AMDA NEWSLETTER
THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

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Dr. Joseph H. Balatbat

AMDA IN RURAL COMMUNITY

An Eight Day Christian Medical Mission IN Luhib, Kablacan, Tuyan South Cotabato, During October 26 - November 2, 1988.

Dr. Joseph Balatbat (with red cap) of AMDA Philippines, examined the villagers in his mobile clinic.

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IN THIS ISSUE

AMDA NEWSLETTER

A MONTHLY PUBLICATION OF THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

PURPOSES

1. To publish information about AMDA activities.
2. To provide a venue of communication among AMDA members.
3. To be a forum for AMDA members to express ideas and comments.
4. To publish articles about health care and community development

All materials for publication should be sent to Nipit Piravej, M.D., editor, AMDA Newsletter, 56/13 Soi Kua Witthaya, Charoen Nakhon Rd., Bangkok 10600, Thailand.

EDITORIAL

Dr. Nipit Piravej

Dr. Joseph Balatbat

Rural community always presents an exciting challenge for any young, dynamic doctor who wants to devote his energy for the well-being of his poorer follow countrymen. Despite the fact that rural development has long been quoted as a difficult task, there is always bright hope in the hands of these youths, as long as they are not too soon discouraged by the tedious official red tape. In this issue of the newsletter, we present a great experience of a young AMDA member in Philippines, Dr. Joseph H.Balatbat. We hope that he and his friends will continue to do well in the field.

The Editor

Dr. Shigeru Suganami

"AMDA in 1988-1989"

Dr. Shigeru Suganami,
President of AMDA

ACHEIVEMENTS :

1. The executive meeting of AMDA in August in Bangkok was attended by five member countries namely India, Japan, Malaysia, Philippines and Thailand. This is a significant improvement compared with the previous meetings in the sense that, inspite of the tight schedules and high responsibilities, our members have turned out in more numbers this year. It is a sign of growing awareness among the members. Discussion of problems, mutual understanding and cultural interaction were the precious output.

2. ASEAN Training Center for Primary Health Care Development (ATC/PHC) Thailand, a body attached to Mahidol University which is working in research and development in Primary Health Care had done special arrangements to give training in PHC for AMDA members. ATC/PHC is conducting international training programme in Primary Health Care and it has kindly given a special concession for AMDA members to take part in the training. Dr. Krasae Chanawongse, Director of the Center had taken interest in offering this facility.

3. AMDA had the participation of seven countries as members. The most important acheivement of the year 1988 was that one more country had joined the group. Malaysia is the 8th member country of AMDA.

4. AMDA newsletter which had been successfully brought out from Japan for two years. It did grow up to bigger size with new editorial staff and it is decided to be published from Thailand. The newsletter will come out with larger size and with more contents.

5. Niwano Peace Foundation granted a financial support to hold rural health camp in India using Ayurveda Medical System, the ancient Indian healing science. This task is being carried out with the joint venture of AMDA India and AMDA Japan. The camp with throw light on the role of religious institutions in community medicine and the patiens' tendency for Ayurveda medicine in Primary Health Care.

AMDA'S IMPACT ON SOCIETY :

When Cambodian Refugee problem burst out there were two groups of medical personnels which rushed to the spot for rescuing and serving the needy people. One gave birth to AMSA and later also to AMDA. The other group shaped in the name of SHARE which is now serving in the femine struck Ethiopia. In Japan SHARE attracted attention of the mass media and was highlighted as a group operating in international field in refugee problem. While SHARE directly goes to the spot and works, AMDA has decided to assist the local force in the operation of helping troubled people. Besides, AMDA do not take only refugee activities but, it has many other areas of interest, thus really becoming an international cooperative organization in the field of medicine. For the past ten years though AMDA did not bothered to attract the media in large scale, it has certainly built a strong base of mutual understanding among several nations of Asia. This is understood by many young medical professionals and now, there are more enthusiastic people interested to join AMDA.

FOR 1989 :

The 10th anniversary of AMSA-AMDA will be the most important event for AMDA this year. It will be held in Japan is another fact of historical importance because 10 years ago it has begun from Japan in the name of AMSA. A consolidated action program will be taken up in the conference and we have to climb the next step of progress. In the next 10 years it will be the prime duty of AMDA to go nearer to the mass with its constructive activities and spread its message *"Better medicine for a better future"*

The concluding message for all of us would be *"Let us make AMDA as an organization which will positively contribute to solve the medical problems in Asia."* ***

The Pharmacy & Therapeutics Committee, Philippine General Hospital.

"PARALYTIC SHELLFISH POISONING"

Dr. Kenneth Hartigan-Go, *AMDA Philippines, he is also in charge of the Poison Control Center of Philippine General Hospital.*

On September 10, 1988 the Santos family from Cavite City had a late lunch consisting of a boiled "tahong". The mussels had been bought earlier in the morning from a vendor in Paranaque, Metro Manila. Four hours later, Mang Juan and his 12 year old son complained of numbness of their lips, tongue and face, hypersalivation and later nausea, vomitting and difficulty in ambulation. Similar symptoms were manifested by seven other members of the family. They consulted at a hospital in Cavite more than 12 hours after ingestion of "tahong" and were subsequently referred to the Philippir General Hospital. Unfortunately, Many Juan's 12 year old son was dead on arrival at the Pediatric Admitting Section. Mang Juan was initially manage at the Admitting Section and admitted to the Critical Care Unit. He was discharged ambulatory and without untoward complications after 48 hours. The rest of the family were managed and observed at the Emergency Room Complex. They were discharged asymptomatic after 24 hours.

Paralytic Shellfish Poisoning and the Red Tide

Paralytic shellfish poisoning results from the ingestion of shellfish, i.e. mussels, clams, scallops, limpets, etc., that have ingested dinoflagellates containing neurotoxins. These dinoflagellates are particularly abundant during a bloom or overpopulation, a condition known as the ***"red tide."***

The ***"red tide"*** occurs worldwide, but was first noted in the Philippine waters in 1983 at the Maqueda Bay in Samar. The bloom lasted for 8 months and the dinoflagellate identified was ***Pyrodinium bahamensis var compressa.*** Since then there have been three other instances of red tide and paralytic shellfish poisoning outbreaks in the Philippines, the latest occuring along the coast of Bataan and Manila Bay. The patients seen at the Philippine General Hospital constitute one of the outbreaks recorded by the Department of Health since August of this year.

Since shellfish are filter feeders, they are prone to contamination by the dinoflagellates, and are able to store the toxin without being affected. Fish may also feed on the phytoplankton, but the toxin is usually confined to its gills and digestive organs.

As of this writing, there have been about 54 confirmed cases and 4 fatalities.

Mechanism of Action

Sanitoxin, neosaxitoxin, gonyautoxins and/or mytilotoxins have been identified in the shellfish affected by the red tide. They are neuromuscular exotoxins that selectively block the sodium channe hence blocking the action potential of nerve and muscle. They have no effect on the release of neurotransmitters from nerve terminals. The poison is heat stable and its effect is enhanced in acidic medium.

Clinical Features

Paralytic shellfish poisoning maybe diagnosed readily by the presence of pathognomonic symptoms which usually manifest themselves within 30 minutes. Initially patients complain of a tingling or burning sensations of lips, gums, tongue and face with gradual progression to the neck, arms, fingertips and toes. They may also develop gastrointestinal symptoms of nausea, vomitting, diarrhea and abdominal pain. Cardiovascular toxicity includes

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Days before the scheduled trip, a strong typhoon Ruby had just battered the archipelago leaving quite a number of low land areas underwater. I was hesitating about the safety of our trip since most of the flights have been cancelled. But the Lord Almighty is always in control. He gave us signs and His provision to go ahead. And we did.

It was exactly five minutes before four in the afternoon of the 26th of October when we left Manila for Cebu. The weather was fine. And the flight was smooth. The trip was doubly mixed with excitement and expectation. Our team had 10 members-5 physicians, 3 dentists, 1 nurse and 1 reflexologist. Though all of us came from different ministries and it was our first time to be acquianted, was sure that I shared with my fellow colleagues one thing--to be used by the great healer to do anything in His name. In particular, to render medical, surgical, dental, rehabilitative and spiritual services to our fellow countrymen in the south.

In Cebu, we met our American host, Pastor Rudy Winsinger from the Evangelical Bible Ministries of the Philippines. He was in his early sixties but he looked young for his age. Pastor Rudy, a name he insisted to be called, had been in the country for more than ten years. He had established churches and trained pastors in South Cotabato, Surigao del Norte and in Davao. Our original destination was Surigao but for security reasons the place was altered to South Cotabato. The itinerary was presented and we were informed ahead to prepare our testimony as christians.

We took a 2 hour flight from Cebu to Allah Valley. The welcome reception was cordial and very personal. There were leis and artificially crafted corsages awaiting for us. Luhib, Lake Sebu, is 22 kilometer away from the city and it took us about one and a half hour drive on an old wartorn passenger type jeep. The area was very provincial but not isolated. Around the vastland lies mountainous ridges where the Tibolis thrive. They weared no fancy clothes and had to settle with what they had. As I was informed, the local medical service was dismal, no health center and no doctor. Medicine was far beyond the reach of the ordinary. The only accessible service was a measly presence of a midwife. But she was also not available occasionally.

After settling at the Bureau of Forestry headquarters, we anxiously started our work. The turn out was tremendous and many had been waiting for us since early morning. We had about 90 medical cases. Most of these were obviously related to the low socioeconomic status, poor hygiene, inadequate medical care, malnutrition, ignorance and the like. Thus, diseases like upper respiratory tract infection, bronchopneumonia and others are not new to these people.

Dinner was simple. Church service started on time. A tribal Tiboli dance was prepared and a couple of gospel songs were rendered. Despite the difference in language, it never became a hindrance. Pastor Rudy artistically conveyed his message through a painting beautifully drawn and sketched showing Luhib and its rich natural resources. It was truly amazing how the Lord used this man to be able to reach out and share with them (Tibolis) the words of the Lord, His creation, His magnanimity, and His power in a different medium. Two of our colleagues, Manny and Ellen, eloquently testified how they became Christians. and at that moment, their inspiring words produced about 20 new christians.

For most of us, the third day was allocated for surgical cases. Although we tried to follow our original schedule, we could not help but to pull out one of the member of the team to handle the medical cases. Long queues of line had piled up. They came in two, in four and in bulk. We attended to their needs and tried very much to examine and treat as many as we could, as long as our medical supplies would provide. Again, inspite of the limited surgical materials, we had about 20 minor operations. One particular medical case that really interested me was a 17 year old girl with an enlarged mass at the right side of her neck. She had anorexia, on and off productive cough and significant weight loss. A biopsy was done and she was started on some medication. She looked very pale, lethargic and apathetic. The mass was so large and measures about 6 × 9 cm, firm, nodular, non-tender and fixed. We were contemplating that this might be an advanced pulmonary tuberculosis but a possibility of a malignancy could not be excluded. It was a pitty that we could not do more than referring her to a governmental hospital for better management. There was an evening service and it was Pastor Salas from Surigao who gave the inspirational talk. An Old 8 mm film of the Harlem Globetrotters were shown to the delight of the children. Just like the day before, two members of the team gave their testimonies.

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reductions in heart rate, contractile force and conduction. In severe cases, ataxia, general motor incoordination and muscle paralysis may develop together with a feeling of lightheadedness or headache. Death occurs as a result of respiratory paralysis, usually within the period of 12 hours. Prognosis is good if the patients survive the first 12 hours.

Treatment

To date, there is ***NO KNOWN ANTIDOTE*** for saxitoxin. The poison is readily absorbed from the gastrointestinal tract. Methods to reduce absorption of the poison include emesis and activated charcoal lavage as mussel poison is readily absorbed on charcoal. Poison excretion maybe hastened by catharsis with sodium sulfate and diuresis as the poison is readily excreted in the urine. Alkaline fluids are of value since the toxin is unstable in alkaline medium.

Once the patient develops respiratory paralysis, he must be intubated, admitted to an intensive care unit and artificially ventilated. Neuromuscular blocker antagonists such as neostigmine, physostigmine and edrophonium may be used as an adjucnt during artificial respiration, together with very low doses of atropine. Atropine is used to antagonize the muscarinic effects of neostigmine.

Prevention

Strict adherence to local quarantine regulations is the best precaution. While the red tide exists, it is advisable to refrain from eating shellfish. There is no way to distinguish poisonus and nonpoisonus mussels/clams by appearance. Shrimps may be eaten as lang as the heads and the shells are discarded. Likewise sea water fish are safe to consume only if its gills and digestive organs are removed prior to cooking. Cooking does not eliminate the toxin completely. Avoidance of soaking in acid medium as vinegar is prudent since the toxin's effects are enhanced in acid medium. ***

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We woke up very early on the 4th day on our way to Kablacan. We had a flat tire and had to drop by at Mabel for our breakfast. Manny and Ellen had to stay behind to catch up the afternoon flight for Cebu. It was a very long and tiring trip. We literally crossed mountains and passed along the coastal areas before reaching our destination. We stayed in a house built by the church members and being used as a training center for future christian leaders. We met a private doctor, Dr. Lukban, who generously helped us.

That day, we finished after five in the afternoon and attended to about 75 medical cases. Inspite of the light downpour of rain, we still went for swim and enjoyed the beach to our own satisfaction. It was a very hectic day and we retired early.

A day for Sunday service. The team was subdivided into 3 groups--to attend 3 different sunday services. I was with Lalaine and Nancy and attended at the Barrio Massaim service. It's another 15-20 minutes ride taking a tricycle. We were welcome by the district superintendent and his wife-Pastor Rene Canillo and Mrs. Canillo. The church has been established for more than 3 years and it is being rented out. It had trained quite a number of christian leaders and these had been assigned to different areas.

We continued the medical service in the afternoon. Since there were only 3 physicians left behind, I was the only one who took care of the midical cases. As the night approached, the town people became very unruly. Flocks of family still continued to arrive. No matter how we tried to pacify and organize them, they would not listen and that made our work more tiresome and difficult. In as much as we really wanted to accomodate all of them, we could not help but reject a few. The spirit was willing but the flesh was too weak.

Last stop of our trip was in Barrio Bayabas, Tuyan, Malapitan. We settled at Jackie King's house in General Santos City. Tuyan is about 1 hour drive from the city. On our way, we could not help but appreciated the beauty of Cotabat the coconut trees unperturbly alined, smiling faces, and the sun radiantly casting its rays. Tuyan was a small isolated community. Their dialect was very unfamiliar but interesting. We met their pastor and the Blaan tribes. The people were very friendly, receptive and hospitable. We conducted our medical service at their church and had about 85 cases. Communication was a problem so we had to employ an interpreter every time we talked dand examined our patients.

On the final day of medical service, we woke up very early and took a Chinese Christian bus of the United Evangelical mission. Since we were early, there were only a handful who sought consultation. So as not to be idle, we gathered all the children below 10 years and had an "instant" deworming. We got at least 40 children. Then

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NEWS & NOTES

AMSA Overall Chairman Meets AMDA President

Mr. Chang Chau-Kay (in the middle) of AMDA Taiwan, visited Dr. Shigeru Suganami (on the left), the President of AMDA, in Okayama.

Mr. Chang Chau-Kay (David), overall chairman of Asian Medical Student Association (AMSA), visited Suganami Hospital on February 22, Mr. Chau-Kay, a 6th grade medical student in Kaohsing Medical College, Taiwan, had participated in the 2nd Sino-Korean Medical Students' Conference on Hepatitis in Seoul of south Korea. While returning to his home country, Mr. Chau-Kay called on Dr. Shigeru Suganami in Okayama.

Dr. Suganami, the president of AMDA international, talded on various matters of interest for promoting the activities of AMDA and AMSA and felt the need for enhancing mutual cooperation in different spheres among the 2 associations. Possibities of establishing new regional branches of AMDA in Korea and Taiwan were discussed. Educational programs, the 10th AMSA-AMDA anniversary cerebrations and exchange of news articles between AMDA and AMSA newsletters were the other important topics discussed.

Dr. Suganami pointed out that both AMDA and AMSA are non-governmental organizations (NGO) and the survival of any NGO depends on three factors, i.e., technology, research and education. In our case, medicine is the technology which we already possessed. He believed that now we should plan for some educational programs and researches. This will ensure a wide recognition and will give a real identity for both Assocaitions.

"In the past, we had promoted mutual understarnding and now we must proceed further." said Dr. Suganami and added "We must achieve the 3 criteria of a living NGO. In the next symposium of the 10th anniversary celebrations, concrete action programs will be formed and we want to get fruitful conclusion from this coming meeting."

Mr. Chang Chau-Kay, later left for Osaka to meet Mr. Takashima who is the dynamic force behind the planning and preparations of the coming AMSA Conference to be taken place in Kobe this August.

The Intersectorial Workshop on Health of Youth in Phillipines

After months of preparation, planning, meeting, ambivalent and anxiious moments, the National Intersectorial Workshop on Health of the Youth became a success, This workshop was co-sponsored by AMDA with the World Health Organization (WHO) and the Presidential Council for Youth Affairs (PCYA). This undertaking had proved that a small group of idealistic and active doctors could and did make things heppened. Of course, it was also due to the tenacious determination of Dr. Pancho Flores that transformed an opportunity into actuality.

The workshop had exploited the organizational and creative skills of AMDA to get other members to share their time and talent. In the process, themembers had grown clorser and a momentum had been built up for other exciting projects slated for this year.

For the Opening Ceremonies, WHO Consultants, Dr. Herbert Friedman, Dr. Liu Xirong, Rita Thapa were present together with AMDA and PCYA members and the 33 participants to the 2 day live-in seminar.

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The technical sessions started with the participants being grouped to 3 general sectors, namely the governmental, the non-governmental and the youth sectors. For the first time in the region, the "grid method" was used to facilitate the group discussions. In this connection, it was fortunate that Dr. Friedman, the originator of the grid method, was present throughout the 3 day seminar and acted as the technical consultant.

As the days passed, the participants were more comfortable and expressed their frank views about issues raised during the group discussion and plenary sessions. There was an atmosphere of cordiality and excitement which pervaded the workshop and energized the formal and informal discussions among the participants and organizers.

The Closing Ceremonies reiterated the pervasive cordiality and feeling of satisfaction. It was the culmination of a hectic 3-day workshop which would hopefully serve as the first step towards a concerted effort among the sectors to achieve better health for the youth.

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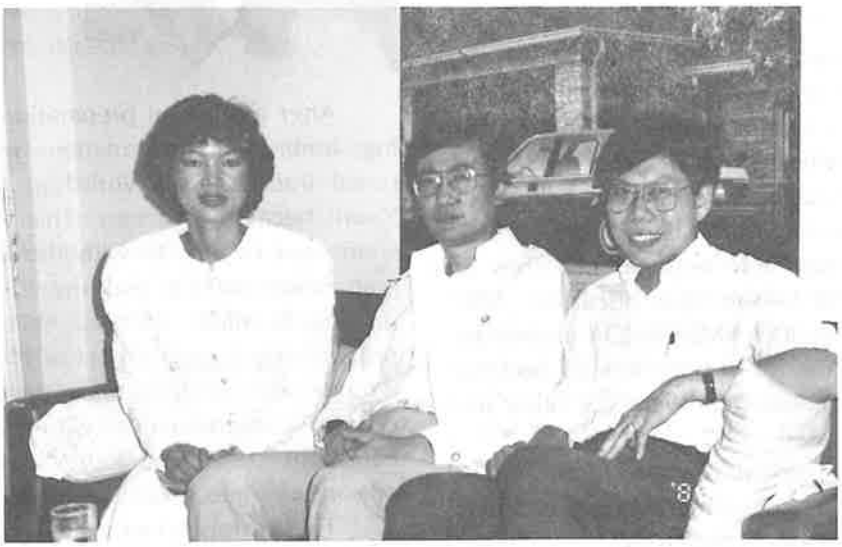
a few minutes later, natives arrived and that was when work really started. We finished almost passed one and attended to about 80 cases. Almost all the medicine was disposed. Lunch was different. Our "nany" (Dr. Priscilla Chang) prepared spaghetti and brought a long fruits. We a had picnic and the rest of the day was ours to enjoy the sandy beach of Mindanao. Later on, Pastor Rudy joined us. A tour around the city was a refresher. We dropped at Pastor Kho's church and visited the Hope Christian college. Jackson King and family tendered a dinner for us.

On the 8th day of the trip, we left General Santos City with fond memories. It was the first city I visited in the south. A place where a lot of generous Christians live.

Last day of the trip, we stayed overnight in Cebu. Inspite of the bad weather, we had a chance to tour around the city and bought "pasalubongs" for our loved ones.

Indeed, it was a memorable and fulfilling mission.

Dr. Yoneyuki Kobayashi in Thailand



Dr. Kobayashi of AMDA Japan (in the middle) visited Dr. Jintana (on the left) and Dr. Nipit (on the right) in Bangkok.

Dr. Yoneyuki Kobayashi of AMDA Japan visited Bangkok in February. Dr. Kobayashi is now the chief doctor of the Surgical and Endoscopic Department of YAMATO City Hospital, Japan. He will be the Chairman of the session on the "Refugee Health Problems" in the coming AMDA conference in Japan this August. The purposes of his visit were to meet some friends and discuss about the plan of the Conference and also to collect information about the refugee problems. He was escorted by Dr. Jintana and Dr. Nipit of AMDA Thailand while he was staying in Bangkok.