

Ayurveda has a glorious history of 3500 years. Even today, proficient practitioners of Ayurveda, although reduced in numbers due to the poor quality of academic training [4], continue to command respect while delivering effective health services. There are reputed Ayurveda hospitals and clinics across the globe. The core strengths of Ayurveda lie in the management of non-communicable diseases. It also has unique expertise not available in other health sciences in designing wellness strategies based on its concept of homeostasis (*swasthya*) at multiple levels of the biological system [5].

We need to integrate the Indian systems of medicine, AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy), including the promotion of Yoga as a form of lifestyle change to tackle non-communicable diseases. If not handled correctly, this integrative system of medicine will end up as a disastrous cocktail, with patients paying the price [2].

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#### References

1. Special Correspondent. Nod for Ayurveda PGs to perform surgeries. *The Hindu*. 2020 Nov 21 [Cited 2020 Nov 21]. Available from <https://www.thehindu.com/news/national/nod-for-ayurveda-pgs-to-practise-surgical-procedures/article33150514.ece>
2. Mathew JC. Ayurvedic doctors can now practice general surgery alongside ortho, ENT and dentistry. *India Today*. 2020 Nov 21 [Cited 2020 Nov 21]. Available from <https://www.indiatoday.in/india/story/ayurveda-doctors-practice-general-surgery-ortho-ent-dentistry-1742883-2020-11-21>
3. Krishna GL. Ayurveda Needs an Intellectual Reinvention. *The Wire Science*. 2020 Nov 24 [cited 2022 Jul 1]. Available from: <https://science.thewire.in/the-sciences/ayurveda-needs-an-intellectual-reinvention/>
4. Patwardhan K, Gehlot S, Singh G, Rathore HCS. The Ayurveda Education in India: How Well Are the Graduates Exposed to Basic Clinical Skills? *Evid Based Complement Alternat Med*. 2011; 2011:197391. <https://doi.org/10.1093/ecam/nep113>
5. Shankar D. Roadmap for Ayurveda Education in Modern India. In: Sarangapani PM, Pappu R, eds. *Handbook of Education Systems in South Asia*. Global Education Systems. Springer, Singapore; 2020. [https://doi.org/10.1007/978-981-13-3309-5\\_5-1](https://doi.org/10.1007/978-981-13-3309-5_5-1)

#### Imparting knowledge is no more considered a paramount contribution

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I have been practising medicine in an under-served rural setting since 1976, and have published around 109 papers in PubMed-indexed journals — including *The Lancet*, *BMJ*, *NEJM* and several tropical medicine journals — on scorpion and snakebite cases causing acute life-threatening conditions. I have researched in detail, with restricted resources, the acute clinical effects of envenomation and management of scorpion

and snakebite cases [1, 2]. In Mahad, the fatality rate due to refractory heart failure arising from autonomic storm evoked by scorpion venom was previously 30% [3]. Since the advent of prazosin and scorpion antivenom, it has dropped to less than 1% [4]. Similarly, fatalities due to snakebite poisoning have been reduced from 18% to 5% [5].

In India, one victim of snakebite dies every five minutes. Farmers, labourers, hunters, migrant population, and snake rescuers are more prone to snakebite. Mortality due to envenomation is considerable in the rural and semi-urban population. These victims report to primary health centres and are then referred to civil hospitals or medical colleges, where newly posted and resident doctors have not seen and treated snakebite before [4]. I took on the training of doctors in peripheral institutions by arranging a meeting at each *tehsil*, all over the Konkan region and surprisingly enough, the fatality rate due to stings and bites was reduced [5]. Early administration of antivenom arrests the progression of snake venom toxicity [6,7].

Delay in diagnosis of snakebite contributes to fatalities, because of poor knowledge regarding diagnosis, use and dosage of antivenom and the role of adjuvants like acetylcholinesterase inhibitors, calcium gluconate, tranexamic acid, indications regarding the use of ventilators including BiPAP, in the treatment of snakebite. Nowadays, a few read medical journals with authentic information, because of easily available superficial information on Google and the internet which is available with one click. The majority of students and medical faculty are happy to be Googleites. This results in irrational, non-protocol management.

I have often received phone calls late at night requesting help in the diagnosis and management dose of antivenom and prazosin to treat envenomation. Considering this urgent need of doctors in peripheral hospitals, I prepared PowerPoint presentations including case studies and arranged talks at my own expense on weekends at rural locations in the region, and there was a remarkable reduction in fatalities due to stings and bites, and no phone calls from the nearby areas during the night hours.

Unfortunately, undergraduate medical curricula do not include scorpion sting and snakebite and scant space is given to them in the medical text books. I was surprised to receive emergency calls from residents of medical colleges from places as distant as Mumbai, Pondicherry, Chennai, and Kurnool during the night hours, regarding management doses of antivenom and prazosin for stings and bites. Hence, I decided to train final year MBBS students, and residents of medical colleges on this topic.

Irrespective of their being voluntary, my attempts at training medical students were thwarted. These depressing incidents demoralised me and killed my desire to share a scientific approach to the management of life-threatening snakebites and scorpion stings. Even the publication of my chapter on

scorpion and snakebite was held up for three years, as the editor was more interested in a foreign author who has never seen and treated scorpion sting cases! Scorpion and snakebite accidents are frequently faced by farmers and labourers, so I decided to focus on lectures at rural medical colleges, especially to final year medical students, interns, and residents, with no obligation for teachers to attend.

The results are seen in the following two experiences:

- In 2010, I approached my classmate, the director of medical education and research (DMER), to arrange my talk at one of the first rural medical colleges established in the state. On reaching there in time, I asked for the Professor and Head of department and found he had apparently cancelled my talk since I had approached the DMER instead of contacting him. He felt that I had tried a backdoor entry. That was a big disappointment.
- Again in June 2022, my friend — the DMER — contacted the Dean of a medical college, who refused to arrange a talk, on the trivial ground that there was no good hall at the medical college. After repeated appeals, the Dean finally agreed and arranged a lecture at the medical college, which was attended by almost a hundred students and faculty members, who gave me a standing ovation after the detailed presentation. Surprisingly, the Dean was present and did not even offer me a glass of water after my talk. Furthermore, I had been late by 30 minutes for the talk due to the long journey, so he sent me a sarcastic message that I should “follow institutional protocol”.

Sadly, this goes to show how even over the past twelve years, there has been no improvement in the casual and egotistical attitude towards getting and sharing life-saving knowledge. Further, there is a deep-rooted prejudice in several medical colleges that no authentic medical research is done in the private sector. On the other hand, I have been invited thrice to deliver lectures to medical students at the GS Medical College and KEM Hospital, Mumbai, where the incidence of such poisonous bites is possibly rare.

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#### References

1. Bawaskar HS, Bawaskar PH, Bawaskar PH. Premonitory sign and symptoms of envenoming by common krait (*Bungarus caeruleus*). *Trop Doct*. 2014 Apr;44(2):82-85. <https://doi.org/10.1177/0049475514521802>
2. Bawaskar HS, Bawaskar PH. Snake bite envenoming. *Lancet*. 2019;393:131.
3. Gaitonde BB, Jadhav SS, Bawaskar HS. Pulmonary edema after scorpion sting. *Lancet*. 1978;2:445-46.
4. Bawaskar HS, Bawaskar PH. Efficacy and safety of scorpion antivenom plus prazosin compared with prazosin alone for venomous scorpion (*Mesobuthus tamulus*) sting: randomised open label clinical trial. *BMJ*. 2011 Jan 5;342:c7136. <https://doi.org/10.1136/bmj.c7136>
5. Bawaskar HS, Bawaskar PH, Bawaskar PH. Primary health care for snakebite in India is inadequate. *Lancet*. 2020 Jan 11;395(10218):112. [https://doi.org/10.1016/S0140-6736\(19\)31909-9](https://doi.org/10.1016/S0140-6736(19)31909-9)

6. Bawaskar HS, Bawaskar PH. Envenoming by the common krait (*Bungarus caeruleus*) and Asian cobra (*Naja naja*): clinical manifestations and their management in rural setting. *J Wilderness Environ Med*. 2004 Winter;15(4):257-266. [https://doi.org/10.1580/1080-6032\(2004\)015\[0257:ebtckb\]2.0.co;2](https://doi.org/10.1580/1080-6032(2004)015[0257:ebtckb]2.0.co;2)
7. Chaaithanya IK, Abnave D, Bawaskar HS, Pachalkar U, Tarukar S, Salvi N, et al. Perceptions, awareness on snakebite envenoming among the tribal community and health care providers of Dahanu block, Palghar district, in Maharashtra, India. *PLoS One*. 2021 Aug 5; 16(8):e0255657. <https://doi.org/10.1371/journal.pone.0255657>

#### Virus versus humanity — Do vaccines tilt the scale?

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S Srinivasan in his article “The vaccine mandates judgment: Some reflections”, in this journal, analyses a judgment of the Hon’ble Supreme Court of India in summer this year [1]. Therein, he underscores significant points of interest, the logic behind them, a few points of contention, their scientific basis and areas where logic defies rationality and prudence. Nevertheless, certain relevant points about vaccination are overlooked in the article. Under the subheading, “Vaccine mandates and the right to privacy”, the author states that the order “finally zeroes in on this proposition...and that is that the risk of transmission of the Severe Acute Respiratory Syndrome (SARS-CoV-2) virus from unvaccinated individuals is almost on par with that from vaccinated persons”. Therefore, when the immunisation does not serve the social purpose of stopping propagation of the infection, why should the authorities mandate people to accept vaccination? This is the argument put forth by the author.

The point needs to be made here that that is not the only rationale of the government’s vigorous efforts to increase the vaccination rate of the population. When the virus gets the opportunity to spread widely, it multiplies and mutates producing variants which may be more pervasive or severe [2]. Such variants have higher chances of emergence when the virus gets an opportunity to spread like wild fire [3]. And this is one more reason to stop its devastating march, which not only exhausts the healthcare system, with most available resources being diverted towards Covid-19 care; but also affects the economy, further depriving those already marginalised, and frays the social fabric [4]. Now, we in India know what happened when migrant workers had to walk, sometimes for hundreds of kilometres, and when religious groups were pilloried saying they had deliberately spread the virus.

The only way to control the disaster is by stopping the pandemic and restoring normalcy to society. That is not possible while novel variants keep emerging. Hence, every possible effort should be made to stop providing the virus the opportunity to run amok among susceptible communities. That is possible only when all of us get vaccinated, wear masks — especially when indoors — observe social distancing, gather outdoors as far as possible