# Prevention and control of goitre (on iodised oil injections)

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In attempting the control of goitre, or indeed of any other major public health problem, we should carefully avoid falling into the trap of opting for technologies which are not sustainable *within our own means*—technologies for the continued application of which we will have to be forever dependent on external donors. Relatively inexpensive, and proven technologies well within our means, resources and competence, are now available for the elimination of most of our major public health problems.

The inexpensive technology, a time honoured and time-tested one, for the control of goitre, is the iodation of common salt. Programmes for goitre control must squarely and solidly rest on this technology. Unfortunately the implementation of this strategy has been tardy and inefficient. Either the salt is not properly iodated, or adequate amounts of it are not made available in time to the needy populations, or the programme is unfortunately allowed to run into needless controversies such as 'universal iodation' versus 'iodation limited only to endemic zones'. These are deficiencies in implementation and not in the technology; these deficiencies must be resolutely overcome, and should not be allowed to be used as excuses or arguments for an alternative technology.

There is a strong case for the setting up of an empowered National Goitre Commission which can help to achieve inter-sectoral coordination and expeditious implementation of goitre control programmes as a unified operation with the mandate of achieving the eradication of the disease before the turn of this century. This is specially important as new endemic areas seem to be emerging in the irrigated plains of some Asian countries.

## Iodised oil injections

Periodic parenteral administration of *iodated oil (not presently manufactured* in any Asian country) has been suggested as an alternative approach, especially in areas 'inaccessible' to common salt.

It is difficult to imagine of any areas in our country which are now 'inaccessible' to common salt, but which will *become readily 'accessible'* to iodated oil, to thousands of disposable syringes, and to an army of 'injectors'? Apart from the apprehensions in this regard voiced earlier[1] and the increased expense and the unnecessary drain on meagre foreign exchange resources that this approach would inevitably involve, and apart from the valid arguments against this approachably presented by Kochupillai[2], it must also be remembered that we are now facing two major problems which could get compounded to disastrous proportions through the use of *the periodic parenteral administration* of iodated oil as a large scale public health operation, namely, the problem of AIDS and hepatitis.

There has been a steep rise in the HIV seropositivity rate among drug addicts of North East India during the last two years. Thus the data of the Indian Council of Medical Research show that half the drug users in this region, which is also precisely the area which is highly goitre-endemic, were seropositive in 1990. Those familiar with real-life situations in the field will realise that 'disposable' syringes will not be dutifully 'disposed'; under the circumstances, the consequences of resorting to a technology which is dependent on repeated injections (using 'disposable' syringes) could be disastrous.

Resorting to large-scale iodated oil injections in the present context would involve unnecessary risks which no responsible health administrator in India should take. It will also be unethical on the part of powerful commercial houses of Europe and 'international agencies' to push Asian countries into a technology which does not confer any special advantage over the far less expensive and indigenously available technology of salt iodation; and which could eventually also prove disastrous.

Kochupillai points out[2] that no developed country of the western industrialised world (including Italy, Switzerland or West Germany which encounter goitre problem) has used or presently proposes to use, iodised oil injections for goitre control. It is also significant that those who seek to actively promote this approach in the Third World have not dared to do so nearer home! It is almost as though this approach is 'reserved' for the Third World. The message is clear. Prudence and national interests dictate that we resolutely stick to salt iodation, disregarding signals and sounds to the contrary.

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1. Gopalan, C.; "Prevention and Control of Endemic Goitre", *Special Publication Series*, No. 3, Nutrition Foundation of India, 1987, pp. 344–348.
2. Kochupillai, N., *NFI Bull.*, 1991, **12**, 1.

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