning and growth of the institution.

This being a remote, rural location, children's education remains a big concern. It is a challenge for the local school to attract and retain qualified personnel, and keep abreast with the growth in the field of education in the rest of the country. Again, there is a need for Christian educationists with a vision to help bridge the gap.

Overall, we feel it is a great privilege for us to be here in this place. We have the honor of serving the poor with our God-given gifts, and the joy of experiencing His love, mercy, and power in very special ways. We are learning to lean on God rather than on ourselves more and more through the many humbling, and simultaneously uplifting experiences of His providence in the face of our inadequacy. As a family, we feel we have grown in love together and practical dependence on God for everything, even as we continue to experience His faithfulness daily.

**Deepak and Ashita Singh
and the Team at Chinchpada**



Drs Deepak and Ashita Singh family

Student Section

Some students at the Karnataka state conference put up a skit that was very innovative and thought provoking. The skit is about a girl named 'Omletta' who comes to the OPD with symptoms of emptiness and worthlessness. The case study is presented by Dr Angina to Prof Histamine Patil. The history taking, physical findings, Investigations are hilariously presented with a final diagnosis of CHRIST DEFICIENCY SYNDROME. Some excerpts from the skit are given below.

History of present illness: The patient, Omletta was apparently alright 8 months ago when she noticed an emptiness in life which was insidious in onset and progressive in nature. The emptiness aggravated immediately after logging out of Facebook and WhatsApp and after returning back from a party which she thought would fulfill her emptiness. It relieved when she, very rarely attended meetings, like those conducted by EMFI. She also complains of a decreased interest to go for these meetings. It is associated with feelings of jealousy & hatred. She also has feelings of worthlessness and inferiority. The patient also gives a history of reduction in quiet time and increased affinity to the intake of alcohol.

Prof: So, what is your diagnosis at the end of the history?

Miss Angina: Sir, It might be a Major Depression Syndrome or it can be a "sin"obacterial infection. Sinobacillus is present all around us. But when there is a decreased level of Jesus in the serum, sinobacillus finds it easy to attack.

Prof: So what is the pathophysiology of a "sin"obacillus infection?

Miss Angina: Discontinuity in the fellowship with God permits easy entry of Sinobacillus in the body. The virulence is augmented by coexisting Jesus Deficiency Syndrome. A 'sin'oma is formed and 'sin'otoxins are released. Feelings of jealousy, hatred and inferiority complex (which are responsible for her direct symptoms) are also released. These toxins can affect every cell in the body but particularly have an affinity to the heart and brain. It has receptors that suck out love, joy and peace. The toxins also cross the Blood Brain Barrier (BBB) and mainly affect the limbic system. Again, sucking out love, joy and peace (double trap effect). These ultimately lead to depression, anxiety and emptiness.

Prof: What are the investigations you would like to do?

Miss Angina: Investigations:

Complete Biblical Count (CBC), Serum Sinobacillus Assay, Anti-Sinobacillus titer and Biblical Resonance Imaging of Mind (BRIM)

Prof: Treatment?

Miss Angina: Treatment modality is both general and specific.

General

Take adequate rest

Eat the Word of God daily

Abstain from alcohol and immoral friends

Regular attendance in EMFI meetings

Specific: Medical

Oral

Psalmomyacin119: 105mg stat (Your word is a lamp unto my feet and a light unto my path).

Joshuacyclin1: 9mg TID ("Have I not commanded you? Be strong and courageous. Do not be discouraged for the LORD your GOD will be with you wherever you go".)

Intracardiac inj.

Cephalove, Cephajoy, Cephapeace

We will have to follow up after 1 week for the level of Holy Spirit in serum.

Prof: So what is your final diagnosis?

Miss Angina: Christ Deficiency Syndrome (CDS)

Advice to patient: Take as much for Spiritual Renewal. And don't forget to add the active ingredient Faith. The Physician is Dr Jesus Christ.

Narrator: It was really tough for Omletta to start the treatment regimen.

Omletta: Lord, I'm really sorry. I want to maintain my relationship with you. But I have been unfaithful to you.

Narrator: As she opened her tablets, she found a note with 1Corinthians 10:13 written on it.

Omletta prays: Lord Please provide a way! Hold me Lord! Never let me go.

Narrator: Cytotoxic T cells enter and destroy the sinobacillus. Miss Omletta is freed. She took the medicines regularly and the level of Jesus in her serum raised. Her joy was restored and the Love of God filled the emptiness of your life.

Are you suffering from CDS? Test it out. God is ever willing to come and stay in your heart, only if you would allow him to. Call Him in today!

PRAY FOR

- Leadership / Mentoring workshop for doctors from the 4 southern states (At Hyderabad 15th - 17th July & at Oddanchatram 13th - 15th August)
- The EMFI Staff as they meet at Hyderabad for a time of prayerful planning (18th - 20th July)
- ALONGSIDERZ - a one day retreat for Post Graduates at Chennai (24th July)
- The Tamil Nadu State conference at Pachalur, Oddanchatram (13th - 15th August)
- The EMFI Executive meeting at Vishakapatnam (17th September)
- One day of Prayer at Bangalore (21st September)
- Kingdom of God seminars (At Dimapur - 24th September & at Shillong - 1st October)
- SHILOH - The missions conference at CMC, Vellore (29th September - 1st October)
- The North India Regional Conference at Raipur (8th - 11th)

Pray for the situation in South Sudan and for safety of Drs Anil & Shalini and the students, some of whom have lost their families in civil war.

Family News

Births

Dr. Rajkumar Joel & Dr. Shalini Sahu were blessed with a baby boy Michael Raj Kumar on 8th April

Dr. Mumtaz & Mr. Kissinger were blessed with a baby boy Asher on 28th April

Wedding

Dr Kishore wed Dr Esther at Nandyal on the 9th of May

Dr Krupakanth wed Dr Sushma at Kakinada on the 1st of June

Dr Fredrick Stephen wed Vaishnavi Pragadesh at Puducherry on 1st June

Movements

Drs Jeevarathnam and Vijetha from Narayana Medical College to ESI hospital, Hyderabad

OBITUARY

Rev A COOMMEN

Date: 19th June 1921 - 5th Dec 2015

REFLECTIONS

Tearful reminiscences of a man of God who passed on recently to his Eternal Home.

Grateful celebration of a life well lived before God and us all.

He was a 'PROPHETIC VOICE' among us; amidst the clamour of much noise, he brought God's voice with a refreshing clarity, authenticity and gentleness. With humble boldness achen said: "Thus says the Lord...thus says the Word of God."

Like a rock he stood firm on his convictions born out of the Bible, courageously taking sides with the poor, marginalised and out casts, thus earning the wrath of many, even in religious circles.

Like Achen Oommen, let us also enter into the regular discipline of prayer and meditation of the Word, only then will the much needed prophetic ministry be born into this broken world of ours.

Achen redefined the meaning of "HEALING." He had a deep divine 'DISCONTENT' about the superficial understanding of what healing was. He taught both in national and international forums that, "Healing is not the mere treatment or prevention of diseases, but it is restoration of the whole person for the purpose which he/she was created by God in his very own image." Thus, again by deep meditation, study of Bible and prayerful reflection on realities around us, achen opened a new vista of vision for us to look at healing ministry as our Lord Jesus Himself practised during his earthly days. He always dreamt about healthcare institutions becoming temples of God where Christ meets His people who too are His temples in sickness and suffering. So may his life inspire us afresh in our daily practice of healing and health care in its fullest depth, not just Repairing but Restoring.

Dr Kuruvilla Varkey,

CFH, Oddanchatram



OPPORTUNITY

Do you hear God calling you to serve in the powerful state of Chhattisgarh?

Hear what Dr Vikram Tirkey says about his experiences of working/serving in Champa Christian Hospital (CCH), Champa. "In the last 3-4 years, Champa Christian Hospital has grown in its bed strength, patients turn over, number of staff & health professionals, finances, and infra-structure. There is still construction of infrastructure in rapid progress and we visualize CCH to be a multi-specialty referral hospital. Therefore, there is God's Call for Christian doctors – MBBS and specialists (Anesthetists, Pathologists, Pediatricians, Obstetricians, Physicians etc.) and super-specialists (Neonatologists); to take up the challenge and contribute towards taking CCH to a higher level – all for the Highest Glory of the Kingdom!" For details email - vikram@eha-health.org

Thank you!!

Dr Vikram Tirkey



ETHICAL DILEMMAS

Many companies, knowing that I'm into a bit of research and activism, are offering grants or contracts by which they enter into an agreement and pay me a sum of money by cheque. I have to do a study on their drugs and answer a questionnaire. The dilemma is whether to accept or not.

It is good to ask the following questions before undertaking studies/trials:

What will be the BENEFIT out of this study?

Will PATIENTS really benefit? Especially the poor?

Is it ETHICAL? Has an ethical committee sanctioned it?

Can I do it without COMPROMISING my Christian values?

What is my MOTIVATION in doing this?

Two Bible verses which help us in checking the MOTIVE behind our works in general are:

"Do everything in love" - 1Corinthians: 16:14

"Do it all as working unto the Lord" - Colossians: 3:23

Is it somehow RELATED /RELEVANT for the KINGDOM of GOD and its flourishing?

Dr Kuruvilla Varkey

Christian Fellowship Hospital

Oddanchatram, Tamil Nadu.

This is a column that addresses the dilemmas that Christian doctors face in relating their faith to their professional practice. Readers are requested to send their questions to emfipublications@gmail.com and senior Christian doctors will give you biblical guidelines to address your issues and concerns.

EMFI - KARNATAKA STATE CONFERENCE 2016

It started on the 17th of March 2016, when the dental and medical fraternity (staff and students from Bangalore, Mysore, Bagalkot, Tumkur, Kolar, Davangere, Raichur, Hubli and Mangalore) of Karnataka state met for the EMFI's State Conference, at the Bangalore Baptist Hospital, Bangalore.

With a very aptly chosen theme, 'FOLLOW THE LEADER', the three days that ensued were filled with a time of great learning, spiritual enrichment, fellowship and fun. The theme song for the conference was Rend Collective's "My Lighthouse". The worship team "The Levites" led by Dr. Bilcy Philip, comprised of individuals from various walks of life. Our morning devotions were taken by Dr. Naveen Thomas and Dr. Maben.

Morning sessions were about 'Following Jesus - the ideal leader.' Pastor Renjith David reminded us of God's unending love. We had group discussions, where each group was led by a graduate and everyone was given a chance to speak out. The doctors encouraged and prayed with them.

This was followed by a session on 'Discipling /mentoring' taken by Dr Cijoy Kuriakose. He also spoke about the importance of spending a hindrance free quality and quantity time with Jesus Christ, our Lord.

'Mission of the leader' was another interesting session. Dr Muralidharan reminded us of the doctor's commitment to serve mankind. 'Call of the Leader' was taken by Pastor Johnson Varghese, who challenged us to be imitators of Christ. He encouraged us to submit to God's plan wholeheartedly and to trust Him in the little things. Separate sessions for doctors and students dealing with holiness and purity were taken by Dr Beena Sam, Dr Manoj Jacob and Dr Varghese Philip.

The post lunch sessions of games conducted by Uncle Lindley was high on the leisure quotient and increased bonding among the participants. Dr Philip Thomas gave a brief presentation of the ministry of Bangalore Baptist Hospital. The musical concert was soothing and refreshing. Talent time provided a platform for showcasing talents. The organizing secretaries Dr Justin Sam and Dr Abey Chacko could be seen busily taking care of the small details of the conference. Dr Pauline Flemmingson was the master of ceremonies. Drs Shyam and Reena ensured that all of us had a seamless entry into the venue. The catering was handled very efficiently by Dr Sudhakar. The accommodation arranged by Dr Kingsley, Dr Shon, Dr Abhilash and Dr Mary could not have been better. We loved the colourful conference kits provided and the time of fellowship and interaction was very pleasant and added weight to memory bag.

We look forward to the next year's conference.

As we go back to our respective places to be the light may many lives be touched and prayers be answered!



EMFI - KARNATAKA STATE CONFERENCE 2016

Deepika Ravi, Final year MBBS
S Nijalingappa Medical College, Bagalkot.



Category 1 - Medical Students and Interns
Category 2 - Post Graduates Students

Prize for best submission
Rs 15000 in each category.

*Last date for receiving essays - Sept 15th, 2016
For more details (word count etc.) kindly send a mail to Mr Jacob - emfipublications@gmail.com

TOPICS

1. Medicine as a Vocation (calling)
2. Medical Missions in present context
3. Integrity in Medical Practice
4. Whole person Medicine (including evangelism)
5. Challenges in Healthcare in India

India coughs up a cold call: no more sweet nothings

The decision to ban 300-odd fixed-dose combination drugs brings down the curtain on Indians' obsession for self-medication through codeine-based cough syrups

The fall from grace for codeine — once the world's most lauded cough medicine — had begun nearly half a century ago before it was formally tombstoned by India earlier this week. Corex, a cough syrup whose most important element is codeine and one of pharma major Pfizer's most profitable drugs in India, was banned along with 300-odd so-called fixed-dose combination (FDC) drugs on March 14.

Codeine's side effects - of being extremely addictive and inducing drowsiness - became such a problem that Heroin (the highly regulated narcotic of today) and a drug developed by German drug manufacturer Bayer was actually sold as the “non-addictive” version of codeine and “10 times more effective as cough medicine”, according to Richard Askwith, in The Sunday Times (U.K.) of September 1998.

Relief at a high cost

Cough suppressants such as codeine and dextromethorphan directly act on the brain regions responsible for triggering the coughing reflex. Once ingested, codeine could be rapidly converted to morphine within the body and that could dangerously spike blood levels, especially in children, and reports also started to emerge of its role in hypoxia — or decreased oxygen supply to the brain.

Worse, given its opioid ancestry there were always clinical observations that cough syrups in high doses caused hallucinations, dizziness and were extremely addictive and reports also began to emerge of its popularity as a street drug because of its easy availability in pharmacies. A comprehensive review last year by the U.S. National Institute of Drug Abuse says: “Abusing Dextromethorphan, or DXM (a cough suppressant developed in the '50s as an alternative to codeine formulations), can cause impaired motor function, numbness, nausea or vomiting, increased heart rate and blood pressure, and at high doses, extreme agitation, increased body temperature, and a build-up of excess acid in body fluids.”

Corex's recent ouster is connected to a large crackdown by the government on FDCs that are medicines in which two or more active pharmaceutical ingredients (APIs) are combined to form a single drug. In several countries access to cough syrups is regulated but India is an outlier.

A socio-cultural problem?

“The combination of poverty, privatised health care and corruption is what's responsible for the rise of irrationally prescribed medicines in India.” Coupled with lax laws governing the regulation of drugs in India, this opens the door to pharmaceutical companies entering the doctor-patient interface and significantly influencing the medicines that are being consumed.

Listing what is permissible

“Instead of banning drug formulations, a better way would be list out permissible drug formulations by basing it on efficacy and potency,” says Dr. Sengupta. There are nearly 6,000 FDCs available across the country and imprecise legislation over the years has meant that States — and not the Centre — have usually had the power to vet which formulations were permissible. They gained in popularity due to laws in the 1980s that made it more profitable for companies to sell FDCs than single drugs, though such caps have now been lifted.

In the meantime, there are better ways to treat cough. Dr. Gulhati says that the aim of most cough medication is to soothe the throat and that can be achieved through home remedies such as honey and warm water. For relief, there are always the single-dose formulations available. “We could begin by having the doctor treat you the proper way,” he says.

PRAISE GOD FOR

- The one day retreat on Bilical doctrines, 'DOWNLOAD' held at Ongole (3rd April)
- The doctors who attended the Kingdom of God Seminar at Vishakapatnam (8th April)
- The students from the colleges who attended the retreat on basic biblical doctrines 'DOWNLOAD' held at Hyderabad (14th - 15th April)
- The IMM (Institute of Medical Missions) syllabus review held at Chennai (26th - 29th April)
- International Saline programs held at Chirala, AP (11th June) and at Guntur (12th June)
- The 21 students from Kerala and Tamilnadu who attended the IMM at Oddanchatram (27th June - 3rd July)

News from Far & Near

Please remember the CMC medical students as they go on their SHP (Secondary Hospital Programs) to different mission hospitals. Pray for their safety and that God will open their eyes to the needs of the Mission Hospitals.

- Dr P D Moses, CMC Vellore.

God bless you all. Can imagine the feeling of sadness when close friends and colleagues leave, may God give you peace and strength to continue to do the good job you are doing for His glory.

- Dr Satish & Ashu Thomas

Thank you so much for sending this newsletter! It is great to be able to pray together as we hear about these news. It is so encouraging to see God glorified in the great work that you are doing in many areas. I am glad to be able to read about both personal joys and hardships, and to see mention of the Saline Training of Trainers as well. There is so much valuable content in this newsletter.

Many Blessings

- Dr Gábor, IHS Global

REFLECTIONS FROM THE GENERAL SECRETARY

Dear friends,

It's been a great joy to meet students and doctors in various states over the last 3 months and encourage them in their life journey and pursuit of God.

A few weeks back some of us were deliberating on the term "medical missions" in the present context. Traditionally it refers to cross-cultural involvement in under-served and unreached areas. This is still a big need and many more hands are needed to bridge the gap. However, with the changing social and economic situation, is there a need to widen our scope of understanding missional involvement in health care? The tendency of calling anything we do as medical missions is also a danger here.

After much deliberation, what emerged was something like this: **"MEDICAL MISSIONS IS INDIVIDUALS & COMMUNITIES HAVING HEALTHCARE SKILLS, IN EVERY HEALTHCARE SECTOR, WHO ARE AUTHENTIC, JUST AND COMPASSIONATE FOLLOWERS OF CHRIST, VOCATIONALLY AND INTENTIONALLY ALIGNING THEMSELVES WITH GOD'S CONCERNS, HIS CHARACTER AND ETERNAL PURPOSES."**

Many of us restrict ourselves to our own salvation and spiritual growth but mission is moving beyond self to touch others - our neighbours, colleagues, younger medical students or people in a cross-cultural context. It is about being concerned about the things that concern God. A senior friend Dr Thomas Philip told a group of medical students recently that Mission is, "To grow in the Lord and see others grow in the Lord."

The teachings of Jesus gives no room for a self-centric life - what some call the "I, Me, Myself syndrome"! He affirmed the man who said that it is important to 'love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind'; and, 'Love your neighbour as yourself.' (Luke 10:27)

Rev CB Samuel once shared that Medical Missions is to **"listen to the cries that go up to God from health care"**. Cries are rising up to God daily - cries of neglect, exclusion, exploitation, unaffordability, injustice, bereavement due to non-availability of medical care etc. As God's children, can we turn a deaf ear to some of these cries and be caught up in our own pursuits?

Fighting the scourge of disease with all our might and resources at hand is important. However, the Kingdom of God is also about wholeness, salvation, justice, fairness, inclusiveness and equity.

May each of us be medical missionaries in the true sense of being concerned about the mission and heart of God and echo with Bob Pierce, the founder of World Vision, who said **"Let my heart be broken by the things that break the heart of God!"**

I am also glad to inform you that Dr Sam Sidarth, a Physician by training and a Theologian has been identified to take up responsibility in EMFI. He has come in as Gen Secretary-designate from June this year and is hoping to take over full responsibility from April 2017. More details will be shared subsequently. Please keep this leadership change in prayer.

Please continue your prayers, sincere involvement and support to the ministry as EMFI touches many young doctors and seeks to see **"Christ's transforming presence in health care and nation through Christ-centred medical professionals"**.

Manoj Jacob

TREASURER'S NOTE

In the Old Testament, the priests and Levites were to be sustained by the tithes and offerings given by the rest of the 11 tribes. It was not optional. We who are under the new covenant believe that all we have belongs to the Lord and is to be used for the building up of His kingdom, but somehow we don't act in line with that belief.

In 1 Corinthians chapter 9, Paul talks about financial support to the apostles who had given themselves fully to the ministry. We have all received spiritual blessings from the ministry of the EMFI as students. Many of us continue to be blessed by the EMFI in some way or the other even now. But somehow we forget to share our material blessings with those who labour to build us up. The EMFI has 2000 members, however only about a hundred contribute regularly. If each person could send just Rs 1000/- every month, the needs of the EMFI would be met. Is it asking too much of you to do this on a regular basis? This month, intentionally, no appeal was sent out by the staff. Now a few of them have not received salaries for June and the PF (which is their only savings) has not been met. It is not enough to simply greet them at the various conferences and enjoy all that they do for us. True Christian love is remembering our brethren toiling in areas we cannot reach and ensuring that their physical needs are also met. I hope that many more of us will take this up more seriously and be faithful in our giving.

MONTHS	INCOME	EXPENDITURE
March	6,58,275	6,88,661
April	5,33,384	8,51,122
May	8,76,964	8,15,526

Grace Thomas

Those wishing to contribute can send your cheques/DD's/MO's in favour of 'Evangelical Medical Fellowship of India' to the address given below or make an electronic/Bank transfer to:

State Bank of India (New Account) CURRENT A/c No: 35465591006 (Branch Code: 2288, IFSC: SBIN0002288)

HDFC Bank SAVINGS A/c No: 04921000009885 (Branch Code: 492, IFSC: HDFC0000492)

*Please call/text/Email us after you make the transaction. 09176215489/90. emfihq@gmail.com, Phone: 044-28361507

Published on behalf of EMFI by Dr. Manoj C. Jacob – General Secretary

Address: EMFI, 4th Floor, Rainbow Vikas, New No: 9, Varadarajulu Street, Egmore, Chennai – 600 008