Antara : A Beacon of Hope for People in Distress

by Shamsad Mortuza

"A dream? Well, may be it is. But Antara likes dreaming about the reality instead of replacing reality by dreams." And this is how the president of Antara feels about the health, home for mentally ill people, drug addicts and alcoholics.

Situated some 23 km off Calcutta city at Chabbish Pargana in West Bengal, India, Antara is an association of psychiatrists, paramedicals, social workers, recovered psychiatric patients and addicts with a sole dedication of helping the poor irrespective of caste, colour and creed.

Since its inception in 1971, with the blessings of Mother Teresa, Antara has now become a model to be replicated. The ambitious dream of some visionary men, now spread over an estimated 10 acres of land and aim to encompass another 15 acres to facilitate 320 patients consisting of 160 men and 160 women.

Other than running outdoor unit for general and psychiatric patients, the most impressive programme offered by the Antara is, probably, the occupational therapy. According to the Antara sources, this occupational therapy has a double purpose: it is potential for the recovery of patients and also for generating internal finances towards meeting the maintenance expenditure of the totally voluntary organisation.

Theoretically, the occupational therapy re-enforce and enhance social performance; facilitate learning skills, and promote and maintain health care. To be precise, the therapy enables the patients to perform their duties essential in productive living.

Knowing that the psychiatric patients due to their disease forget or fail to learn the most elementary skills of self care in daily living, the occupational therapy is designed and given in view of the specific needs of the individual patients.

A professional team comprising of doctors, social workers and work therapists plans for each patient considering their detailed history and place them in suitable work units. Each unit has an in-charge responsible for running the unit and training the patients under his or her care, while another subcommittee supervises the whole project.

Short-term and long-term indoor patients work in their respective work therapy units for two hours in the morning and afternoon, while day patients work regular hours during the day. Social workers observe these patients at work and encourage and guide them in their work.

The available work therapy projects at the Antara are: poultry farm, horticultural nursery, carpentry, apiary or bee cultivation, fishery, agriculture, tailoring and knitting, broom making and others. As part of the work therapy, Antara has initiated an inceptive Token Economy System. Accordingly, all working patients are paid in 'coupons' according to the work they do. These coupons, earned by the patients, can be exchanged for cups of tea, biscuits or cigarettes at the work therapy canteen. Half of the daily earnings are usually kept aside as savings, so that, at the time of discharge short-term patients will have a small but useful amount of money to take home. Long-term patients, whose staying tenure is usually a year, deposit their savings at the end of every month in their own individual bank accounts for their personal use, if required.

Various income generating projects are being carried out for the rehabilitation of distressed people

"This work therapy gives the patients a purpose of living," said Jai-Kishen Mundhra, a businessman and a social worker attached to the Antara family, adding, "no doubt, the long term programmes have been proved as a success".

Of the 1867 patients treated in the first 16 years at Antara, hospital record shows improvement in 74.6 per cent cases while the other cases of less satisfactory progress are recorded at 17.5 per cent. An estimated 4.8 per cent ran away from the hospital, 2.9 per cent was discharged and 0.2 per cent died.

Since 1987, Antara is operating a general medical out-patient department (OPD), psychiatric OPD, maternal and child health (MCH) programme, immunisation clinic, acupuncture clinic and minor surgical operation programmes.

Everyday, some 100 patients come to the general medical OPD, while people with mental illnesses are brought to the psychiatric OPD. As part of the MCH programme Antara health workers go to the village twice a week to educate the mothers about immunisation, hygiene, proper methods of cooking and feeding and family planning. Pregnant mothers and children below the age of three years are given comprehensive health care at the Antara centre.

Acupuncture, a non conventional mode of treatment, is also offered to patients from suffering from rheumatism, peptic ulcer, psychiatric problems and to the drug addicts being treated there. Antara also conduets research programmes to develop this traditional method of treatment.

For the chemical substance abusers, better known as the addicts, Antara, however, has also opted the Narcotic Anonymous (NA) and Alcoholic Anonymous programmes. These NA and AA methods are a 12-step meditative programme that help the individual primarily for his dependency in drugs.

Social workers and professional counsellors listen and talk to the addicts, try to identify the stress factors that led them to drug abuse. "I eat, I sleep with these addicts trying to be normal again," said Kamaljee-Singh, a recovered alcoholic who voluntarily donates his time at the Antara rehabilitation centre.

For an addict it is very important to realise there is someone who understands his problems, cares for him, said Kamaljeet who was sharing his experience with other counsellors.

A self evaluation chart entitled "My Daily Inventory" is maintained at the rehabilitation centre. The negative attitudes like self pity, dishonesty, resentment, false pride, jealousy, envy, insincerity etc. scares the addicts away from the treatment, while selflessness, humility, modesty, forgiveness, simplicity, positive thinking etc. helps them to come to terms with a new life.

Shubhash, a handsome young man, who has left no known drugs untested, regretted that he had lost a wonderful part of this life engaging in drugs. But after coming to Antara, he felt assured he would be able to cope life once again.

Indeed, Antara is a story of success. But the pillars behind this success is erected by social workers, who really feel at heart that something should be done for the less privileged. Cannot we have the same feelings, same warmth of feeling?

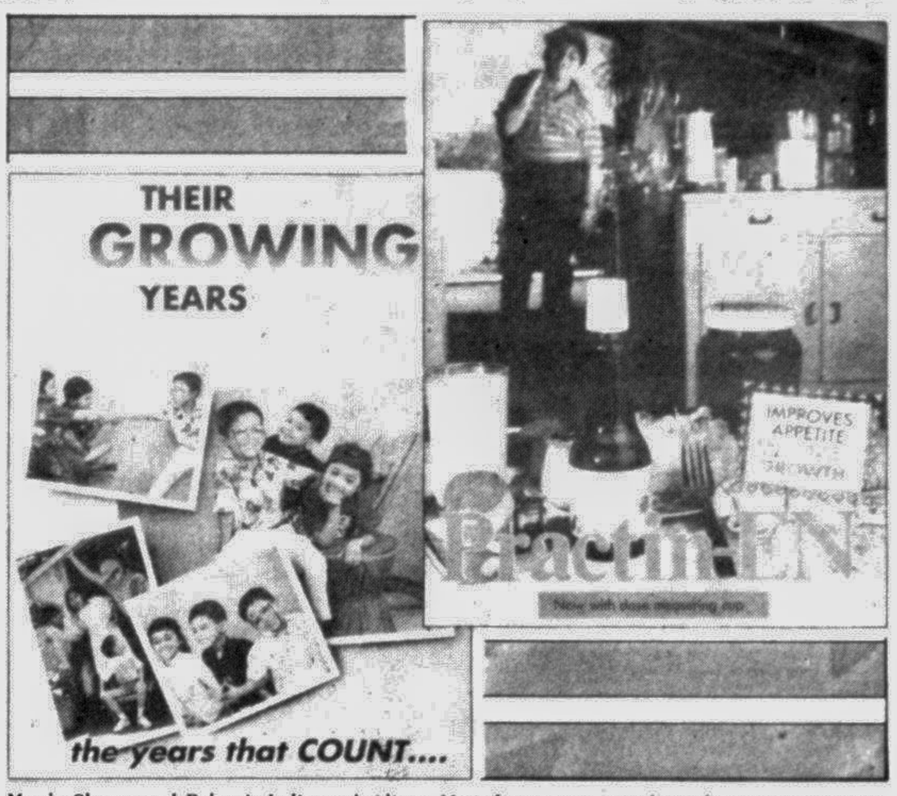
Children and Drugs: Starting-the Habit of a Lifetime

IN 1986, the US-based company, Merck Sharp and Dohme (MSD) told a UK public interest group, Social Audit, that it would no longer promote its antihistamine drug, Periactin, (cyproheptadine), as an appetite stimulant. A year later, the company began a string of six successive years as the recipient of Fortune magazine's "most admired corporation" award. Among the attributes that were assessed to make up the award were community and environmental responsibility. In 1991, MSD's Indian subsidiary, Merind, was still promoting cyproheptadine as an appetite stimulant for children. The product was also on the market in Pakistan and throughout Africa — including in countries where famine conditions existed.

"This is one of the most disturbing examples of pharmaceutical industry marketing of inappropriate and unnecessary products for children", says Andrew Chetley, author of Health Action International's latest publication, Problem Drugs. "As long ago as 1971, independent sources in the USA were telling companies like Merck Sharp and Dohme that promoting cyproheptadine as an appetite stimulant for children would do more harm than good. Twenty years later, this company still does not seem to have heard the message."

The World Health Organization (WHO) has stated that there is no evidence that the products being promoted as appetite stimulants have any effect on appetite, and says these preparations "should not be used."

However, they are not the only drugs that children should not use. According to WHO, two-thirds of all drugs used by children may have little or no value. At least $1 billion is wasted every year on inappropriate antidiarrhoeal drugs and cough and cold remedies for children. Many of these preparations are useless and some are potentially dangerous. Ineffective products such as antidiarrhoeals and appetite stimulants can detract attention from effective therapies or from efforts to identify and treat the real causes of poor growth and development among children.



Merck, Sharpe and Dohme's Indian subsidiary, Merind, promotes cyproheptadine as an appetite stimulant in 1991. Cyproheptadine is an antihistamine used to treat allergic reactions. "Although cyproheptadine stimulates appetite in some children ... promotion of the drug as an appetite stimulant will do more harm than good". Anon, "Cyproheptadine (Pertactin)", The Medical Letter on Drugs and Therapeutics, Vol 5, No 3, March 1971.

Common examples of drug misuse in children

- antibacterials for viral upper respiratory infections
- decongestants for colds, resulting in unacceptable adverse effects
- dugs in diarrhoea
- oral anti-emetics for vomiting
- antipyretic agents for fever
- tricyclic antidepressants for bed-wetting
- sedatives for sleepless children or those labelled hyperactive
- spasmolytics in abdominal pain
- appetite stimulants

The use of "brain tonics" and other substances to improve children's performance at school is another area where money is wasted and unnecessary products are consumed. In Peru in 1991, the Belgian company, UCB, advertised that its piracetam product, Nootropil, would help children with "school difficulties" such as "memory problems, difficulty learning, lack of concentration, intellectual tiredness, poor performance, agitation and irritability". There is no evidence that piracetam can perform any of these miracles. The product was licensed in 1993 in the UK, but only for the treatment of a rare condition that treatment of a rare condition that results from brain damage, cortical myoclonus. During 1992, in the UK, three vitamin manufacturers were successfully prosecuted for claiming that their vitamin products could increase children's intelligence.

Aside from the waste of resources, the excessive use of drugs by children has its own health consequences. Adverse reactions to the drugs is one such consequence. In Mexico, for example, 12% of paediatric hospitalisations were due to adverse effects of medication. Because infants and children react to drugs in a different way from adults, they usually need lower dosages. The exact way children respond to a particular drug can only be determined through research and experience; however, most drugs do not have established doses for infants and children. About three-quarters of the drugs on the market in the USA are either contraindicated or contain strong precautions for use in children, and 9 out of every 10 contain warnings against use by infants and toddlers.

A long-term consequence of excessive and inappropriate drug use in children is that they may grow up believing that drugs are the only solution to many of life's problems. HAI is calling on health workers and governments to take action to ensure that children do not get started on a lifetime habit of taking unnecessary medicines. It also is calling for the removal of paediatric medicines that are hazardous or ineffective and is urging stronger controls over the promotion of medicines for children.

— Health Action International

From Napoleon to Thatcher, Sleep is Not King

by Nicola Cole

MEDICAL science is at last starting to make sense of sleep. No longer do researchers rigidly claim that the ordinary person can manage with little or no sleep for almost indefinite periods. They are now saying that it is the quality of sleep that counts, not the duration.

So the notion that we must have the Big Sleep — popularly assumed to be eight hours each night — simply does not stand up to systematic scrutiny.

When we slumber for that length of time it is because we enjoy it, scientists say. Sleeping satisfies our deepest needs for security. Our bodies actually require only two hours a night in the pleasant embrace of oblivion for physical and mental restoration.

The tempestuous French philosopher Francois Voltaire lived to the ripe old age of 84 on just three hours of rest each night. Napoleon did invincibly well on four hours. Inventor Thomas Edison insisted five hours were quite enough — and that more was unhealthy and inefficient.

British wartime leader Winston Churchill felt similarly inclined. And so, more recently, was Britain's Boadicea of the 1980s, Margaret Thatcher. She speared another fond belief — that going to bed early is a biological necessity for being fresh and bright next day.

Many people find this helps, however. John Major, Thatcher's successor, ranks among them. Other national leaders have told him he looks "wiped out" when affairs of state demand long days and short nights.

Others find they sleep better and awake more refreshed if they hit the sack at their right metabolic "night-time," which can be up to five hours after the average normal time of between 11 pm and midnight.

For such individuals, "crashing out" at the traditional time merely worsens their insomnia and leaves them feeling more tired, moody and unproductive than ever the next morning.

Just as many small animals have an unerring instinct for sleep, we too tend to have hibernation needs, though doctors regard these as psychological. The depressing effect of a long winter, for instance, often induces bear-like inaction.

Psychiatrists at the National Institute of Mental Health in the United States have demonstrated that changing our sleep habits can help improve our well-being and efficiency.

A business executive who followed their advice cut his night-time sleep from seven ours to two hours 15 minutes, coupling it with one period of deep bodily relaxation plus several changes of pace during his waking hours. The result? "I have never felt better," he says. "Nobody can go at full speed 22 hours a day. But what I discovered was that if you simply change your pace when you begin to slow down, you are quickly regenerated.

"And you'll feel a lot less groggy for having rested, relaxed' or deliberately shifted gears than if you'd slept for hours. I think everyone can do pretty well what I've done, depending on their own natures, if they'll only stop ping-ponging back and forth between sprints and total inactivity."

To find out your best time for sleeping, take your temperature at several hourly intervals for a few days. As the main source of healthy drowsiness is a lowering of body temperature, the optimal time for sleep is when yours is down close to 96 degrees Fahrenheit.

But what if you find this happens halfway through your working day? Since most of us cannot suddenly rearrange our lives to suit our sleep, a compromise is needed.

This can viably take the shape of a restorative break — changing to a different task for a sort while, having a stroll in the open air, or taking a catnap. Equally helpful is meditation, the time-honoured approach of many Eastern religions.

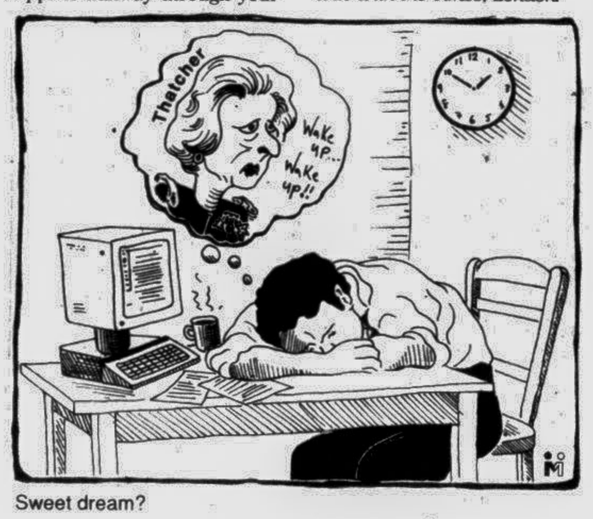
As widely practised now in the US and Britain, it involves closing the eyes, clearing the mind of tense thoughts, and focusing on a visually appealing image — a calm sea or lush green countryside, for instance.

This is coupled with initial deep breathing followed by muscle relaxation — clenching and unclenching face, limb and internal muscles successively. Anyone can achieve the ensuing semi-hypnotic state, and its tranquillising effect — without the use of drugs — is amazingly beneficial in reducing stress and restoring energy. It is not a substitute for sleep — but gives many of the benefits of sleep within a matter of 10 to 15 minutes.

— Gemini News

Nicola Cole is a British freelance writer. Previously, Cole was with the Times, London.

Is healthy sleep a matter of following long-prescribed customs? Do we really need a good eight hours each night? If not, what is the practicable alternative? These are just some of the questions to which medical researchers are now providing solid answers. And there are some surprises, reports Gemini News Service. For instance, our bodies actually require only two hours rest a night.



Sweet dream?

SLEEPFACT SURPRISES

- Insomnia affects about one-third of all people, says a survey by the Standford University Medical Centre, US.
- Stress is the main cause of sleeplessness.
- The number of hypersomniacs — people who sleep excessively during the day — outnumbers insomniacs by over 30 per cent.
- At least six people in every 100 suffer from a parasomniac condition such as sleep-walking.
- Short sleepers tend to be busy, active conformists, many of them working a 70/80-hour week; long sleepers are creative, often artistic and introverted.
- Sexual performance can hinge on healthy sleep patterns — how well you sleep with someone else often depends on how well you sleep alone.

Spraying Wipes out More than Just Pests

by Judith Perera

MAKERS of pesticide insist their products are safe if used properly. Evidence is growing that this may not be so. And for many developing countries, "proper" use is the exception, not the rule.

Pesticides are designed to kill. Their targets are many — insects (insecticides), plants (herbicides), moulds (fungicides) birds (avicides), rats (rodenticides).

Chemicals used very from traditional poisons like arsenic to sophisticated hormones that make plants grow to death, anti-coagulants which make rodents bleed to death and organophosphorous compounds which paralyse the nervous system.

Their safety for humans and other non-target animals is established by laboratory tests on rats, chickens and other species. The effects on people who suffer long-term or excessive exposure can still be lethal. Laboratory tests do not take into account the "cocktail" effect, typical in agriculture where several chemicals may be used in the same area at the same time. And most of these are disseminated in solvents which may also be toxic.

It is estimated that about 80,000 people die each year from pesticides two million are poisoned — most in the developing world. Those figures are hardly surprising, as few poor farmers in the developing countries can afford the necessary protective clothing. Often they do not understand the complicated instructions for use and safe storage.

The figures refer to cases of acute poisoning. If long-term effects of chronic exposure are also taken into account the numbers are probably far higher. Evidence is growing that some pesticides may cause cancer and that others may permanently damage the nervous system.

Many pesticides can be classified into broad grouping with similar chemical properties. Insecticides, for instance, fall into four main groups — organochlorines (OCs), organophosphorous compounds (OPs) pyrethroids and carbamates.

The biggest groups of weedkillers are the chlorophenoxyacetates and bypyridilium compounds. And there are three types of rat poison — blood anticoagulants, fluoroacetates and various fumigants.

OC insecticides have been used since the 1950s. They were banned in most Western countries in the 1980s after being found to persist in animal tissue. They were also linked to an increased risk of cancer. They are still used in many developing countries. The most well-known: DDT.

Last year 350 people were poisoned and 31 died in Sudan from eating bread made with flour treated with endosulfan — manufactured by Hoechst — several years before. The flour was intended as poison bait for birds.

The persistence of OCs in body tissue is causing most concern. In countries still using these compounds, high concentrations of DDT have been found in the milk of nursing mothers. A survey in India in 1986 found DDT levels in breast milk 12 times the level considered acceptable by the World Health Organization (WHO). A study in Nicaragua found levels 70 times the WHO maximum.

In countries where OCs are banned, they are being replaced by OPs which are less persistent. OPs were first discovered in the 1930s. They were used as the basis for the development of nerve gases.

The effects of acute OP poisoning are similar to the effects of nerve gas — vomiting, cramps, cold sweats, diarrhoea, exhaustion and confusion. OPs work by switching on the nervous system permanently. They enter the body by inhalation or through the skin.

Even more serious may be the long-term effects. Many farmers in Britain believe they have suffered permanent nervous system damage through the cumulative effect of exposure to OPs. Until 1989, they were forced by law to dip their sheep in OPs twice a year to combat sheep scab. Many say their health and lives have been ruined as a result. Long-term effects appear to include fatigue, depression and muscle pains.

A study of Nicaraguan agricultural workers, published last year in the British medical journal The Lancet, also suggested that OP exposure may have long-term effects. Tested two years after a poisoning incident, they showed symptoms of central nervous system damage, including loss of dexterity, slow reactions, poor visual memory, loss of attention, difficulties with problem-solving and unsteadiness. And animal studies suggest that some OPs may also cause cancer.

During the Vietnam War, herbicides were used in huge quantities by United States troops to defoliate the country. Vietnamese and US servicemen still have symptoms of acute poisoning because of exposure to the so-called Agent Orange.

The main concern with those herbicides is dioxin, their toxic by-product, known to cause cancer and birth deformities in animals. It has also been linked to high cancer rates among agricultural workers in Sweden and forestry workers in the US. While the herbicides are banned in many Western countries, they are still widely used in the developing world.

Some evidence links other popular herbicides to later development of Parkinson's disease, which affects nerve signals from the brain.

Another major problem with pesticides is residues in food and water. Most Western countries have set maximum residue levels (MRLs) for pesticides in food. MRLs are based on what is considered a "safe" acceptable daily intake (ADI). To ensure some international consistency, governments discuss MRLs at the Codex Committee on Pesticide Residues established by the UN's Codex Alimentarius Commission. National MRLs are based on internationally agreed ADIs.

Perhaps the main reason for setting MRLs is to minimise the cancer risk. The US National Academy of Sciences conducted a major review of residues in 1987 and suggested fungicides are the major risk to consumers.

Pesticide residues can also cause acute poisoning. In 1985, more than 1,000 people fell ill with flu-like symptoms after eating watermelons illegally sprayed with carbamates. They went on to develop all the symptoms associated with carbamate and OP poisoning. Two years before that, five people were taken seriously ill in Israel after eating fruit and vegetables recently sprayed with OPs.

Apart from cancer, long-term effects of pesticide residues may include immune depression. The area around the fast-shrinking Aral Sea in the former Soviet Union is hit by regular dust storms full of pesticides and salt. All the drinking water is heavily contaminated and immune depression and allergy is widespread. Studies in Europe and US have shown that "chemically sensitive" individuals may react badly to food containing even low levels of residue.

Such sensitivity often follows acute or chronic poisoning. Many British farmers affected by sheep dip, for instance, have become acutely sensitive to all kinds of chemicals. There is little doubt that those farmers have been seriously affected by chemicals they had been assured were "safe", despite following the correct procedures for handling and use.