

## Of faith and fever: On T.N.'s dengue epidemic

Faced with one of the worst dengue epidemics it has seen, this year the Tamil Nadu government responded by freely distributing a herbal concoction, *nilavembu kudineer*, recommended for fevers under the ancient Siddha system of medicine. Even though there is no evidence of their efficacy, alternative remedies such as papaya-leaf juice for dengue find many takers during epidemics. While it is hard for government bodies to curb such practices, what they must never do is to endorse them. Yet, there are growing instances of exactly this happening. For example, last year the Council of Scientific and Industrial Research launched an anti-diabetic herbal pill called BGR-34 on the strength of what appeared to be very poor evidence. One of the several ingredients of *nilavembu kudineer* comes from a plant called *Andrographis paniculata*, which appears in herbal medicine systems across South Asia. As is often the case with such herbs, some evidence exists for its potency against a range of illnesses. For example, *A. paniculata* is known to inhibit the dengue virus in animal cells in a laboratory, and to reduce symptoms of respiratory tract infections in small human trials. But innumerable other herbal remedies also show such early promise. Sadly, only a tiny handful of these remedies go on to prove their efficacy in large-scale, placebo-controlled human trials, the gold standard of modern medicine. This is because the science of developing drugs from medicinal plants is complicated. Poly-herbal remedies like *nilavembu* are a mix of several compounds, while most of modern medicine relies on single-compounds. Plus, the amount of the active ingredient — the compound in a herb that acts against an illness — varies across plants. So drugmakers have to find a way to identify this ingredient and test it in large-scale trials. This exercise requires not only massive financial investment but also intellectual honesty.

Unfortunately, too many attempts in India by the government to validate traditional medicine are driven less by honesty and more by blind faith. This has led to the promotion of herbal remedies with scant evidentiary basis. Against this background, the endorsement of *nilavembu* — even if it is not pushed as an alternative to allopathic medicine — has its consequences in the face of a deadly epidemic. It is possible that people will misconstrue a supplement for a cure. The risk of patients who need medical attention, such as those with dengue haemorrhagic fever, opting for this drug instead of rushing to a hospital should not be underestimated. So far dengue has made over 87,000 people sick across the country, while killing over 150. Both numbers are underestimations, given the government's poor surveillance systems. At a time when modern medicine is advancing towards greater transparency and replicability in clinical evidence, the government's claims on *nilavembu* aren't fooling anyone in the scientific community. But these are misleading laypeople in ways that can hurt them. This is a matter of shame.

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