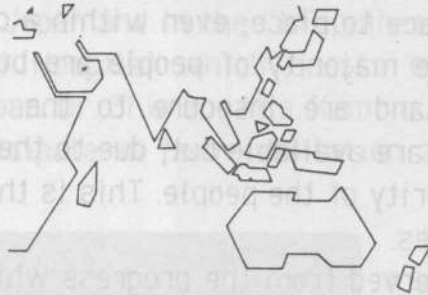


AMDA NEWSLETTER

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Message from Dr. Krasae Chanawongse

Director, ASEAN Training Centre

For

Primary Health Care Development

Mahidol University Thailand



Dr. Krasae Chanawongse, M.D., D.T.P.H., Dr. P.H., seated in the centre, talking to AMDA members in his office

It is great honour for me to be given this opportunity to address you. I am very interested and impressed to learn that a group of young and dynamic doctors in Japan are interested to establish a group for the study of international health. This is not only good from a technological point of view, but also as a means of providing opportunities for your group to expand the depth and breadth of its understanding of social and cultural issues through a kind of networking with other countries. In addition, I believe

that this indicates the far-sightedness of the Association of Medical Doctors for Asia as a new generation of medical professionals.

Thailand has endorsed the global goal of Health for All by the Year 2000. The reason for accepting these concepts and strategies is because we, as other members of WHO, are facing such problems as the high cost of health care services, poor coverage of services, and poor health status of the population; and this can differ from place to place; even within a country. We are in the developing world where the majority of people are burdened with disease, under education, poverty and are insecure to the extent of having no purchasing power. Services are available but, due to these problems, they are not accessible for the majority of the people. This is the challenge for public health workers like ourselves.

We have learned and observed from the progress which has taken place in the Japanese Health Care Delivery System. While not specifically mentioning 'PHC', in reality, this has already been achieved in Japan. This may be attributed to positive socio-economic development and social security but also it must be attributable to the development of a strong democracy which is conducive to the fostering of Health for All.

Now we see Primary Health Care as a basic human right and therefore, the promotion of democratic rights and process are essential to the well being of the people. If they have no power as found in a democracy, then how can they be responsible and self-reliant participants in their own development process? In the final analysis we must develop Primary Health Care as people oriented health care or as politically-oriented health care. AMDA as a growing influence in international health development can do much to foster a better understanding of the whole and complex issues contained within the developing world as a whole.

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AMDA-PHILIPPINES REPRESENTATIVE IN JAPAN

Dr. Virginia A. Martinez, a 1st year medical resident of the Department of Family Medicine of the Philippine General Hospital arrived in Japan last Oct. 19, 1987. This was in connection with the yearly exchange program conducted by the Philippine Alliance of Medical Student through the cooperation of the Asian Medical Students Association Japan.

This year's trip is three-fold. The initial activity is essentially an observation tour of facilities in Japan which are related to the health insurance system. The first leg of the trip was concentrated in Kanazawa Prefecture arranged by Mr. Masaaki Ishida through the cooperation of Dr. Takeui Takeda, Professor of Medical Parasitology, Kanazawa Medical College. After the courtesy call, Dr. Martinez and Mr. Ishida proceeded to meet Dr. Kawanishi of the Kanazawa Rehabilitation Hospital. He brought them to a nearby public hall where he lectured to some senior citizens about cancer and cancer detection. His particular discussion was centered on gastric

carcinoma and gastroscopy. It was a very enlightening experience for this individuals. The following day was a tour of the Kanazawa Rehabilitation Hospital followed by a tour of the Hotta Home for the Aged which is presently a showcase of true Japanese technology in advanced nursing home care. The afternoon was spent in a comprehensive discussion about the Japanese health insurance system. A concerted effort was made to produce an article worthy of publication both in Japan and in the Philippines. The last day in Kanazawa was a visit to Terai Hospital which boasts of a workable example of domiciliary care in Japan. Dr. Shin and Mrs. Kamamura were gracious enough to let the delegate participate in home visitation and bedside follow-up and consultation.



Dr. Tanaka, Dr. Virginia Dr. Kohama

The next leg of the tour was conducted in Okayama City arranged through Dr. Shigeru Suganami of the Suganami Hospital. The first activity was an observation tour of Emergency Medicine Training at the Kawasaki Medical School of Okayama. The tour was made possible through Dr. Shigeo Sunami. However, the head of the Emergency Department, Dr. Kohama, presently a very famous man in the field of Emergency Medicine in Japan,

arranged for a guided observation tour with a medical instructor, Dr. Tanaka. The tour was very interesting with the delegate witnessing one helicopter transport of a referred trauma case. Rounds of the Emergency Medicine ICU patients was a revelation considering that this particular unit was essentially independent from that of the main hospital system. One thing very unique about this training program is the high level of competence of the medical staff with regards the management, total care and disposition of the patients. The last part of the tour concerns the Institute for severely handicapped children in the city. In Asahigawa-so, several workers, both foreign and local have the chance of taking care of special children. This is a special project of the Prefecture and is in itself a showcase of rehabilitation medicine.

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9th conference of Research Society for Ayurveda in Japan (RSAJ)

RSAJ held its 9th annual conference on 17th and 18th of October in Okayama city, organized by AMDA president Dr. Shigeru Suganami.see next page



Prof. Hiroshi Maruyama, who was the professor of hygiene in Osaka University Medical School is the pioneer to introduce Ayurveda i.e. Ancient Indian Medical Science, to Japan.

Symphosiums on Panchakarma, Rasashastra and Yoga were held. Yoga symposium was specially co-ordinated by Mr. Keishin Kimura. There was also a session for general presentations.

On Saturday, the 17th October 1987, 9th conference began with lighting the lamp by Prof. Maruyama. Inaugural address was delivered by founder president Prof. Hiroshi Maruyama. Later, present RSAJ president

Prof. Ben Hatai greeted the audience. Dr. Shigeru Suganmi, AMDA president, who has organized the 9th annual conference of RSAJ in Okayama, also spoke to the audience.

Prof. Harishakar Sharma - Jamnagar; Prof. Damodar Joshi Shastry - Varanasi; Dr. R. Nagaratna - Bangalore; Dr. Tarun K. Doshi - Bombay; Dr. A.K. Jain - Calcutta; Dr. Dnyanesh H. Nikam - Nasik were Six physicians from India who had graced the occasion.

More than 120 participants had participated from different parts of Japan and above 20 presentations were made on scientific and general subjects.