

*"PROBLEMS OF DERMATO-VENEREOLOGY IN INDIA"

by

PROF. K. C. KANDHARI**

As I stand before this august body I feel deeply touched and honoured to be called upon by our Scientific Committee to deliver the Association Oration this year. Last year when the Committee started the idea of having an oration as part of our annual meeting it was no less a person than Dr. Rajam who delivered the same for the first time, bringing before us, words of wisdom gained through his rich experience in medical pursuits. I am acutely conscience of my very limited knowledge and experience and overawed in being the one chosen for the oration this year.

I am reminded of the words of Prof. Fitzpatrick of Harvard School, Massachusetts when he delivered Proserwhite Oration in London in 1965 quoting words of the celebrated Bernard Shaw that "Every person who owes his life to civilized society and who has enjoyed since childhood its very costly protections and advantages should appear at reasonable intervals before a properly qualified Jury to justify his existance". I find myself in this position today, as I stand before this august group, to deliver the association oration, in the wake of my very recent retirement from service, to be judged, whether the debt I owe to my country in being trained and nurtured in my professional career and experience is paid back even to a meagre extent. The country has been responsible for my going overseas on two occasions, and many a time in the country to learn and get training and gain information and experience. The story of my being a venereologist and dermatologist is a long story which is known to some of my close contemporaries and friends in the profession. I did not opt for this field of medicine and yet fate brought it my way to accept doing so. Having served in the army in the beginning of my career it was on release more a matter of rehabilitation and of being administratively fitted in somewhere. I was sent abroad for training in Dermato-venereology in United Kingdom in 1949, but with no earlier knowledge of the subject and realising how the speciality of skin and V. D. was somewhat being ridiculed and looked down upon by the medical authority and profession a feeling of frustration and depression overtook me for having accepted to be trained as such. However, as most men are often helped by assistance from somewhere, in times of crisis-so was I, fortunate in having late Col. Pasricha I. M. S. earlier Director of School of Tropical Medicine, Calcutta, as medical adviser to High-Commissioner in U. K at that time and for me he tilted the balance in favour of Dermatology, when I was in my weak moments wavering in decision for future. Having second thoughts on this problem, I felt that there were very few dermatolo-

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gists for this vast country and the problems were great but meagrely attended in a large measure. From thenceforth I set to the task with a total involvement to work in this field.

On return from United Kingdom in 1951 I was appointed as a Skin and V. D. specialist in Medical College, Amritsar and had few years later undertaken a country wide tour sponsored by Punjab Govt. to visit various clinics of dermatovenereology in India which impression gained was later published in our association journal in 1956. On this tour of the country I had a rare privilege to meet almost every notable teacher and research worker in India and gained much from such meetings and acquaintance with them. A few of these developed into friendship and a conjoined thinking on problems that faced us then, and I felt amply rewarded for this. Some of these problems have since been dealt with, but those which remain or have developed de-novo with changing of time, I shall endeavour to put before you today.

I. The lack of fundamental and clinical research:—

We have to catch up with allround development of basic sciences and try to explain things more logically and scientifically. The subject of skin had been sadly neglected by the teachers and research workers in basic sciences not giving much thoughts in this direction to try and assess the functions of skin. In this country we have been somewhat more backwards. Recognition of abnormal skin patterns is in fact very much like bird watching and can be learnt without much scientific back ground—but if dermatologists are to contribute to the advancement of knowledge there is no reason for them not to appraise themselves along with Physicians and Surgeons of the facts of human biology. The dermatologist has segregated himself too long to sell his birth right only for a mess of zinc oxide and calamine lotion and although very rarely an individual is ever ambidextrous in basic sciences and clinical medicine—we can atleast become bilungal in Dermatology and one of the disciplines of basic sciences – then alone we can communicate intelligently.

I cannot see any future for a young dermatologist weaned from fundamental scientific research to learn the language of science.

We must draw upon more and more from this and try to associate skin disease with systemic disorder. There is no reason why the dermatologist should spend long hours of discussions on contact dermatitis, zoonosis and dermatophytosis and the like and yet ignore purpura, porphyria, hirsutes and xanthomatosis by not going into their details. Even in the field of venereology the problem is almost the same, cases of cardiovascular and neurosyphilis are seen by other specialists early cases by general practitioners serology by laboratory, then what is left for the venereologist. All such problems should primarily be the responsibility of the Venereologist who should of course have all collaboration and assistance from colleagues in other fields. Same is the position with regard to leprosy – the fundamentals of pathogenesis and progress of the disease as also the sequale are dealt

with mostly by colleagues in other fields only, D.D.S. is administered by dermatologist or a leprologist on many aspects of which also they do not agree.

It is good to note that in some centres, research is in progress and collaboration with internists is sought. We see more of it now in centres overseas like that in Cambridge, which resulted in producing a connected literature of basic sciences and their influence and impact on Dermatology. I learn Prof. Sam Shuster is also very interested in this. We have attempted to this in the V. J. Amritsar for L. E. and in the AIIMS - where there is sufficient though not wholly satisfactory contemporary and integrated teaching.

Prof. Sam Shuster has putforth a co-relation of exfoliative dermatitis and changes in jejunal biopsies but his ideas of skin as a 'multiforgan and multi-tissue, complex organ tissue' - is fascinating and can explain the multiplicity of lesions on the skin as is not seen in any other organ with similar stimuli.

Similar work is required to be done on certain other unexplained factors of skin disease e. g. the factors of site distribution and symmetry of the lesions of skin - for instance we vaguely know that there is some association in the distribution of Herpes Zoster to nerve ganglions or of pigmentation to small tumours of neurofibromatosis of Von Reclinghausen's disease - yet we hardly know as to why Psoriasis occurs on any site on the body, but is more common on extensors or why pityriasis rosea is normally confined to the bathing suit area of the body. The pathogenesis of Xanthelasma similarly is a complete mystery as to whether these fat laden histiocytes become eccentric in their habits to imbibe lipid from circulating blood or make it themselves or else forging it themselves in their structure and holding it. It may also be possible that there is earlier a breakdown of lipid metabolism in the connective tissue which subsequently stimulates the proliferation of histiocytes which perform their normal duties of phago-cytosis. In amyloidosis similarly the primary cutaneous amyloidosis remains a separate unexplained entity like Xanthoma palpebrum in Xanthomatosis. Whereas secondary cutaneous amyloid although related to generalised amyloidosis may or may not occur on the skin. In vitiligo the pathogenesis remains an absolute mystery causing so much of frustration and socio-psychologic problems and although it is seen the world over the problem is more acute on a comparatively pigmented and dark skin for the lesions to show more conspicuously in contrast, to the great embarrassment of the sufferer and his relatives.

There are thus problems unsolved which stare us in the face and need our all out effort to apply our minds to conduct research on them and try to understand them; and may be with a renewed approach and collaborative efforts with basic scientists. There have been many dermatologic advances-the very recent past to further our knowledge and undertaking of many a condition. To mention a few one finds the discovery of lack of enzyme for removal of damage caused to Dexorilosemectric and of the epidermal cell by the ultraviolet rays in Xeroderma pigment-

osum. Viral control by enzyme stimulation of Herpes Simplex, Somedged and Shattered chromosomes in psoriasis. The benefits of indicating rays beamed from newer machines in the cure of lymphomas and Hodgkin's disease. The finding of synonymy of virus of infections monouosis and Bonkits lymphoma. The similarity of Langerhans cell and that of the one find in Histiocytosis X. The finding of deep corneal dystrophy in X-linked Ichthyosis, Immunoflorascent techniques in diagnosis of Pemphigus pemphigoid und lupus erythematosus. The finding of a qualitative defect in leukocytes in granulomatous disease of children. The effective use of P.A.B A. and to salts e. g. are in ethyl-alcohol for sun protection. The experimental production of porphyria in mice and other laboratory animals (the Scientist responsible for which is among us today—I mean Dr. I Magnus of St. John's Hospital, London) – this work is being pursued by Dr. Bhutani in India for the first time and I hope will shortly gain momentum. We are also aware of the work on Vitiligo by Dr. A. K. Datta in Calcutta and of collaborative studies on bacterial flora by Dr. Verma in Baroda. We are pursuing the idea of finding out the defect in the beast cells of mono-nuclear macrophages in leprosy and of the chronic folliculitis of legs. A useful and simple culture medium has been worked upon by deciding about griseofulvin treatable fungal species by production of coin indication in the medicine.

There are many dermatologic problems in this country rather more than elsewhere as was reported by our friend Dr. Desai and in a discussion in the Indian Council of Medical Research a few years ago based on hospital records and experience of various workers we know that Pyodermas, Infestation with insects, infections with dermatophytes, acute and chronic infectious eczematoid dermatitis are still on top with us and need a major drive in dealing with them. In addition there are the problems of allergy by ever increasing use of synthetic drugs and cosmetics as also by the developing industry. The pigmentary disorders caused by malnutrition, hormonal disturbance, of photosensitivity are also common enough to claim our attention. There is comparatively more of pemphigus experienced by Indian dermatologists than elsewhere for no specially known cause and then we have cases of Psoriasis, lichen planus, seborrheas and acne in a fair sprinkling to need our attention. Leprosy remains a major and national problem for this country and it will be agreed that efforts made in this direction need to be augmented a hundred fold, to attempt irradiation of the scourge from our midst. These patients need care and looking after, shelter, protection both from physical and social onslaughts and a systematic and sustained treatment to combat the disease. The dishing out of few tablets of DDS to some patients and that too not very regularly is hardly going to meet this problem. There are many difficulties in this regard, particularly social and economic on which I need not dilate though mention may be made that for patients to come from long distances on their own is neither possible nor feasible. We need to provide them hospital accomodation, or treat them in close colonies when they could be made also to work on some small industrial projects – or else if this too is not

possible then to be able to help them with transport and food while they are coming for their treatment to the clinics. The leprosy workers so far have remained in segregation, doing hard, but comparatively less rewarding duties. They should catch up with the time and utilize opportunity of recent researches in improving their therapeutic potential and join medical colleges in other fields of work to project their problems for common discussion and interest.

The venereal disease reservoir is there without an all out effort to have a good survey for information. There is however a general feeling and experience that not only there is a great reservoir of infection, and the quantum of venereal disease in our society is more than our share— the same are on the increase to invite attention even of the lay-press to the growing menace of V. D.—nearly 20-million fresh cases of V. D. are seen every year in India as revealed by W. H. O. surveys in Assam and Himachal Pradesh. In Kulu Valley there was an increase of sero-positivity to 30% in 1957 as compared to 20% in 1953. Similarly a high rate of STS positives was reported from J. J. Hosp. Bombay. A sample survey among 5, 000 textile workers in Bombay showed a 12.5% positivity and my own figures in Amritsar Hospital from among paid and voluntary blood donors was 14.5% in year 1955. In many developed countries the rate has significantly fallen down from 1950 to 1965 with increasing figures.

According to Dr. T. Guthe the W.H.O. Chief for V. D. Bombay ranks among the ten most highly V. D. infected cities in the world and has few clinics worth the name for diagnosis and treatment. (Magazine Section "Times of India" Jan. 3, 1971) what are we doing about it? Are we going to let the sleeping dogs lie and feel complacent about situation or are we going to apprise the Govt. and the people of this country to do something about this scourge which is no less important than any other national problem including the family planning. There have been during the recent years two all India Conferences on V. D. and Treponematosis. The resolutions passed and recommendations made unfortunately remained mostly on the paper. It is for us to further propagate this idea that inaction in this regard is not only bad but damaging in a large measure. The newer researches have revealed further problems in regard to syphilis e. g. the persistence of treponemas in late and latent syphilis in the body even in treated cases. Tissue material from such areas injected into rabbit produced infections to show this possibility. The treponemes have been found in aqueous humor of many cases treated early. Prof. Agarwal of AIIMS reported 7 out of 13 cases of iritis with positive serology and with treponemas in aq. humor. Nevertheless the problem is not fully settled in as much as to say whether it is the treponema pallidum or any other treponemas. Some workers believe they were artefacts due to glass fibres etc. or they believe they are alternate forms; yet others think they are dominant forms kept at low pathogenicity by bodily immunity developed due to infection and that such immunity lost on administration of corticosteroid or on trauma. In other words, this disease has posed farther problems like those of tuberculosis and

sarcoid unsettled till now. In the field of therapy too it is yet to be known whether our concepts so far held are correct about the type of dosage of penicillin required to treat effectively and what should be a criteria of cure. Notable work in the field of venereology has been done in the country by men like Rajam, Ranghiah, and Prof. Chacko but there are hardly any centres now where research in V.D. of any depth is being conducted for want of initiative and facility or both. The ever increasing reports of comparative resistance towards penicillin of *N. gonorrhoeae* is a further problem as also of the non-specific urethritis on which we in the Institute have been working for sometime past. More work is needed to be done but considering our limitation let us work on disease oriented problems, surveys, contact tracing and effective therapy rather than employ ourselves on attempts at sophisticated research which is not in our reach. Like patients of leprosy V. D. patients need to be given special facilities of an efficient confidential sustained and prolonged treatment. Contact tracing has to be made very effective through education and social workers so that a rational approach is organised in unearthing the infection and instituting the treatment. Ample measures need to be undertaken in this regard and in the sphere of case holding by persuasive, social and institutional measures and if need be even by legislation. In the oft quoted words of Prof. R. V. Rajam the lack of interest by authorities and even by medical profession in V. D. goes to show to the actual workers that 'venereology is dead but venereal diseases' - with the changing social and moral values rapid travels and Hippie invasion of the world makes one look at this problem more seriously 'Lord be our Saviour'.

It is imperative therefore if we want to have rich professional life with satisfaction to do a proper job, that we devote ourselves to research in understanding the diseases pertaining to our field of work. It is only by logistic and reasonable approach that we would prepare ourselves to deliver the goods as experts in our respective fields and render sincere and efficient services as expected of us by our country and the people. It is only then that our colleagues in other fields of medicine would give us our lost but very much due appreciation and regard.

Research which incidentally to mention here, need not always be over sophisticated or intricate based on huge and costly equipments about which we make an excuse of at time, but a disease oriented clinico - laboratory bias and cohesive thought.

II COMMUNITY SERVICE by medical men urges upon all of us not only to be abreast of knowledge but also to know how the same can be applied in our daily 24 hours routine and in propagating to the society and community. Knowledge on the medical problems that face the country and the ways to solve such problems. It is necessary therefore that despite our busy schedules we have to organise ourselves to enriching the society about knowledge of disease pertaining to our speciality problems. Immunisation wherever necessary has to be pursued and guidelines for prevention explained. I see no reason when a doctor busy

though he may be to any degree does not find himself free to explain to his patient the cause of the disease with its management and necessary precautions for others in the family.

III *THE TREATMENT* In the field of management and treatment there have been astounding advances made and we find that many a dermatological conditions which we could hardly manage before are now sufficiently ameliorated and even cured. Thanks to a trail of workers in the laboratory to discover and put forth effective medicines to increase our therapeutic potential. To say the least we can think of calciferol and then the anti-tuberculosis drugs being very effective for treatment of tuberculosis of all types, including that of the skin. Penicillin and other antibiotics for treatment of venereal diseases and pyogenic disorders. The sulphones for the treatment of leprosy and now of dermatitis herpetiformis and pemphigoid and antimalarials for treatment of solar eruptions and discoid lupus or even systemic lupus erythematosus. The anti-histamines and then the wonderful steroid therapy for all sorts of allergic and inflammatory conditions as also some intractable conditions of unknown etiology. Fortunately for dermatologists they are as much effectively applied locally as given systemically and the former course has brought many a dermatologic condition of variable severity under the gambit of therapy never imagined before. Finally the use of immuno-suppressives further enhances our armamentarium in covering up reticuloses, lymphomatosis reactions, pemphigus and autoimmune conditions; whereas all this has been placed at our command along with advanced physico-surgical measures it is for us to make a very judicious use of these newer remedies with full understanding of their potential and limitation with dangers involved in an unnecessary and thoughtless medication which a developing and poor country like ours can hardly afford. As already there are reports of adverse iatrogenic effects of some of these e. g. aplasia of bone marrow with chloramphenicol, of muscular dystrophy with triamcinolone of retino-optical dystrophies with chloroquin and most of conditions of liver by use of methotrexate. It is not necessary to use the most powerful drug for trivial complaints nor is it necessary to burden the patient with costlier ones if cheaper substitutes are available. The people and the Govt. of the country have realised the cost involved to the patient even in procuring the life saving drugs and attempts have been made to ensure purity and standard of medicines with appropriate costs, without huge profits that mostly go to foreign firms supplying the bulk supplies and the more sophisticated drugs. The costs have risen beyond reach of the middle income groups of the society and something indeed is required to be done by appealing to the manufacturers in reducing the costs. There is need also for introducing health insurance measures and scheme to benefit larger groups of population even if it is not possible to do so at the national basis as yet. It is necessary for us doctors also to treat our people with cheaper drugs as far as possible and to explore and utilise physiotherapeutic measures in the field of management of skin disorders to educate our masses in agrarian and industrial fields, for better hygiene and protective methods against

disease as much as to advise the affluent about the over sophisticated cosmetic. Over the recent years it has been observed that some of the drug companies have devoted far more attention to publicity and propoganda than the substance. The improvement of standards and lowering of costs have rather been neglected. In doing so they have put in the field of publicity and propaganda more non - medical personnel who may be good at sales, yet, can hardly discuss the scientific aspects of their products with any depth. It is for them to consider and lay down their policies mostly for the benefits of society and nation above other considerations. I am sure some of them are already seized of the problem.

The Govt. have recognised and encouraged other fields of medicine like indigenous system and homeopathy perhaps on many considerations on which I have no competence or authority to speak, yet it would be agreed that it is not because these systems have in anyway whatsoever been found to surpass the overall and universally accepted superiority of modern medicine but in an effort to reach cheaper medical aid to the multitudinous sections of our population who find it impossible to afford the modern treatment and its prohibitive cost.

In order to overcome this situation perhaps there is need now, to give a fresh look to this problem and reorientate our thinking. More funds need to be allocated to general health of the people in any welfare state avowed to socialistic pattern. More funds therefore have to be made available for medical care and relief both from Govt. and philanthropic sources as also by enlarging the health insurance schemes and even by introducing a new system of charging the hospital going patient to some degree and in accordance with their paying capacity. This could augment the monetary deficit for medical aid to a larger extent.

IV EDUCATION

Since independence facility for medical education has increased a good deal in this country but unfortunately in a lop-sided manner. Health education has many authorities, interests, bias and control in our country. After the medical council had laid down certain rules which as is understood are more recommendatory than mandatory the Universities, the Governing Bodies and the Govt. hardly applied them whole-heartedly and whole Hogg-there are personal views and opinions for example in our own speciality after a good deal of discussion in the special sessions on undergraduate and postgraduate education organised by MCI in 1965. Dermatology, Venereology and Leprosy were grouped together to be one of the broad-based specialities entitled to a spearate M. D. examination. Certain requirements of staff and bed strength were laid down and yet we find that in some universities like Madras and Calcutta the subjects of Dermatology and Venereology are having separate M. D. and diplomas examinations in contra-vention of the recommendations. At many places there are no beds at all or insufficient number of beds at others, & no teachers. Some of the universities have teachers and examiners for M. D. - those who themselves have hardly the

doctorate. Thus compromises are made and standards sacrificed on reasons other than those demanding better education and training. The equipment is sadly neglected the stress is mostly on staff sometimes half backed rather than on equipment and other facilities. The earlier recommendation of the Medical Council of India for a three years course of M. D. was later rescinded to two years again. The Institutes like the All India Institute of Medical Sciences and the Postgraduate Institute of Medical Research and Education at Chandigarh are following a three years course of study while other only two years—creating different standards. The collaboration with department of medicine and other clinical, para-clinical and basic departments as was so much stressed is not a very satisfactory pattern. In the field of undergraduate medical education the training imparted in dermato-venerology and leprosy is far below the requirements of the so called “basic doctor” which the medical educationists of the country envisaged earlier in their concepts. It is an enigma that the quantum of skin disease in an out-patient of any general hospital being in the range of 10 to 15% the training imparted in the undergraduates curriculum is far less. This needs to be corrected, to increase the scope of medical care rendered in general practice and to better the preparation of a young doctor for postgraduation in the speciality.

There is need also of a central Institute of Dermato-Venerology in this country not as a place of authority or prestige but rather a central servicing unit even subordinate to different institutions doing dermatologic work and be available to them for a reference laboratory of standards, of test procedures, for facility in procurement of antigens and culture media for dermatologic work. It could also provide statistical data and references. It could also undertake special courses both refresher and prolonged academic.

In this regard our association has had some very early discussions with the Director General, yet the matter needs to be pursued further. At present what has happened is starting postgraduate course of diploma and degree by most of the medical colleges - but unfortunately with substandard personnel and material. This is what needs to be checked. Our association should raise a voice in this direction and organise opinion in this very vital matter. Perhaps the Indian Academy of Medical Science may help us in this regard by including speciality examinations in Dermatology soon in the list of examinations held by them for membership of the Academy for creating uniform standards.

V ORGANISATIONAL

The availability of dermatologic treatment to vast majority in rural area can only be fulfilled when qualified dermatologists are appointed to District and Taluq hospitals. At present treatment of all sorts is rendered by a general physician or there is neglect of cases who only get treatment from indigenous hakims and Vaid. Govt's. new scheme to introduce mobile units should include periodic visits by dermatologists to render on the spot diagnosis and treatment to be followed. In the field of skin disease there is greater amount of damage caused by wrong and unwarranted tempering with treatment

due to easy accessibility of the affected organ tissue being on the surface. In order to meet this challenge organisational steps are necessary to review the position and re-orientate our approach. Particular attention is needed to organise special training to our nurses in this field. We have some brilliant pathologists in our country but it is difficult to stimulate them to work for skin pathology and train younger generation in sub-specialities of Dermato-venerology as side lines.

VI SPECIALITY ASSOCIATION

Our association will shortly be celebrating its Silver Jubilee next year. We have not only survived but marched forward. It is unfortunate that some of our members on trivial grounds of difference thought it fit to creed from the parent body to start a new organization in Calcutta under the caption of Dermatologic Society thereby resulting in a drift in our ranks and deficit in our combined effort. It is the need of the hour that both these organisations should merge into one body looking after the interest of the combined speciality of Dermato-venerology and leprosy. The interest of the country demands of us a common thinking and a united effort. So far attempts made by this association have unfortunately been thwarted by some, for reasons beyond comprehension. Our contemporaries and friends both young and old should strive in this direction and sink our differences in larger interest untill such time that we re-compose ourselves let us start with an immediate step for collaboration on scientific matters and organisational activities of common interest. The difference if any can then be resolved by sitting together. It was a matter of great joy to all of you to learn that a step in this regard was started with good mutual response in recent meeting of the southern branch of our organisation. The present annual session again being held in the South may further foster this move and widen it to bring all workers together. We could go a step further and hold two joints scientific sessions together. While congratulating members of our Southern branch particularly its secretary Dr. Bhaktaviziam & president Dr. Sobhanadri for organising the session I feel sure that further effort in this direction will continue.

VII PUBLICATIONS

Like education in which we do not have much say publication of our clinical experience needs to be put forth in right manner, in appropriate journals. The desire to put our work in foreign journals is understandable for wider publicity and considering the status of the journal. I suppose we should strive to improve standards of our literature and publication, by putting in substantive and original work. Lot is needed to be done to have proper bibliography, checks and rechecks. Reference to experts and so forth so that whatever we publish no matter how little it may be the same should find suitable and due place in the world literatures of our speciality.

VIII COMMUNICATIONS

We also need to learn the very much desirable and fortuitous practice of communicating with our co-workers in the country and abroad and utilise and

create opportunities of exchange programmes. Personal communications and personal visits, whenever possible to enrich our knowledge and learn from the experience of others.

IX Our conferences too have to be a meaningful and purposeful as is possible, both on communicative and scientific levels. With this we may also inculcate the habit of taking criticism generally and with a searching mind and genial approach of problems for in the worlds of Sages your best critic may be your best friend, for he may be speaking the truth to which in our weakness we feel oblivious. Yet truth is God and truth is Principle.

In the end Sir, let me thank you and this distinguished audience for the patient hearing that you have given me. I have endeavoured to put together some of the problems of our speciality of Dermatology, Venereology & leprosy & from the point of view of a worker, a teacher and as a citizen of this great country. I am thankful to the association in giving me this opportunity to do so.

Thank you all.

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