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Amit Jain's Project For Diabetic Foot Care- A National And International Initiative To Improvize And Standardize Diabetic Foot Practice Around The World

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ABSTRACT: Diabetic foot is a devastating complication of diabetes mellitus. It is unfortunately a neglected condition often leading to amputation which can render a person immobile or can affect his day to day work. In spite of advances in field of medicine, there has not been much improvement in diabetic foot care in India. Very few countries have implemented programs or project to improve diabetic foot care. Each of them have some aims through this program. The Amit Jain's project is one such largest independent project on diabetic foot which is an Indian diabetic foot surgeon's vision to improvise and standardize diabetic foot practice both in India and also around the world.

Key words: Diabetic foot, Amit Jain's, Project, India

INTRODUCTION:

Diabetic foot is a major health care problem that is increasing around the world with increase in incidence of diabetes. Diabetic foot care is one of the most ignored aspect of diabetes care in India [1]. The interest to manage diabetic foot problems is suboptimal for many factors shared by patients themselves, the community, the policy makers and health care professionals [2]. Diabetic foot is known to constitute 10% of diabetes related hospital admission [3]. Low literacy, poverty, low socio economic status, cultural habits like barefoot walking and casual attitude are some of the patients factors leading to complications [1, 3]. Poor knowledge about this condition, lack of interest and focus on other specialties, yet dealing with diabetic foot problems are the health care professional's factors leading to neglected diabetic foot care.

Even today in the year 2016, the author as a clinician and academician has seen the way diabetic foot is neglected in conferences and textbook and importance given to specialties like oncosurgery, GI surgery and laparoscopy among doctors as they offer a fruitful future and better financial outcomes.

The biggest drawback in diabetic foot has been inappropriate training in this subject since the college days for undergraduate medical doctors and paramedics like nurses, especially in developing countries like South East Asian countries and African countries. This often leads to blind practice in diabetic foot. In India, the family physician and nurses form the backbone of health care system. The Amit Jain's project aims to break this cycle and have standardize and improvised care for diabetic foot patients all around the world.

INTERNATIONAL DIABETIC FOOT PRO-JECTS

There are very few projects in diabetic foot in different parts of the world like the Brazilian save the diabetic toot project [4], the Guyana project [5, 6], the Step by step project[7, 8] etc . Each of these project aimed at preventing amputation in diabetic foot in their respective country/continent. In the Guyana diabetes and foot care project, two phases were employed to improve the foot and diabetes care. In phase I, an inter-professional diabetic foot care centre was established and phase 2 involved regionalization to cover 90% of Guyanese population. In this project, 14 key opinion leaders were educated and 340 health care professionals from 97 facilities were trained [5, 6]. The Guyana diabetes and foot care project costs were funded by the Canadian International Development Agency [CIDA]. There were some barriers to knowledge use in Guyana like lack of equipment and resources, absence of health care resources like podiatrist/ chiropodist, etc [5].

The international diabetes federation [IDF], the international working group on the diabetic foot [IWGDF], together with the diabetic foot society of India and Muhimbili University college of Health Sciences, Tanzania has initiated a project called step by step, for improving diabetic foot care in developing world. The participating countries were India, Srilanka, Tanzania and Bangladesh [7]. The step by step foot project was initiated to train healthcare personnel in diabetic foot management, facilitate transfer of knowledge, expertise and improve patient education [8]. The project had a 3 day basic course with an interim period of 1 year of screening, followed by an advanced course and evaluation of activities. The aim of the basic course is to improve and offer new skills for the diagnosis of the foot at risk and treatment of the feet at risk and the uncomplicated foot ulcers. The objective of the advance course is to deal with the more complicated ulcer and to design referral pattern. Around 15 centers from across the country [Tanzania] had participated in 2004-2006 and 12 during 2004 -2007 [8]. This project showed in Tanzania, an improved foot ulcer management [8]. This project was supported by the world diabetes foundation.

THE AMIT JAIN'S PROJECT FOR DIA-BETIC FOOT CARE – A NATIONAL AND INTERNATIONAL INITIATIVE

This project is a one man vision and mission to improve the diabetic foot care across India and around the globe. Being one of the pioneers in the field of diabetic foot, the author from 2012 to 2016 had laid down various new concepts in diabetic foot field ranging from staging, grading to Scoring system in diabetic foot which ultimately resulted in development of Amit Jain's Principle and Practice of diabetic foot that aimed at improvising and standardize the diabetic foot practice around the world. This is the world's first principle and practice of diabetic foot till date in this field [9].

The primary aim of this project is to

1] To train more than 5000 nurses locally, nationally and internationally in next 10 years on the basic and the new concepts in diabetic foot of the author.

2] To train more than 1000 doctors in diabetic foot in India.

3] To provide diabetic footwear to the patients at a very subsidized cost under this project in India.

There was basic reason of choosing these primary aims. Nurses in most of the countries are the important paramedics who form a backbone for health care of the patient in different countries. As of the current scenario in countries like India, the author who himself is involved in teaching institution actively, has noticed that the diabetic foot training is not imparted in most nursing colleges, which results in qualified nurses who have minimum knowledge on diabetic foot. Once they become registered nurse, there is hardly any inclination to learn on diabetic foot management. Similarly, even in medical colleges, the teaching on diabetic foot to undergraduates is restricted. Only during internship they are exposed to the complex diabetic foot problems and their role remains restricted to cleaning and dressing of wounds without understanding this condition. When they become physicians, the care on diabetic foot does not progress beyond what they learnt in undergraduate days. Even in the conference aimed at family physicians update, diabetic foot forms the least discussed topic by the organizers and attendees. The general practitioners is the first doctor in contact in Indian health care system in most of the areas and the author believes that it is essential in improvising their knowledge on this condition and imparting confidence in dealing with this condition. The third primary aim of this project was to provide foot wears at a very subsidized cost in his local region. There is a basic habit of barefoot walking in the people of this region which is still quite prevalent. The footwear can play an important role in avoiding injuries from stones, nails, etc thereby preventing deadly complication leading to amputations.

Training doctors, nurses and other specialist shall have both direct and indirect effects. The direct effect would be improvement in the knowledge of the professionals on diabetic foot which is lacking in current curriculum. It shall directly lead to improvement in diabetic foot care of the patient ranging from early identification of the complication and initiating appropriate treatment. The indirect effect would be an improvement in overall healthcare and amputation prevention that will affect the patient's health, job, family and the nation due to loss of productivity. This project is thus aimed at national level training and also at international level.

This aim is obviously going to be achieved by conducting separate workshops, training programs, CME's, conferences, educational materials like books and journals on the Amit Jain's principle and practice of diabetic foot as a main theme, sharing various new concepts that revolutionized the diabetic foot practice around the world. The author had conducted one such workshop in 2015 for more than 100 nurses in south India and post workshop the feedback was positive and there was a huge impact on the attendees in understanding this condition. Thus it became imperative for the author to take it in form of a project and take it at national and international level.

The Futuristic approach of this project is

1] To provide one/two year certified training program [clinical] in diabetic foot care for nurses/ doctors

2] To conduct "AMIT JAIN'S INTERNA-TIONAL TRAVELLING **FELLOWHIP** PROGRAM IN DIABETIC FOOT CARE" for doctors and nurses from different part of the developing and underdeveloped countries. The training program shall range from 1month to 6 months based upon the participant's pre existing knowledge and qualification. It can be at any of the approved centre's/ organization or through modules and clinical training, where the centre or organization is willing to collaborate with Amit Jain's project and its vision. This type of fellowship training should probably form a standardize certification needed to show adequate training in new concept in diabetic foot.

3] To start 'AMIT JAINS BEST RESEARCH PAPER/ AWARD'S" and form it to be a prestigious certification in field of diabetic foot so that the work of people in this field can be recognized and appreciated, which is currently lacking in various countries.

Currently, Brindavvan Areion hospital of Bangalore, India is the first organization that came forward to support this project [Figure 1] till 2020, the author is sure that many more like minded organization and philanthropist would come forward with time to support this novel cause.

CONCLUSION

Diabetic foot is a neglected entity both by patients and healthcare professionals and organization in country like India. Amit Jain's project for diabetic foot care is first such initiative to improve the diabetic foot at all possible level. Although a vision and mission of one man who currently is without any major support, its only time that will show the success and support of this project from various organization, a vision till 2025.



Figure 1 showing Amit jains project supported by Brindavvan areion Hospitals

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