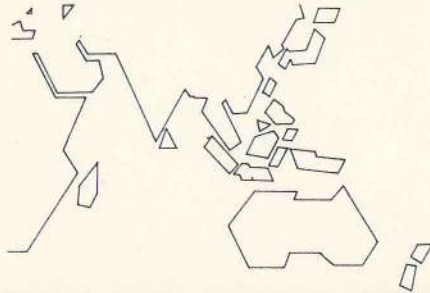


# AMDA NEWSLETTER

Association of Medical Doctors for Asia

PRESIDENT :  
Dr. Shigeru Suganami  
Suganami Hospital  
1/310 Narazu  
Okayama-Shi  
Japan 701-12  
Tel: (0862)-84-7676



CHAIRMAN :  
Dr. Francisco P. Flores  
25M. Viola Street Area 111,  
University of Philippines  
Campus, Diliman  
Quezon Ctiy,  
Philippines  
Tel:997432

## Regional Co-Ordinators:

Dr. Dennis Shun Chiu LAM  
45, Yue Kwong Road,  
27/F., Flat 2, King Fai House  
Aberdeen, HongKong

Dr. Kamath M.S.  
Dept. of Ayurveda,  
Kasturba Hospital  
Manipal-576119, India

Dr. A. Husni Tanra  
Jalan Sunu 0-5  
Kompleks UNHAS  
Ujung, Pandang  
Indonesia

Dr. Kohei Toda  
c/o 39-1 Ienoshita  
Hiroomote, Akita, Japan

Dr. Mohd Suhaimi Hassan  
55, Jalan SO 6/15  
Taman Sri Gombak,  
Batu Caves, Selangor  
68100 Malaysia

Dr. Kenneth Hartigan-Go  
11 Lourdes Castillo St.  
Quezon City 3008  
Philippines

Dr. Euan Murugasu  
25, Sunset Heights,  
Clementi Park  
Singapore 2159

Dr. Jintana Pootirat,  
92/7 Soi Jitvisutl,  
Muang, Nontaburi,  
Thailand 11000

## AMDA NEWSLETTER FROM THAILAND !!

AMDA - International's newsletter will hereafter be published from Thailand with new editorial staff under the chief-editorship of Dr. Nipit Piravej, Thailand. For the past two years the news letters were brought out from Japan beginning from November, 1986, thus laying a firm foundation for communication among AMDA members. Two volumes consisting 24 numbers (including this number) have been completed disseminating news matters, publishing academic articles and spreading the message of AMDA companions.

New editorial staff of AMDA news letter for 1988 - 1989 is as follows:



Dr. Nipit Piravej  
the new Editor

Editor:

Dr. Nipit Piravej, Thailand

Assistant Editors:

Miss. Praphai Piravej, Thailand

Dr. Antonio C. Sison, Philippines

Editorial Staff:

Dr. M.S. Kamath, India

Dr. Tsuyoshi Kawakami, Japan

Dr. Euan Murugasu, Singapore

Dr. Christmas Tanchatchawan, Thailand

The editorial board which functioned so far under the guidance of Dr. Shigeru Suganami, President of AMDA - International, owes gratitude to all AMDA members, Honorary Advisors and other dignitaries for nurturing the

news letter, for contributing to the newsletter and for helping in several ways without which it would not have been possible to achieve the task of publishing the newsletters for two years.

**MANY MANY THANKS TO YOU ALL AMDA COMPANIONS !!**

**\*\* \*\* \* \*\* \***

## **RED TIDE - THE POISONING OF MANILA BAY BY MASSIVE PROLIFERATION OF TOXIC MICROSCOPIC PLANTS**

A widespread calamity has currently struck the waters of Manila Bay and, subsequently, has seriously endangered the livelihood of the area's impoverished fisherfolk. This calamity has raised alarm among fishermen and the consumer public. Commonly known as "Red Tide", the poisoning of Manila Bay has been caused by massive proliferation of toxic microscopic plants called dinoflagellates. Belonging to a group of single-celled organisms naturally present in marine waters, less than 30 kinds of dinoflagellates have poisonous qualities. One of these is the *Pyrodium Behamense* Var. *Compressa*, the same kind which caused red tide in various waters of the archipelago.

Based on scientific studies, these dinoflagellates exhibit uncontrollable growth due to unhampered pollution of sea waters primarily coming from industrial wastes. In Manila Bay, excessive amount of pollutants such as phosphates and nitrates have already been noted, which triggered the rapid proliferation of the toxic microorganisms. The dinoflagellate's abnormal growth has been further accelerated by inadequate rainfall, following several months of dry spell in the area. An indication of the microscopic organism's proliferation is the reddish color of the waters, thus the name "Red Tide".

The outbreak of the red tide was initially reported during the first week of September, 1988; about a week later, it had engulfed the entire waters of Manila Bay covering 90,000 square kms. According to health authorities, the poison derived from these toxic organisms can be ingested by people who take in seafoods, like shellfish and fish, that feed on them. Until now, there is still no known cure for the poison taken from contaminated seafood.

A fast raising number of red tide poisoning has already been reported as of this report, several cases of which have even resulted in deaths. Those afflicted with such poisoning complained about dizziness and nausea a few hours after consumption of infected seafood, after which a spreading of numbness in various parts of the body is felt. To several unfortunate ones, a malignant spread of the red tide's poison has caused paralysis, and eventually death. The red tide scare has dramatically reduced the income of fisherfolk, fish vendors and the rest of those involved in the fishing industry by as much as 75%. Worst, latest reports from the Bureau of Fisheries and Aquatic Resources (BFAR) revealed that the red tide is expected to last for five to nine more months because of continued absence of enough rainfall to help sweep away toxic organisms.

Measures to carry out relief assistance were then identified along with the formation of a task force for effective implementation. The project aims to render emergency assistance to victims gravely affected by 'Red Tide' calamity in the form of food. A total of 10,000 families of poor fishermen is expected to benefit from this project. Donations are solicited from both intranational and international agencies to help the poor victims.

\*\* \*\*

## THE PAKISTAN MEDICAL SYSTEM:

### "HEALTH FOR ALL, NONE FOR HEALTH"

Dr. Sajid Qureshi

With the exception of few institutions of international standard the Pakistani medical system is one of the worse in Asia. The problem lies with both the public and the seat of Government. The medical community is also at fault in many circumstances. The Govt. commits to provide health for all by the year 2000. But the Govt. itself has such ill-conceived and ill-advised policies that it even allows "Hakims" (an obsolete third rate medical system followers) to issue medical certificates and to freely practise their system which has no scientific tools and no research on drugs used. This is therefore not an exaggeration to say "Health for all none for health".

The medical education system in Pakistan is patterned after the British system but is totally textbook oriented and absolutely no attention is paid to the modern trends, practices and research in the field of medicine. One important flaw is the lack of medical ethics in the curriculum. This is a big factor in the unethical and illegal practise by many medical professionals.

Most disastrous to know is that clinical exposure is too little during the medical course. I was surprised to find out a fresh medical graduate who was not even familiar with the technique of intramuscular injection!

Pakistani doctors think research is not their headache. There are some research institutes which have air-conditioned offices and pay attractive salaries to their workers but no practical work is done. In Pakistan there is an overproduction of doctors which has led to the downfall of a doctor's position in society both in social respect and economic status. It is possible to hire a doctor for the equivalent of U.S.\$100 a month to work 84 hours per week! Many doctors have become corrupt and unethical (at least from the medical point of view). Some doctors give "coloured" intra-venous fluids to their patients (without need) just in order to make money. Many others prepare "magic potions" by filling steroids in capsules and make good money!

In the Govt. hospitals, Doctors just don't feel an obligation to work. If they deal the patient well, they consider they are doing a favor. Admission in these hospitals is usually limited to those patients who visit the incharge doctor at his private clinic and pay advance fees. I have often seen patients with

Benign Prostate Hypertrophy with urinary catheter inserted and carrying a urinary drainage bag in their hand for months to wait for admission in the hospital for surgery.

The facilities and hygiene in Government Hospitals are very poor. Private Hospitals and clinics are better in this aspect but private clinicians have at least one thousand different ways of cutting the pocket of the patients!

Then comes the so called "Other Systems of Medicine". Quacks, in Pakistan highly outnumber doctors and are the biggest menace to the medical community. Chemists, Pharmacists, Dispensers, Nurses, Midwives, Nurse-Aides and even many uneducated persons are practising medicine and surgery in Pakistan. Of course, the Govt. shows no concern about this problem! There are those who use medicines following the scripts of practitioners in ancient Greece and in Babylon. There are others who use "Bio-Magnetism", others use Homeopathy, others are faith healers, still others are the "Sianey" (intelligents) who are uneducated "Orthopedical Specialists !" They crack a fractured bone by KARATE (without anesthesia) and then tie the bone with a piece of bamboo to make it heal! And surprisingly they recieve more patients than do the orthopedic surgeons.

Family planning is considered a taboo in Pakistan. Even the Government has renamed it as "Population Planning". With the population explosion and the high rate of illiteracy the standard of health and health education is further deteriorating. Also due to lack of education, majority of the population is resistant to reform and to creative evolution. Even the Pakistan medical association has failed to achieve its goal to raise the standard of the medical system in Pakistan. If you wish to do a favour to the Pakistan Medical System, I suggest you, just pray for it !!!

\*\* \*\*

75%



#### EVENTS:

□□ Mr.Gopala Bhandary, zilla parishad member, declared open the first Ayurvedic medical camp at Belmannu Village in Karkala Taluk (India),by the Belman Lions Club and the Udupi ayurvedic college (run by the S.D.M. educational society, Ujire)

<<< A photo of the camp

\*\* \*\*