

PRESIDENT'S PAGE

Mainstreaming Research in Pediatric Practice

DIGANT SHASTRI

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Research is an integral part of economic and social progress of any country. During the inauguration of 106th Indian Science Congress at Jalandhar on January 03, 2019, the Prime minister of India emphasized this point when he added “*Jai Anusandhan*” to former prime minister Lal Bahadur Shastri’s popular slogan “*Jai Jawan, Jai Kisan*” and Atal Bihari Vajpayee’s “*Jai Vigyan*” [1]. He added that “a strong research ecosystem must be developed in the state universities and colleges,” and urged the scientists to work towards ‘ease of living’ for the people, citing scope for innovative steps to tackle the country’s

'Jai Anusandhan': PM Modi gives big push to research

Prime Minister Narendra Modi called for a road map to promote research and innovation in government colleges and universities at the 106th Indian Science Congress.

INDIA Updated: Jan 04, 2019 13:09 IST

 Ravinder Vasudeva
Hindustan Times, Phagwara



PARIKSHA PACHARCHA 2
Pariksha Ki Baat PM

A unique interaction where students, teachers and PM Narendra come together to discuss examination. Participants will join from across the globe via live video conferencing!

When: 11 AM - 2PM January 11
Where: Talkatora Stadium, New Delhi

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Promotional Feature

PARIKSHA PACHARCHA 2
Pariksha Ki Baat PM

A unique interaction where students, teachers and PM Narendra come together to discuss examination. Participants will join from across the globe via live video conferencing!

The Sorry State of Medical Research in India

The ICMR could not even list one practical application of its hundreds of research papers published in national and international research journals which helped cure any disease, or diagnose it with better accuracy or in less time, or even one new basic, applied or clinical research or innovation that opened a new frontier of scientific knowledge.

ETHealthWorld | April 18, 2017, 18:01 IST

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Representational image

by **Rajesh Barnwal**
New Delhi: The Indian Council of Medical Research (ICMR), which has about 800 scientists working across 32 institutes in the country, cannot list even one new intervention -- in terms of new drug, vaccine, diagnostic test or treatment procedure -- developed by its hundreds of scientists over a period of last two years. The ICMR could not even list one practical application

Most Read This Week This Month

Supreme Court orders prosecution of Bhopal medical college dean for perjury



In a first of its kind case, the Supreme Court has ordered prosecution of the dean of Bhopal based RKDF Medical College for

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Research News

Nearly six in 10 medical colleges in India did not publish any research in past 10 years

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BMJ 2016 ; 353 doi: https://doi.org/10.1136/bmj.i2352 (Published 25 April 2016)

Cite this as: BMJ 2016;353:i2352

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ICMR: The Sorry State of Medical Medical research in India: Spirit is unwilling and the flesh is weak

Medical Journal of Dr. D.Y. Patil Vidyapeeth

Medical research in India: Spirit is unwilling and the flesh is weak EDITORIAL Year : 2017 | Volume : 10 | Issue : 5 | Page : 399-400

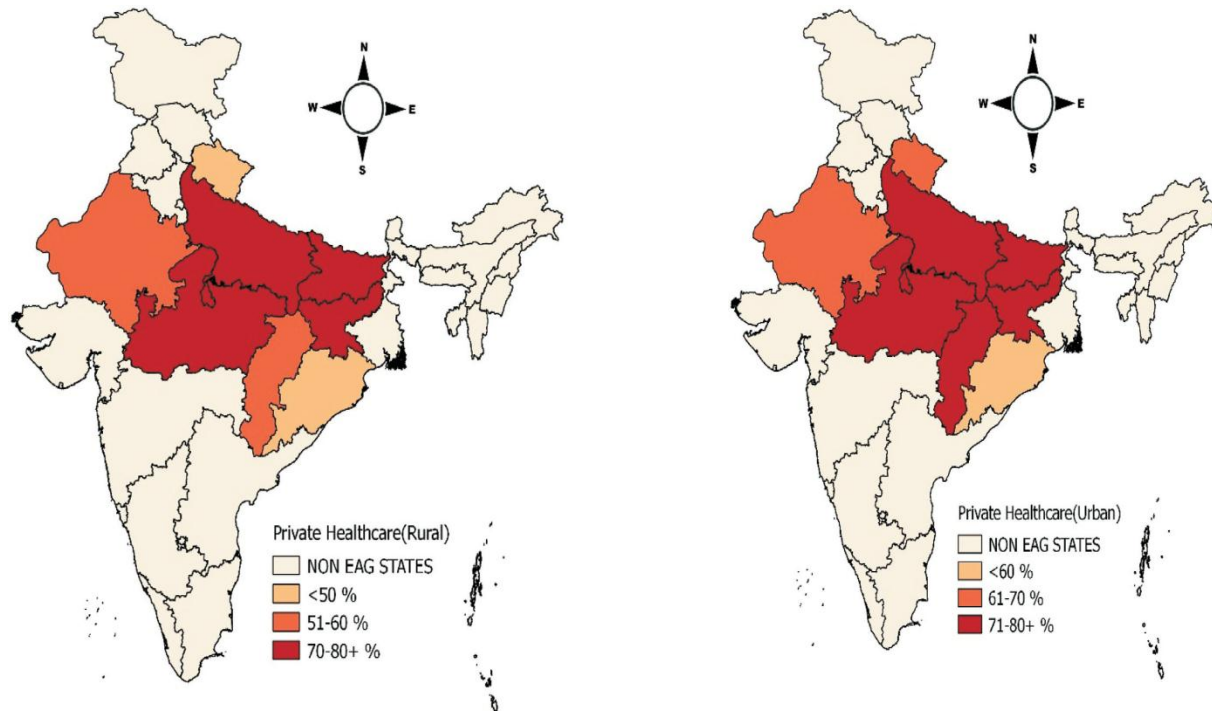
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Research is too important to
be left entirely to the
Researchers!

Everyone is born with the qualities
required of a researcher, i.e., the curiosity
to explore the world and ask questions.

Access to Health Care: India

71st NSS survey of 10,000 inpatients (2014)



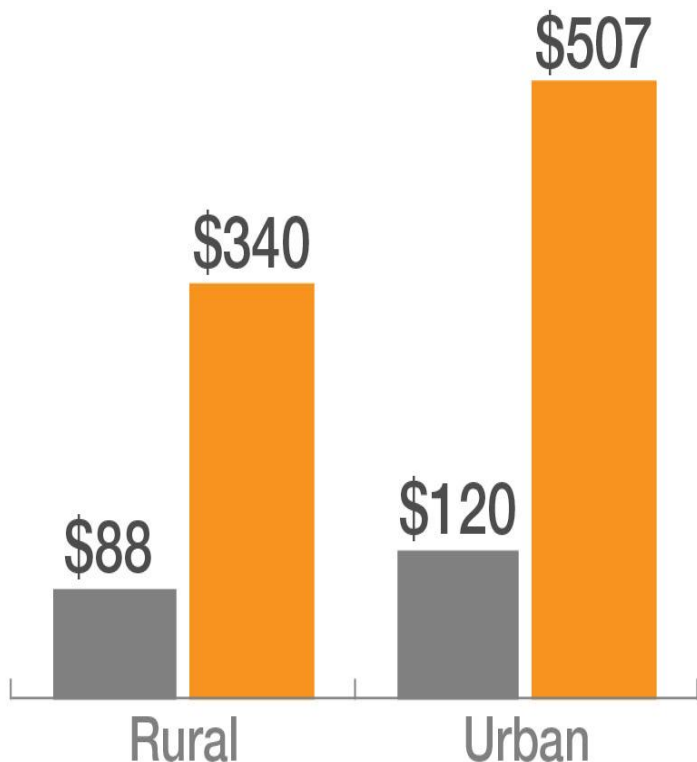
Extent of access of private healthcare facilities in empowered action group (EAG) states

Kumar V, Singh P. Access to healthcare among the Empowered Action Group (EAG) states of India: Current status and impeding factors. Natl Med J India. 2016;29:267-73.

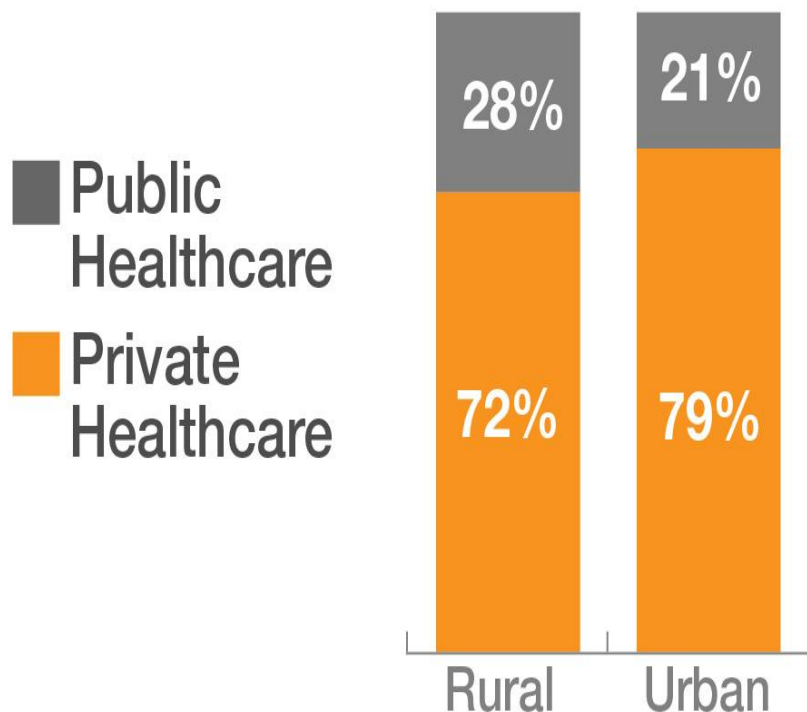
Public vs private healthcare

Private healthcare in India costs about four times more than the public sector, yet majority of all cases are treated by the private sector.

How much does each treatment cost on average?



Where does the treatment take place?

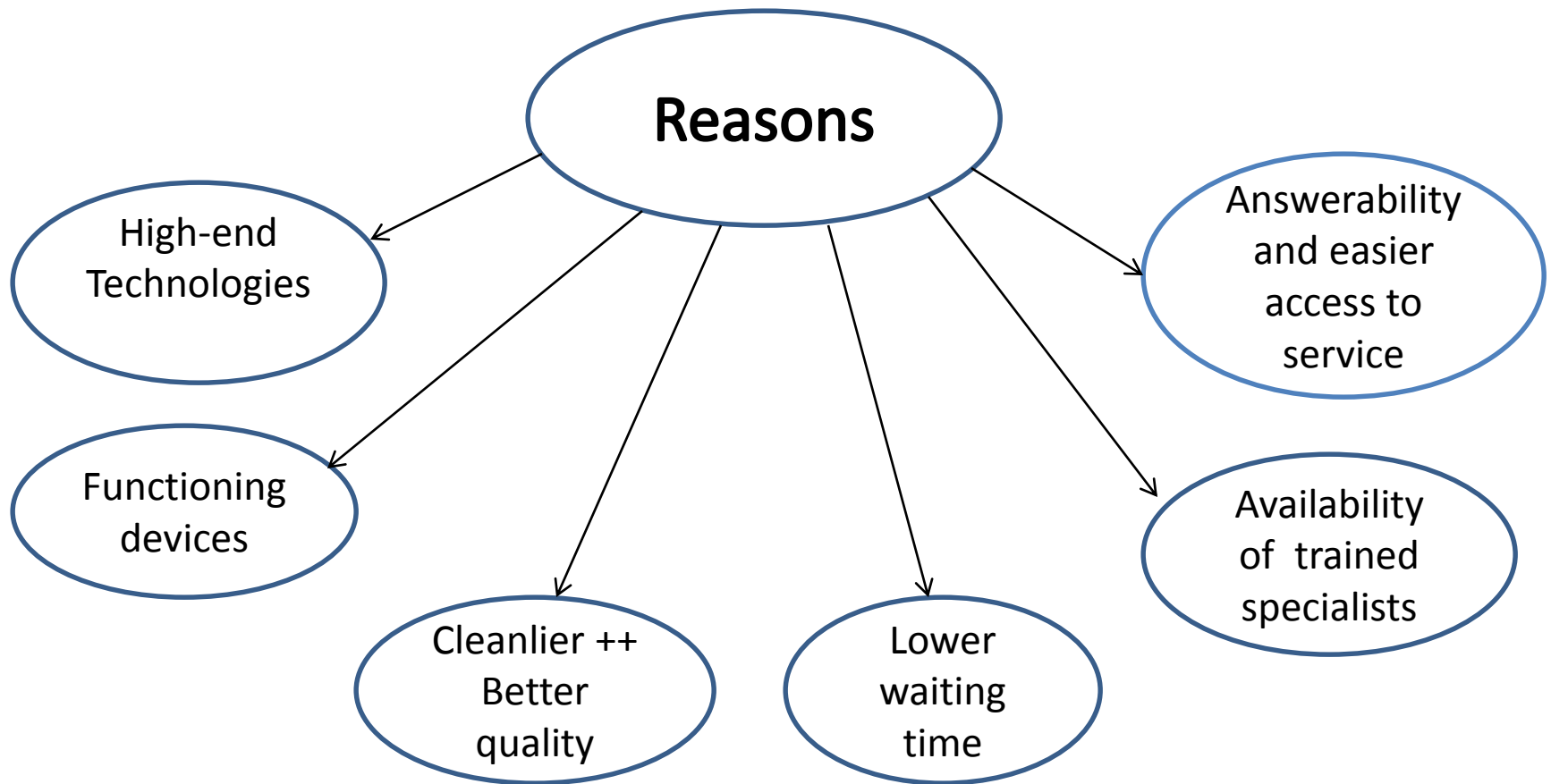


Source: NSS 2014, Ministry of Statistics and Programme Implementation



Private Healthcare Sector

Dominates = 80% of the market



Inbox (5,856) - prof.piyush.gupta x Indian Pediatrics - Editorial x +

https://www.indianpediatrics.net/april2001/april-376-377.htm

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Viewpoint

Indian Pediatrics 2001; 38: 376-377

Research in Office Practice

Mukul Tiwari

From the Apex Hospital, University Road, Gwalior, Madhya Pradesh, India.

Reprint requests: Dr. Mukul Tiwari, Pediatrician, Apex Hospital, University Road, Gwalior, Madhya Pradesh, India.

Currently, in our setting, the contribution from office practitioners in medical research is little or negligible, 'Office practitioner' here includes only those who are seeing patients in their clinic or office and are not attached to any big or teaching hospital.

The reasons for this scenario are manifold: one of them is time. A private practitioner's time is money. He is

Obstacles can be overcome and research can be conducted on carefully chosen and suitable topics

Windows taskbar: Indian Pediatrics - E... 79% 6:04 AM 2/4/2019

President's Page

Indian Pediatrics 2007; 44: 811-812

Research in Pediatric Practice: An Untapped Arena!

The current status of medical research in India is in an abysmal state. There is dearth of good quality publications particularly in reputed indexed international journals.

With crash commercialization of health sector and entry of big corporate houses in health care facilities, the quality medical research has suffered badly and lost its preeminence. The thrust is now on to provide the best possible health infrastructure catering to the patient comfort with hardly any thought spared on the need of investing in research— an expenditure deemed non-profitable by many business houses.

The reasons for poor state of medical research in India

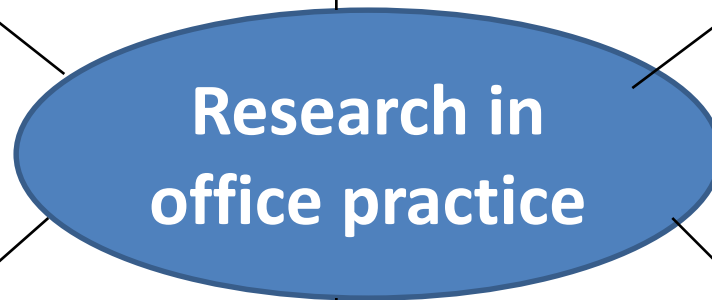
The first and foremost is the complete lack of what can be dubbed as 'research culture' in the country that

Paved way for ID surv for Disease surveillance by Private practitioners

Why?

Who?

Where?



Research

When?

How?

What?

Why should Private Practitioner do Research

1. Intellectually stimulating
2. Contribution to knowledge
3. Sense of accomplishment
4. Research findings are more representation of general population
5. Continuity of Care: More opportunity for longitudinal study of normal children
6. Higher volumes



Who can do Research?

Anyone who is clever enough to get through the medical school!

Research can be learnt

Study Design

Statistical methods

Involve friends/colleagues from Academics

Where? Suitable Setting!

- Group Practice
- Solo Practice
- Corporate Hospitals



What? Topics!

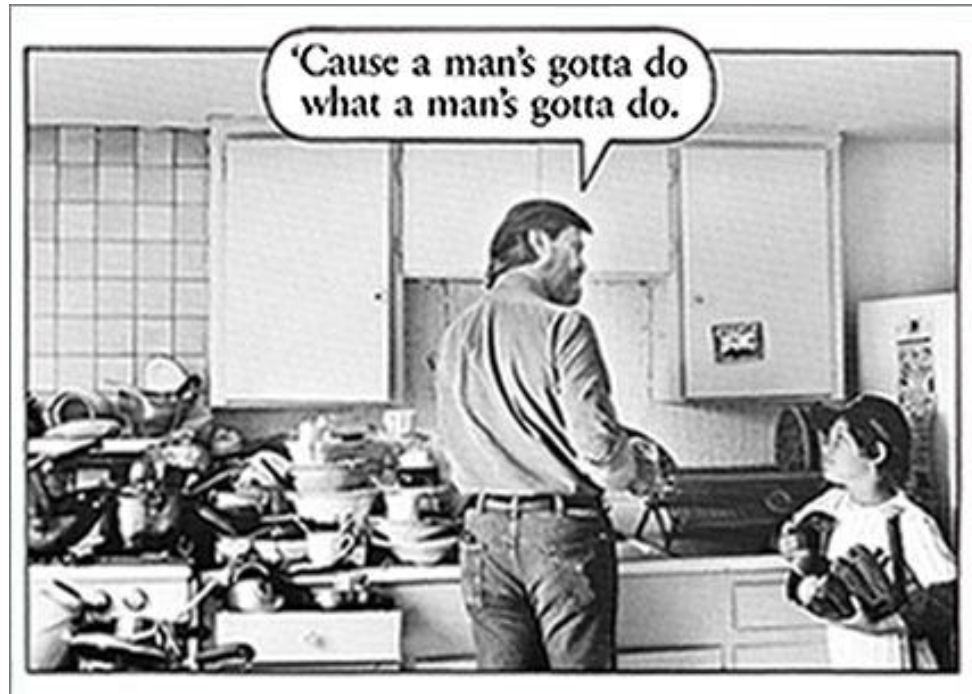
- Common Problems
- Day to day Observations
- Issues in practice
 - Compliance
 - Telephonic consultation
 - Parental traits
 - Effect of prior knowledge



How? Time!



I can do what I want to do!!



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When?



Why NOT now?

Expenses

Secretarial

Photocopy

Try for Grant



Barriers



1. Time = Money
2. No support of PG students
3. No support of statistician
4. No access to free/subsidized tests/funding
5. Work atmosphere not conducive
6. Office and Accounts Management
7. Lack of training and orientation in Research
8. Funding agencies reluctance

ATTITUDE TO RESEARCH

Solutions



- Manage your time
- Establish Networks/collaboration
- Choose RQ wisely
- USE (Feasible) Electronic Medical Record (EMR)
- Train in conducting research and writing papers



Research in Private Office Setting-Ethical Issues

1. Education of all investigators in research ethics
2. Creation of an independent ethics committee
3. Development of educational materials to inform all potential subjects about important issues related to clinical research



Indian J Med Res 125, April 2007, pp 523-533

Recurrent annual outbreaks of a hepato-myo-encephalopathy syndrome in children in western Uttar Pradesh, India

V.M. Vashishtha, N.C. Nayak*, T. Jacob John** & Amod Kumar†

*Mangla Hospital, Bijnor, *Sir Ganga Ram Hospital, New Delhi, **Christian Medical College, Vellore & †Department of Community Health, St. Stephens Hospital, New Delhi, India*

Received June 22, 2006

Background & objectives: Outbreaks of an acute encephalopathy syndrome affecting children, with high case-fatality, have been reported in western Uttar Pradesh, India for the last many years. We investigated these cases in Bijnor district and present our findings.

Methods: Fifty five children aged 2-10 yr hospitalized from 2003 to 2005 in Bijnor, Uttar Pradesh, with features of acute encephalopathy were selected by defined clinical criteria. Various laboratory investigations were performed.

Results: The disease had peak incidence in early winter months. Previously healthy, 2-4 yr old



Cassia occidentalis poisoning as the probable cause of hepatomyoencephalopathy in children in western Uttar Pradesh

V. M. Vashishtha, Amod Kumar*, T. Jacob John* & N.C. Nayak[‡]

Mangla Hospital, Bijnor (UP), *Department of Community Health, Christian Medical College, Vellore & †Sir Ganga Ram Hospital, New Delhi

Received November 7, 2006

Background & objectives: Recurrent cases of hepatomyoencephalopathy in children have been reported for several years. Investigations over three consecutive years in western Uttar Pradesh revealed a multi-system disease (hepatomyoencephalopathy) due to viral encephalitis as believed so far. The study was conducted to identify the cause from various environmental factors associated with this syndrome.

Methods: Eighteen cases with acute hepatomyoencephalopathy from a tertiary care paediatric hospital of Bijnor district were selected for each case. Age-matched and sex-matched controls were selected for each case. All interviews were conducted by the investigator. Quantitative data were analyzed using chi-square test.

Results: Parents of 8 (44.4%) cases gave history of eating weed before falling ill, compared with 19.5% (P<0.001). History of pica was the other common factor (P<0.01). No other factor was found to be associated with the disease.

Interpretation & conclusions: Consumption of *Cassia occidentalis* pods or beans is described earlier as hepatomyoencephalopathy in children. This study suggests that future outbreaks of hepatomyoencephalopathy in children in western Uttar Pradesh may be due to consumption of *Cassia occidentalis* pods or beans.



Cassia occidentalis Poisoning Causes Fatal Coma in Children in Western Uttar Pradesh

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‡‡‡Department of Pathology, Sir Ganga Ram Hospital, Rajendra Nagar, New Delhi, India.

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E-mail: vmv@manglahospital.org

Manuscript received: January 1, 2007; Initial review completed: February 2, 2007;

Revision accepted: June 13, 2007.

Abstract: *Cassia occidentalis* poisoning in young children in western Uttar Pradesh was studied by a prospective survey in 2006. The study revealed that the history of eating *Cassia* beans was associated with the disease. This study suggests that there is an etiological association between consumption of *Cassia occidentalis* pods or beans and hepatomyoencephalopathy.

Key words: *Cassia occidentalis* poisoning.

Incidence of hepatomyoencephalopathy is scarce and confined to occasional reports on side effects in adults (9).

In a country where toxicology experts are scarce, it is difficult to confirm the cause-and-effect association between the consumption of a toxin or set of toxins, through blood tests. In the present study, during the outbreak season of 2006 we investigated the cases as they were brought to the hospital for checking out history on consumption of *Cassia occidentalis* pods or beans.

Materials and Methods

The study hypothesis was: "cases of acute hepatomyoencephalopathy would not have the antecedent



RESEARCH PAPER

Rickettsial Diseases in Central India: Proposed Clinical Scoring System for Early Detection of Spotted Fever

NARENDRA B RATHI, *AKANKSHA N RATHI, #MICHAEL H GOODMAN, AND #ZUBAIR H AGHAI

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Correspondence to: Dr Narendra Rathi, Rath Children's Hospital & Maternity Home, Civil Lines, Akola 444001, MS, India. dnrathi@hotmail.com

Initial received: July 6, 2010; Review: August 10, 2010; Accepted: October 28, 2010.

Objectives: To report a series of cases of rickettsial infections from central India and to develop a clinical scoring system for its early detection.

Design: Retrospective review of children hospitalized during one year period with fever without a source, and

diseases. 52 (69.3%) had spotted fever group and 23 (30.7%) scrub typhus. The mortality rate with rickettsial diseases was 9%. By using proposed clinical scoring system, a score of 14 has sensitivity and specificity of 96.15% and 98.84%, respectively in making a diagnosis of

GUIDELINES

IAP Guidelines on Rickettsial Diseases in Children

NARENDRA RATHI, *ATUL KULKARNI AND #VIJAY YEWALE; FOR *INDIAN ACADEMY OF PEDIATRICS*

GUIDELINES ON RICKETTSIAL DISEASES IN CHILDREN COMMITTEE

From Smile Healthcare, Rehabilitation and Research Foundation, Smile Institute of Child Health, Ramdaspath, Akola;

**Department of Pediatrics, Ashwini Medical College, Solapur; and #Dr Yewale Multispeciality Hospital for Children, Navi Mumbai; for Indian Academy of Pediatrics “Guidelines on Rickettsial Diseases in Children” Committee.*

Correspondence to: Dr Narendra Rathi, Consultant Pediatrician, Smile Healthcare, Rehabilitation & Research Foundation, Smile Institute of Child Health, Ramdaspath, Akola, Maharashtra, India. drnbrathi@hotmail.com.

Objective: To formulate practice guidelines on rickettsial diseases in children for pediatricians across India.

Justification: Rickettsial diseases are increasingly being reported from various parts of India. Due to low index of suspicion, nonspecific clinical features in early course of disease, and absence of easily available, sensitive and specific diagnostic tests, these infections are difficult to diagnose. With timely diagnosis, therapy is easy, affordable and often successful. On the other hand, in endemic areas, where

***“Soch Badlo,
Desh Badlega”***

Research is definitely possible
and feasible in office practice. It
is just a matter of changing the
Attitude

de with
Show