

Indian academics on sale

Several colleagues in premier academic institutions in India have resigned from permanent jobs and accepted lower ranked positions in countries like Iraq, Libya, Malaysia and Singapore – obviously for money. Some went on extra-ordinary leave to these countries with similar lower ranked positions and a majority of them stayed back. Should this be of concern to us? I think it should.

What image do these people give of Indian academics? A Professorship in an IIT or IISc is considered very prestigious and at par with a similar position in the best institutes of the world. If such a position holder goes to a much lower-ranked institution at a lower level, does it not hurt the prestige of India and its premier institutions? Personal freedom, of course, has to be respected, but if this

clashes with national interests and prestige, should there not be some restrictions?

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Effects of chewing *paan*

Helicobacter pylori (Hp)-induced gastric carcinogenesis and mucosa associated lymphoid tissue (MALT) lymphoma is a multistep and multifactorial process, which commonly starts with chronic gastritis and dyspepsia¹. Hp might act as a trigger by an alteration of cellular synetics probably without genetic demodulations². The bacteria, usually determine the ultimate risk for the development of gastric cancer and/or MALT lymphoma. Hp is, therefore, considered the cause of 75% of gastric cancer³. The neoplastic growth would better be prevented by eradication of the Hp infection, not only in the initial phases but also in those with pre-neoplastic changes (in case of MALT lymphoma, a low grade reversible type of malignancy).

H. pylori is an organism which resides in supporting structures of teeth and in particular within the gingivae, especially in people who habitually chew *paan* (*paan* or betel-quid is a roll of betel leaf containing areca nut, catechu, lime, tobacco (optional), sometimes including additives and flavouring agents). It would seem reasonable, therefore, to postulate that *paan* chewers might develop Hp-induced gastric carcinoma and/or MALT lymphoma. Although there is continued

debate regarding the presence and activity of Hp in mouth cavity and the incidence of gastric carcinoma/MALT lymphoma, there is little doubt that *paan* chewers do have poor periodontal health and so provide ideal conditions for transmission of Hp to gastric mucosa. It has been recently reported that Hp is detected in significant numbers in the oral cavities of *paan* chewers, most of who have developed periodontal disease and also suffer B-type gastritis⁴. In South and South East Asian countries, and in a significant number of UK immigrants from those regions who persist with the *paan* chewing habit, consideration should be given to establishing a programme not only for the prevention of oral cancer but also for the prevention and control of Hp infection in oral cavity. This would have the beneficial effect of reducing or preventing B-type gastritis and the possible further development of gastric carcinoma in those patients with untreated dyspepsia.

We would like to point out that the possible development of oral cancer, gastric cancer or MALT-lymphoma as a result of persistent *paan* chewing represents an area of major public health concern. With appropriate discouragement of the habit, the incidence of these diseases could be reduced.

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