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5,000 children born with thalassaemia in India every year; the number born in Greece, Italy and Cyprus – nil; they don't allow marriages sans thalassaemia-free certificates

Five thousand children are born with thalassaemia in India every year.

No child with thalassaemia is born in advanced Western countries.

The reason for this incongruity is not far to find. In many countries such as Greece, Cyprus and Italy, the government insists that nobody can get married without a certificate from a haematologist saying that they don't have the gene for thalassaemia.

So strict are the preventive measures in some counties that priests are not permitted to unite Christian couples in marriage "unless a certificate of no thalassaemia" is produced.

"Why can't this be implemented in our country?" asked Dr. Sunil J. Parekh in an anguished tone while speaking on "Bone Marrow Transplantation" at the last meeting of the Club.

"Why can't the government pass an order that marriages are forbidden without conducting the thalassaemia test?"

Even the USA had a rule for checking venereal diseases and HIV before marriage. Those with HIV could marry another person with HIV, but they had to be certified, tested and a certificate produced before marriage.

Such strict rules were required in India where, according to statistics published by the Indian Council of Medical Research, there were 2.5 million cancer patients at any given time.

The ICMR had also stated (without giving any reasons) that the number of persons affected by leukaemia or blood cancer would go up by 77% in the next decade. Even more frightening was the fact that India had no genetic counselling and no centres for family planning and advice, with the result that thalassaemia continued to remain a huge problem.



His father was India's first haematologist; he is a haematologist himself; his son is also a haematologist. Dr. Sunil J. Parekh speaks at the last meeting on 'Bone Marrow Transplantation'

"It's a shame that 5,000 new patients with thalassaemia are born every year in India."

Dr. Parekh, senior haematologist at Bombay Hospital, was introduced by Dr. Ashok Kirpalani who said that he belonged to a long, illustrious line of professionals. His father, the late Dr. Jagmohan Parekh, was the first haematologist of India. Dr. Sunil Parekh's son, who was in the USA, was also a renowned haematologist.

The 72-year-old doctor had graduated from the G.S. Medical College and KEM Hospital and trained at the world-famous Christian Medical College, Vellore; the State University of New York, Syracuse; and finally at Salt Lake City where he trained under the legendary Prof. Winthrop who wrote a pioneering textbook on haematology.

Having reached the peak of his diagnostic and therapeutic skills, he had recently shifted gears and become Director of the Marrow Donor Registry of India project. He did not perform bone marrow transplants but treated those who were seriously ill and could not find donors.

brain function, heart function, liver function, everything."

But to begin at the beginning, Dr. Parekh said, an embryo was created when the human female ovum was fertilised by the male sperm. The embryo consisted of "totipotent" or grandfather cells which matured but always kept going back, or regenerating, thus preserving the cells. Had it not been for this procedure, the cells would have exhausted and died. It was these "grandfather" cells that allowed a person to live for 50, 60, 70, 80 or even 100 years.

Apart from being constantly regenerated, the "grandfather" cells formed various types of stem cells in the body, such as those in the muscles, mouth, bone and tissues.

(Continued on Page 2)

Forthcoming meetings

May 25, 2010

"Bolting the door after the horses have fled the stable." A talk by Mrs. Urvashi Saxena, former Chairperson, IT Settlement Commission, Delhi, and former Chief Commissioner of IT, Mumbai.

June 1, 2010

Dr. R.K. Pachauri, Chairman of the United Nations' Inter-governmental Panel on Climate Change, to receive the PP Taru Lalvani Environment Award of the Rotary Club of Bombay.

He will speak on "The role of Mumbai's civil society in protecting the environment".

June 8, 2010

To be announced.

June 15, 2010

Ms Shabana Azmi to be presented with the Shyam Munshi Lifetime Achievement Award.

INJECTIONS OF AUTOLOGOUS STEM CELLS ARE HELPING IMPROVE INNUMERABLE CONDITIONS

(Continued from Page 1)

Sadly, even though research on embryonic cells was apace in various parts of the world, the Bush administration in the USA had displayed a lack of vision and banned research on embryonic stem cells. The US fell behind the rest of the world and embryos from Europe, Japan and Korea were allowed to be used for research and making stem cells.

Many news reports – **most of them premature** – had been appearing about doctors claiming that it would be possible to restore heart function after a heart attack by injecting autologous stem cells into the coronary artery and helping the heart muscle to re-form.

Normally, cardiologists performed a bypass in which they put in a graft or a stent. That took a long time for the heart muscle to recover. But they claimed that if, at the same time, they injected the same patient's stem cells taken from the bone marrow into the coronary artery, the muscle would revive faster.

Similarly, Dr. Parekh pointed out, it was said that it was possible to repair spinal cord injuries in those who were permanently paralysed in a car accident or those who had suffered spinal trauma. An injection of the patient's own stem cells into the spinal cord enabled quicker recovery.

Other conditions where autologous stem cells could help were Parkinson's disease; diabetes, especially juvenile diabetes (which could benefit from an injection of autologous stem cells taken from the pancreas); soft tissue injuries of bones in car accidents and so on.

In all these situations, stem cells taken from the patient himself/herself were used, therefore there was no fear of rejection; the term used for such stem cells (taken from the patient himself/herself) was autologous stem cells.

"Our subject is quite different. We are talking about bone marrow stem cell transplant. There are many diseases which can be completely cured forever if we can do a successful stem cell transplant."

Turning to various benign and malignant types of diseases, Dr. Parekh said the second group consisted of cancerous blood diseases like leukaemia, lymphoma, myeloma and other cancers of the blood and bone marrow.

India had a very high incidence of thalassaemia and of bone marrow failure ("somewhat higher than the rest of the world"). India also had a large number of patients with sickle-cell anaemia; children born with a deficient immune system; and some with inborn errors of metabolism which sometimes failed immediately after birth. All these little children could be saved with a stem cell transplant.

Anyone could be a stem cell donor. The ideal donor was a sibling (brother or sister) and a person above the age of one and up to 50 years of age. In the case of siblings, the chances of a match were about 25%. If siblings failed to match, then the patient would have to depend on finding a matched unrelated donor.

"The emphasis is on the word matched. It must be identical; it could be anyone, anywhere in the world but if you have a good matching, then

you can find a donor and you can do a transplant."

Earlier, transplants were done by taking stem cells from a donor's bone marrow. The donor was made to lie in a prone position, sedated and, under general anaesthesia, his bone marrow was punctured in order to extract stem cells from the hip. The procedure was painful and required him to stay in hospital overnight.

But all that had changed, said Dr. Parekh. Now, donors were no longer subjected to such a traumatic procedure.

"Thanks to scientific advances and computerisation, we now rely more on stem cells taken from the peripheral blood and do not puncture the bone marrow, thus making the procedure for the donor very simple.

"It's just like a simple blood donation. You go to a blood bank, fill a form, they check you for HIV and a few other things and then you donate blood and walk out after some time. The same thing happens here, too.

"There is a cell-separating machine, which is like a dialyser. The patient sits watching television. A needle is stuck in one arm and blood is collected. The blood goes into the machine. The machine separates the components, takes out the stem cells and gives back the blood into the other arm."

The patient lost nothing but a small amount of stem cells; everything else was returned. He was fully conscious, he walked into the room, donated stem cells without anaesthesia and walked out. All that it cost him was four hours of his time.

Dr. Parekh said a new avenue in transplantation was the availability of cord blood. With its population of one billion, India saw dozens of babies being born every minute. But in most maternity wards the placenta was thrown out.

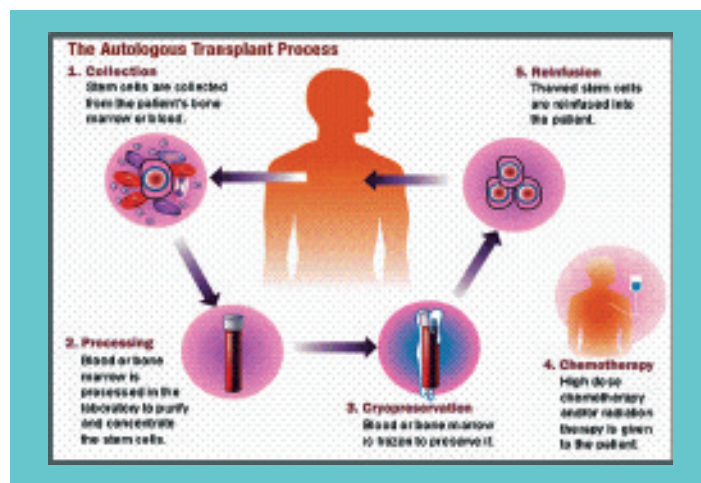
Mothers were only interested in the baby; fathers waited anxiously outside the labour room; the obstetrician wanted to make his money; the hospital wanted its money. "Who cares for the placenta? It's thrown away."

But the latest research had shown that the placenta was a very rich source of "ideal" stem cells. The number of stem cells in the placenta was very small but now technology was available to culture them and to make them expand. Once expanded, they yielded the same number of stem cells that could be obtained from the bone marrow or from peripheral blood.

Dr. Parekh said that in India the first centre to perform a bone marrow stem cell transplant was the Tata Memorial Hospital. It was followed by the CMC, Vellore, and now there were clones all over the country.

A new wing had been opened in Kharghar, New Bombay, by Tata Memorial Hospital and called the Centre for Advanced Research in Cancer. It had been recognised by the authorities that the post-transplant mortality was high at the original hospital at Parel on account of the poor hygiene in the environs. The new centre had a very high success rate, comparable to the West, thanks to the attention to sterility and hygiene.

(Continued on Page 4)



Donating stem cells is now as simple as donating blood. Dr. Sunil Parekh tells members at the last meeting. Earlier, the procedure was lengthy, painful and traumatic for the donor. It required hospitalisation and general anaesthesia. (Right) A schematic representation of the autologous stem cell transplant process



All smiles, from left to right. Burjor Poonawala and Dhananjaya Mehta (centre) in the company of PP Dr. Rumi Jehangir. In the second picture, Darab Davar, as is his wont, places a benevolent arm each on the shoulders of PP Arvind Jolly and Deepak Kapadia (right)

Dr. R.K. Pachauri to address the Club on June 1

Padma Vibhushan Dr. Rajendra K. Pachauri will accept the Rotary Club of Bombay's Award for the protection of the environment at the meeting of June 1. The award is called the Taru Lalvani Environment Award of the Rotary Club of Bombay.

After receiving it, he will speak on a very relevant subject, "The role of Mumbai's civil society in protecting the environment".

Dr. R.K. Pachauri is the Chief Executive of TERI and Chancellor of TERI University. Apart from these, he holds several other prestigious posts, such as Chairman of the Intergovernmental Panel on Climate Change (IPCC), Member of the Prime Minister's Advisory Council on Climate Change, Director of the Yale Climate and Energy Institute and Director of the Global Humanitarian Forum.

Dr. Pachauri was Chairman of the IPCC when it was conferred the Nobel Peace Prize in 2007.

Among the other decorations that he has received are: the *Padma Bhushan* in 2001; the *Officier de La Legion d'Honneur* from the government of France in 2006; the *Jawaharlal Nehru Birth Centenary Award* in 2006; the *NDTV Global Indian Award* in 2007; the *Padma Vibhushan* in 2008; the *Commander of the Order of the White Rose of Finland* from the Prime Minister of Finland; and the *Order of the Rising Sun, Gold and Silver Star* from the Emperor of Japan.

The recipient of 14 Honorary Doctorates from universities throughout the world, Dr. Pachauri has authored 23 books. Welcome to the Rotary Club of Bombay, Dr. Pachauri.

May 25 to May 31, 2010

JOINT CLUB ASSEMBLY ON JUNE 16

The last Club Assembly for the current Rotary year 2009-2010 will be held in the Babubhai Chinai Committee Room of the Indian Merchants' Chamber at Churchgate from 6.15 pm on Wednesday, June 16.

Hon. Secretary Shivkumar Israni said while making an announcement to this effect at the last meeting that the last Club Assembly would also double up as the first (albeit unofficial) Club Assembly for the next Rotary year 2010-2011.

All current and incoming Chairpersons have been requested to submit reports and achievements or plans and objectives (as the case may be) of their respective Committees on or before June 7.

New members are particularly encouraged to attend the joint Club Assembly which will be attended by all outgoing and incoming Office-Bearers, Directors and Committee Chairpersons. It will give them first-hand information about the way in which the Club plans its activities and reviews its projects.

Manibhai Doshi turns 90

PDG Manibhai Doshi made a handsome birthday donation of Rs. 10,000 to the Rotary Club of Bombay recently.

A member of the Rotary Club of Bombay East, Manibhai recently completed 90 years of age and was in a cheerful mood when he was complimented by President Nandan Damani.



What's this I hear about Rotary? Vijay Kumar Taparia has a question for Dr. Anand Shah. In the photograph at right, Nelum Gidwani, Chairman for Rotary Public Awards, has a word with his predecessor in the post, PP Vithal Palekar. Taking tips before making decisions?



At the last meeting

(Held on May 18, 2010)

PRESIDENT Nandan called the meeting to order and welcomed the guest speaker, the visiting Rotarians, Rotaryans, guests and others.

BIRTHDAYS

Members and Rotaryans celebrating their birthday during the week were felicitated.

ATTENDANCE

Members	109
Visiting Rotarians	2
Spouses/Rotaryans	3
Total	114
Svc. box collection	Rs. 5,500

Birthday donations

Renu Basu, Burjor Poonawala, Hans Khimji, Dr. Ramnath Nayak and Fakhruddin Khorakiwala has made birthday donations aggregating Rs. 20,287 during the week gone by.

While Renu Basu contributed Rs. 7,500, Burjor gave Rs. 5,001, Hans Rs. 5,000, Dr. Ramnath Rs. 2,000 and Fakhruddin Rs. 786.

President Nandan Damani thanked all the members for the contributions.

Rotary staffer passes away

Members attending the last meeting observed a minute's silence in memory of Rotary Secretariat staffer Ms Mary Cherian who passed away on Saturday, May 8.

President Nandan Damani, who led the condolences, recalled that Ms Cherian had served the Rotary Club of Bombay for the last 31 years.

Rest in peace, Mary.

‘Unmatched donors are easier to find in Germany where every adult is registered on the bone marrow registry’

(Continued from Page 2)

Returning to the theme of bone marrow registries, Dr. Parekh said that officially Bone Marrow Donors Worldwide, which was the international registry for bone marrow donors, listed 12 million names. Since its last report, the number had gone up to 17 million, thanks to new donors being added every day.

There were 6 million donors in the USA alone. But the total number of Indians featuring in the registries was a paltry 30,000. Even that figure was indefinite, considering that donors were likely to say no at the last minute.

It was at this point that Dr. Parekh talked about the statistics published by the Indian Council of Medical Research which showed that there were 2.5 million cancer patients at any given time in India.

The ICMR had also stated (without giving any reasons) that the number of persons affected by leukaemia or blood cancer would go up by 77% in the next decade. Even more frightening was the fact that India had no genetic counselling centres and no centres for family planning and advice, with the result that thalassaemia continued to remain a huge problem.

“It’s a shame that 5,000 new patients with thalassaemia are born every year in India. No children are born with thalassaemia in many countries of the world, in Cyprus, Greece and Italy, where they have very good preventive programmes. The government insists that nobody can get married without a certificate from a

haematologist saying that they don’t have the gene for thalassaemia.

“Priests are not permitted to unite Christian couples in marriage unless a certificate of no thalassaemia is produced.

“Why can’t this be implemented in our country? Why can’t the government pass an order that marriages are forbidden without conducting the thalassaemia test?”

Even the USA had a rule for checking venereal diseases and HIV before marriage. Those with HIV could marry another person with HIV, but they had to be certified, tested and a certificate produced before marriage.

With the shrinking size of families in India, the need for a donor registry was even greater. A large registry for unrelated donors was crucial because, the larger the registry, the shorter the search time. Even in Germany, where registration was compulsory for all adults, it took about a month to find a matched donor. It would take longer in India with its diverse ethnicities.

What was the alternative? Dr. Parekh said so far wealthy Indians, on being told about their cancer and the need for a transplant, caught the first available flight to the USA. There, it cost between \$300,000 and \$500,000 to get an unmatched donor. But they constituted only a minuscule percentage of the population.

The next best thing was to import stem cells from American registries. Even then the cells cost \$40,000. But if everything was done in India, including harvesting of stem cells, the cost was quite low (about \$40,000,

together with the cost of transplantation).

“We must develop centres in our country, we must develop a registry and we must do our transplants ourselves and not depend on the USA, Germany or any other country except for the technical knowledge. We can take their guidance and their expertise which is available free.

“In fact, (last year) people from registries all over the world came to Bombay to teach us how to make a registry. We have a website, <https://www.mdrindia.org>, and a company called Syntel has given us the server free.

“Our aim is to get 100,000 donors to start with and then maybe a million. To do that, we need money. Today, we have about 2,000 donors. We pay for the HLA typing, which costs us money, therefore we need funds. It’s not easy, but if you have the will and the dedication, it can be done.”

Dr. Parekh thanked Mr. Ratan Tata for his encouragement in setting up the registry and for contributing Rs. 2 crores for the cause.

Interestingly, he revealed, his “timing was very, very bad”. He and Dr. Ashok Kirpalani had met Mr. Tata in the aftermath of the terrorist attack on the Taj Mahal Hotel and other sites in the city beginning on November 26, 2008. But Mr. Tata was magnanimous; the Tata Memorial Hospital gave them space for an office and a transplant unit. Other beneficiaries also chipped in with their contributions.

“We need your help, support and funds; but most important, we need young stem cell donors. Please send your children, your grandchildren, friends, Rotaractors and others. Only if we are successful will the worldwide registry accept us as an equal partner. And when all the registries are linked by computer, then all our donors will also be listed in the world registry,” Dr. Parekh added.

When the floor was thrown open for questions, Suresh Jagtiani pointed out that with its high birth rate India could have a mechanism to collect stem cells from cord blood and create a depository so that the heavy expenditure could be curtailed.

Dr. Parekh said this was being done. For moral and ethical reasons, he favoured the free supply of stem cells



They timed it very badly. But Mr. Ratan Tata was magnanimous and donated Rs. 2 crores towards the Marrow Donor Registry (India) when approached by Dr. Parekh and Dr. Ashok Kirpalani. They met him in the immediate aftermath of the carnage of 26/11

to all patients. But certain corporate executives looked at it in a different way. One company had started a bank and collected a lot of cord blood, harvested and stored in a proper way. But they charged the mothers very high sums, ranging from Rs. 50,000 to Rs. 2 lakhs, “depending upon the coat and suit that the family is wearing”.

“They charge the parents to store the stem cells from the cord blood when it’s actually a donation. How can they charge the mothers? This is fraud. The UK government has banned this, the US has banned it. In both the US and Europe, cord blood is free.

“The world’s first cord blood transplant was done in France and the mother was not charged for the cord cells. There should be public cord blood banks, where mothers donate their cord blood to anybody who needs it, not reserve it for their own families. That’s a mistake.”

Dr. Parekh said that collecting blood cells and storing it in a freezer was a very expensive proposition. The government had no funds and the MDRI happened to be the only registry of its kind in India. There were a few others, but only in name, for they had no donors. It was only because of the munificence of Mr. Tata and others that the MDRI was able to pay for the tests and to list 2,000 donors.

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India is home to patients of sickle-cell, hairy-cell and other types of anaemia; and of course thalassaemia continues to be a major problem, says Dr. Sunil Parekh

He travelled from Jaipur to Bombay via Delhi

A man who deals in stocks but dreams of adopting a village to improve people's lives

Pradeep Gupta decided to join Rotary at the end of one of his meetings with Ashish Vaid, who was then the President of the Rotary Club of Bombay.

Always interested in rendering social service and interacting with people at various levels, his interest saw him becoming a member of a Leo Club and then of a Lions Club when he lived in his native Rajasthan many years ago.

He had his basic education in that state, but shifted to Delhi to study chartered accountancy. After becoming a C.A., he started his career in the textile

categories of clients and deals in investment products such as equity, commodities, mutual funds, insurance distribution and housing and other loan products.

Recently, the Anand Rathi Group's wealth management section was rated as the "Number 1 Best Domestic Private Bank" by an *Asia Money* poll. Pradeep and Priti have two children.

While the elder child, daughter Aishwarya, aged 16, is a student of the Dhirubhai Ambani International School, son Krishnav is eight and is study-



Proud parents and even prouder grandparents. Pradeep in a family portrait with his parents, his spouse Priti and their two children

Meet Your Fellow Rotarian: Pradeep Gupta

manufacturing sector and became a member of the Jaipur Stock Exchange, too.

But life had something else in store for him. He moved to Bombay in 1989 and before long he became a member of the National Stock Exchange. In 1995, he became a partner with Anand Rathi Securities which was a member of the Bombay Stock Exchange.

His marriage to Priti, daughter of the renowned Mr. Anand Rathi, brought about even more changes in his life.

Pradeep is now the Vice-Chairman of the Anand Rathi Group which has a presence in more than 700 locations across the country and in Hong Kong and Dubai, too. It services all cat-



She goes to DAIS and he goes to EMWS. Pradeep and Priti with their children Aishwarya and Krishnav. While daughter Aishwarya is a student of Dhirubhai Ambani International School, Krishnav attends the Ecole Mondiale World School

ing in the Ecole Mondiale World School.

Speaking about Rotary, Pradeep says he firmly believes that by becoming a Rotarian he can help many people in society as it provides a huge platform for social service.

He is particularly impressed with the Club's unique *Bhavishya-Yaan* project which has involved the hard work and patience of several of his fellow members.

One of his dream projects is to adopt a village and to work aggressively with the village authorities to try and improve the life of the people residing in it by providing them with good education and medical services.

Snippets of History – XXVIII

It was only from the mid-1960s that the Club started playing the National Anthem

We resume the series covering the history of the first 50 years of the Rotary Club of Bombay from where it was stopped late last year on account of paucity of space.

Members will recall that this history was compiled as a special assignment by the late Dr. Buji Colabawalla, Past President of the Club, with the assistance of the late Mr. Behram Contractor.

This compilation will end with the publication of three instalments starting this week.

In December, 1963, the University of the Seven Seas, consisting of a boat carrying nearly 275 university students on a world tour, was expected in Bombay. Each Rotarian was asked to invite one student and an extensive programme of entertainment was drawn up including a dinner and tea meeting.

On the Community Service front there were plans for a children's park and an offer from the Haffkine Institute of anti-polio vaccine for immunising 25,000 children.

A novel method of spreading Rotary Information took the shape of a printed question or quiz on the menu card every week to enable Rotarians to discuss it during luncheon, the answer to the question being given later in the Club Bulletin.

The programme for the year 1965-66 contained an emphasis on action rather than on reports and surveys, and with special regard to Youth and Library projects and to programmes concerning respect for the law. Particular attention was to be given to setting up two or three Interact Clubs and organising study centres and reading rooms and increasing the tempo of Vocational Guidance.

The theme of Bombay's Rotary at this stage was, "Consolidate on what has been done and continue our efforts to do more in other directions of service to society".

A new feature of the weekly meetings was the playing of the National

Anthem immediately after the meeting was called to order, permission for this being obtained from the Government of Maharashtra.

A considerable advance in the structural mechanics of service to the community was that a new committee was set up consisting of four representatives each from the Rotary Club of Bombay and the Inner Wheel Club of Bombay to survey the community.

Meanwhile, a small room on the ground floor of the Taj Mahal Hotel had been provided as a Club office but the question of accommodation in the proposed building on the site of Green's Hotel still remained open.

Regarding lunches, the latest arrangement was for a two-course, no-cereal lunch at Rs. 6.50 per head and a collection of Rs. 3.50 per member for the emergency fund. Members were thus obliged to pay Rs. 10/- to the hotel when they bought lunch coupons.

The government's food control regulations at this time again created difficulties and legal opinion had to be consulted to clarify this matter. Pending this, only snacks were served.

An odd note, though perhaps a necessary one, was struck in a complaint that there was "a growing indifference and lack of courtesy" being shown to speakers by some members.

Lunch continued to be a controversial issue with the Taj proposing

to serve the same lunch as was provided to the hotel's regular customers and the Club insisting on having the same menu as in the past.

Illustrative of Community Service at this stage was the approval of the following projects: Bal Bhavan (addition of one floor); welfare work for Matharpakhadi village; family planning; rehabilitation of disabled and discharged army personnel; a child guidance clinic; financing the Garrison School at Colaba; and equipment for the Children's Park at Chembur.

Some discussion was stimulated by a suggestion that in case there was more than one proposal for the same vacant Classification and the Classification Committee was satisfied that the persons proposed accorded fully with the Classification and had their place of business or professional activity within the Club's territorial limits, and the candidates were leading members in their field, there would be no alternative but to refer the proposal cards to the Directors who would then ask the Membership Committee for its recommendation.

As an index to the passage of time, the membership dues were now Rs. 275 per annum.

There was a move in the interests of economy to cut down on the number of press representatives invited to lunch at the weekly meetings but it was later felt that the Club would suffer in terms of public relations and that steps should be taken to "re-establish cordial relations with the press".

(To be continued)

Pankaj Udhas concert will raise funds for thalassaemia-affected children

The Pankaj Udhas concert on Friday, May 28, will help raise funds for the betterment of thalassaemia-affected children. It will be held at the Nehru Auditorium in Worli from 7 pm onwards.

As members are aware, the popular ghazal maestro has been performing every year at the request of the Rotaract Club of H.R. College for its annual fund-raising programme.

Proceeds from the event go to the Parents' Association Thalassaemic Unit Trust (PATUT) which helps children with thalassaemia to lead a better life.

Over the last few years the Rotaractors have donated over Rs. 20 lakhs to this eminently worthy cause.

This will be the seventh year in a row that well-known crooner Padma Shree Pankaj Udhas will give a performance for the Rotaract Club of H.R. College and the excellent cause that it is furthering.

Both President Nandan Damani and Hon. Secretary Shivkumar Israni requested members at the last meeting to lend assistance to the cause of thalassaemia-affected children.

Members have been informed that apart from donations, sponsorships, advertisements, banners and other means, they could also book advertisements in the souvenir to be brought out on the occasion.

**सुरक्षा हो संग,
तो ज़िन्दगी में आए रंग.**

सुरक्षा अब आपके हाथों में. HP-GAS में हम आपकी सुरक्षा का ज़क़्त बनाइते हैं. आपकी पुरिफा और सुरक्षा के लिए हम साथ ही आयुर्जिक एवं उन्नत तकनीक से बने उपकरण, जो लार्ड, आपकी जिन्दगी में सुरक्षा के रंग. इनका इस्तेमाल बीरियर और रिफ्रिजिटर होकर जिन्दगी का स्वाद लीजिए.

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सुरक्षा के लिए अपने फ्रिजिडोर वाली फ़िल्टरिंगयूनिट से संभलें बीरियर.

‘Saving young, innocent lives costs a lot of money, but it’s worth the while’

(Continued from Page 4)

“A donation is a donation, it’s a gift of life. We will not go into cord blood because we cannot afford it. It’s good for children, of course. But it’s very expensive. We are a very poor country. Patients don’t have money; of course, the IPL has money!”

PP Dr. Adi Dastur said that there was a plan to have cord blood storage banks at hospitals like Wadia where the number of deliveries was high. These would be public banks, meant for use by the public. The logistics were being worked out and it was likely that those who donated cord blood for use by their own families would not be charged. If someone else required it, they would be free to approach the families that had already deposited their cord blood.

But Dr. Parekh had a different take on this. He said it was time to learn from entrepreneurs like Richard Branson who had set up the Virgin Cord Blood Bank. He followed all government rules. He collected cord blood and also charged the mothers in order to make a profit.

At the same time, he also did charity. He split the cord blood into two parts; there were only a small number of cells but he knew that they would expand later on. So he kept half of it for the family that had given

it and half for public use. “It’s brilliant!”

Burjor Poonawala asked whether stem cells derived from various sources were similar to and as effective as those collected from bone marrow.

“My daughter has been suffering from MS and we have been considering transplants from bone marrow; but our concern is that it is a very painful and lengthy process. Why can it (stem cells) not be collected from the peripheral blood as you have been suggesting?” he wanted to know.

Dr. Parekh said there were different types of stem cells but embryonic stem cells were the only ones that had the capacity to differentiate into any tissue.

However, embryo research was banned by the Bush administration and hence had not taken off.

Later, it was discovered that there were specific types of stem cells, called neural stem cells, in the brain. But they were present in very small numbers. If these could be stimulated into activity, then they could help patients with brain diseases.

As for the stem cells taken from the blood or bone marrow, these were cells that were differentiated to make only red cells, white cells or platelets; they could not make neural tissue.



Dr. Sunil Parekh is from a long line of haematologists, Dr. Ashok Kirpalani reveals while introducing the guest speaker at the last meeting



*Let’s give him a big hand, for he has given us a wonderful exposition.
PP Dr. Rumi Jehangir proposes the vote of thanks*

“We need committed neural stem cells to cure neurological diseases. Some fantastic research is going on. It will come, it has to come. The US government has changed and the new President has given money (for research).

“My son has got a huge grant from the US President himself. He applied and he got the money straightaway. That’s why my son won’t come back (to India),” Dr. Parekh added.

The vote of thanks was proposed by PP Dr. Rumi Jehangir.

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From 14 years to 12 – R.I. Board Happy Birthday lowers the age for Interactors

The Board of Rotary International has decided to lower the age of eligibility for Interactors from 14 years to 12 in order to promote the growth of the Interact movement.

“This is another opportunity to expand the family of Rotary,” says J.R. Thompson, a member of the R.I. Interact Committee and of the Rotary Club of Rocky Ford, Colorado, USA. “In my personal experience of working with young people... they will put in the effort to reach a reasonable level of expectations. I found this is just as true of a 12-year-old as it is of a 14-year-old.”

Rotary’s Council on Legislation, which met in Chicago in April, was also poised to consider a pair of proposals to lower the minimum age for Interact, but withdrew them because of the earlier (January) action by the Board.

District 2750 (Guam, Japan, Micronesia, Northern Marianas and Palau), which proposed one of the resolutions, argued in its statement of support that the mental and physical development of young people today was more advanced than when the Standard Interact Club Constitution was launched.

The Council approved creating a permanent committee of R.I. for Interact and establishing a fifth Avenue of Service, New Generations Service, to recognise the positive change brought about by young adults involved in leadership activities.

Each year, Interact Clubs are asked to complete at least two Community Service projects, one of which should further international understanding and goodwill. Through these efforts, Interactors develop a network of friendships with local and overseas Clubs.

The Board’s policy for Interact states that the sponsor Rotary Club must co-operate with school authorities in supervising the Interact Club and that the Interact Club is subject to all the regulations that apply to other student organisations and extra-curricular activities at the school.

If the school where an Interact Club is based includes students younger than age 12 or older than 18, they may also be members, the policy states. Thus, if a school serves students aged 10-13, 10-year-olds could also be members.

“In smaller communities it is not unusual for secondary schools to be combined with junior and senior high schools,” says Thompson. “In fact, this is a growing trend in the US where the mean age of the population continues to move up.”

The Board also agreed to set the following priorities for the programme:

- (1) Promoting Interact using publications, video, the Internet, Club presentations and other methods;
 - (2) Sharing information about Rotary with Interactors by distributing Rotary International publications such as *The Rotarian* magazine and *Rotary Leader* and the Governor’s Monthly Letter; and
 - (3) Assigning Rotarians as mentors for Interactors, inviting Interactors to attend Rotary Club meetings and consulting with Interact Clubs to develop a district-wide service project for all Interactors.
- “Strong Clubs – whether they are Interact, Rotaract, or Rotary – are always looking for more good people willing to put their minds, backs and hearts into *Service Above Self*,” adds Thompson.



Dr. Ambrish Dalal
May 25



Fakhrudin Khorakiwala
May 25



Mehul Sampat
May 26



PP Dr. Kekoo Kavarana
May 28



Vasant Manohar
May 28



Dr. Chetan Shukla
May 28



Vineet Bhatnagar
May 31

Spouses/Rotaryanns

Ritika Arenja
May 26

Dr. Firuza Parikh
May 27

Khorshed Daruvala
May 30

He Profits Most Who Serves Best

Service Above Self

ROTARY CLUB OF BOMBAY	
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Charter No. 3128, Dated 08 May, 1929	
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Imm. Past President	Ashish Vaid
President-Elect	Pradeep Saxena
Vice-President	Paul George
Honorary Secretary	Shivkumar Israni
Joint Hon. Secretary	Nirav Shah
Honorary Treasurer	Ishraq Contractor
DIRECTORS	
Roda Billimoria	Vikram Daiya
Rita Dalal	S.K. Mitra
Ramesh Narayan	Suhail Nathani
Pranay Vakil	Nowroze Vazifdar
CLUB SERVICE – New Members	
Pradeep Saxena to oversee	
Director	Rita Dalal
Classifications	PP Dr. Adi Dastur
Membership	PP Sandip Agarwalla
Member. Dev. & DisCon	Paul George
Information & Assimilation	PP Harry Singh Arora
CLUB SERVICE – Fellowship/Meetings	
Director	Pranay Vakil
Fellowship & Sports Programme	Madhusudan Daga
Sergeant-at-Arms	Nanik Rupani
Attendance	Bipin Kapadia
Bulletin & Website	Arvind Agarwal
Public Relations	PP Arun Sanghi
COMMUNITY SERVICE – I: Medical	
Director	Nowroze Vazifdar
Chairman Emeritus, Talwada	PP Dr. Rahim Muljiani
HTEC, Talwada	Dr. Mitul Patel
Ajit Deshpande	
Medical Centre	PP Dr. Rumi Jehangir
Oral Health	Dr. Sorab Javeri
Control of TB	Dr. Rohini Chowgule
Hepatitis & Polio Immu.	Ashwin Didwania
Heart Brigade	Dr. Anand Somaya
Cancer Aid	Farokh Balsara
COMMUNITY SERVICE – II: Non-Medical	
Director	Ramesh Narayan
RCC	Sunny Pariyaram
Global Warming/(Dist. Thrust)	
Green Vision	Jagdish Malkani
Differently Aabled (Dist. Thrust)	Shyamniwas Soman
Old Age Home/ Senior Citizens	Naresh Kumar Jain
Women Empowerment	Poonam Lalvani
Welfare of Animals	Framroze Mehta
COMMUNITY SERVICE – III: Youth	
Paul George to oversee	
Director	Vikram Daiya
Interact	Mehul Sampat
Rotaract	Deepak Kapadia
Night Study/Voc. Training Centres	Jacob Abraham
COMMUNITY SERVICE – IV: Education	
Director	Roda Billimoria
Educational Loans and Scholarships	Arjun Jolly
Management Education	Poonam Kumar
Education – Values & Ethics (Dist. Thrust)	Alok Sekhsaria
TEAC Junior College	IPP Ashish Vaid
VOCATIONAL SERVICE	
Director	Suhail Nathani
Rotary Public Awards	Nelum Gidwani
Legal Aid	Akil Hirani
Four-Way Test	Subash Gogia
INTERNATIONAL SERVICE/DISTRICT THRUST	
Director	S.K. Mitra
R.I. Programmes	PP Rajnikant Reshamwala
Rotary Foundation	PP Arvind Jolly
Fund-Raising	Manoj Israni
Promotion of Arts, Music and Dance	Priyasri Patodia
Disha (Dist. Thrust)	PP Kalpana Munshi
Water Management (R.I. and Dist. Thrust)	Suresh Goklany