

IQ+ Jagriti

VOL. I, ISSUE I, OCTOBER 2003



Dear Colleagues,

Indian Chapter of International Council for Control of Iodine Deficiency Disorders ICCIDD is launching its Newsletter. The first issue is being released to coincide with the

'Global IDD Day' (Iodine Deficiency Disorders Day being observed on the 21st October, 2003).

The Newsletter has been started in response to a long felt need of a standard and regular medium for intercommunication among various groups and stakeholders contributing towards sustainable elimination of IDD. The challenges being faced by the professional groups and the civil society in addressing the problems of IDD is immense. So is the determination of all of us. New partnerships and collaborations are emerging. The existing ones are growing in strength and affirmation. There is an increased aura of awareness and a readiness to all-around response. This indeed is heartening.

With special focus on South Asia region, the objective of this Newsletter is to serve as an instrument of interaction among various professional groups, social sector, members of civil society, the industry, the Government. It aims also at informing the consumer groups and people at large. It is hoped that the publication will stand to serve the expectations of all concerned.

I invite your feedback that will enable us to improve both the contents and quality of the publication. The success will depend on your manifold contributions.

With these words, it is a pleasure for me to present the first issue of IQ+ Jagriti.

With greetings,

Dr Chandrakant S Pandav
Regional Co-ordinator, ICCIDD, South Asia

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I would be hard-hearted enough to let the sick die if you can tell me how to prevent others from falling sick.

- Mahatma Gandhi



असतो मा सद्गमय
तमसो मा ज्योतिर्गमय
मृत्योर्मा अमृतं गमय

*From the unreal lead me to the real;
From darkness lead me to light;
From death lead me to immortality.*

ICCIDD rededicates itself to bear that little lamp, rays of which may form part of that large beacon that helps remove the shadow of darkness; and help spread light of knowledge and truth for a life in its fulness.

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ICCIDD Vision & Mission

Vision: The vision of ICCIDD is a world, virtually free from Iodine Deficiency Disorders with national endeavors to maintain optimal iodine nutrition primarily through consumption of iodized salt, which should be made easily available and affordable for all people for all times.

Mission: The mission of ICCIDD is to provide a focused advocacy to governments and development agencies, of a continued priority for iodine nutrition, providing technical expertise in a multidisciplinary approach.

Dedication: ICCIDD dedicates itself to programs fully supported at the national level for permanent, sustained success and will work with all partners and national entities towards that end.



Dear friends

Iodine deficiency disorders (IDD) has been known to be existing even before 2500 BC. This continues to be a problem even today. There had been ongoing efforts to eliminate the scourge of IDD. The severity of IDD problems was recognized by the pioneering work of late Prof. V. Ramalingaswami in early 1950s.

The effective solution of this problem, use of iodized salt was also demonstrated by Prof. V. Ramalingaswami and his group during Kangra Valley studies between 1956 and 1972. Based on these studies, Government of India launched the National Goitre Control Programme in 1962 to eliminate IDD which was then known as "endemic goiter".

I feel privileged to have been associated with Prof. V. Ramalingaswami since then. I continue to dedicate my efforts towards attaining sustainable elimination of IDD.

Focused activities by government agencies, professional groups, formulation and promulgation of legislative measures have led to the present situation where 49% of the national population is consuming adequately iodized salt and over 70% consuming iodized salt. Recent studies all over India show a decrease in the prevalence of various manifestations of iodine deficiency disorders. Efforts in Himachal Pradesh and Sikkim have led to the success of sustaining programme of IDDE.

Similar efforts in neighbouring countries have also demonstrated fair amount of success in elimination of IDD with shining example of Bhutan which has eliminated IDD.

While one can look back with satisfaction at the success of elimination of IDD programs, we need to make continued efforts for sustaining it. This Newsletter has been initiated so that all stakeholders will get information regarding IDD Elimination and will strive to achieve the common goal.

With best regards,

Prof. M G Karmarkar

Senior Advisor, ICCIDD

(Former Professor & Head, Deptt. of Laboratory Medicine, AIIMS)



CONTROL OF IODINE DEFICIENCY DISORDERS IN INDIA, - GOING BACK THE MEMORY LANE

Dr. Kalyan Bagchi*, M.D., Ph.D.



The history of Iodine Deficiency Disorders (IDD) in India is extremely fascinating if one tries to go back the memory lane. Goitre in India was first brought to the notice

of the Health Administration in 1906 by the Scientist Sir Robert McCarrison in the provinces of Gilgit and Chitral Districts situated in the Hindu Kush Range in the Northern part of Indian sub-continent now belonging to Pakistan. Sir Robert's name must be familiar to many of us as the Father of Science of Nutrition in India. His historical reports in British Medical Journal and Lancet in 1906, 1908 and 1913 brought to the notice of the scientific world that the Sub-Himalayan Region of India is rightly described as the "Goitre Belt" in India. This region was described as one in which in many of the villages it was difficult to find a man, woman or child not having this deficiency.

It was manifested by enlargement of the thyroid gland, quite often of monstrous proportion. This was described as a regular feature of population living in the high mountainous region exposed to thousands of years of glaciations. He also described that polluted water was an important factor in the causation of goiter. Further studies revealed that this region not only had this so called "cosmetic deformity on neck", but was also associated with deaf-mutism and cretinism. In some districts in Sub-Himalayan region, the prevalence of cretinism was of alarming nature.

Numerous studies in India were undertaken in subsequent years and it was firmly established that iodine then recognized as a trace element and which is needed for the metabolism of thyroid gland is intimately associated with iodine deficiency leading to its enlargement, then described as endemic goiter.

Government of India in collaboration with Government of Punjab and the Indian Council of Medical Research (ICMR) initiated surveys in the Kangra Valley in the

Goitre belt in order to assess the impact of iodized salt. These investigations were started in 50s and continued to 1960s and which clearly revealed that goiter and cretinism could be significantly reduced by adding potassium iodide or potassium iodate to salt.

During late 1960s, the Directorate General of Health Services of the Ministry of Health established the National Goitre Control Programme (NGCP) mainly based on iodization of common salt. Iodized salt was produced in three different plants located at Sambhar Lake in Rajasthan, Howrah in West Bengal and Kharagoda in Gujarat. The NGCP was put under the control of an Assistant Director General of Health Services who was responsible for operating the programme in collaboration with the Salt Commissioner to the Government of India based in Rajasthan. Iodized salt was also brought under Food Regulation and highly endemic districts were marked out in which common non-iodized salt was banned under the Prevention of Food Adulteration (PFA) Acts and Rules.

Till then endemic goiter was regarded as more or less cosmetic deficiency restricted mostly to the long Sub-Himalayan belt of India, stretching over 1400 kms.

The ICMR then undertook a multicentric study covering the entire country in order to find out the prevalence of iodine deficiency all over the country. The result was extremely revealing as it demonstrated that iodine deficiency is prevalent covering almost the entire country and various determinants were also revealed.

This was a turning point in the history of iodine deficiency in the country.



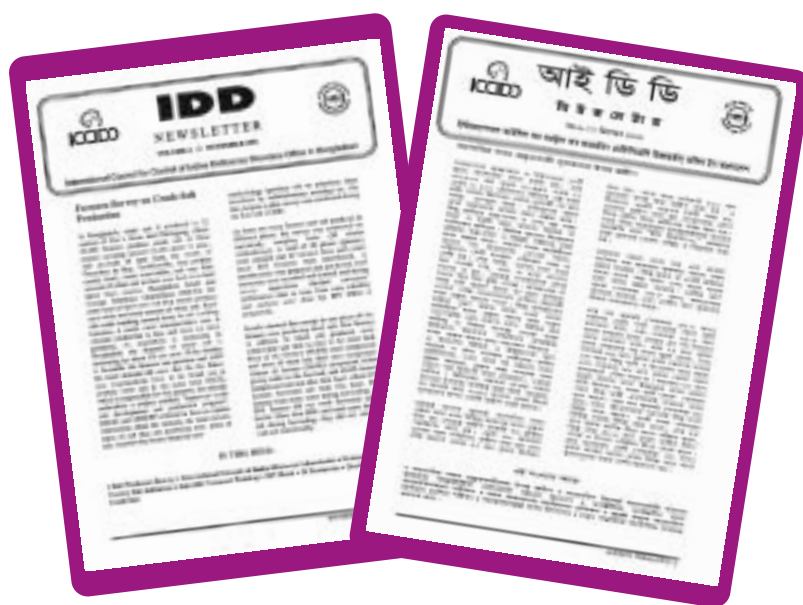
During the same time, iodine deficiency was found to be the causative factor not only in the enlargement of thyroid gland but also of various neuromuscular disorders, an extreme form of which is cretinism. Later studies also revealed that learning deficiencies in children are due to iodine deficiency.

It was at this time, the term iodine deficiency or endemic goiter was more or less replaced by the term Iodine Deficiency Disorders (IDD) and its control was considered to be of great urgency. It was realized that IDD is not only the problem of Goiter Belt, but it reveals the need for increased iodine consumption almost throughout the whole country. It was at that time, the Ministry of Health, Government of India with the collaboration of Salt Commissioner and with the support of ICCIDD, UNICEF & WHO strongly urged the adoption of universal salt iodisation in India. It was indeed a matter of great credit that a vast country like India took up this strategy which was vigorously appreciated all over the world. The ICCIDD with its office in India undertook various mass communication programmes involving print and audio-visual media urging everyone to consume iodized salt which then

came under universal salt iodization programme. It was really amazing that India managed to get every grain of edible salt iodized for elimination of iodine deficiency throughout the country. Even the industry sector adopted salt iodization and the common man gradually preferred iodized salt which was then available throughout the country. Various well-known Corporate houses undertook salt iodization in the country contributing to the elimination of IDD in India. This encouraging story of elimination of IDD in India had however, a slightly sad ending in view of the fact that the ban on sale of common salt was recently lifted by the Central Govt. of India presuming that by this time the entire population of the country has been subjected to mass awareness campaign and even without mandatory legislation, they would prefer to consume iodized salt. Except for four states, the ban, however, continues to be in place in all the remaining 31 states & U.T. The future can only reveal the outcome.

**Dr. Kalyan Bagchi was the first Program Manager of the National Goitre Control Programme. We are privileged to have him as Patron of The Indian Chapter of ICCIDD. He is at present Director of Nutrition Syndicate, New Delhi*

Bangladesh IDD Newsletter (Fascimile)



“In the dance of your festival of lights, let me place my own little lamp.”

Rabindranath Tagore (Gitanjali)

TOWARDS IODINE DEFICIENCY DISORDERS ELIMINATION IN TAMILNADU

Dr P Krishnamurthy*, MBBS, B.Sc.

The Government of Tamil Nadu is committed to promote, protect and fulfill the rights of its people to food and nutrition.

The policy for 'Malnutrition-Free Tamil Nadu' has incorporated guidelines for the State's long term multisectoral response to malnutrition for the period 2003-2020.

As a part of Micronutrient Deficiency Free Tamil Nadu Initiative, the Government of Tamilnadu has successfully implemented a model prophylaxis programme for prevention of Nutritional Anaemia in adolescent girls of Tamil Nadu by distributing Iron Folic acid tablets at the doorsteps of beneficiaries once in a week along with nutrition education, carried out by field staff and community volunteers.

Iodine, the other essential micronutrient whose deficiency affects the women and children mostly, with disastrous consequences of reproductive failure, growth retardation and disabilities both mental and physical, can be nutritionally supplemented by regular use of iodised edible salt.

Survey reports of Directorate of Public Health and Preventive Medicine, Tamilnadu, National Family Health Surveys and the recent ICCIDD & MI supported State survey have indicated that almost whole of Tamilnadu is endemic to Iodine Deficiency Disorders and use of adequately iodised edible salt is about 20% only.

Implementation of a continuous ban for sale of non-iodised salt for human consumption since 1.1.1995 and regular monitoring of National Iodine Deficiency Disorders Control Programme have resulted in favourable shift of about 40-50% of population consuming salt with iodine content ranging from 5 to 15 ppm(parts per million).

Tamilnadu is the second largest producer of salt in India and Tuticorin port of Tamilnadu ranks No.1 in salt exports. After mandatory quality checks, salt is exported to other countries and other states in India through ships and rail wagons. Salt transported by

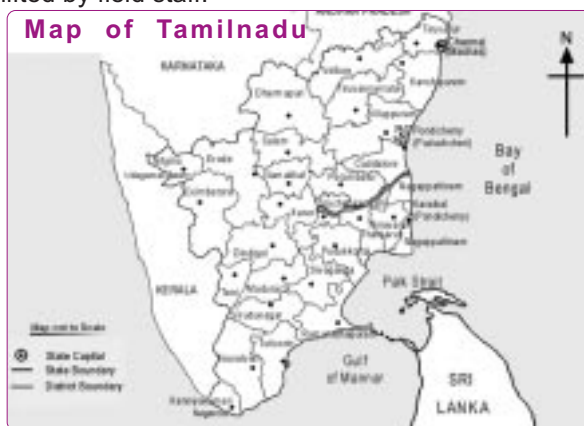
road, especially, by small salt manufacturers and traders escape frequent quality checks resulting in sale of non-iodised/partially iodised edible salt in the open market at a lower price, leading to intergenerational transfer of iodine deficiency.

Government of Tamilnadu is very keen to eliminate nutritional iodine deficiency disorders by promoting Universal Salt Iodisation and promotion of daily consumption of adequately iodised salt by its entire population with the help of various National and International Agencies, to enhance State's Human Resources Development.

Government of Tamilnadu has initiated the following actions to strengthen monitoring of iodisation of edible salt, promote public awareness about prevention of iodine deficiency disorders and create demand for use of adequately iodised salt.

Salt Monitoring:

State level advocacy workshop was held in June 2003 at Chennai to sensitise all stakeholders about the results of IDD State survey conducted in December 2002. An advocacy meeting was held in August 2003 at Tuticorin exclusively for salt manufacturers and traders of Southern Districts to reinforce PFA norms and the penal provisions. Similar Regional/District level awareness generation workshops are being planned. Regional Public Health Laboratories will be strengthened to conduct cyclic monitoring of salt samples, in addition to the quality checks for samples lifted by field staff.



The Monitoring reports of the Deputy Salt Commissioner's Office, Chennai will be made available to the Director of Public Health and Preventive Medicine routinely to work together. This collaboration will help in the better implementation of the total ban on sale of non-iodised edible salt in the State of Tamil Nadu.

State Iodine Deficiency Disorder Elimination Task Force, under the Chairmanship of Secretary, Health and Family Welfare, Government of Tamil Nadu is being constituted to review the process of Iodine Deficiency Disorder Elimination by promotion of use of Iodised edible salt.

Awareness generation on Iodine Deficiency Disorders and their Prevention

The response to the Dissemination Workshops held at Chennai and Tuticorin has encouraged the Public Health Authorities to plan for similar Workshops at District and grassroots level with participation of staff from Government, NGOs and the community.

Elaborate plans to utilise the celebrations of Iodine Deficiency Disorder day on October 21st by all Health Institutions to create wide spread publicity on Iodine Deficiency Disorder prevention are underway. Efforts are on to involve mass media especially local cable TV networks/FM Radios to broadcast catchy slogans about Iodine Deficiency Disorders and their prevention on a regular basis during prime time viewing/listening.

The services of professionals from Public Relations and publicity field and public figures of repute will be mobilised to reach the unreached.

Health and Nutrition field staff are the first contacts with community to improve awareness on healthy behaviour and they have to be adequately trained on Iodine Deficiency Disorders prevention to act as change agents. All training curricula have been suitably modified to allocate 1 to 2 hours for training on Iodine Deficiency Disorders.

Continuing education of health and nutrition staff at Primary Health Centre review meetings will include IDD prevention. Field staff are encouraged to discuss about use of iodised edible salt at all available opportunities with the



community at the clinics, home visits, camps, IEC meetings, group discussion with Self Help Groups members, meetings with Local body members etc.

Tamil Nadu Salt Corporation is marketing iodised salt at an affordable price of Rs.2.50 per kg. in polythene container with 'smiling sun' logo and



messages printed on consequences of dietary iodine deficiency, through the Public Distribution System all over Tamilnadu.

The District administrators have been requested:

- to monitor sale of adequately iodised salt for human consumption and take penal action against production/ sale of non-iodised salt as per the ban in force.
- to promote advertising on Iodine Deficiency Disorder prevention
- to review the sale of iodised salt through the Public Distribution System.

Research studies on feasibility of social marketing of iodised edible salt, salt preferences by the consumers and the salt industry are contemplated to arrive at suitable promotional methods to eliminate IDD in near future.

Mobilisation of funds

Strengthening IEC services for healthy practice of production/use of iodised edible salt is the key process for successful elimination of Iodine Deficiency Disorders and for its continued sustenance. Initiation of IEC campaigns all over Tamil Nadu for IDD prevention has to be made on a war-footing to achieve early benefits. Provision of funds for preparation of IEC materials and for Training and upkeep of Public Health Laboratories will be absolutely essential. Agencies like Government of India, ICCIDD, UNICEF, Micronutrient Initiative are being approached for necessary support in IDD prevention and sustaining elimination of IDD thereafter.

** The Author is Director, Public Health and Preventive Medicine, Government of Tamil Nadu*



IODINE DEFICIENCY DISORDERS CONTROL IN KANGRA VALLEY - AN EXPERIENCE SHARING

Dr T D Sharma¹ Ms Swaran Lata²

Kangra Valley in Himachal Pradesh is known for Iodine Deficiency Disorders (Goiter and other disorders) since centuries. Historic landmark Kangra Valley experiment in fifties resulted in proving the utility of common salt fortification with Potassium Iodate and Iodide in preventing development of goiter and other grave consequences like Neonatal Hypothyroidism, Deaf-mutism, Dwarfism and Subnormal Mental Development.

Late Prof V Ramalingaswami and Dr S S Sooch pioneered this experiment which acted as a model for IDD Control Programs not only in India but also elsewhere in the world. By early seventies goiter/IDD was a non entity in the Kangra Valley. This resulted in complacency in health sector, among traders and general public. Health sector did not monitor the program in terms of prevalence of disease and quality of iodised salt. Traders (salt nominees) stopped bringing iodised salt into the valley from Sambar Lake in Rajasthan. Public on their part forgot about the existence of IDD in the area. Participation of the public in the IDD control at that time was not significant.

In the year 1979 District Health Administration in Kangra started getting reports from peripheral Health Institutions regarding increased reporting of visible goiter among primary school children. I (Dr. T.D. Sharma) was working as District Health Officer in Kangra district at that time. To substantiate the findings of these reports, rapid school survey in primary schools for goiter prevalence was done. It was found that prevalence of grade I and grade II goiter was as high as 20-40 percent. Help of Mass Media was taken to highlight the problem. State Authorities approached Prof V Ramalingaswami and UNICEF to investigate the problem.

Team of dedicated Health Professionals like Prof Lalit Nath, Dr N Kochupillai, Prof M G Karmarkar, Dr Madan Godbole and Dr Chandrakant S Pandav headed by Prof Ramalingaswami from All India Institute of Medical Science, New Delhi investigated the problem and concluded that IDDs had reappeared

in Kangra Valley. The cause was the prolonged use of uniodized salt in the Valley. This investigation proved that regular use of iodised salt is essential for sustainable elimination of IDDs from IDD prone areas.

The efforts put in to control the re-emergence of IDDs in the Kangra Valley included the following:-

1. Regular and periodic monitoring of prevalence of IDDs through schools and community based surveys.
2. Ensuring regular and adequate supply of Iodised salt by motivating the salt traders.
3. Monitoring quality of iodized salt by regular salt analysis.
4. Involving of district administration in tackling the problem. The role of Mr Dev Saroop IAS, then Deputy Commissioner Kangra is tremendous. He ensured that supply of iodised salt through public distribution system is mandatory.
5. Motivating the traders to manufacture iodised salt locally within the district. Mahajan Brothers with late Mr. Vijay Mahajan in the lead took up the challenge and established Salt Iodisation Plant at Demtal in Kangra district. This contributed mainly in ensuring adequate and regular supply of iodised salt.

This joint multi-sectoral approach brought the IDDs under control in Kangra Valley. As a result, by early eighties the problem of IDDs in the Valley disappeared. Since then the prevalence of IDDs is being constantly monitored and is under control.

The lessons learnt for the future

1. To sustain the IDD control, constant vigilance is required by Health Department and dedicated professionals in the form of regular and periodic monitoring of prevalence of IDD and quality of iodised salt.
2. Involvement of health, administration, traders and public is paramount in tackling the environmental

3. The successes and failures of the past should be lessons for the future. Complacency at any level and at anytime can prove harmful to this cost effective strategy of iodine fortification of common salt.
4. Role of premier organizations like ICMR, AIIMS, ICCIDD, UNICEF and dedicated professionals should not be diluted over the period of time who are “eyes and ears” of the programme.

1 Principal ,
 2 Senior Faculty Member Health & Family Welfare Training Centre
 Kangra HP-17600



L to R: Dr. S S Sooch, Prof. V Ramalingaswami, Prof. N Kochupillai,
 Dr. C S Pandav, Prof. M. G. Karmarkar (in Kangra Valley-1980)

Classics in Indian Medicine

Kangra Valley Study (NMJI, 2000)

...I had never dreamt that a public health experiment was feasible... I had never dreamt that the results would be so clear, laying the foundation for India's programme for the elimination of Iodine Deficiency...

...This is work of direct human benefit than which I see no better example.

-Prof. V. Ramalingaswami

RESULTS OF THE NATIONAL FAMILY HEALTH SURVEY (NHFS - 2) 1998-1999 RANKING BY STATE IN CONSUMPTION OF ADEQUATELY IODISED SALT

Ranking by % of households using adequately iodised salt	State	% of households using adequately iodised salt
1	Mizoram	91.2
2	Himachal Pradesh	90.5
3	Delhi	88.2
4	Manipur	87.9
5	Arunachal Pradesh	84.1
6	Assam	79.6
7	Sikkim	79.1
8	Punjab	75.3
9	Haryana	71.0
10	Nagaland	67.2
11	Meghalaya	63.0
12	West Bengal	61.8
13	Maharashtra	60.1
14	Madhya Pradesh	56.7
15	Gujrat	56.1
16	Jammu & Kashmir	52.9
17	Uttar Pradesh	48.8
18	Bihar	47.0
19	Rajasthan	45.3
20	Karnataka	43.4
21	Goa	41.9
22	Kerala	39.3
23	Orissa	35.0
24	Andhra Pradesh	27.4
25	Tamil Nadu	21.2

Events to mark Global IDD Day – 2003

- Teachers training & orientation on 7th October (Tuesday) at National Headquarters, Bharat Scouts and Guides
- Salt sample testing by teams of teachers and school children from 8th - 18th October, 2003
- Presentation & compilation of field test reports on 20th October at National Headquarters, Bharat Scouts and Guides

Information Sharing

- * Website: ICCIDD, South Asia has launched a website. Please visit at “www.iqplusin.org”.
- * National Network: A national network of professionals have been formed in order to give added accent to the programme, and integrate regional and localized initiatives and activities. Details are posted at website “www.iqplusin.org”.
- * Inter-country Training Workshop: Conducted the second inter-country training in April 2003. Participants were from Bhutan, Indonesia, Maldives, Myanmar, Nepal and Thailand. This has been a partnership programme of WHO, AIIMS and ICCIDD.
- * The Union Railway Minister Mr. Nitish Kumar, while replying to demand for grants for Ministry of Railways for the year 2003-04, has announced a major concession, i.e. reduction of freight charges for non-refined edible salt. The decrease will be in the range of 10% to 25% depending on the distance. It may be recalled that in the Railway Budget for the previous year, i.e. 2002-2003, there was an increase in the freight charges of certain commodities, including those falling in the essential categories meaning Edible Salt.
- * Collaboration with Panchayati Raj System: The Institute of Social Sciences (ISS) organized a two-day programme on 23rd and 24th April, 2003. The delegates were elected women Panchayats representatives (including office holders like Presidents of Panchayats) from all over the country. ICCIDD team made a detailed presentation and interacted with individual participants.
- * According to a report, the Central Salt and Marine Chemicals Research Institute, Bhavnagar under CSIR had made an invention of producing salt from a vegetable plant. The salt is named ‘saloni’ and contains many nutrients not normally found in sea salt.
- * New Partnerships: ICCIDD is happy to share that alliances have formed with Bharat Scouts and Guides (BSG) and Consumer Coordination Council (CCC) and VOICE
- * Livestock & Animal Husbandry: Alumni Association of National Dairy Research Institute, Karnal, Haryana had organized a National Workshop on 22nd August, 2003 on the theme of Iodine requirement and Problems in Human and Dairy Animals. ICCIDD were invited to make presentations at this event. ICCIDD team of Dr. Chandrakant S. Pandav, Dr. Denish Moorthy, and Mr. Peter Parekattil participated in the workshop & presented the following four papers:
 - Status of Iodine deficiency disorders (IDD) in the South East Asia Region and Efforts at IDD Control in the Region
 - Status of Iodine deficiency disorders (IDD) in India and Efforts at IDD Control in India
 - Global Status of Iodine deficiency disorders (IDD) and Efforts at IDD Control in the World
 - Partnership: Key to Sustainability in elimination of Iodine Deficiency – Experience of ICCIDD with Bharat Scouts and Guides
- * ICCIDD in collaboration with The Micronutrient Initiative has a launched a project called “Annotated bibliography and CD-ROM”. This is aimed at compiling a database on all studies done on iodine deficiency disorders in India since 1947, especially which are not included in the Index Medicus. The CDs will be available for free distribution to professionals and institutions of medical health and nutrition sciences and others concerned with public health.

International Council for Control of Iodine Deficiency Disorders publishes *IDD Newsletter* Quarterly and is distributed free of charge in bulk by international agencies and also by individual mailing. The *Newsletter* also appears on ICCIDD websites in both text files and PDF. For further details please contact the website (www.iccidd.org) or Dr John Dunn, executive director of ICCIDD and editor of the newsletter at University of Virginia Health System, PO Box 801416, Charlottesville, VA 22908, USA, (E-mail - iccidd@virginia.edu)

A Tribute to Vulimiri Ramalingaswami

August 8, 1921 – May 28, 2001

Vulimiri Ramalingaswami, known as 'Rama' to his colleagues and friends, was born in 1921 in Andhra Pradesh, India. He completed his preliminary education and obtained his M.B.B.S. (1944) and M.D. (1946) degrees from Andhra Pradesh. He was recipient of D.Phil (1951) and D.Sc. (1967) from Oxford University.

His innate leadership qualities led him to assume posts of responsibility. He joined the All India Institute of Medical Sciences (AIIMS) as Professor and Head of the Department of Pathology in 1957. He went on to become the Director of AIIMS in 1969. He remained Director till 1979 and then took charge of the Indian Council, of Medical Research (ICMR) as its Director General, a post he held till 1986. For the following year, he was Scholar-in-Residence, Fogarty International Centre, National Institute of Health, Bethesda, Maryland. This was followed by a year as a Visiting Professor in International Health Policy at the Harvard School of Public Health. Between 1988 and 1989 he was the Special Adviser to the Executive Director, UNICEF, New York on Child Survival and Development. He served for a long time as a Special Advisor to the International Development Research Centre of Canada. He has also been a member of the Awards Committee of the Prince Mahidol Prize of Thailand. He was past President of the Indian National Science Academy and also President of the National Institute of Immunology. During the last decade he was appointed as Professor Emeritus at AIIMS and had the distinction of being the First National Research Professor in the field of Medicine.

The Government of India decorating with 'Padma' series of Awards – the country's civil honours, has honoured him. He received the 'Padmashri' in 1967 and within two years, was honoured with the 'Padma Bhushan'.

Rama received many national and international honours during his remarkably distinguished career.

He was a Fellow of the Royal Society, London and Foreign Associate of the National Academy of Sciences of the United States of America, a Foreign Member of the Academy of Medical Sciences, U.S.S.R. and was awarded a Honorary Doctorate of Medicine by the Karolinska Institute, Stockholm. He was a



fellow of the American College of Physicians and Chairman of the Global Advisory Committee of Medical Research, World Health Organisation, Geneva.

'Rama' had a wide range of research interests. In addition, whenever there was a national health emergency, he responded promptly by providing leadership to address the problem. This was demonstrated by the role he played in the Bihar famine, Bangladesh refugees, Bhopal gas tragedy and more recently, the plague outbreak in Surat (Gujarat, India). He was involved in research on human malnutrition, including protein-energy malnutrition, nutritional anemia, liver disease, nutritional deficiency of iodine. He was a pioneer in initiating studies on iodine deficiency disorders in India. His study in Kangra valley is a landmark that paved way to start an iodine prophylactic programme in India. His numerous students occupy important positions in several universities and research institutions all over the world. His 225 scientific publications have been influential, but only a minor indicator of his broad influence in the field of health sciences, public health and nutrition. Through his many personal contacts and contributions at the times of national, regional and international meetings he wielded a far broader influence on trends both in research and in international health policies.

Rama was a fine scientist, a visionary, an inspiring speaker with a marvellous command of the English language; "a gentleman" in the very best sense of that word. Rama had remarkable personal qualities. Colleagues looked to him for guidance, but also found in him a warmth and friendship that was sustaining. He was a great conciliator, and played a vital role when sharp differences arose among participants in conferences. He could be counted to settle the conflicting opinions and identify the productive path. His advice was invariably sought and his comments resolved differences and restored communication. His role in this regard will not be easily surpassed.

All of us, and especially those who had opportunities to get trained under him, and work with him cherish fond memories of Rama, the Scientist for Common Man; yes, he will always be remembered as the person who took "science to the people".



"We ourselves sometimes feel that what we do is just a drop in the ocean,
but the ocean would be less because of that missing drop."
- Mother Teresa



A Landmark Achievement

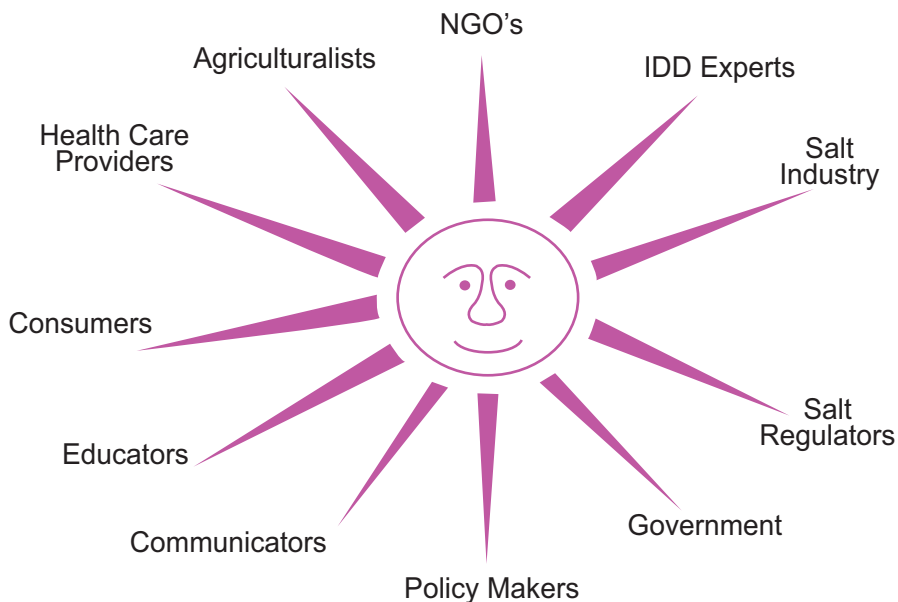
Bhutan is first country in the South Asia Region to achieve the goal of sustainable elimination of IDD. The Royal Government of Bhutan has played an instrumental role in achieving this landmark. With its efforts, including a first ever implementation of an annual cyclic monitoring system, the Bhutan model is a paradigm that should be replicated worldwide. In honour of its efforts the All India Institute of Medical Sciences (AIIMS) presented a plaque and citation to the Royal Government of Bhutan. His Excellency Mr. Lyonpo Dago Tshering, Ambassador of Bhutan to India received the citation and plaque on behalf of his Government on the National Day of Bhutan (17th December 2002) from the Director of AIIMS.



The International Council for Control of Iodine Deficiency Disorders (ICCIDD) is a non profit, non governmental organisation dedicated to sustainable optimal iodine nutrition and the elimination of iodine deficiency throughout the world. The membership includes many disciplines related to iodine deficiency and its corrections-endocrinologists, public health workers, salt producers, management specialists, communicators, laboratory analysts, researchers and others. An international Board of Directors promotes ICCIDD's goals, working in close co-ordination with countries and international organisations. Support for activities has come from international aid programs of Canada, Australia, The Netherlands, USA, also from the World Bank, Unicef and others. (ICCIDD website: www.iccidd.org)

आयोडीन मुक्त नमक प्रतिदिन।
बुद्धि और स्वास्थ्य सुरक्षित हरदिन।।

Daily consumption of Iodised salt is a healthy habit



Sustaining Elimination of IDD



Publishing any material in IQ+ Jagriti does not necessarily mean ICCIDD's endorsement of the views expressed therein or the results quoted.

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