

Businessworld

In Depth health

A Body Of Evidence

by Noemie Bisserbe

Tuberculosis is affecting the affluent due to poor lifestyle

AMIT KUMAR (NAME CHANGED), 39 YEARS OLD, executive chef at a five-star hotel in the capital, was in for a shock when he met his doctor at Max Hospital at Saket, last January, complaining of persistent cough and fever. The diagnosis was unequivocal: tuberculosis (TB). "I couldn't believe it," recalls Kumar. "Never in the world could I have imagined that I would catch TB. I was really surprised and scared."

TB, an infectious disease that kills about 330,000 people every year in India according to World Health Organization (WHO), is commonly known as a poor man's disease. However, stress, poor diet and pollution have led to an increase in the incidence of TB in the middle and upper-middle classes in urban areas across the country, say doctors.

"We are seeing many TB patients at the hospital," says Dr Nevin Kishore, senior chest consultant at Max Hospital. "TB is now affecting the affluent, whose immunity system is weakened by

stress, pollution and poor eating habits."

Anybody with a low-immunity system is at risk. "TB is endemic in India, so by the age of five, most Indians already have the virus," says Dr Manoj Nigam, physician and chest specialist at Gurgaon's Pushpaz Clinic. TB is an air-borne disease. It spreads through droplets of pathogens expelled while coughing or sneezing. "The virus can attack only when the body's immunity is low," says Dr Nigam.

While in 85 per cent of cases, TB affects the lung, the bacteria can also travel to any organ in the body. "Except for hair and nails, TB can affect any part of the body," says Dr J. N. Banaliker, medical superintendent at Delhi's Rajan Babu TB Hospital that treats over 10,000 patients a year. In fact, the number of stomach, spine, brain and neck TB cases is on the rise, though doctors attribute this to better detection. "Diagnosis for non-lung TB is more difficult, so detection rates may be lower," says Dr Rajesh Chawla, senior consultant for respiratory medicine at Delhi's Indraprastha Apollo Hospital.

Though the treatment takes six to nine months, most patients recover. Kumar, who is already back at work, will complete his treatment in another four months. The treatment is fairly affordable too, at Rs 1,000 per month. Drugs are distributed free of cost at government hospitals under the Revised National Tuberculosis Control Programme (RNTCP), initiated about a decade ago. As per a study by the Global Alliance for TB Drug Development, the total TB drug market in India stands at just \$94 million (Rs 442 crore).

Still, two Indians die of TB every three minutes, and the economic cost of the disease to the nation remains as high as \$3 billion (Rs 141 crore) per year according to the RNTCP. "Many patients do not complete the treatment. So not only are they not cured, but they can develop multi-drug-resistant TB (MDR-TB), that is difficult to treat and can pass on to anybody," says Dr Kishore. The treatment for MDR-TB can last over two years and only 50 per cent of patients get better. Little research is conducted for TB — not one new drug has been introduced in the past four decades.

According to the RNTCP, prevalence rates of MDR-TB stand at around 3 per cent among new cases; WHO estimates total new cases at close to 2 million per year. If this problem is not tackled, then RNTCP that has helped bring down the incidence of TB in the country, may end up creating a bigger demon, that of MDR-TB.

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