



Magnitude of Iodine Deficiency in Kashmir Valley: Urgency to take Effective Corrective Measures

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Iodine deficiency is the world's single most significant cause of preventable brain damage and mental retardation (1). The umbrella term "iodine deficiency disorders, (IDD)" includes the clinical and sub-clinical manifestations of iodine deficiency that affect all stages of human growth and development from fetus to the adult. A staggering 1570 million people (29% of the mankind) are estimated to be at risk of IDD. The IQ scores of children living in iodine deficient areas have been shown to be, on an average, 13 points less than those of children living in iodine sufficient areas. Globally, iodine deficiency as a public health problem has been reported from 110 countries. The awareness about IDD has gained momentum globally over the last couple of decades. The historic conference "Ending Hidden Hunger; a policy conference on micronutrient malnutrition" held in October 1991 under the auspices of WHO and UNICEF inspired many countries to initiate and/or reinforce IDD control programmes as a national policy. The constitution of International Commission for Control of IDD (ICCIDD) gave a great impetus to quantitation, awareness and eradication of IDD.

In India, surveys have revealed a high prevalence of goiter in the Himalayan and sub-Himalayan belt extending from Jammu and Kashmir in the West to the

Naga Hills in the East and the occurrence of IDD in 16 states and 4 union territories. Conservative estimates suggest that in India, 270 million people are at risk of IDD, 54 million actually have goiter, 2.2 million suffer from cretinism, and 6.6 million have mild neurological defects attributable to iodine deficiency.

Jammu and Kashmir is a state particularly affected by iodine deficiency. An extensive survey on school children spanning three years (1993-1995) revealed that 45.2% of children have thyroid enlargement and quantitation of urinary iodine excretion demonstrated iodine deficiency (2). Recently, we found a higher proportion of follicular carcinoma compared to papillary carcinoma in patients with thyroid cancer in Kashmir (3). This likely reflects iodine deficiency in the community as suggested by earlier studies (4). We have reported a low level of awareness about IDD and rampant consumption of non-iodised salt in the different socio-economic groups in the valley (5).

We were encouraged to receive a note from Dr. Sheila Vir, UNICEF Project Officer (nutrition) recording distress at our findings, particularly the non-availability of iodised salt in some parts of the valley. She had rightly written to the salt commissioner of the Government of India also. We have requested the UNICEF as well as

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the salt commissioner of the Government of India to initiate action in this regard and ensure the implementation of already existing ban on the sale of non-iodised salt in Jammu and Kashmir (6). Unlike most other states in India, Jammu and Kashmir till date does not have an "IDD cell" (7). This is despite the fact that all the districts of Kashmir Valley are documented to be endemic for iodine deficiency (8-13).

We have taken some measures to enhance the awareness about IDD locally. These are just the initiation of the awareness campaign and included (a) sending a circular to different schools summarising the findings of goiter survey and emphasising the deleterious effects of iodine deficiency and its eradication by consumption of iodised salt, (b) writing educative articles about IDD in the local vernacular newspapers, (c) issuing statements to local television and radio on the subject and requesting their repeated telecast/broadcast and (d) writing an editorial entitled "Eradication of iodine deficiency from Kashmir Valley by the year 2000 – is there any hope to achieve this goal?" in a locally published medical journal with a view to increase the awareness about IDD among medical professionals and solicit their help to eradicate this problem (14).

"Iodine deficiency disorders is a good example of major nutritional disorder for which the techniques of treatment, control and prevention are easily available and affordable. All it takes is a strong will, wider awareness, and cooperation among those who hold a key to the solution of the problem" James P Grant, Executive Director UNICEF, Kathmandu, 1986.

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