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# Superbug is not an Indian export: Docs

TIMES NEWS NETWORK

**Mumbai:** The New Delhi Metallo Lactamase 1 (NDM-1)—one of the newest superbugs to evolve in the supposedly antiseptic world of ICUs—has literally got India on the boil. Charges are being levelled, letters are being written to deny that NDM-1 is an Indian export.

“With the arrival of India as a global destination for medical tourism, talks of the origin of resistant organisms from here are made to dissuade people from coming for advanced treatments,” alleged cosmetic surgeon Dr Mohan Thomas.

The local medical fraternity is upset that every time the NDM-1 nomenclature is used, it will serve as a painful reminder of how the British doctors felt that the bug originated in desi hospitals.

The moot point is, did it? A senior medical teacher is of the opinion that such superbugs can only evolve in countries like India where antibiotics is widely abused. “NDM-1 is resistant to the most powerful antibiotic known to man today,

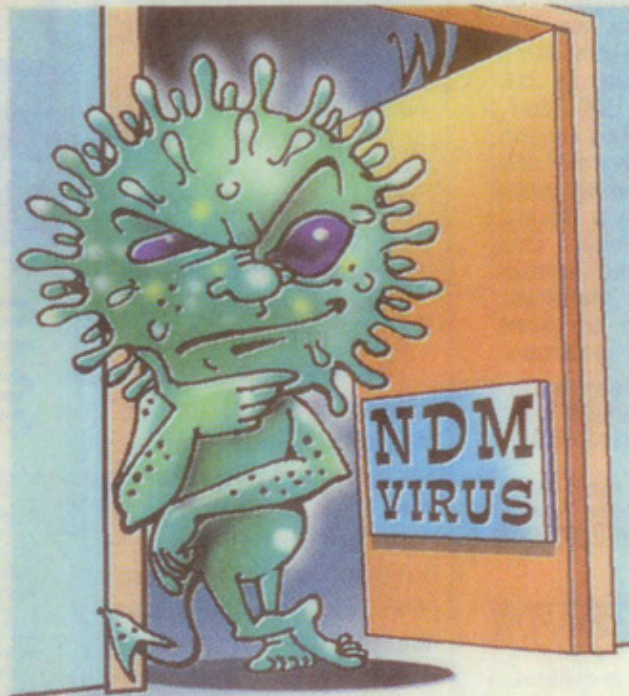
the carbapenems. Given the level of antibiotic resistance in India, our ICUs do use carbapenems more regularly than other countries,” said the doctor.

What is upsetting most doctors is the superbug’s name. “When the deadly KPC (Klebsiella Pneumoniae Carbapenemase) bug was isolated in New York in 2001,

the scientists didn’t bother to tag New York to its name, did they? The point is why should they do it with NDML-1,” asked a senior microbiologist at a leading hospital.

According to scientists, bugs have been traditionally named after the region or country they are isolated in. Take for instance, Lyme’s disease. It was first recognised in the United States in 1975 after a mysterious outbreak of arthritis in children near Lyme, Connecticut. There also is the tale of the West Nile Virus, which acquired its name it was first isolated from a feverish adult woman in the West Nile District of Uganda in 1937 during a research being done on yellow fever.

According to Thomas, who says he has worked for 25 years as a surgeon in the US, “Hospital-acquired infections are rare and are well-managed by appropriate medications and surgery, if need be, in most hospitals in the US.” He added that the chances of having hospital-acquired resistant infection is lower in India as most people are not exposed to the newer antibiotics that are beyond the general public’s means.



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Dr Mohan Thomas | COSMETIC SURGEON