

TYPE OF DISEASES PRESCRIBED AS VALID FOR TRANSFER ON MEDICAL GROUNDS.

TYPE OF DISEASE

1. CANCER
2. PARALYTIC STROKE
3. RENAL FAILURE
4. CORONARY ARTERY DISEASE AS EXPLAINED BELOW
5. THALASSAEMIA
6. PARKINSONS' DISEASE
7. MOTOR-NEURON DISEASE
8. ANY OTHER DISEASE WITH MORE THAN 50% MENTAL DISABILITY

The brief description of illness which will be considered as medical grounds for the purpose of transfer, in terms of transfer guidelines is as under. Medical terms referred herein will bear meaning as given in the Butterworth's Medical Dictionary

(i) Cancer

It is the presence of uncontrolled growth and spread of malignant cells. The definition of cancer includes Leukaemia, Lymphomas and Hodgkin's disease.

Exclusions:

This excludes non-invasive carcinoma(s) in-situ, localized non-invasive tumour(s) revealing early malignant changes and tumour(s) in presence of HIV infection or AIDS, any skin cancer excepting malignant melanoma(s) are also to be excluded.

(ii) Paralytic stroke

(Cerebro-vascular accidents) death of a portion of the brain due to vascular causes such as (a) Haemorrhage (cerebral) (b) Thrombosis (cerebral) (c) Embolism (cerebral) causing total permanent disability of two or more limbs persisting for 3 months after the illness

Exclusions:

- (i) Transient/Ischemic attacks
- (ii) Stroke-like syndromes resulting from
 - (a) Head injury
 - (b) Intracranial space occupying lesions like abscess, traumatic haemorrhage and tumour.
 - (c) Tuberculosis meningitis, pyogenic meningitis and meningococcal meningitis

(iii) Renal failure

It is the final renal failure stage due to chronic irreversible failure of both the kidneys. It must be well documented. The doctor must produce evidence of undergoing regular haemodialysis and other relevant laboratory investigations and doctor certification.

(iv) Coronary artery disease

1. Cases involving surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries or valve replacements/reconstructions shall be considered NIDG cases up to three years from the date of actual open heart surgery and the eligible employees shall be entitled for the points during this period

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2. Cases involving non-surgical techniques, e.g. Angioplasty through the arterial system. Such cases will be considered MDG cases for a period of one year from the date of procedure and the eligible employees shall be eligible for points during this period.

(v) **Thalassaemia**

It is an inherited disorder and it is diagnosed on clinical and various laboratory parameters. Patient with thalassaemia, who is anaemic and is dependant upon regular blood transfusion for maintaining the haemoglobin level. In addition he is on chelating agent and other supportive care.

Inclusions:

(i) Thalassaemia major: History of blood transfusion/ replacement at less than three months interval. It must be well supported by all medical documents. The history should include the periodicity/ duration of blood transfusion/ replacement required by the patient/ chelation therapy

Exclusions:

a) Patient may have thalassaemia minor. His anaemia may become severe because of concurrent infection or stress. Anaemia may become severe because of nutritional deficiency or other associated factor.

b) Blood transfusion is not required and these patients do not require chelation therapy.

(vi) **Parkinson's Disease**

Slowly progressive degenerative disease of nervous system causing tremor, rigidity, slowness and disturbance of balance. Must be confirmed by a neurologist.

Inclusions:

Involuntary tremulous motion with lessened muscular power, in parts not in action and even when supported; with a propensity to bend the trunk forward and to pass from a walking to a running pace, the senses and intellects being uninjured.

Exclusions:

(i) Patients who are stable with the support of medicine

(ii) Detection of parkinson's disease within the duration of 5 years

Requirement:

Date of detection of the disease, hospitalization extent of involvement, duration of treatment along with discharge summary should be furnished. Mention should be made about the progressiveness of the disease and summary of inception of the patient must be confirmed by neurologist

(vii) **Motor-Neuron Disease**

Slowly progressive degeneration of motor neuron cells of brain and spinal cord causing weakness, wasting and twitching in limbs and difficulty in speaking and swallowing. Must be confirmed by neurologist.