

Feature

Health

Prospect Bright for a Heart-surgery Hospital in Dhaka

by Nilratan Halder

IN a city where doctors, almost without exception, are looked at with suspicion — not so much for their ineptitude and inexperience as for their commercial-mindedness bordering on mindless neglect of duty — the vision of a heart treatment hospital like BM Birla Heart Research Centre, Calcutta looks somewhat unreal. But the man fondly nourishing such a vision is no novice in the business. With the record of building up BM Birla Heart Research Centre and Woodlands Nursing Home — the two most prestigious heart treatment centres in Calcutta of international standard behind him, Dr Tapas Raychaudhury is the man to look forward to such a real prospect. An eminent cardiac surgeon, Dr Raychaudhury already has to his credit some pioneering works in his field of specialisation in the whole of Asia. With a decade's practical experience in Edinburgh and Manchester and three years' practice as Chief Resident Surgeon in Adelaide, Australia, he is the right person to take up the project.

When Dr Raychaudhury spun the vision of a hospital exclusively for treatment of cardiovascular diseases involving an initial outlay of Tk 10 to 15 crore with 30 beds and also with provision for further expansion, he simply excluded confidence that appeared to be somewhat committable. His arguments in favour of such a hospital in Dhaka are perfectly sound and rational. The way Dr Raychaudhury looks at the project does not, moreover, go against the government policy that emphasises more active participation in the nation-building task by private entrepreneurs. Dr Tapas Raychaudhury is very explicit about equity shares of government agencies and insurance companies in the venture.

His arguments also look highly tenable in that he appears to be highly mindful about making the proposed project cost-effective. The most fascinating part of his argument is that the future hos-

pital will be able to drastically cut the expenses of all types of open heart surgery. That makes the possibility of not only covering the poorer segment of the population by the until now highly costly treatment but also attracting patients from abroad. Indeed, low-cost heart surgery has till now remained elusive even in India. Sixty thousand rupees for each operation cannot be

only in limited areas. The range and scope in Dhaka is far more than the centre of his work. People with enough money for investment in such a potentially profitable — and perhaps noble — project should not be hard to come by, specially when the man conceiving the idea has proven ability and expertise for the job. A hospital of high repute — which the proposed on ought

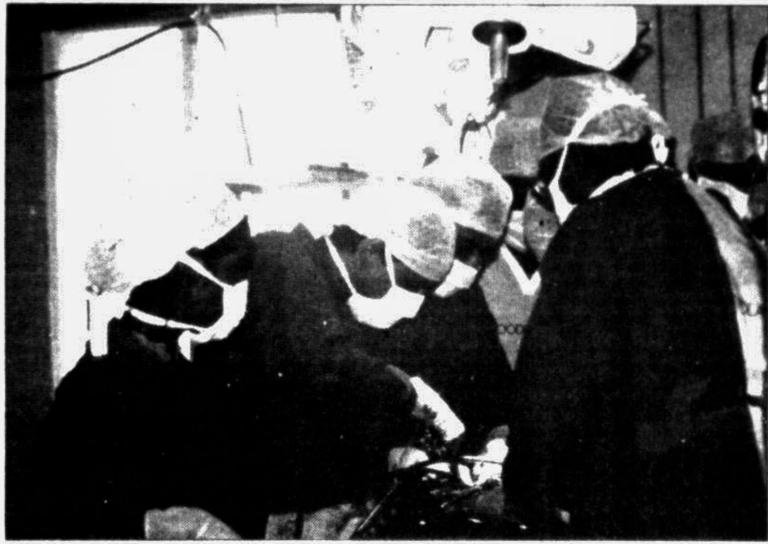
Institution, suggested that the government could indeed take some steps in this regard. In this connection, he pointed out the government policy in his country where such treatment is mostly covered by government expenses. But then he conceded that the process has its own drawbacks and often leads to complicated situation. There are simply too many candidates to be dealt

hardly any chance of receiving any cardiovascular care at the proposed hospital. This is despite the best of Dr Raychaudhury's intention. In all possibility, the treatment centre will be run commercially and follow all the commercial rules and principles. Significantly, though, the background of Mitra Institution has left a lasting impression on his mind and he along with his like-minded colleagues with feelings for the poor have built up Woodlands Nursing Home which has become known abroad in its own right.

Confusion about similar success in Dhaka notwithstanding, the plus points in favour of going for the project are many and perhaps overriding. The question needs to be pondered on is that it should not make any compromise whatsoever, so far as the quality of operation or for that matter the heart treatment is concerned.

People may legitimately be wary of too commercial-minded ventures, but then the prime target here should be economic competitiveness. On this count possibly, Dhaka may have few rivals, according to the eminent cardiac surgeon.

May be he will prove right. But one or two things should be taken into consideration. The fact that two to three companies in India have already entered into collaboration with foreign companies to bring down the cost of surgical implants — which are imported and highly costly and therefore responsible for the operation's skyrocketing cost. So long as similar ventures are not accomplished here also, Bangladesh will have to solely depend on import of surgical equipment. Locally produced low-cost implants in India can have both positive and negative impacts on heart surgery in Dhaka. Positive, if those facilities are available here and negative if the competition becomes unequal. One hope is that such problems can be smoothly sorted out.



Dr. Raychaudhury performing a complicated bypass surgery at Woodland Nursing Home

too small an amount to be afforded by the lower middle class, let alone the poor. Here in Dhaka, the equivalent of the Indian amount is about Tk 100000. But Dr Raychaudhury is confident that the surgery cost for the Dhaka facility can be brought down to as much as half by taking the advantage of import duty waiver on medical appliances.

In Calcutta, Dr Raychaudhury explains, hospitals do enjoy similar concessions but

to be — could moreover help save a substantial amount of foreign exchange by creating internationally comparable facilities locally. As an additional gain, it is expected to set a standard for medical practices in other areas as well.

In reply to a question as to how he envisages the heart treatment facilities becoming available to the poor people, Dr Raychaudhury who had his schooling in the famous Mitra

with. Even irregularities and corruption can be some of the attendant ills, he observed. But at the same time he sounded optimistic that some formulas can be found out to tackle the situation.

Many people, however, will feel apprehensive about the government plan to increase the expenditure on medicine, for the swing so far has been to the opposite direction. In all likelihood, the poor stand

Prescribing Ragas for Medicine

by Surai Saraf

WOULD it be possible some day for doctors to prescribe ragas instead of medicines? Maybe "musical wards" would soon replace operation theatres? Or perhaps patients would be led to music and dance recitals instead of being confined to hospital beds.....

The possibilities are immense. But what might appear a futuristic scenario, can well be traced to ancient times when a Chinese philosopher, Ya Ki observed: "Under the effect of good music the blood and vital spirits are balance, habits are reformed, customs improved and the empire is in complete peace."

In ancient Greece, music therapists were employed to cure mental ailments and change behavioural patterns. Similarly in India, the effect of musical vibrations on human beings was studied by conducting experiments on transmitting positive brain waves from yoga to cure mentally ill people.

The effects of the mind over the body have also been proved by several ancient systems of medicine including ayurvedi and homeopathy which aim at relieving nervous tension and physical pain. In this, music can bring about complete harmony between mind and body while inducing what western scientists now describe as "the power of positive thinking".

The common Indian saying, "Chinta Chita Saman" ("worry is like a grave") is well orchestrated in the following lines by an unknown poet:

But I struck one chord of music/ Like the sound of the

great amen./ It quietened pain and sorrow/ Like lover overcoming strife./ It seemed the harmonious echo/ From our discordant life/ It linked all perplexed meanings/ Into one perfect peace.....

Music therapy presents interesting possibilities. For one, it is totally inexpensive with virtually no investment on medical equipment, drugs and

But I struck one chord of music/ Like the sound of the great amen./ It quietened pain and sorrow/ Like lover overcoming strife./ It seemed the harmonious echo/ From our discordant life/ It linked all perplexed meanings/ Into one perfect peace.....

hospital paraphernalia. Secondly, there can be no side-effects as in the case of most modern medicines. Moreover, the root cause of the disease is cured unlike allopathic drugs which barely indicate outward signs of improvement in a patient's health.

All that a music therapist has to do is assess a patient's state of mind and slot it into one of many categories. Now, these categories defy definition, but can well be expressed in one's reaction to musical notes. In other words, music is employed to change emotional levels of patients.

It has thus been found that turbulent lunatics can be calmed by Raag Khamboj. Similarly, Raag Neelambari

helps to cure insomnia while Sritraga aids digestion and Raag Vardhani alleviates body pain. Raag Todi is prescribed for restoring normal body functions.

A music therapist has therefore to be well grounded in the ragas and other nuances of the music system. He must also be able to understand a patient's temperament and his environment, before allowing music to work out an emotional alchemy. Human nature would then become refined and responsive to higher impulses and pursuits.

After all, what is a disease? In essence, it is an abnormality in physical and mental conditions, creating what is understood to be a set of negative impulses. The job of a therapist is to convert these into positive impulses and in effect, restore health.

From the advances music therapy has made in recent years, researchers are confident that cure for a large number of heart, brain and skin ailments should be found by "administering ragas". Even patients suffering from so-called incurable diseases like cancer, have been found to be responsive to this form of treatment.

All this requires a good deal of patience, both on the part of the patient and the therapist. And a time should soon come when hospitals would have, say a Todi raga ward or a Neelambari ward or perhaps a Khamboj ward.... Ludicrous as these may sound, such a possibility cannot be dismissed outright.

— (PTI Feature)

Africa Approaching Catastrophic Dimensions

by Dieter Schwab

THIS prognosis is based on computer simulations conducted at the Chair for Business Management and Operations Research at the University of Erlangen-Nuremberg: Professor Manfred Meyer has described their findings bluntly as "very pessimistic". The data underlying this apocalyptic vision has been collected by Steffan Flessa and Dr Kurt Heidenberger, who have broken new scientific ground by projecting the progress of the AIDS disease for one particular developing country, i.e. Tanzania.

Over eight million people world-wide are infected with AIDS, the majority from the developing world. Contrary to initial fears, AIDS has not spread so widely in the industrial states, whilst in the Third World the virus has multiplied alarmingly — particularly in those cultures where promiscuity and prostitution are rife. Given such entrenched customs, public information campaigns can achieve little success — a problem compounded by low educational standards.

Tanzania is representative of many other countries with similar underlying conditions. The researchers' projections envisage a rise in the number of AIDS carriers to 15 million by the year 2002. Yet despite this trend, Tanzania's population will grow from under 25 million to over 30 million — two million of whom with the full symptoms of the disease.

Within a further eight years, there will be 4.5 million AIDS victims, dying at an annual rate of 1.6 million; at which point the population starts to decline. Were only one in ten sufferers to undergo some form of medical treatment, then the present total health budget

would have to be doubled to combat AIDS alone.

Quite apart from the human dimensions of this tragedy, this would also precipitate the collapse of the system. "If nothing is done", warns Meyer, "the national economy will crumble".

Yet there is little prospect

and financial point of view is totally inconceivable. Restricting sexual activity to one partner or using condoms would, however, reduce by ten per cent the incidence of new infection, and the number of people suffering or dying from the fully developed disease.

A vaccination, on the other hand, would be more effective. In order to validate their



of countering this lethal trend. Were, for example, medical science able to prevent the outbreak of the disease, the number of infected carriers would still rise rapidly as more and more victims survive.

Moreover, for a country as poor as Tanzania this would involve the regular medical treatment of approximately 15 million people by the year 2010 — which from a logistical

forecasts, Flessa and Heidenberger conducted the simulation in thousands of variations. Despite differing results, the trend always remained the same: By the year 2010 between 37 and 46% of all Tanzanians will be HIV carriers, and between seven and eleven per cent will have developed the full symptoms of the AIDS disease.

(German Research Service)

Health System Not Ready

by Philip Gorton

IN Thailand's red-light district where a fast dollar is synonymous with a cheap hotel room and a "short time," the word on AIDS is finally getting out.

The women who flock here from the paddy fields to help support their farm families have begun to understand the importance of customers using a condom. Indeed, many say they insist that their clients use one.

But that has not halted the spread of the deadly virus, according to social workers and researchers in Thailand's medical community. Blood testing and samplings from around the country seem to indicate that the spread of AIDS in Thailand is at least as fast as in any other country in the world.

For it is in the back alley massage parlours and remote rural brothels where the virus continues to sow its deadly seed.

"They keep them away and protect them," says Mechai Viravaidya, former government spokesman and more recently the chairman of a special AIDS advisory committee to the Prime Minister.

He was referring to brothel owners who do not allow their workers access to the required information about AIDS. The workers are held captive by the world's oldest profession.

"You can't get to these girls," he says with frustration in an interview with Depthnews.

But, like the red light hawkers, Mechai also can talk fast dollars. Most recently, he has blasted the Thai media with what some here call a "doomsday scenario." The scenario projects lost earnings of from US\$5 to US\$10 billion just from 300,000 to 600,000 AIDS sufferers who will have died by the year 2000.

The financial losses take

include the cost to a limited health system or the drain on tourism because of a full blown epidemic

into account the "forgone earnings" of a dead person, but not the cost to Thailand's limited health care system or the drain on tourist receipts expected from a full blown epidemic.

"We calculate the annual earnings lost per person at US\$800 (over a 30 year period)," says Mechai. That is very low. That is lower than the basic wage."

But the US\$8 billion lost would be half of the current national budget and eight times the annual health budget.

Mechai's "doomsday scenario" also says that from one to 3.4 million Thais will be infected by the year 2000. All can expect to die shortly thereafter.

Researchers do not expect the spread of AIDS to peak by 1992, the scenario that would

lead to only 1 million carriers of the virus which causes AIDS, or Acquired Immunodeficiency Syndrome, an almost always fatal and incurable disease. Most expect that the spiralling numbers cannot be arrested until 1994.

Those statistics are conservative, insists Mechai. They are based on government estimates of a current 150,000

HIV carriers in Thailand. Independent health researchers believe the current figure is closer to 300,000.

The former director of the World Health Organisation's Global Program on AIDS, Dr Jonathan Mann, predicts 6 million AIDS cases worldwide by the year 2000. But he said in a column written for the "International Herald Tribune" that, "if the spread of the virus accelerates, especially in Asia, these estimates will be too conservative."

Mechai's non-governmental organisation, the Population and Community Development Association (PDA) is heading a drive to make AIDS and how it spreads a topic of household and brothel conversation.

Mechai and his colleagues in the Thai health care system have embarked on a major public campaign to arrest the

spread of the virus and radically alter the habits of Thais.

Before being appointed as chairperson of a special AIDS advisory committee to the Prime Minister, Mechai chided the governments "lackadaisical approach," "telling members of the tourist trade that "when our prime minister spends more time on golf than on AIDS, we're not going to

the able to win."

One year ago he warned that the Prime Minister's inaction against the deadly disease would bring "damnation to the country."

He has consistently slammed the government's statistics on AIDS that report just over 25,000 confirmed cases and estimate 150,000 carriers of the AIDS virus. "We believe their system of estimates provides for underreporting."

Thailand's top anti-AIDS campaigner is gearing up for a push to close all of Thailand's houses, bars and restaurants of ill-repute. He advocates closing the illegal establishments down for a month and reopening them on a legal basis.

"We need to legalise it, but we need to do that with a dramatic push by perhaps closing it first, then reopen it. We have to let everyone working

in the trade know that this is a real industry of death."

This approach would eliminate corruption and break down the isolation imposed by brothel managers, says Mechai.

"If the women want to decide to stay, on, we have to explain to them that you will probably be dead in 10 years," he says. "No one has a real answer, but these are attempts."

At present levels, Thailand's estimated 800,000 prostitutes represent a greater number of workers than is found in the teaching profession here.

And their clients are not limited to poor farmers. They include corporate executives, factory workers and fishermen. Blood tests nationwide show that one in 50 Thai males has already contracted the virus.

"That male behaviour is driving the heterosexual spread of AIDS," says Stasia Obreskey, a Harvard MBA working with Thailand to assess the future damage of the AIDS crisis. She says that a survey by the Deemar Company of 600 Thai males showed that 60 per cent never use condom with a prostitute and 86 per cent believed their is little chance of acquiring AIDS through sex with a prostitute.

A program for AIDS education in Thai public schools will not be fully implemented until 1992 if the government meets its goal.

— Depthnews

Malaria Threatens UN Troops in Cambodia

by Jill Forrester

ONLY thirty years ago, the World Health Organisation (WHO) was saying that malaria would soon be eliminated. Through mosquito control and drug treatment, the disease has been dealt with in some places, but in the world's poorest areas, it is flourishing and is getting harder and harder to fight.

The WHO estimates that last year 270 million people worldwide were infected with malaria. The annual death toll is estimated at between one and two million, nearly half of them occurring in Africa. In addition, increased world travel has taken the disease to regions that were formerly malaria-free.

Most recently, an extremely serious form of malaria, resistant to the usual drugs employed against the disease, is emerging in Cambodia. It is threatening more than 16,000 soldiers of the United Nations peace-keeping force now entering the country. Some 360,000 Cambodian refugees now in Thailand will also be at risk when they return to Cambodia in the next few weeks.

It has developed in the heavily forested, mountainous

area close to Cambodia's border with Thailand, a place rich in gems and timber. Despite ongoing military struggles and the land mines that lace the

countryside, it is also rich in young men, daring or desperate, trying to make a living. Many inhabitants lose their limbs and three or four die ev-

ery day because of land mines, but, says the WHO "malaria is killing very many more."

Treating malaria in this area of Cambodia has always been difficult since trained medical staff and facilities are sparse. Drugs supplies are low, says the WHO, and even if they were more readily available, their effectiveness would be questionable since resistance appears to be developing to most treatments.

Even mefloquine, the most recently developed drug, appears to be losing its magic. Only six years after its introduction, it is reported to have no effect on up to 50 per cent of malaria patients in some places.

Improper administration of treatment is the reason for growing resistance to anti-malaria drugs. They need to be taken at very regular intervals and for several days at a time and if the does is stopped or missed before the parasites have been killed, they not only survive, but learn to resist the effects of the drug.

When parasites that have developed a resistance are

picked up by the bite of a mosquito and transmitted to another person, the diseased person is already partially resistant to the drug. If he or she also receives partial treatment, the resistance grows.

This cycle has been repeated several times with

and supply of drugs and better methods of protection from mosquitoes. Better information gathering and mapping of areas where resistance has built up is also needed in order to determine the best treatment for each area. More and better trained medical personnel are

A new and serious strain of malaria is challenging both scientists and development experts. Despite the discoveries of new treatments for malaria, improper administration of the drugs has allowed the parasites to become immune to them. Hopes now hang on a Chinese herbal remedy, but, reports Gemini News Service, the WHO worries that unless efficient ways of diagnosing and distributing drugs can be established, science cannot to much more to help.

also required. The latest hope for medical treatment is the Chinese herbal remedy qinghaosu, a big success in China which is now available in pill and injectable form in Thailand. No one is yet sure of its long term side-effects, however, and if not used properly, immunities could develop to this treatment as well.

What is needed, says the WHO, is proper distribution

UN soldiers are being instructed to protect themselves from mosquitoes with insect repellents, long-sleeved clothing and bed nets impregnated with insecticide. They will also be taking regular doses of doxycycline, a drug which offers protection against initial malaria infection. There is no hard evidence of resistance, but there is little experience knowledge of possible side effects of its prolonged use.

Refugees returning from Thailand will not be given drugs because achieving regular treatment will be almost impossible. Partial treatment would only increase resistance of the parasite and reduce its effects on other patients.

Even if at one time they were immune to the disease, Cambodian refugees are in danger because immunity is lost after long periods away from the forests. While living in camps, up to 400 refugees per year were dying of malaria picked up while performing tasks in the forests such as collecting wood. They will, however, receive health education about how to avoid mosquito bites.

— Gemini News

The malarial areas

