

## PRESIDENTIAL ADDRESS

R P Okhandiar

---

Our speciality has an ancient lineage. Leprosy has been mentioned in our scriptures which are 5000 years old. Cosmetology and the care of skin with various herbal urgents was a highly developed art in the Vedic and post-Vedic eras. Long ago our learned sages had recognised vitiligo as a disease closely associated with the worship of the Sun God. Venereal diseases are not mentioned in our ancient records and were probably imported at a much later date.

Undoubtedly there was a dark period in our history during which all aspects of our culture deteriorated, medical learning being no exception. Although some advances in sexual medicine were seen with the advent of the Unani system, it was with allopathy that our speciality entered the era of modern scientific medicine based on systematic clinical and experimental research.

In the four decades of my career as a man of medicine and as an active member of the IADVL, I have been happy to see remarkable progress. Now I find an inimitable spirit of research among our members. Considering the little or no infrastructure and minimal financial support, the volume of studies being undertaken is remarkable. The standard of teaching has also considerably improved. To a large extent we have been successful in keeping pace with the clinical and therapeutic achievements of the developed

world, and have even excelled in a few areas such as vitiligo.

As an organisation too, the IADVL has made considerable progress. We have branches in almost all states and have a membership of around 2500. Most branches, especially those in the South & North-West, are very active, holding regular meetings. The Tamil Nadu and Karnataka branch even has a few subbranches under its fold. To keep pace with scientific progress, the Kerala branch annually publishes a CME book, and the Maharashtra branch annually organises a scientific and teaching programme. A very successful South Zone Regional Conference was organised by the Andhra branch, whereas recently the West Bengal branch held the first ever East Zone Regional Conference. Above all, the Delhi branch added four feathers to its cap by organising the successful and highly acclaimed International Conference of Dermatology.

The publication of the splendid "IADVL Textbook of Dermatology", a book of international standards but one-fifth in price, is a landmark in the history of the IADVL. The credit goes to the contributors who are from every corner of India, and of course to its chief editor, Dr R G Valia, who has put in immense labour to bring the book to its present level.

Despite these creditable achievements, much still remains to be done. It is unfortunate that there is no standardisation in the teaching and training of our speciality, both at the undergraduate and postgraduate levels. Some institutions are exceptionally good, whereas a few others are very primitive, lacking even in

---

Dr R P Okhandiar

Director.

Sikh & Leprosy Institute.

Kharman Chak, Bhagalpur

Delivered at 23rd National Conference of IADVL held at Madras, on January 1995

basic facilities. Similarly, our postgraduate degrees imparted by different universities are not of the same standard. The under-graduate training of our subject is also substandard in some of our medical colleges. The academic committee of the IADVL presented its report sometime back, but we have not heard of its outcome.

Its is regrettable that despite being such a large country, India does not have a single postgraduate institute of dermatology, which would be exclusively devoted to teaching and research and would serve as a referral centre. In fact there should be such an institute in each of the large metropolitan cities. Leave alone such a centre, we do not have a single library where all books and journals related to our speciality are available for referral.

The treatment meted out to our members who are in the state medical services is deplorable. Most state governments spend a fortune for their education and training in their collegiate days but forget them once they enter the state medical service. These specialists are left to rot in inconsequential posts while non-specialists are posted as leprologists, venereologists and even dermatologists.

Our members who are in private practise fare no better. The worst type of quackery and cheating by charlatans occurs daily. Advertisements assuring a "guaranteed cure" for numerous skin disorders and sexual disorders abound. Laws exist that provide for suitable action against duping but there is a lack of awareness of these among our populace and a reluctance on the part of the authorities to enforce them.

As an association, we have not been able to register our presence on the government (be it state or central), or on the educational hierarchy (be it the Indian Medical Council or Universities). We should be represented in

these academic and socio-medial bodies so that they can be apprised of our specialised needs, whether in education or in service. It is deplorable that although we are the largest congregation of leprologists, the IADVL has no role in the Government of India's Leprosy Control Programme. Also, we, the largest representative of venereologists in India, only learn of the government's AIDS Control and Prevention strategy through the press.

To some extent, we, with our air of indifference, are also to be blamed for the present state of affairs. We are too content with our practise and with our limited clinical or investigative research. We have never bothered to impress on the concerned authorities our views pertaining to the poor medical education in our speciality, the service condition of our specialists in medical colleges or in government service, or for the matter the working atmosphere of our members in private practise.

Self-help is most desirable indeed. To achieve anything we must put our house in order. Hence, to improve the lot of our speciality, I propose a five point programme that we should follow in the coming year :

- (1) To strengthen our organisation by making efforts to achieve cent-per-cent membership and to increase our activities by frequent and purpose meetings at the state and central levels.
- (2) To apprise the central and state governments' education departments as well as the Indian Medical Council of the shortcomings in the teaching and research facilities in our department in medical colleges.
- (3) To attempt to establish regional institutes of dermatology, venereology and leprology to act as referral centres and for teaching and research purpose.

- (4) To ensure adequate representation for the IADVL in the statutory bodies of the Government and the WHO that are dealing with the prevention and control of leprosy and STD's (including AIDS).
- (5) Last, but not least, is to organise a headquarters for our organization with its own building that could accommodate an office, premises for our scientific publications and a guesthouse for the benefit of our members.

To conclude, I would like to convey my personal feeling of love for our profession. I am proud to be a member of our faculty which has immense scope for research. I am proud to be closely associated with the treatment and rehabilitation of patients with leprosy, which bears a social stigma. I am proud to be involved in the treatment and management of patients with STDs and AIDs.

Long live IADVL! Long live medical men committed to our speciality ! Jai Hind !

---