

BIRDEM: Inception & Evolution

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Diabetic association of Bangladesh(DAB) is the symbol of a success story of the devoted visionary- late national professor Dr. Md Ibrahim, starting in 1956.BIRDEM (Bangladesh Institute of Research & Rehabilitation in Diabetes, Endocrine and Metabolic disorders). Though an icon,it is one of the seven enterprises of - DAB, now BADAS-(Bangladesh Diabetic Samity).

It was started in a semi permanent space of 35.5 sq meters at Segun Bagicha, Dhaka with one man and two to three associates. From the day of inception it has three themes - to serve diabetic and related patients, a good laboratory service and authentic research, which are still continuing.

In 1957 DAB had 39 registered patients. Now BIRDEM has around 500000 registered patients (Diabetics- 4,34,753, IGT- 37,860, GDM-641) .The hospital first started with only 18 beds in 1957. Now BIRDEM general hospital has become a multidisciplinary tertiary care hospital with 600 bed including 110 free beds where treatment is provided 100% free of cost, to keep the motto of Prof. Ibrahim that “no diabetic should die unfed, unemployed, untreated even if he is poor”. It is the best referral centre of the country for care of patients with diabetes mellitus, it’s complications and co morbidities.

In 1980 BIRDEM was shifted from Segun Bagicha to the present Shahbagh complex. Initially the OPD started in 3 storied building and the hospital moved to this site in 1984. Subsequently through successive revised plans and extension it came to the present state of 16 storied complex through generous support of different government. In 1982 it was recognized as WHO collaboration centre for developing community oriented services, education, training and research for prevention and control of diabetes mellitus.

Starting in 1987, BIRDEM Academy has produced so many (Ph.D, MS, MD, M.Phill) experts who are serving both nationally and internationally. It has been running 18 regular postgraduate courses, certificate courses for graduate diabetes practitioners (DLP), Emergency

health care(BLS ,ACLS).It also run diabetic educator course and nursing update course.

The hospital is equipped with modern facilities for haemodialysis and organ transplants. So far 89 successful living related donor kidney transplants and two successful liver transplants have been done at BIRDEM.

It also has a state of the art ICU service, a Special care baby unit (SCABU) and Physiotherapy centres. It has 24 hr emergency service for all disciplines of medical sciences with available laboratory services.

BIRDEM has the largest OPD facilities for diabetics in the world, handling 3000 patients everyday on average. It also has OPD treatment follow up facilities for both diabetics and non diabetics patients in supraspecialities of Pediatrics, surgery, Gynae and Obstetrics and Medicine. It has specialized infertility centre, foot care centre and day care centre for Gastroenterology, haemato-oncology. It also runs Obesity clinic, PCOS clinic, Rheumatology clinic and liver clinic. Recently it has expanded it’s facility by opening BIRDEM-2 at Segun Bagicha with help of the Ministry for Women and Children Affairs, exclusively for women and children.

To encourage learning, BIRDEM library is open for 14 hours everyday and has a wide array of books, magazines, journals, periodicals and internet browsing and printing facilities.

Other facilities like the auditorium, canteen, mosque all are within the premises.

BIRDEM is run by formidable service rule. Each employee has his own ID number and health card, all of them enjoying free health facilities. There are a number of associations like Officers Welfare Association, Employee’s Welfare association, Teacher’s association, Young diabetic welfare association, Non-diabetic patient welfare association. All are recognized bodies of ministry of social welfare.

BIRDEM, the pioneer of non-government health care facilities of the country, the unspoken monument to the great son of the soil Prof. Dr. Md. Ibrahim is serving the nation for nearly seven decades keeping its motto "I am obliged for giving me the opportunity to serve you" to the suffering humans.

Dengue: A seasonal fever (Moushumi jar)

The first outbreak of dengue fever (Dhaka fever) was documented in 1964 in Dhaka. The first outbreak of dengue hemorrhagic fever (DHF) occurred in mid 2000. *Aedes aegypti* mosquito was identified as the main vector responsible and in Chittagong *aedes albopictus* was also identified as potential vector. The maximum transmission period is from July to September. The number of mosquito increases after rainfall, because they breed in containers that hold clean water for more than five days. Higher temperature shortens the incubation time for the virus and humid weather increases the biting activity of mosquito.

A National guideline for clinical management of dengue has been developed, based on the established WHO guidelines and distributed among medical officers of the country.

Countries that reported less than 1% of the total case are Bhutan, Nepal and Timore Leste. Maldives and Bangladesh reported about 1% of the cases. India, Myanmar and Srilanka reported 6% each. Thailand 23% and Indonesia 57% cases in South east Asia region (SEARO) of WHO.

Ensuring adequate fluid intake is the mainstay of treatment. Whole thing is so far directed to prevention and personal protection from mosquito is important. Killing of mosquito and its larva is utmost necessity.

Development of birth control pill for female mosquito is an approach on the way. Malaysia is considering releasing genetically modified mosquitoes designed to combat *aedes* mosquito. Australian scientist are trying to modify mosquitos by introducing bacteria in them so that female *Aedes* could not harbour dengue virus.

Dengue vaccine is on the way. In Thailand it has so far been tried on mice and monkeys. It will come into market in 2015. Antiviral drug using protease inhibitors are being thought by researcher.