



# It's not a war against tobacco, but movement towards health

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**R**educing tobacco consumption should be the main focus in preventing cancer, and Dr U S Vishal Rao is firm on this. The chief of head & neck services, department of surgical oncology, HCG Cancer Centre, has bagged the prestigious Judy Wilkenfeld Award 2017 in the US for International Tobacco Control Excellence. In an interview with TOI, Dr Vishal, who is also the member of a high-powered committee on tobacco control in the state, said this is not a war against tobacco, but a movement towards health. Excerpts:

## The Interview

**Almost every second patient you treat has a history of tobacco consumption. How does the activist in you gear up for patient care?**

I see the effect and deal with it daily. Tobacco accounts for nearly 50% of 18 types of cancer. In the head-neck region it almost accounts for 90-95%. An important turning point in my life was seeing a 30-year-old engineer, a tobacco user and my patient, die due to advanced tongue cancer. A few days before he died, his tumour had eaten up his carotid vessels (the blood vessel that connects heart to brain). Every time I'd walk into his room over a pool of blood and see his family light candles and pray. He died leaving behind his 2 sisters and fiancée.



### What are the challenges in this fight against tobacco?

This is not a war against tobacco, but a movement towards health. We do not see any hatred against any person working for or with this industry, but simply wish that our love for health will win over their unabated desire for wealth, disease or social destruction. The future is filled with optimism where we see a healthier India standing tall to inspire the world. The major challenges that lie before us are: how do we help tobacco farmers move to alternative crops? How do we rehabilitate beedi workers and provide them with alternatives? How do we prevent the youth from marketing tactics of tobacco industry that constantly wants to target teens who are their potential customers?

This brought me to the fundamental question of how could I prevent the suffering of people like him? Because by the time the cases come to me, it's often too late. Why are we just working on a new medicine when I can address the cause of the disease itself? So, I embarked on preventive oncology, with an emphasis on tobacco control.

**Despite anti-tobacco campaigns, neither farmers nor the government has put an end to growing tobacco. Why?**

Most tobacco farmers are exploited. They do not make big money, despite India being the third largest tobacco grower in the world. Every time our country takes a step to control consumption, invariably the tobacco industry portrays farmers as soft targets. The government cannot own this problem fully as farmers choose this based on the markets created by the tobacco industry. The ideal possibility today is to have govern-

ment facilitate crops useful in ayurvedic medical herbs which have an increasing global demand and market. This way, farmers can turn healers and save lives. The government simply needs to take this decision and not export poison to other countries to improve its revenues.

**Recently, the state government lifted the ban on chewing tobacco. Isn't this move contradictory to the fight against tobacco?**

The government hasn't reversed the order. The enforcement circular has been modified based on technical interpretations and the same have been put before the courts too. The courts will decide the future course of public health. In my perspective, gutka ban was ordered by Justice Singvi in the Supreme Court on the basis of the directives from the Food Safety & Standard Authority of India, which said no tobacco or nicotine can be added to

food, gutka being considered to be food. Later, the government of India wrote to chief ministers and chief secretaries of all states to go ahead and ban chewing tobacco as it is considered a food item. At present, 16 states have banned this. With the recent Supreme Court order by Justice Gopal Gowda, it was clear that they didn't want any mixing of pan masala with tobacco to reconstitute gutka. Chewing tobacco contains food items that come under food components such as flavours, condiments which are added to it. Pointing to the rule, the tobacco industry says they cannot add tobacco to food, but can add food to tobacco. But tobacco is not food and I have my reservations with their interpretations. Moreover, these are serious public health matters where right to health prevails over all frivolous arguments. We need to wait and see how the high courts and the Supreme Court view this matter.

# Youngsters walk in with liver, lung ailments: Docs

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**Bengaluru:** One of the questions he asks every patient of his is, "Do you smoke?" That's how a doctor use an opportunity to make someone stop smoking, says Dr K S Satish, a well-known pulmonologist in the city, who has been seeing youngsters walk in with liver and lung ailments.

"There are cases where I have taken youngsters to see victims of smoking in ICUs to show them the damage that tobacco can cause. Though there's no study done to assess the trend of increase in tobacco smoking among youngsters, it is a cause of concern. While there may be no symptoms of lung disease even after 10 years of smoking, the damage is done to the arteries and lungs. Nothing can be seen even if a chest X-ray is done. It's a slow poison," says Dr Satish.

### 21-year-old suffering from oral cancer

While smoking does not show its effects on the body early, it's not the same with chewing tobacco. Here, it's immediate. There are cases of very young people (in their 20s) queuing up at hospitals.

Dr Sandeep Jain, consultant radiation oncologist & HOD, Mazumdar Shaw Medical Center, Narayana Health City, treated a 21-year-old BSc graduate from north Karnataka for tongue cancer. "In his case, the culprit was not cigarette but tobacco chewing. Cancer is more aggressive among such young patients, but their tolerance to treatment is better. By the time they come to us, they'd have stopped tobacco consumption, but the damage is done," said Dr Jain.

The youngest patient that Dr Pratima Murthy, professor of psychiatry, head of de-addiction centre at Nimbais, has seen is that of a nine-year-old boy chewing tobacco. "Addiction

tends to run in families. Children get influenced by elders, especially those they look up to. Addiction is a disease, and children are more vulnerable. Accessibility to tobacco in their surroundings makes them even more vulnerable," said Dr Murthy. According to her, there is certainly an increase in the number of adolescent patients with substance abuse. "In a way it's good that youngsters are seeking treatment early," she added.

## PASSIVE SMOKERS ARE WORST HIT

**N**ot just lungs and heart, tobacco adversely affects the eyes too. "The impact of passive smoking is alarming. Evidence shows that inhaled sidestream smoke, the main component of secondhand smoke, is about four times more toxic than mainstream smoke. Cigarette smoke contains around 4000 chemicals and of them around 69 are carcinogenic. These chemicals get into the bloodstream of smokers as well as passive smokers and induce damage to parts of the eye, starting from the surface of the eye, through the crystalline lens, to macula and optic nerve and retina. Passive smoking can lead to early incidence of cataract, age-related macular degenerations, glaucoma, diabetic retinopathy and other eye disorders," said Dr Ravi D,

head of medical services, Dr Agarwal's Eye Hospital, Bengaluru.

