MEDICAL EDUCATION AND RESEARCH IN INDIA SHOULD BE AIMED AT IMPROVING INCLUSIVE HEALTH EXPECTANCY OF THE BILLION PLUS PEOPLE

ARE WE GOING IN THE RIGHT DIRECTION?

by

Dr. C.V.Krishnaswami - FRCP(E), F.A.M.S., D.T.M & H(EDIN)

- HEAD OF VHS DIABETES DEPARTMENT
- CHAIRMAN – TAG-VHS Diabetes Research Centre, Voluntary Health Services, Chennai, INDIA.
- FOUNDER CHAIRMAN – HEALTHTRACK INFO SOLUTIONS PVT. LTD.
Medical Education Today

- Is it Public or Private?
- MCI Scam; Is the replacement – any better?
- Is the medical education today really relevant to the needs of our people of this and the future generations?
- De–schooling and Re–schooling Required.
Dr. Samir K. Brahmachari, Scientist and Director-General of the Council of Scientific and Industrial Research (CSIR) said “We need to have a balanced view between health as a right and health as a business. It is because there has been imbalance in this view that diseases like TB, with high mortality but low profitability, are neglected by the current system of pharmaceutical research”.

“As virtually no new TB drugs have been developed since the 1960s, the OSDD’s model in particular holds great promise for the scientific community by stimulating the development of better drugs and diagnostics for patients” he said.

“With children and people living with HIV in India and other developing countries bearing the greatest burden of the disease, as well as the emergence and spread of TB that was resistant to treatment by the standard anti-TB drugs, there was an urgent global, but unanswered, need for new drugs.

“For us, the irony is that with the availability of drugs for HIV and particularly of safe and affordable Indian generics, we are living with HIV but dying of TB” (MDR) Dr. Loon Gangte of the Delhi Network of Positive People
Research in Diabetes Mellitus (Type 1, Type 2)

First National Congress on diabetes Mellitus 1969 in INDIA.
Research in Diabetes Mellitus (Type 1, Type 2)

FROM THE EDITOR
Meet Gladys: 83 Years and Counting
By IRL B. HIRSCH, MD

WHEN I ASKED IF SHE MIGHT LIKE TO TRY
AN INSULIN PEN INSTEAD OF THE OLDER
SYRINGE AND VIAL, SHE WAS QUICK TO POINT
OUT WHAT SHE WAS DOING WAS WORKING,
AND CHANGES OFTEN RESULTED IN
PROBLEMS, AND I MUST AGREE.

June 2007 DOCNEWS

Peter H. Forsham – M.A., M.D.
Professor of Medicine & Paediatrics;
Chief Endocrinologist, Department of
Medicine, Director – Metabolic
Research Unit, University of
California, San Francisco, USA.

1. IDDM from the age of 10 years -
Healthy Life Sans Major
Complications for 70 Years – Died at
the age of 80 Years.

Discovery of Insulin - 1921 @ University of
Toronto, Canada.
Fredrick G. Banting - A Surgeon (Right)
&
Charles Herbert Best - A Student Assistant
(Left)
&
J.J.R. Macleod (Not in the Picture) with
experimental Dog.
Repetitive Multimillion $ Multicentric Studies Reaching the same results – Negative

**Oral Hypoclycemic Agents**

<table>
<thead>
<tr>
<th>Research Studies</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>UGDP</td>
<td>SULPHONYLUREA DRUGS</td>
</tr>
<tr>
<td>DCCT</td>
<td>BIGUANIDES &amp;</td>
</tr>
<tr>
<td>UKPDS</td>
<td>GLITAZONES</td>
</tr>
<tr>
<td>DREAM</td>
<td>ALPHA GLUCOSIDASE INHIBITORS</td>
</tr>
<tr>
<td>ACCORD</td>
<td>INCRETIN MIMETIC AGENTS</td>
</tr>
<tr>
<td>ADVANCE</td>
<td>GLP1 INHIBITORS</td>
</tr>
<tr>
<td>VA STUDY</td>
<td>DPP – 4 INHIBITORS</td>
</tr>
<tr>
<td>And Many More</td>
<td>COMBINATIONS</td>
</tr>
<tr>
<td></td>
<td>(1+2, 1+2+1, 1+2+2, 1+2+2+insulin)</td>
</tr>
</tbody>
</table>
A feedback study of treatment of maturity-onset diabetes (MOD) with regard to various treatment groups

– Dr. C.V. KRISHNASWAMI, Madras, India

10th Congress of The International Diabetes Federation, Vienna, Austria – September 1979

This paper presents the results of computed analysis of 300 randomly sampled cases receiving treatment for MOD in 3 groups: Group A, diet alone; Group B, diet + oral hypoglycaemic agents (OHA), and Group C, diet + insulin. These cases were followed up regularly for 2 years, with periodic assessment of chemical control of diabetes. 32% of the cases were in Group A, 44.3% in Group B and the rest in Group C. 75% of the patients completed the 2-year follow-up. Successful chemical control was obtained in 95% of Group A (P<0.0002) and in 81 + 4.17%(mean) of Group B (P<0.02). Chemical control obtained in Group A was significantly better than in Group B or C. Group A thus acted as an ‘index group’ in the treatment of the cases under study. The skepticism regarding the hypoglycaemic effects of OHA is perhaps because the studies so far published do not have the result in the index group, as obtained in this study. Only such a type of diet could be expected to give sustained good results in the treatment of MOD, when OHA are indicated.
The Story of Biguanides – Phenformin & Metformin

Phenformin

LACTIC ACIDOSIS FOLLOWING PHENFORMIN THERAPY

(A review of authors’ experience in 25 Indian diabetics)

By

C.V. KRISHNASWAMI* and K.VALMIKINATHAN**

It is difficult to make any definite conclusions based on this limited study. At the same time, it is quite speculative that theses rather subtle changes in anion gap are perhaps indicative of the early phase of Phenformin effect. This may well be a physiological adaptation to possibly a type of drug induced stress leading to sodium retention. This possibly has to be entertained in view of the report of Phenformin impairing NH$_4^+$ formation which is quite often implicated in sodium exchange (Rooth and Bandman, 1973).


JOUR. DIAB. ASSO. IND. : VOL XIX. IAN, 1979
Research Contributions from VHS Diabetes Department


LONE Crusade Against ‘Bad’ drugs and unethical, unscientific clinical trials

Statins and risk of incident of diabetes: a collaborative meta-analysis of randomized statin trials

13 statin trials with 91140 participants, of whom 4278 (2226 assigned statins and 2052 assigned control treatment) developed diabetes during a mean of 4 years. Statin therapy was associated with a 9% increased risk for incident diabetes (odds ratio [OR] 1.09; 95% CI 1.02-1.17), with little heterogeneity (P Value =11%) between trials.

*Lancet* 2010; 375:735-42
The wonder drug that wasn’t

By C.V. Krishnaswami

Diabetes mellitus (the adult-type or Type 2) is in-creasing common in our country with an age-standardised prevalence of about: 2.55 per cent for all ages; 0.02 per cent for 0-20 years; 4.16 per cent for those over 20 years; and 9.25 per cent for those 40 years and above, as was revealed in a study conducted by our department in collaboration with the National Institute of Epidemiology.

I would like to say that this would mean that there are about four per cent of the population above the age of 20 years and nine per cent of those above 40 years would have known diabetes. In the population, if tested by the oral glucose tolerance test, we could diagnose impaired glucose tolerance (IGT) which is borderline diabetes, in a high percentage of persons (up to 25 per cent as shown in a study conducted by our department on the IIT campus for two years and published in the Journal of Association of Physicians of India, November 1999).

The study also showed that after one year of follow up of these ICT cases, with monthly counselling by our team on diet, exercise, and lifestyle modifications, 64.3 per cent of these cases reverted to normal without resorting to any drug therapy and 30.2 per cent remained status quo, while 5.5 per cent of the ICT cases progressed to frank diabetic state.

The important questions therefore are:
(a) whether drug intervention is prima facie justified in trying to postpone or prevent the possible progression of this small percentage of IGT cases (i.e. for the questionable benefit of five per cent we have to treat all the 100 per cent).

(b) whether these drugs used over the six-year period of study planned by a Canadian agency are safe and without serious side effects? I would like to draw the attention of all diabetologists and the public to the report in the Time magazine (April 17, 2000) titled ‘Diabetes Recall’ (page 50). The drug in question which was approved rather hastily by the FDA in January 1997, was Rezulin or Troglitazone and was withdrawn in March 2000 on account of causing irreversible liver damage in an unacceptably large number of people treated with this; also there are some reports regarding the role of the drug company in playing down the potentially fatal risks associated with Troglitazone during the approval process.

OPINION

by the FDA in the U.S. (British Medical Journal, March 24, 2000).

(c) The drug, Rosiglitazone, that is being planned to be used in the diabetes prevention trial by three well-known institutes — Madras Diabetes Research Foundation, Chennai; St. John’s Medical College and M.S. Ramaiah Medical College (both in Bangalore) — in collaboration with the McMaster University, Canada, for a six-year period, is a modification of Toglitazone which has been withdrawn. It has to be used with great caution particularly in Indian subjects who are prone to a variety of liver ailments including due to nutritional, viral, amoebic and various other causes not to mention alcohol abuse and its effects.

Dr. David Nathan, a top diabetologist from Boston is quoted as saying: “I have been very cautious about prescribing the new drugs”. He was referring to Rosiglitazone and its sister drug Pioglitazone. Besides both these require regular monitoring of liver functions. While these group of drugs require careful monitoring by experts even in the treatment of full-fledged diabetics, it looks rather dangerous to embark on a long-term study on human subjects (with borderline diabetic curve and no symptoms) without adequate knowledge (or) evidence of its long term ill effects on the liver.

(d) Our study has shown that 95 per cent of the IGT cases do not progress to frank diabetic state if properly counselled and they do not require any drug therapy; this percentage could increase even more if diabetes educational inputs (using modern methods such as the Internet Postal in various languages) are made available to the people all over the country. As such I feel constrained to question the ethical/moral propriety of drug intervention for over a six-year period, using compounds whose long-term track record is not yet known fully, and the predecessor drug of the same group was withdrawn after usage for only three years with documented irreversible liver failure cases.

The other question, to be asked is, whenever such drug trials are conducted with international agencies, whether these are done after obtaining approval from a suitable Government committee as it involves public health and welfare.

Also to be taken into account are the funding agencies and their competing interest in the project.

Lastly why does a drug trial planned for the next six years, need so much publicity in the ‘lay press’ even before the start, if the results are to be unbiased?

The second drug Ramipril mentioned in the study is an expensive cardiological agent and to use this over many years on borderline asymptomatic IGT patients for possible prevention or postponement of ‘diabetes’ would certainly not benefit the patient, but probably ring in millions of dollars to the manufacturer’s kitty.

(The writer is Head, Diabetes Department, VHS Medical Centre, Chennai.)
The story of rosiglitazone is one of death, greed, and corruption, according to the Staff Report of the United States Senate Committee on Finance, released on Feb 20, 2010. The 2-year investigation by Senators ax Baucus, Chuck Grassley, and others, suggests that excess cardiovascular events in patients taking rosiglitazone appeared as early as 2004, but that the manufacturer, Glaxo SmithKline (GSK), intimidated researchers and manipulated the scientific process for commercial advantage.

Add to this controversy Steven Nissen’s account, published on March 24 in the Journal of the American Medical Association, of a manuscript leaked by a peer-reviewer, indiscreet industry emails, and clandestine tape recordings, and one has the ingredients of a John Grisham novel.

The Lancet, Volume 375, Issue 9722, Page 1225, 10 April 2010

Pitfalls in Linear Diabetology – Dr.C.V.Krishnaswami - Keshav Pai Memorial Oration, Mangalore, 5th April 2008

What is Linear Diabetology?
Evolution of Diabetes as a specialty and Linear Diabetology as the ‘goal’ for all ills attributed to Diabetes.

http://www.pubmedinfo.com/pdf/Pitfalls%20in%20Linear%20Diabetology.pdf

“Medicine might be winning the battle of glucose control, but is losing the war against diabetes”


Same issue (P.2193) Editorial: “Type 2 diabetes – time to change our approach”
Vindication galore but No Apology or Acceptance of Mistakes

Rosiglitazone Story
Pioglitazone Story
Sitagliptin Story
Exenatide Story

Shame: the elephant in the room
Managing shame is important for improving health care

Frank Davidoff – USA.

In 1960’s the results of UGDP showed that Tolbutamide, was associated with a significant increase in mortality in patients who developed Myocardial Infarction. The obvious response from Medical Profession should have been gratitude: here was an important way to improve the safety of Clinical Practice. But in fact the response was doubt, outrage, even legal proceedings against the investigators; the controversy went on for years. Why?
Health Insurance Schemes For the Public

- By the Central Govt (GOI) PPP
- By the State Govt. (Tamil Nadu) PPP

Chief Minister’s Health Insurance Scheme for Life threatening disease

In its first year, health insurance scheme benefits 1.53 lakh persons

- Annual expenditure on premium is Rs.569.54 crore
- 656 hospitals recognised for treatment

In the last one year, 1.44 crore families were enrolled under the scheme. About 1.53 lakh patients were provided treatment. A sum of Rs.415.43 crore had been given to hospitals through the insurance company. For implementing the scheme, the government would incur an annual expenditure of Rs.569.54 crore towards premium and Rs.58.66 crore towards service tax. As many as 656 government and private hospitals had been recognised for providing treatment, an official release added.
Dr. Reddy further questioned the viability of public-private partnership projects in the infrastructure space saying "we need proper institutional mechanism to support a corporate bond market. Unless we put in place proper institutional and governance mechanisms, public-private partnerships in the infrastructure area can well become private profit at the cost of public expenses," - PTI
Death by Medicine

by Gary Null, PhD, Caarolyn Dean, MD, ND Martin Feldman, MD, Debora Rasio, MD, Dorothy Smith, PhD


“OVER MEDICATING SENIORS”

Rosuvastatin: Risky in Indians (FDA RED ALERT)

Western drug regulators have made it obligatory that prescribers inform all patients that rosuvastatin can cause muscle injury which in severe cases “Can cause kidney damage and other organ failure that are potentially life-threatening.” Hence patients should “promptly report signs and symptoms of muscle pain and weakness, malaise, fever, dark urine, nausea or vomiting” to their doctors.

Aspirin Increases Stroke Risk (FDA RED ALERT)

The use of low dose aspirin – a day not only does not reduce but actually increases the risk of haemorrhagic stroke by a whooping 69 per cent in males.

There is no beneficial effect on the risk of ischaemic stroke.

These are the results of a meta – analysis of 95,000 patients enrolled in six randomised controlled clinical trials. (Ref. AM, Heart Association)
Death by Medicine by Gary Null, PhD, Carolyn Dean, MD, ND Martin Feldman, MD, Debora Rasio, MD, Dorothy Smith, PhD

### ANNUAL PHYSICAL AND ECONOMIC COST OF MEDICAL INTERVENTION

<table>
<thead>
<tr>
<th>Condition</th>
<th>Deaths</th>
<th>Cost</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Drug Reactions</td>
<td>106,000</td>
<td>$12 billion</td>
<td>Lazarou\textsuperscript{1} Suh\textsuperscript{49}</td>
</tr>
<tr>
<td>Medical error</td>
<td>98,000</td>
<td>$2 billion</td>
<td>IOM\textsuperscript{6}</td>
</tr>
<tr>
<td>Bedsores</td>
<td>115,000</td>
<td>$55 billion</td>
<td>Xakellis\textsuperscript{7} Barczak\textsuperscript{8}</td>
</tr>
<tr>
<td>Infection</td>
<td>88,000</td>
<td>$5 billion</td>
<td>Weinstein\textsuperscript{9} MMWR\textsuperscript{10}</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>108,800</td>
<td>----------</td>
<td>Nurses Coalition\textsuperscript{11}</td>
</tr>
<tr>
<td>Outpatients</td>
<td>199,000</td>
<td>$77 billion</td>
<td>Starfield\textsuperscript{12} Weingart\textsuperscript{112}</td>
</tr>
<tr>
<td>Unnecessary Procedures</td>
<td>37,136</td>
<td>$122 billion</td>
<td>HCUP\textsuperscript{3,13}</td>
</tr>
<tr>
<td>Surgery-Related</td>
<td>32,000</td>
<td>$9 billion</td>
<td>AHRQ\textsuperscript{85}</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>783,936</strong></td>
<td><strong>$282 billion</strong></td>
<td></td>
</tr>
</tbody>
</table>
Nano Health Ensurance Concept

INSPIRED BY

Dr. K.S. Sanjivi’s VHS MODEL

Mohamed Yunus’s (GRAMEEN BANK MODEL)

Kaiser Permanente model (USA)

Healthtrack’s EMR
### Envisaged Premium Categories in the Nano Health Ensurance Plan

**All Values in Indian Rupees (INR)**

<table>
<thead>
<tr>
<th>Salary / Day ₹</th>
<th>Salary / Month ₹</th>
<th>Premium/Day ₹</th>
<th>% of Income</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 &amp; less</td>
<td>3000</td>
<td>1</td>
<td>1%</td>
<td>Free/ Nano Group (NG)</td>
</tr>
<tr>
<td>500</td>
<td>15000</td>
<td>5</td>
<td>1%</td>
<td>Free/Nano Subsidised Group (SG)</td>
</tr>
<tr>
<td>1000</td>
<td>30000</td>
<td>10</td>
<td>1%</td>
<td>Premium'D'</td>
</tr>
<tr>
<td>3000</td>
<td>90000</td>
<td>30</td>
<td>1%</td>
<td>Premium'C'</td>
</tr>
<tr>
<td>6000</td>
<td>180000</td>
<td>60</td>
<td>1%</td>
<td>Premium 'B'</td>
</tr>
<tr>
<td>10000</td>
<td>300000</td>
<td>100</td>
<td>1%</td>
<td>Premium 'A'</td>
</tr>
</tbody>
</table>

**Note:** If 100,000 Persons are enrolled in each Category the Total Premium will be ₹741.6 Crores / annum.

For groups (1) Free or Nano Group & (2) Nano Subsidised Group the total Annual Premium for 100,000 Persons amounting to ₹21.6 Crores can easily be waived & absorbed by groups A to D.

The premium paid by 4,00,000 persons (Group A – D) will be ₹720 Crores can provide full health cover for the other 2,00,000 persons free of cost.
“I Have a Dream”

To Establish a ward of about **5 ICU Beds** + **20 Free Beds** + **10 Pay Beds** & **10 Private Rooms** for the treatment of type 1 & type 2 DM under the VHS Diabetes Department.
VHS Diabetes Department could undertake advanced clinical Research to ....

1. Improve Insulin Delivery

2. Test the efficacy of new products for helping diabetics.

3. Test the efficacy of other healing modalities (*eg PEMFE therapy*) in both type 1 & type 2 DM.

All these and more could be done in the most transparent manner using online EPMRC and Networking to facilitate Continual Monitoring supervision. (Tele Networking)

*Course Correction & Analysis of results in a Co-ordinated & global setup.*
A Completely New Paradigm in Clinical Research

Testing the Efficacy of existing established therapies, approaches and drugs (chemical, plant - based and other forms of drugs in practice around the world, for human healing for centuries).

Authentication using the most up-to date information technology tools for continuous Chronological Electronic Case Records (CCECR with secure on-line system) for recording all, Clinical, Laboratory, Visual, imaging and all other data that may be required to diagnose, treat and heal all chronic illnesses. The data so accrued over the years would be scientifically analysed and the results to be publish periodically for establishing the best possible treatment modality for every chronic illness with utmost transparency and truth.

To explore the non-pharmaceutical modes of Pulsed Electro-Magnetic Field Energy (PEMFE) and other modes of Energy therapies in promoting healing of Neuro-cardiac and other serious illnesses that reduce the quality and quantity of life and for which present drug therapies are fraught with more ADR and mortality than the diseases themselves (eg.Diabetes, Hypertension, Cerebrovascular stroke, and Coronary Artery Heart Disease, etc.)
Name | Mr.VR | Sex | Male | Age | 71 Years

Before PEMFE Treatment

After PEMFE Treatment
Before PEMFE Treatment

05.11.2009

After PEMFE Treatment

08.02.2010
Areas of Collaborative Research between TAG–VHS DIABETES RESEARCH CENTRE & IGCAR.

(I) Effective Insulin Delivery Systems – Wrist Watch Model

Self Administration of Insulin – Using Insulin Pen
Areas of Collaborative Research between TAG–VHS DIABETES RESEARCH CENTRE & IGCAR–Kalpakkam, TAMIL NADU, INDIA

(I) In the field of innovative Electronic Medical Informatics Technology for Providing & Monitoring Unique & Continuous Personalised Multi Modal Medical & Health Care Models with Inbuilt Features of Quality, Security & Cost Effectivity (in Collaboration with M/s. HEALTHTRACK INFO SOLUTIONS). This research Endeavour if done with enthusiasm, intensity & integrity can result in a major breakthrough and may well become a premier export model for Healthcare Agencies abroad (Western Markets)

(II) Use of PEMFE in the stimulation of endogenous auto stem cell formation for production of insulin secretion in yours children with type 1 diabetes (who are insulinopenic) and dependant on life-long (several) daily jobs of Insulin!

(III) Research in Biorhythms, Bio-modulation and Bio physical models using space travel technology yoga and energy medicine – and nano technology for discovering the anti-degenerative, pro regenerative (auto stem cell) and anti cancer mechanisms in the human body.
(IV) Nanotechnology

Nano silver solution.  
Nanorice solution.  
Siddha Medicines

American Journal of Infectious Diseases 5 (3): 200-206, 2009  
© 2009 Science Publications

Standardization of Metal-Based Herbal Medicines

1Arun Sudha, 2 V.S. Murty and 1T.S. Chandra  
1Department of Biotechnology, Indian Institute of Technology Madras,  
Chennai-600 036, India  
2Department of Physics, Indian Institute of Technology Madras, Chennai-600 036, India
Homeopathic Medicines (IIT B Research Findings)

Homeopathy is based on nanotechnology, proves IIT-B research

Mumbai: Scientists from the Indian Institute of Technology-Bombay (IIT-B) have now proved that homeopathy is based on the principle of nanotechnology. During the British Medical Association's claim that this ancient form of medicine works by working on a scientific basis. IIT-B published a report stating that homeopathic pills, made of naturally occurring metals such as gold, copper and iron, are potent even when extremely diluted to a nanometre or one-billionth of a metre.

Scientists used equipment, such as a transmission electron microscope, electron diffraction and emission spectroscopy to map physical entities in extremely dilution. And sure enough, these high-tech devices could measure nanoparticles of gold and copper (the original metal used in the medicines).

"We had analyzed ayurvedic herbs (powdered) a few years ago and found nanoparticles to the powering agent. Following this, we spoke about ayurveda at scientific meetings, we would get a person standing up to ask about homeopathy. It is when we decided to unravel the homeopathy mystery," the team members said.

American homeopath Dr. Josh Ives from the Samuel Institute in Virginia and Joyce F. Fryce from the Centre for Integrative Medicine, University of Maryland — said that the IIT-B theory was fascinating. "We are all familiar with the simple calculations showing that a series of 1-96 dilutions done sequentially would produce a significant dilution of the starting material in very short order; they wrote in a special editoria in the journal. But as dilution increases, this theory goes away. But Chikramane et al found that by applying the rules of quantum mechanics, we can now account for this phenomena. The coherence of the quantum field is preserved even when extremely diluted to a nanometre or one-billionth of a metre."

The hypothesis of homeopathic dilutions retaining therapeutic properties even when extremely diluted to a nanometre or one-billionth of a metre, states the IIT-B research published in the latest issue of 'Homeopathy', a peer-reviewed journal from the respected medical publishing firm Elsevier. IIT-B's chemical engineering department bought commercially available homeopathic pills from neighborhood shops, prepared highly diluted solutions and checked them under powerful electron microscopes to find nanoparticles of the original metal.

"Our paper showed that certain highly diluted homeopathic remedies made from metals still contain measurable amounts of the starting material, even at extreme dilutions of 1 part in 10 raised to 460 parts (10^460)," said Dr. Jayesh Bhat who led the research team. His students Prakash Chikramane, presented the paper titled, 'Extreme homeopathic dilutions retain starting material: nanoparticles as therapeutic perspective', as part of his doctoral thesis.

Homeopathy was established in the late 18th century by German physician Samuel Hahnemann. While it is widely popular in certain countries, particularly India, the British Medical Association and the British parliament have in recent times questioned its potency. Some four years ago, British research papers published homeopathy as a mere placebo.

"Homeopathy has been a controversial drum for modern medicine. Its practitioners maintained that homeopathic pills got more potent on dilution, but they could never explain the mechanisms scientifically enough for the modern scientists," said Bhat. For instance, if an ink-filled loaded with red ink is introduced into the water it will be noxious of ever tracing it. "But the fact is that homeopathic pills have worked in extreme dilutions and its practitioners have been able to cure tough medical conditions," he added. One of the theories that floated a few years ago stated that these pills imprinted their memory on the water molecules.

For the first time, scientists used equipment, such as a transmission electron microscope, electron diffraction and emission spectroscopy to map physical entities in extremely dilution.
(V) A collaborative Venture with an Advanced Research Centre like the IGCAR should evaluate the Quality, Security, Safety & cost-effectiveness of every technological advancement and bring this to one and all in the world in an inclusive manner much like “Invented in the UK, Improved and produced in the USA at high cost, Miniaturised & made cheaper in Japan mass produced & dumped into the world by China!!”.
We have the talent, resources both human, material & economic;
Will the Ancient Wisdom of our country unite with Modern Scientific Research for Scripting a new chapter in Future Techno Medical Research?
I believe we can! (A-la OBAMA).
IGCAR is the Right place, This is the right time, Sir, you are the right person & you are leading a Brilliant Team (A-la-M.S.Dhoni).
We can then lay Claim to be leaders of the Scientific World!!

Sarve Jana Sukino Bhavanthu (Sanskrit) (Let all beings be healthy and happy) – Vedas.
Thank You All