



Medicine woman

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PHOTOGRAPH

BY

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Dressed in tracks and a tee, Dr Sunita Maheshwari hardly looks like a busy cardiologist—a renowned paediatric cardiologist trained at Yale University, US. Speaking of a great bedside manner, she greets me cheerfully with a big hug instead of a formal handshake. And then, straightaway launches into her pet topic—bringing medicine to Indian villages. Very few people have the good fortune to realise what they want to do with their life. Dr Sunita knew from childhood. “As a kid when I would go home on vacation to Googra, a village in Rajasthan, I used to observe the difficult lives of people living there.

Now it’s a part of Ajmer, but when I was growing up, Googra was a village with no electricity and no water supply. There were several kids with polio. Even the adults looked very old, and died at a young age—my uncles died of a heart attack in their 40s. I would constantly wonder if it could have been prevented,” she says. That’s when she decided that she would become a village doctor.

Outsourcing the doc

Dr Sunita went to Osmania Medical College, Hyderabad, and then to Yale University, US,

(<https://www.femina.com/English/Arjun-Kalyanpur-a-radiologist>) Dr Arjun Kalyanpur, a radiologist. After the couple returned to India, Dr Sunita worked with Dr Devi Shetty, heading the paediatric cardiology department at the renowned Narayana Hrudayalaya Hospital in Bangalore. Having worked in the US for more than a decade, where the health infrastructure is very expensive, the doctor couple realised that at a time when everything was being outsourced, telemedicine—where they outsourced the service of doctors and medical technicians—was an idea that had huge potential. In 2002, Dr Sunita and her husband set up Teleradiology Solutions, a health care company that interprets diagnostic reports such as scans, X-rays, MRIs and more through a remote process wherein radiologists sit in other locations. In 2007, the duo set up RxDx Health Care in Bangalore that offered a range of telemedicine consultations in various specialities, high quality diagnostics and care.

The magic of telemedicine

When it comes to any health issue, time is of the essence. Timely medical intervention—diagnosis or treatment—is the only thing that can cure illnesses and save lives. Dr Sunita recalls the time when a man was rushed to the village clinic in an unconscious state. “When we checked his blood sugar levels, we realised it was very low, so we immediately suggested that he should be given glucose. This simple diagnosis done thousands of kilometres away saved his life,” she says.

About 70 per cent of rural population in India has little or no access to health care, especially specialists. And there is also a shortage of doctors, nurses, trained medical technicians across the country. This is why, explains the doctor, poor people in rural India continue to die of simple ailments that could have been treated. “And this is why I believe that telemedicine can save lives—we have been offering telemedicine consultations for the past three years, and have done over 14,000 consultations so far,” says Dr Sunita. Earlier telemedicine was criticised because doctors couldn’t touch/ examine the patient closely. However, with newer technologies, one can use a digital stethoscope to listen to the patient’s heartbeat and lungs; with the help of a camera, you can zoom in on his skin lesions, and, if you have an otoscope or an ophthalmoscope, you can look into his ears and eyes—the only thing you can’t do is touch his abdomen. “A thorough examination is possible with the assistance of a technician, who helps you examine the patient in the village,” she explains.



The desi Robin Hood

Dr Sunita's group now offers telemedicine facilities to 20 primary health care centres in India. However, she rues the fact that telemedicine hasn't been given the fillip it deserves by the Indian government. The state governments of Bihar and Assam are investing in telemedicine, though Karnataka is yet to promote it. "There are 23,500 public primary health care centres across India with one doctor in each centre. However, a single doctor cannot be available 24 hours/365 days. That is why telemedicine is needed," says Dr Sunita. "Telemedicine allows doctors to see more patients. We've seen that 20 per cent of the villagers we offer consultation to come back," she says. "We follow a 'Robin Hood' model where funds earned through some of our super speciality and global teleradiology work go towards offering these telemedicine consultations/ rural teleradiology services free or almost free of cost. Ideally, I don't believe any service should be totally free since chances are it would be underappreciated. So one way to tackle this is to ask them to pay Rs.5 or Rs.10, which is then pooled in to buy medicines.

The teacher's in

The doctor has now moved on from focussing on her medical practice to teaching. "I have created an e-teaching programme for postgraduates of paediatric cardiology, a course certified by the national board, and now we have opened up this e-model in Africa and to students around the world. I was lucky enough to attend Yale University and benefit from its training, so I thought why not bring all that learning here, and give it to more people? I want to teach the next generation of paediatric cardiologists, in the hope that they will consult and diagnose and treat more children with heart disease across India."

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