EDITORIAL

Dear Readers,

Indosulphan, the issue being discussed for the past few months deserves a special attention and action because it is related to the human life. It is entering our food chains at the basic level and is affecting the human life tremendously. There are a huge number of cases reported in Kerala. Many newspapers have covered this story in the last few months. Some politicians have also come forward; still the Government has not banned the use of endosulphan. India is the world's largest user and one of the major producers of endosulfan.

Endosulphan is used as a pesticide in the agriculture to control pests. It is useful in the management of pests' resistance. Since it is non-specific, it can negatively affect populations of beneficial insects in addition to its effect on human life. As it is affecting the food chain and hence the ecosystem, it can have the long-term effects. Endosulphan is a chemical, which was developed in 1950 and was used aggressively till 2000. In 2002, there was the first report of its harmful effects by the U.S Fish and Wildlife Service. After this report, endosulfan was allowed to stay in the US market, but restrictions were imposed on its agricultural uses. In 2001, in Kerala, endosulfan spraying was suspected to be harmful when its use was linked to a series of abnormalities noted in children. Initially, the use of endosulfan was banned, but under the pressure from the pesticide industry, its use has been largely revoked. This situation has been referred to as next in magnitude to the Bhopal Gas Tragedy. In 2007, steps were taken by the international community to restrict the use and trade of endosulfan. It is under discussion for inclusion in the list of chemicals banned under the Stockholm Convention (the Stockholm Convention on Persistent Organic Pollutants is an international environmental treaty, signed in 2001 and was effective from May 2004. It aims to eliminate or restrict the production and use of persistent organic pollutants) and under the Rotterdam Convention which the Indian Government is supposed to have opposed.

Research studies show that the endosulphan exposure in male children may affect their sexual growth and those exposed have reported a higher prevalence of neuro-behavioural disorders. A report by Calicut Medical College study in the Kasargad district of Kerala said that the reproductive health events including infertility, precocious puberty, abortion, intrauterine death, still birth and neonatal /child deaths were found to be significantly higher in the population exposed to the pesticide.

Today, about 80 countries have banned the use of endosulphan or have announced its phase-outs. It has been banned in the European Union, Australia, New Zealand and some Asian and West African nations. It has been phased out in the United States, Brazil and Canada. It is still used extensively in many other countries including India and China. What is the Indian Government waiting for? It is an issue of major health concerns. This kind of effect will be difficult to correct by any medical system. As physicians, we need to take part in bringing awareness about such health concerns and join hands to do our bit. We can treat diseases but if these kinds of pollutants are not removed from the environment, they will have a hazardous effect or may cause an irreversible damage to our society.

Just before when I was closing this editorial, news has come that the Supreme Court has asked why endosulphan should not be banned and has asked the pesticide manufacturers to present within two days, cogent grounds to convince it against slapping an interim countrywide ban on the production of the widely used toxic pest killer endosulfan. This is a favourable step and we hope that it is not a phased out ban which will finally be declared, as then who will take responsibility for those who will suffer as they live in that environment.

Dr Geeta Rani Arora Editor

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June 2011 | The Homoeopathic Heritage | 9