Magsaysay award for Amte couple

On 31 August 2008, Dr Prakash Amte and his wife, Dr Mandakini Amte, received the Ramon Magsaysay Award for community leadership. The award is in recognition of their tremendous contribution to the uplift of the Madia Gond tribe through their organization, the Lok Biradari Prakalp. The Lok Biradari Prakalp was started in 1973 as a project for the development of tribal people in the forests of Bhamragarh in the Gadchiroli district, Maharashtra. The organization, based in Hemalkasa in the taluka of Bhamragarh, seeks to improve health and educational services for the primitive Madia Gond tribe.

Dr Prakash Amte was pursuing a postgraduate degree in surgery in Nagpur when his father, Baba Amte, started the project on 23 December 1973. Taking a leap of faith, Dr Prakash Amte and his wife, who was serving as a lecturer in anaesthesia in the Government Medical College, Nagpur, abandoned their urban pursuits and moved to Hemalkasa. The Madia Gonds, intrinsically shy and suspicious of outsiders, spurned their help at first. The couple worked with patience to gain their trust. In 1975, SwissAid provided funds to build and equip a small hospital in Hemalkasa. However, to conform to tribal sensibilities, they placed most of the hospital’s facilities out of doors, beneath the trees. They charged no fees for their services.

Today, the hospital has 50 beds and a staff of four doctors, and treats about 40 000 patients a year, free of charge. It is a regional centre for mother–child welfare and health education. The Amtes’ school (started in 1976) now has 600 tribal students and provides comprehensive education. Among its alumni are the Madia Gonds’ first doctors, lawyers, teachers, office workers, policemen and the Amtes’ children. Through the school, the Madia Gonds have been introduced to settled agriculture and encouraged to conserve forest resources, including wild animals, a tribal dietary staple. The biggest achievement of the school is that more than 90% of the students, including the Amtes’ children, have come back to serve in the community. The animal orphanage at Hemalkasa promotes the survival of animals in an attempt to maintain nature’s balance.

While naming the couple for the award, the board of trustees of the Ramon Magsaysay Foundation said, ‘In electing Prakash Amte and Mandakini Amte to receive the 2008 Ramon Magsaysay Award for Community Leadership, the board of trustees recognizes their enhancing the capacity of the Madia Gonds to adapt positively in today’s India, through healing and teaching and other compassionate interventions.’

PRABHA DESIKAN, Bhopal, Madhya Pradesh

Tamil Nadu takes the lead in organ donation

Tamil Nadu has taken the lead in the donation of organs from the brain dead. In September 2008, the Government of Tamil Nadu issued 3 orders to facilitate the process of retrieval of organs from the brain dead. One of these specified the order of priority for the allocation of donated organs and the people authorized to give consent. Another order specified the procedures which should be followed by a transplant centre. The procedures include maintaining records for 10 years and publicly specifying the cost of a transplant. The third order makes it possible for hospitals with 25 beds to be recognized for the purpose of organ retrieval, though they will not be permitted to do transplant surgery.

Within a month of the issuance of the orders, a doctor couple donated the organs of their son. He had been declared brain dead following a head injury sustained during a fall from a motorcycle. The heart, liver, two kidneys and both corneas were transplanted. The wide publicity this act received seems to have kick-started the campaign for organ donation. Within 2 weeks, 2 more families came forward to donate the organs of family members declared brain dead. One of the livers was transported to Karnataka as there was no suitable recipient in Tamil Nadu.

A heartening aspect was the help rendered by the police, who ensured that all obstacles were cleared to facilitate the transport of organs to the designated transplant centres.

The rising trend in organ donation has become possible due to the dedicated work of many people, notably, Dr J. Amalorpavanthan, the transplant coordinator and a professor of vascular surgery at the Madras Medical College, Mr Davidar, formerly the special secretary of health, Mr V. K. Suuburaj, the health secretary, and many doctors and others both in government service and in non-governmental organizations.

GEORGE THOMAS, Chennai, Tamil Nadu

FDA releases report on potentially unsafe drugs—while India lags far behind

In an attempt to inform consumers and physicians about potentially dangerous side-effects of various drugs, the US Food and Drug Administration (FDA) released in September 2008 a report which listed 20 drugs that the agency is investigating for potential side-effects. The list includes the antidepressant Cymbalta, the analgesic Oxycontin, Tysabri (used for multiple sclerosis), and the TNF blocker Remicade. Among the possible side-effects are cardiac arrest, paediatric malignancies, malignant melanoma and Purple Glove syndrome.

This list can be a double-edged sword. While it may help save lives by spreading information, pharmaceutical companies, doctors and even the FDA fear that it might trigger panic reactions among some people and cause them to stop taking a drug which is essential for them.

The list of adverse effects is based on voluntary reports from patients and doctors and is not the result of sequential studies of the drugs. Thus, there may be a selection bias. Further, the presence of an adverse effect does not confirm a causal association.
Meanwhile, a drug monitoring database of the WHO in Uppsala (www.who-umc.org) has noted that India has not recorded even a single adverse effect from any drug over the past 3 years (2005–07). There are 68 member countries who contribute to the database for adverse effects. During the period June 2006–June 2007, over 200,000 accepted adverse effects were reported, half of them from the USA.

There are 24 peripheral pharmacovigilance centres in India, along with 5 regional centres and 2 zonal centres, all of which are under the Drug Controller General of India (DCGI). Clearly, they have much work to do. The regulatory agencies will also look to pharmaceutical companies to honestly conduct post-marketing surveillance of their drugs and report to the authorities.

SANJAY A. PAI, Bangalore, Karnataka
(based on reports in www.livemint.com)

Toxic metals in Ayurvedic medicines
According to a new study, one-fifth of Ayurvedic medicines made in the USA and India and sold in the USA through the Internet contain more than permissible levels of toxic metals. The study recently appeared in the Journal of American Medical Association (JAMA).1 This study is an extension of an article published in JAMA in December 2004 in which it was stated that Ayurvedic medicines manufactured in South Asia and sold in stores in the Boston area of Massachusetts contained high levels of heavy metals.

On examining a random sample of 193 products being sold through 25 websites and produced by 37 manufacturers, researchers found that all medicines which contained metals exceeded one or more standards for acceptable daily intake of lead, mercury or arsenic. Among the products containing metals, 95% were sold by American websites and 75% claimed good manufacturing practices (GMP), an international standard for drug manufacturing. This discovery could have an impact on the online sales of herbal medicines.

Herbal-only and rasashaadhas (made on the basis of the Rasa Shastra, an ancient Indian text on metals) are 2 major types of Ayurvedic medicines. The latter is a form of herbal therapy in which metals such as mercury, lead, iron and zinc, minerals such as mica, and gems such as pearls are deliberately combined with herbs to obtain a therapeutic effect.

Dr Robert Saper, the lead author of the study, recommends strictly enforced, government-mandated daily dose limits for toxic metals in all dietary supplements. He even proposes that manufacturers should demonstrate compliance through third-party testing. Though Saper and colleagues have urged the Congress to revisit the way dietary supplements are regulated in the USA, their concern is also valid in the Indian context.

However, in response to the JAMA report, the Union health ministry’s Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) has issued a statement claiming that the report is flawed and strongly biased against Ayurvedic medicines. Rejecting the claims of the study, the department has said that India does not officially export herbal-metallic compounds due to the concerns regarding heavy metals and has been exporting only purely herbal Ayurveda, Unani and Siddha medicines since 1 January 2006. The response came after samples of 600 Indian medicinal plants were tested and found to contain permissible levels of lead, mercury and arsenic, within the limits laid down by the World Health Organization (WHO).

T. Venkatesh (Professor of Biochemistry, St John’s Medical College, Bangalore, and a co-author of the paper) said, ‘Vast scientific data show DNA aberrations at a blood lead level of even 5 μg/dl of blood and any level above 10 μg/dl is known to bring down the IQ during growth and development. With no placental or blood–brain barrier, lead gets bioaccumulated and has no biological function. It has a long half-life of over 35 years in bones and has high competitiveness with calcium leading to deleterious effects on health.’ He added, ‘Under these conditions, all Ayurvedic preparations containing lead or other toxic heavy metals need to provide the concentration of such materials on the medicine bottle with a strong and prominent warning sign. The toxic heavy metal content needs to be evaluated by accredited testing laboratories. This will make our precious Ayurvedic preparations globally acceptable and will sustain any kind of test for its quality.’

ANIMESH JAIN, Mangalore, Karnataka