News from here and there

Andhra Medical College, Visakhapatnam celebrates Granite anniversary
Andhra Medical College (AMC), Visakhapatnam, the sixth oldest medical college in India, celebrated its 90th Foundation Day (Granite anniversary) on 19 July 2013. From the early beginnings in 1902 as the Victoria Diamond Jubilee Medical School offering Licentiate Certificate Standard A course with an intake of 10 students, the AMC became a medical college on 1 July 1923 with an intake of 32 students with Lt Col F.J. Anderson as the Principal. The AMC along with the teaching hospital, the King George Hospital, were officially inaugurated by the then chief minister of Combined Madras State, Raja of Panagal Panuganti Ramarayanarangar on 19 July 1923.

AMC, initially affiliated with Madras University, Andhra University, has been affiliated to the Dr N.T.R. University of Health Sciences since 1986. Some of the eminent personalities who have been alumni of AMC include V. Ramalingaswami (Pathology, former Director, All India Institute of Medical Sciences, New Delhi; former Director General, Indian Council of Medical Research); Sripada Pinakapani (Physician, legendary Carnatic musician); M. Gourie-Devi (Neurology, former Director, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka); P. Brahmayya Sastry (Physiology); P. Siva Reddy (Ophthalmology, former Director, Nizam’s Institute of Medical Sciences, Hyderabad, Andhra Pradesh); Sripada Pinakapani (Physician, legendary Carnatic musician); M. Gourie-Devi (Neurology, former Director, National Institute of Mental Health and Neurosciences, Bengaluru, Karnataka); P. Brahmayya Sastry (Physiology); C. Vyagreshwarudu (Orthopaedics); Kakarla Subbarao (Radiology, former Director, Nizam’s Institute of Medical Sciences, Hyderabad, Andhra Pradesh); P. Siva Reddy (Ophthalmology, former Director, Sarojini Eye Hospital, Hyderabad, Andhra Pradesh).

Celebrations of the Granite anniversary included a walkathon with placards and a photography exhibition.

Pesticide residues in food
A study from the Food and Drug Toxicology Research Centre, National Institute of Nutrition, Hyderabad, Andhra Pradesh confirms what many have been suspecting for some time now—pesticide residues have emerged as the hidden health hazard that is stalking human health. The paper was published by a group of scientists (Betsy A, Vemula SR, Sinha S, Mendu VV, Polasa K). Assessment of dietary intakes of nineteen pesticide residues among five socioeconomic sections of Hyderabad—a total diet study approach. *Environ Monit Assess* 31 Aug 2013).

The authors collected 195 food items from different markets and analysed the cooked food for 19 pesticides using gas chromatography and mass spectrometry. The study showed that nearly 51% of samples contained one or more residues; 13 of 19 residues were present in levels above detection limits in various concentrations. The median concentrations of the residues in all the samples tested ranged from 0.00010 to 0.33 mg/kg. The authors reported that exposures to all the residues were below the respective acceptable daily intakes at both mean and 95th percentile levels of food intakes with highest estimated dietary intakes of organochlorine pesticides such as β-hexachloro-cyclohexane suggesting low chronic dietary exposures in both the cases.

ALLADI MOHAN, Tirupati, Andhra Pradesh

Pioglitazone flip-flop by the Indian government
On 18 June 2013, the Ministry of Health and Family Welfare suspended the manufacture, sale and distribution of the diabetes drug pioglitazone in India. Barely 6 weeks later, it reversed its decision, permitting the drug for restricted use, and with a warning on the packaging and promotional material. The suspension triggered protests, not only from physicians, who might have expressed justifiable concern for their patients, but also from the pharmaceutical industry worried about the financial impact of the ban.

Estimates put the Indian market for pioglitazone at ₹550 crore to ₹700 crore annually and D.B. Patel of the Indian Drug Manufacturers’ Association described a premature attempt at blocking the drug as ‘grossly unjustifiable’. The government’s initial suspension came two long years after the drug regulatory authorities in France and Germany withdrew the drug based on a study that found an increased risk of bladder cancer. The drug is available in the USA and other countries in Europe, where the labelling includes a warning of the newly identified risk—it is already contraindicated for patients with certain conditions such as heart disease.

The Drug Controller General of India (DCGI) is reported to have said that the suspension was required because the health ministry had given a written assurance to a Parliamentary panel that any drug banned in more regulated countries would be banned in India as well (available at [http://pharmabiz.com/ArticleDetails.aspx?aid=76236&sid=1](http://pharmabiz.com/ArticleDetails.aspx?aid=76236&sid=1)).

One of the many shocking findings of a 2012 report on the functioning of the Central Drugs Standard Control Organization was that many drugs approved in India are banned—or have been withdrawn—in countries with strong regulatory bodies. The DCGI has also said the suspension was based on the existing adverse event reporting system. However, it is well known that there is no functioning pharmacovigilance programme in India.

The DCGI’s flip-flop may suggest that neither the suspension nor its revocation was based entirely on scientific reasoning.

SANDHYA SRINIVASAN, Mumbai, Maharashtra

Translational Cancer Research Center to be set up in Kolkata
The Tata Medical Center (TMC), Kolkata, will shortly set up a biobank to store tissues of cancer patients. Dr Mammen Chandy, director of the centre stated at a fundraising event on 24 August 2013 that the biobank would, with the consent of the patients, store surgically removed cancer tissues for further research. The biobank will target application-oriented research and provide a crucial link between scientific data collated and how clinicians could use the inferences in their treatment of cancer patients.
The Tata Translational Cancer Research Centre will be situated on a two-acre plot near the TMC in New Town, Rajarhat, Kolkata. It will house a biobank, which will be the first in eastern India. The ₹60 crore project will be completed by 2016. With 20 scientists in the new research facility, the emphasis will be on the biobank and preventive oncology.

The TMC is a philanthropic initiative of the Tata group. It was established to promote cancer prevention, early diagnosis, treatment, rehabilitation, palliative care and research. The centre gets around 70% of patients from West Bengal, 15% from neighbouring states such as Odisha, Jharkhand and Bihar and 5%–7% from neighbouring countries. The Government of Bhutan has recognized the TMC as the official cancer referral hospital for its citizens.

P.M. NISCHAL, Bangalore, Karnataka

The National Medical Journal of India is looking for correspondents for the ‘News from here and there’ section. We are particularly interested in getting newswriters from the north and northeast regions of India as well as from other countries. By news, we refer to anything that might have happened in your region which will impact on the practice of medicine or will be of interest to physicians in India. The emphasis of the news items in this column, which are usually from 200 to 450 words, is on factual reporting. Comments and personal opinions should be kept to a minimum, if at all. Interested correspondents should contact SANJAY A. PAI at sanjayapai@gmail.com or nmji@nmji.in