

Dialogue with the Stalwart

Interview With Professor Mohammed Thambi

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Prof. Mohammed Thambi is one of the senior most practicing pediatrician in Tamil Nadu today. He graduated from Stanley Medical College (1954-60), did his DCH at Christian Medical College, Vellore (1960-62), MD PAEDIATRICS at Madras Medical College (1965-67), Diplomate in AB Paediatrics at Cook County hospital, Chicago (1975-77) and Fellow in Paediatric Neurology from Cook County (1977-79).

He was the personal physician and paediatric neurologist to Sahib Abdul Abib Kaki in Saudi Arabia. He worked as Assistant Professor and Professor of Paediatrics at Thirunelveli Medical College for 15 years. He was the most popular teacher at Thirunelveli and has been the paediatrician for three generations.

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INTERVIEW

1. Which is the best cry in humans?

The first cry is the best cry. When a baby is born crying it makes all the family members smile. If the baby does not cry immediately blood supply and oxygen to the brain is compromised. The neuron needs glucose as glucose and oxygen as oxygen; Unlike other cells neurons cannot convert other substrates into glucose. Because of this the neurons gets damaged and a lot of problems are produced - Hypoxic ischaemic encephalopathy. This makes the parents cry forever.

2. Tell us your clinical experience over the past 60 years

Advances in medicine, hightech investigations, new immunizations and various social programs have made our country free from protein energy malnutrition, small pox, polio, diphtheria, neonatal tetanus and blindness due vitamin A deficiency. However thorough clinical examination is paramount even today and unnecessary investigations should be avoided. I would like to mention a few advises for the young doctors:

- Frequent stools in exclusively breast fed babies: Motion examination reveals reduction positive - Don't stop breast feeding. This is the most common mistake done by colleagues.
- Child crying during micturition- the same child passes urine without cry more than five times - no need of elaborate investigations.
- Baby fell down from the cradle- not from the first floor- CNS examination normal- only reassurance is needed
- Breath holding spell : child cries - momentary unconsciousness - stops breathing for few seconds - During first episode, the whole village comes; the next episode the whole street comes; the successive episode, the neighbours come and the following one no one comes. It is a harmless condition.

3. Kangaroo mother care (KMC):

Mother can give three types of contacts- eye contact, verbal contact and tactile contact. These are very important to prevent psychological problems like autism. Though the father makes the child study, gives higher education, helps him get a job and makes him financially sound. But in an emergency he/she calls the mother first. That's because of KMC.

4. What is school fever?

Media mentions about mystery fever, Dengue fever and all other new fevers but not about the school fever. In my experience I've seen 3-4 children coming for fever wearing school uniforms everyday. If the child vomits, the school phones up. If the child passes loose stools, they pack him home. School authorities and educational authorities should take care and not allow sick children entering school. Sixty years ago, I was writing leave letters for gazetted officers, police officials and high officials but now I am giving the same for pre-KGs and LKGs.

5. Obesity?

Most of the children sit in front of the TV all the time or play with a mobile. They attend tuition both morning and evening and take all sorts of junk foods with no physical exercise. This system should change. It is in the hands of parents.

6. Children with stridor

Most of them are diagnosed as wheezing bronchitis and would be on multiple drugs.

There will be no cough and they sleep comfortably. This resolves by itself by around a year. Noisy breathing may be due to laryngomalacia which is self limiting.

7. Why parents change the doctors often?

When the child gets fever, parents want medicine for fever to stop at once. They change doctor next day if

the fever does not subside. The other doctor prescribes the same medicine in different names, for 3 days. In most of the countries paracetamol is available with one or two names, which applies for other medications also. For example, USA is three times larger than India, but paracetamol is available by only one name for 100 years. In our country everyday one new brand is coming up. Similarly all antibiotics also have more than 100 names. My advice to doctors, when they see a patient, ask which medications they have and convince them to continue the same medications instead of changing the brand.

8. Parental attitude towards the diagnosis of seizure in a child.

The word seizure or fits is considered as a family stigma. Most of the parents accept as fits only if the generalized tonic, clonic form is present. The other seizures like absent seizures (petit mal), tonic seizure, subtle seizure and myoclonic jerks are usually not accepted as seizures by parents. The doctor has to explain to them and reassure them. Only then the parents will accept long term treatment.

9. What is food faddism?

Most of the parents come with the history of child not taking food at all. The child seems to be active, weighing more than the average weight. But the children prefer colored and attractive looking food. But the parents are satisfied only if the child eats idly and rice. But the children prefer to take colored rice, crispy dosai, chappathi, vermicelli flavored milk etc. The parents should be counseled that as long as the baby takes any nutritious homemade food they should be satisfied.

10. Your advice to the parents. Sir,

Breast milk is the best milk. Breast feed without anxiety- all mothers will have adequate breast milk. Don't introduce bottle early as nipple confusion is the first important cause of lactation failure.

Immunisation schedule keeps changing every year. Follow your pediatrician's advice and immunize accordingly. The efficacy by immunization is obvious (Reduction of many infectious diseases and eradication of small pox and polio).

Highway to mindlessness

Dementia currently affects nearly 47.5 million people worldwide. In addition to three known non-modifiable risk factors (age, family history and hereditary predisposition), several modifiable risk factors such as hypertension, diabetes, high cholesterol, head trauma etc., have been implicated in its causation until now. Now a new collaborative study conducted in Canada by Canada Health and several Universities has unveiled a new risk factor: living close to major highways. The study, in which 6.6 million subjects aged between 28 and 85 were followed up for more than a decade (2001 to 2012), showed that between 7 and 11 percent of subjects with dementia lived within 50 metres of a major highway and the risk of developing dementia was directly related to the proximity of their dwellings to the highway. Similar association was not observed for Parkinsonism or multiple sclerosis. Although when high levels of nitrogen dioxide and fine particulate matter found in highways were factored in, the strength of aforesaid association diminished but did not disappear. If you intend to spend your advanced years with a functionally intact mind, stay far from madding highways!!
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- Dr. K. Ramesh Rao