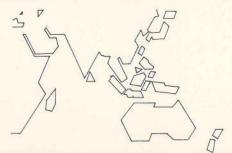
# AMDA NEWSLETTER

Association of Medical Doctors for Asia

PRESIDENT: Dr. Shigeru Suganami Suganami Hospital 1/310 Narazu Okayama-Shi

Japan 701-12 Tel: (0862)-84-7676



CHAIRMAN:
Dr. Francisco P. Flores
25M. Viola Street Area 111,
University of Philippines
Campus, Diliman
Quezon Ctiv,

Philippines Tel:997432

### Regional Co-Ordinators:

Dr.Dennis Shun Chiu LAM 45,Yue Kwong Road, 27/F., Flat 2,King FaiHouse <u>Aberdeen, HongKong</u>

Dr. Kamath M.S. Dept. of Ayurveda, Kasturba Hospital <u>Manipal - 576119,India</u>

Dr.A.Husni Tanra Jalan Sunu G-5 Kompleks UNHAS Ujung,Pandang Indonesia

Dr.Kohei Toda c/o 39-1 lenoshita Hiroomote,Akita,Japan

Dr.Kenneth Hartigan-Go 11 Lourdes Castillo St. Quezon City 3008 Philippines

Dr. Euan Murugasu 25, Sunset Heights, Clementi Park Singapore 2159

Dr.Jintana Pootirat, 92/7 Soi Jitvisutl, Muang, Nontaburi, Thailand 11000

## COMMUNITY HEALTH AND PHYSICIAN'S TRAINING IN MAKATI, PHILIPPINES

The productivity of a community is not only a function of product and commodities but is strongly dependent of manpower and services. To this end, a community has to have an effective, efficient and economical health program to sustain the health needs of its workforce and its dependents.

In the Municipality of Makati, Philippines, the Makati Indigent Program (MIP) was established in 1972, through the cooperative effort of the municipal government of Makati, the Makati Medical Center (MMC) and the MMC medical staff. This enables the provision of quality medical care to the indigent residents of Makati. This was achieved through an arrangement whereby the municipal gevernment contributed financial support through a program where the Makati Medical Center, a private tertiary care general hospital would make available its facilities and equipment. On the other hand, the MMC medical staff would provide medical, surgical and obstetrical expertise. This program through the years has been expanded to provide medical care to the municipality's senior citizen, policemen and other municipal employees.

Presently, the program is referred to as the Makati Health Program (MHP). As of year 1986, the program has attended to approximately 520,000 out-patient cases.

For a resident physician, the MMC with its MHP program provides a golden opportunity for learning and training of future medical specialists for the community and country.

.... by Carson T. Lo, M.D., Resident Physician Dept. of Internal Medicine
Makati Medical Center

\*\* \*\* \*\*

### **EVENTS:**



Dr. Kenneth Hartigna-Go, a resident physician of the University of the Philippines Phil General Hospital conducting a free clinic for hypertension among Government employees in Manila City Hall in February 1987 on behalf of the Philippine Heart Association. February is popularly known as the Heart Month.

Dr. Kenneth, RC; AMDA-Philippines, in action >>> □□ AMDA-Philippines held monthly charity medical and surgical clinics in Bo. Mandargat, Tondo on April 30, 1988 Saturday afternoon in the health center. □□ AMDA-Philippines will hold another general AMDA meeting on the 15th of May, Sunday where orientation of the AMDA activities. invitation membership of new members, collection of membership dues, discussion of perspectives for the AMDA conference in Bangkok and ideas for the 10th AMSC celebration shall be discussed.

<<< Left to right are Dr. Carson Lo, Dr. Kenneth Hartigan-Go, Dr. Osamu Kunii and Dr. Emma Palazo during the farewell dinner for Dr. Kunii.</p>

Dr. Osamu Kunii, graduate of Jichi Medial School of Japan, visited Philippines April 20-24, 1988 where he went to see Bo. Mandaragat, Tondo; the Philippines General Hospital and Ospital ng Maynila.



Dr. Osamu Kunii, member of AMDA-Japan visited India and met Sri D. Veerendra Heggade, President of the governing council of Udupi Ayurveda College and Sri Ramesh Pai, Registrar of The Academy of General Education who had sponsered 1st AMDA conference in India in August 1984. Dr. Kunii had studied Ayurveda for 9 months in Udupi Ayurveda College, supported by Sri Heggade hence he visited the college and delivered a spcial lecture. He visited



Mangalore as well and held talks with Dr. Annapurna Rao of Late M.V. Shastri memorial trust. The trust had partly financed Dr. Kunii's study in India.

Dr. Kunii also discussed AMDA activities with Dr. M.S. Kamath, RC, AMDA-India.

<<< Sri D. Veerendra Heggade (right) talking to Dr. Kunii at his residence in Dharmastala, India.</p>

Dr. Annapurna Rao had also supported AMDA 1st conference in India.

Photo shows (from left to right) Dr. Osamu Kunii, Dr. Annapurna Rao, Dr. Nandita Dhareswar and Dr. Nandakishore Rao at the residence of Dr. Annapurna Rao in Mangalore city of Karnataka state, India.





DD Dr. Ekachai Sathianpitayakul, graduate of Mahidol University Ramathibodi Hospital visited Suganami Hospital in the month of March, 1988. Dr. Ekachai had also visited Japan in 1986 on an exchange program who had joined AMSC in Hongkong in 1986 and later worked as regional coordinator of AMSA, Thailand for 1986-87.

CYC Photo shows ( sitting in front, left to right) Dr. Ekachai and Dr. Hideki Yamamoto, member of AMDA-Japan. Seen in the back row are Dr. Shigeru Suganami (left), the President of AMDA International and Dr. Mami Hirota, member of AMDA-Japan.

#### WHAT AM I DOING HERE?

Friends back in Manila ask me what I am doing in Japan considering that most of my classmates are training either in the USA or Europe. I have always believed that while Asians have a lot of differences they also share so many customes, traditions and cultural values. And since disease prevention and management are necessarily influenced by culture, then learning from each ohther's problems and methods of treatment would be a rationale approach to the provision of better health care for all.

Being part of Japan's pioneer institute and hospital for rehabilitation research and management is indeed a privilage. My mentor, Professor Ryuichi Nakamura, always emphasizes that before one could really manage a patient, he should first understand the mechanisms underlying the disease process and resultant desabilities. Most of the patients in this hospital have neurological and orthopaedic problems and thus researches are geared towards understanding desorders of movement, gait analysis and functional disabilities.

At present I am doing research on the motor vehaviour of the biceps brachii muscle and studying gait analysis in stroke patients as well as the developmental approach to stroke rehabilitation.

The principles of rehabilitation management at this hospital and at the Philippine General Hospital are very much alike and the patients' economic

and psychosocial problems are also very much similar to Filipino patients. Japan, However, has the advantage of modern diagnostic facilities and its National 皮小整内療 Health Insurance Program makes the cost 膚児形 of health care affordable to the ordinary citizen. In the future, I hope to be able to

share my experiences with my colleagues in the profession and continue doing researches with the goal of providing better health care and medical serevices to future patients.

by: Jose Alvin P. Mojica MD; Dept. of Rehabilation Medicine, Philippine General Hospital, University of Philippines.

<c> Dr. Alvin P. Mojica, now a Research Scholar, of Education, Institute Ministry Rehabilitation Medicine, Tohoku University School of Medicine; Narugo, Miyagi, Japan, standing before a sign post that tells of the services offered by the hospital and clinic hours



\*\* \*\* \*\* \*\*