



EDITORIAL

POISON INTAKE A SOCIAL ISSUE IN NEPAL

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Poisoning has been a common cause of medical admissions and deaths in Nepalese hospitals.^{1,2,3,4,5} Our medical audit of the intensive care unit (ICU) at Chitwan Medical College Teaching Hospital (CMCTH) revealed that during the Nepali Year 2070 (April 14, 2013 to April 13, 2014), 1,329 patients were admitted in ICU. Among them 944 (71%) patients were under the care of department of internal medicine. More than 16% (155) of the patients were admitted due to poison intake; majority of them (around 70%) took organophosphorus (OP) compounds. Most of them were young females. The possible motive of OP compound intake by these individual could be the suicidal intention. Most of the studies from Nepal reported the suicidal intention is the commonest motive behind such incidents.^{1,2,4,5} All of our patients recovered. While we treated these patients medically and provided psychiatric counseling during their hospital stay, these patients may need long-term psychologic and social management. I perceive poison intake in Nepal is a social issue. The reasons could be varied- family conflict, unemployment, financial problem, domestic troubles, unsuccessful love affairs, marital disharmony, chronic illness etc.^{1,2,3,4,5} Intensive interventions are necessary to prevent such events or incidents to occur. Possible interventions could be:

1. Strict implementation of law regarding the sale of such compounds that may reduce the easy accessibility of these compounds and drugs during the time of stress as these compounds are freely available in the market and drugs can be purchased without prescription of qualified registered doctor,
2. Health education, and counseling that may develop their skill to cope with the problems and issues faced during the precious and productive years of life and
3. Improvement in the socio economic status of the people by creating enough employment opportunities within Nepal to satisfy the urge of young aspirant Nepalese. Besides Government, and NGOs, Civil Society needs to take front role in reducing even eliminating this curse.

REFERENCES

4. Paudyal BP. Poisoning: pattern and profile of admitted cases in a hospital in central Nepal. *JNMA J Nepal Med Assoc* 2005; 44: 92-96.
5. Paudyal BP. Organophosphorus poisoning. *JNMA J Nepal Med Assoc* 2008; 47: 251-258.
6. Pokhrel D, Pant, Pradhan A, Mansoor S. A Comparative Retrospective Study of Poisoning Cases In Central, Zonal And District Hospitals Kathmandu University Journal of Science, Engineering And Technology 2008; 1(5): 40-48
7. Chataut J, Adhikari RK, Sinha NP, Marahatta SB. Pattern of Organophosphorous Poisoning: A Retrospective Community Based Study. *Kathmandu University Medical Journal* 2011; 9 (2): 31-34
8. Mishra A, Shukla SK, Yadav MK, Gupta AK. Epidemiological Study of Medicolegal Organophosphorus Poisoning in Central Region of Nepal. *J Forensic Res* 2012; 3:167. doi:10.4172/2157-7145.1000167.