

# 555 endoscopies for India

In the context of the DGVS 2019 we have started our donation project to provide free endoscopy to people in India who urgently need it.

Medical care is often not available for the poorer sections of the Indian population - only about 25% can afford it. Moreover, the costs of an endoscopy are twice as high as the monthly income of people living on the lower poverty line.

We have therefore financed a total of 555 endoscopies in two different hospitals, enabling patients to have their symptoms clarified and thus receive treatment according to their needs.



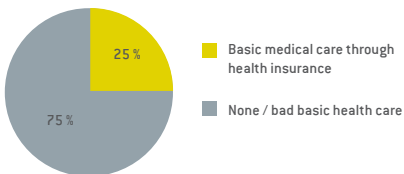
Asian Healthcare Foundation, Hyderabad



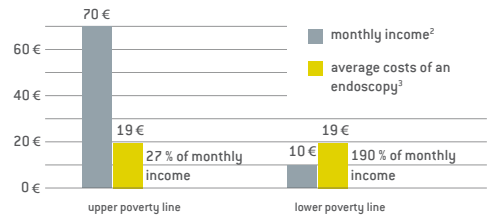
Rajagiri Hospital, Kerala



Percentage of the population that can afford basic health care:<sup>1</sup>



Costs of an endoscopy in relation to the income of people living in poverty in India:



Sources:

<sup>1</sup> Sharma, DC. (28.4.2014). Zwischen Versorgungsnotstand und Medizintourismus. Bundeszentrale für politische Bildung. Retrieved on 17. September 2019, from <https://www.bpb.de/internationales/asien/indien/189184/indiens-gesundheitssystem>

<sup>2</sup> Vesper, J. (2015). Indien: Land der Gegensätze. Deutsches Ärzteblatt. Retrieved on 9. September 2019, from <https://www.aerzteblatt.de/archiv/173031/Indien-Land-der-Gegensaetze>

<sup>3</sup> Endoscopy. (k.A.). Credihealth. Retrieved on 9. September 2019, from <https://www.credihealth.com/procedure/india/endoscopy-cost>



These are examples of four patients who could not have afforded an endoscopy themselves, but urgently needed one. After the examination, appropriate treatment could be started for the patients in order to help them in the long term with their complaints.

**1** A 41-year-old woman came to the outpatient clinic and reported diarrhoea and weight loss over the last few months. The examination revealed mild anaemia and pressure sensitivity in the left lower abdomen. A colonoscopy was suggested to rule out CED. The patient worked as a housemaid and had become unemployed due to the corona epidemic, so she could not afford a colonoscopy herself. Nothing suspicious was found during the colonoscopy, so treatment for irritable bowel syndrome could be started.

**2** A 51-year-old man presented with abdominal pain and weight loss. He had previously been hospitalised for acute abdominal pain. The colonoscopy showed several ulcers in the terminal ileum with small polypoidal lesions and there was a suspicion of intestinal tuberculosis. The biopsy taken for the histopathological examination showed calcifying granulomas, indicating tuberculosis infection. A drug treatment against tuberculosis could be started and the patient already made a significantly improved impression upon follow-up.

**3** A 23-year-old man presented with burning pain in the upper abdomen and occasional belching of stomach acid. He was a day labourer and could not go to work regularly because of the illness. He had previously been treated in various small clinics; without any improvement. An endoscopy was performed to rule out an ulcer or gastroesophageal reflux disease (GERD). This showed stomach erosions and, together with a positive rapid urease test, an H.pylori infection was detected. He was then treated with appropriate medication and was symptom-free.

**4** A 57-year-old man presented himself at the hospital and complained of anal blood loss and increased stool frequency for several months. He had lost some weight, but did not complain of abdominal pain. The tests showed a reduced haemoglobin level and increased inflammation. A colonoscopy was essential to rule out colon cancer. He was a day labourer with four children, so he could not afford a colonoscopy. During the colonoscopy, the findings of proctosigmoiditis in ulcerative colitis were determined. A biopsy confirmed the diagnosis and the corresponding therapy could be started.

