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Medical research in India

Though greatly disturbed by the conclusions, the article 'How relevant is medical research done in India?' (*Curr. Sci.*, 1977, 72, 912-922), I must say that it came as a strong affirmation of what many of us have lamented over in the last few decades.

I would like to offer some of my viewpoints on the possible causes of the problem evoked and so forcefully delivered in Arunachalam's paper. The malaise is akin to what is going on in all walks of public life in India. Quality and merit have been long ago sacrificed at the altar of political expediency and what we are seeing is the result of 50 years of reverse evolution—survival of the lowest common denominator. It is no surprise then, that the soil can only grow this very poor crop and that Indian medical publishing is of the 'subsistence farming' variety.

A large part of the poverty in medical publishing in India arises from a lack of a publishing and research culture in Indian medical schools and institutions of higher learning. Medical trainees have virtually no exposure to the basics of scientific methodology, study design and biostatistics. Almost all their publishing exposure is to mindless articles of the 'show and tell variety'. Indeed, a quick scan of the journals published by large Indian medical societies reveals the problem in startling detail: virtually none of the publishing in clinical medicine is of the prospective, randomized, controlled trial variety. Almost all are retrospective, seriously flawed analyses of poorly collected data. The problem is compounded with each

passing decade of teachers who have less and less knowledge of scientific methodology; ergo, students come out with the impression that 'experience'—personal, unverified and untested—is the preferred method of advancement of knowledge. It takes enormous effort and heartbreak to convince these young minds, bright as they are, that the rules of the game are different. Entropy wins and over the years medical publishing has reached the current status that has been so well demonstrated in the paper. When there is so little medical publishing in India—good or bad—there is even less exposure of the young to the proper techniques and joys of scientific research.

The greater tragedy of Indian publishing lies in the opportunities missed. As pointed out, there is very little published that is relevant to the healthcare problems of an Indian. We have not even the barest data on the epidemiology of diseases that are common in India. Much of Indian medical allopathic practice is based on Western data when it is patently obvious that there are very many major cultural and ethnic differences between Indians and Caucasians. For want of anything else, such of us who believe in proof before submitting our patients to an intervention, have to go by the opinions of those who never intended their conclusions to be implemented by us.

Like all else in Indian public life, the present scenario seems depressingly bad. Lone voices, for all their dynamism and personal record, have been drowned out by the cacophony of the Indian doctor-politician, a subspecies of the

professional-politician genus that floods our current workscene.

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Subbiah Arunachalam's article in the 25 June issue is interesting and revealing. However, an important subject like nutrition is conspicuously not mentioned. Malnutrition is a major cause of morbidity and mortality in the developing countries, and yet while listing out the disciplines as well as journals, the subject of nutrition has been omitted. This is particularly surprising since the author works in an institution which is grappling with problems of food and nutrition and very much aware of their importance. Nutrition is not a baby of only agricultural scientists and nutritionists. Medical professionals have to take it more seriously. Nutrition research is not receiving adequate attention and support in India and this is not because all that needs to be known in this subject is already known as some biologists think and want others to believe.

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