

Misuse of Corticosteroids in Infants of Rural Tamilnadu

Mothers of rural Tamilnadu, probably lured by the common misinterpretation of plumpness as health, invariably demand some medicines which can make their children chubby. Quack doctors and some pharmacists exploit this maternal apprehension by dispensing betamethasone drops even when there are no genuine medical indications. Unlike the developed countries, where drug dispensing is strictly controlled, it is possible in India to get any drug over-the-counter. Innocent rural mothers administer steroid with a belief that it is good for their children. Most of them are illiterate and are ignorant of the adverse effects of corticosteroids. They consider cushingoid appearance as success of the “magical drug”. Impressed by the rapidity with which the child becomes chubby, delighted mothers even recommend the drug to their neighbors. Consequently, rural Tamilnadu has several chubby cushingoid infants. I continue to see at least one new case of this kind every week for the last 6 years. This misuse of steroid was virtually unknown before a decade. Some of these babies, who have been administered steroids for more than a year, present with recurrent respiratory infections and grossly atrophic adrenals. As I have seen them only in a hospital setting, it is not estimated how many such victims are actually there in the community. More alarmingly these mothers frantically stop steroid abruptly when they were informed by a qualified doctor that it is harmful to babies. Due to their innocence they often do not understand the logic of

tapering the dosage to avoid withdrawal effect. It is not known how many such babies die in community due to acute corticosteroid insufficiency, especially when the adrenals are chronically suppressed.

Another distressing aspect of the issue is that even a few qualified medical practitioners of rural Tamilnadu prescribe corticosteroid for minor illness like fever and respiratory infections. Systemic steroid is also prescribed by a few for bronchial asthma even before trying bronchodilators. Although many of these doctors are aware of the ill effects of steroid, they prescribe it apparently to offer an attractive “quick cure” of symptoms or by yielding to parental pressure for the same. Encouraged by the quick symptomatic relief, I have seen mothers using steroids as household self-medication. In their unrealistic eagerness to get a “quick cure”, they also increase the dosage without any medical advice.

This new risk for infants of rural Tamilnadu has apparently eluded the watchful eyes of professional bodies like Indian Academy of Pediatrics and the Government. Public awareness campaign, strict laws to prohibit unauthorized dispensing of corticosteroids and a community survey of the problem are urgently required. The purpose of this communication is to create an awareness of this new risk and to draw the attention of the governmental, professional and social organizations who can collectively contribute to curb this menace.

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Disseminated Cysticercosis in an Infant

Neurocysticercosis is quite common in India(1) but by virtue of its prolonged incubation period (average 7 years) and the nutritional habits of infants, it is rarely seen in this age-group(2,3).

A previously healthy twelve month-old male

child presented to us with a history of three episodes of sudden onset, right-sided tonic-clonic seizures followed by unconsciousness for about ten minutes after each episode, over last five days. There was no associated fever, head trauma, tubercular contact or family history of seizures. The family belonged to the lower socioeconomic group and resided in an urban slum and grew vegetables in a small patch of