



From the Desk of

*Chairman*

Welcome to Indiana Hospital Newsletter! We present you our new initiative - a bimonthly newsletter that will help you stay up-to-date on the latest from Indiana Hospital. It will be our endeavour to keep you posted with happenings at Indiana Hospital and Heart Institute; share with you our success stories and accomplishments; convey new announcements; provide interface with a doctor or specialist in emerging specialties; and, inform about the upcoming events.

The Newsletter which will be available in both print version as well as digital format, will provide a platform to share the latest researches and new trends in the healthcare and the world of medicine. Every new issue will carry an in-depth report on a burning issue in the field of health and medicine. Besides, it will bring to the readers a lot of snippets on health, medicine, research and environment.

also, every issue will spotlight on a particular health issue building awareness about the larger aspects of prevention and mitigation of causative factors.

This Newsletter will serve as an interface between us, i.e., the medical practitioners, and patients and general public. Striving to provide the best of services in patient care and pioneering treatments, Indiana will be a friend, philosopher and guide for the readers. Happy Reading!

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Dr. Ali Kumble  
Chairman, Indiana Hospital & Heart Institute Ltd

## A PIONEER IN QUALITY HEALTH CARE

As Indiana Hospital and Heart Institute Ltd, Mangaluru enters 8th year of its existence, its managing director, Dr. Yusuf A. Kumble, is looking ahead to making the most of the global advances in healthcare. In this serialised conversation, he touches upon the hospital's origin and progress, and charts out its development goals.

### Excerpts:

**As a corporate hospital can you spell out the vision that guides Indiana Hospital?**

Indiana is a hospital that provides Indian patients healthcare that meets global standards. Basically, that has been our vision. India has multiple categories of hospitals, and their benchmarks on care and doctors vary. Some hospitals have good doctors, but unfortunately their equipment and investigation facilities are not modern enough. Some hospitals have both good facilities and competent staff, but the over-all atmosphere in them isn't good. My vision is to create a comprehensive healthcare system that meets the highest standard in the world and make it available for patients at Indiana Hospital. The plan envisages setting up a system with all facilities

under one roof, and provide super specialty services with warmth, compassion and transparency.

**Share with us the story behind the inception and development of the Indiana hospital.**

My family hailed from Kumble, a small town in Kasargod district of Kerala. I used to accompany family elders on their visits to Mangaluru off and on during my childhood. Even though it was part of Karnataka, Mangalore was the nearest large town for people in the northern region of Kasargod district.

When I began to practice as a doctor, I would find that at least half of the patients were from Kerala. Although Manipal too had emerged as a major hub of healthcare, Mangaluru was more accessible for people from Kerala due to its location near the interstate border. Within no time, I could assess that Mangaluru would be an ideal place for setting up a state-of-the-art healthcare centre with potential clientele for its services from both states, viz, Kerala and Karnataka.

I even figured out that the city was lacking a centre where standard healthcare was available. It had several medical colleges but they were more of the nature of teaching and research hospitals. Of course, patients received the treatment, but mainly at the hands of the medical students not being accountable if things went wrong. It was around this

The Indiana Hospital can now boast of 30 to 35 departments providing round-the-clock services.



**HEALTHCARE PIONEER:**  
Dr. Yusuf A. Kumble



# Blazing a trail...

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moment that the idea of setting up a high-tech hospital struck me. It would induct latest and sophisticated technology and would be manned by doctors known for their expertise in varied fields of medicine and surgery and who would comply with standard norms and benchmarks and would benefit from best practices from elsewhere.

Initially, I thought of starting cardiology department but it soon dawned upon me that there was a latent demand for a multi-specialty hospital with the departments working in sync with each other. We launched around 20 departments at once. The Indiana Hospital can now boast of 30 to 35 departments providing round-the-clock services. Finances were mobilised for a public limited company to run the hospital. My brother and I are major stakeholders while remaining of the capital was raised from around 200 shareholders. All the shareholders gather at the general body meeting once in a year. This involvement brought their relatives and friends in touch with the management and also expanded the circle of those who could utilise the services of the hospital. The shareholders belonged to both Kerala and Karnataka states.

**Indiana has a vastly improved diagnostic and surgical outcomes, strong systems and processes and a pool of specialty doctors. Please outline your strategies to further raise the bar on quality healthcare for your patients.**

The Hospital provided the basic standard of healthcare for all groups of patients in all departments. It developed the tertiary care for ailments pertaining to cardiology, neuro-surgery and neurology. Some headway was made in effective interventions in diagnostics, radiology, emergency services, trauma-care, orthopaedics, etc. However, I feel that the Hospital is engaged in further developing the requisite expertise in transplantation in heart, kidney, liver and bone-marrow and complete cancer care. The work is on to develop facilities to take up these too. A full-fledged Nephrology Department and a centre for kidney transplantation are among our priority areas.

**Indiana Hospital is the first one in Mangaluru to have been empanelled under National Accreditation Board for Hospitals. Share with us your experience on the journey to this quality certification.**

We are the first corporate hospital in Mangaluru to get the NABH certification, so my idea was to establish a quality hospital. The patients deserve quality treatment and it is our duty to ensure that. That's why we spent time and money to get this accreditation. At the next level I am looking for JCI (Joint Commission International) Accreditation which is international accreditation. No hospital in Mangaluru is having it. Accountability, quality and documentation are the main areas for JCI.

• (To be continued in the next issue)



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## ANNOUNCEMENTS

### Dr. Dharma Kumar K.G. Consultant Onco Surgeon, Joins Indiana

Dr. Dharma Kumar K.G., a pioneering cancer specialist, has recently joined Indiana Hospital as its Consultant Surgical Oncologist. After completing his MBBS, he did his post-graduation (MS – general surgery) and then went on to pursue his super specialization (M.Ch.) from the Tata Memorial Hospital, Mumbai, the cancer treatment centre of international repute. His stint as a surgical oncologist with reputed centres dealing with cancer patients such as Rajiv Gandhi Cancer Hospital, New Delhi; All India Institute of Medical Sciences (AIIMS), New Delhi; and, Tata Memorial Hospital has made him an expert in the treatment of the life-threatening ailment. He has worked across all sub-specialties of oncosurgery and is confident of handling cases requiring major surgeries independently.



Department of Oncology at Indiana Hospital, Mangaluru offers comprehensive oncologic care through multidisciplinary management manned by an efficient pool of professional oncologists and state-of-the-art diagnostic and treatment facilities under one roof. Different specialists work together to make a patient's overall treatment plan that involves different modalities of treatments.

### Indiana gets New dermatologist

Dr. Shubha Dhanprakash, MBBS, DDVL, recently took charge as consultant dermatologist in Indiana Hospital. Dr. Shubha completed her MBBS from KMC, Mangaluru under Mahe University and subsequently did DDVL from SDM College of Medical Sciences and Hospital, Dharwad under RGUHS



University. Her areas of interest encompass treatment of acne, disorders of pigmentation, fungal, viral and bacterial diseases, hair disorders, psoriasis. In the domain of cosmetology, she specialises in radio frequency ablation, electrocautery and chemical peels.

Dr. Shubha's earlier stint as a dermatologist in Srinivas Institute of Medical Sciences and Research Centre, Mukka will stand a good stead in treating patients in Indiana.



## Indiana hosts CME on 'Neonatal Cooling and Transport'

## Indiana Hospital conducts special health check-up camp for police personnel



**Mangaluru:** A Continuing Medical Education (CME) programme on 'Neonatal Cooling and Transport (NCAT)' was successfully organised at Indiana Hospital here on August 4, 2019. The one day workshop, inaugurated by Dr. Ali Kumble, chairman, Indiana Hospital and Dr. Yusuf Kumble, managing director, Indiana, was conducted under the aegis of NCAT Committee in association with Indiana Hospital and Heart Institute Ltd, Mangaluru, National Neonatology Forum (NNF) -Karnataka chapter and IAP-DK, Mangaluru.

Over 60 delegates that comprised of paediatricians, gynaecologists and nurses from in and around Mangaluru participated in the Continuing Medical Education (CME) Programme.

### Objective of CME

The objective of the CME Programme was to help doctors to update their skills on Neonatal Cooling which is becoming increasingly important due to increasing number of deaths of newborns. According to Dr. Abhishek K. Phadke, consultant neonatologist, Indiana Hospital, and coordinator for the event, "The workshop enabled the delegates to acquire knowledge about current management strategies for babies with

birth asphyxia and also lays a strong foundation on neonatal transport basics with vision for future ideal neonatal transport service."

Four speakers addressed issues like therapeutic hypothermia and HIE, its different modalities, neuro-developmental outcomes of HIE; servo-controlled cooling device; Amplitude integrated EEG; Mira Cradle-PCM; neonatal transport service, transport stabilisation, etc. Neonatal Cooling is a modality of treatment for babies born with asphyxia. For those babies who do not cry after birth and who needs artificial respiration this treatment is a boon.

### Indiana's NICU to meet growing demand

Indiana Hospital is the one and only hospital in Mangaluru equipped with neonatal facility. Neonatal Intensive Care Unit (NICU) is a level 3A NNF-accredited unit with all high-end facilities and state-of-the-art infrastructure backed by full-time consultants on neonatology and highly trained nurses.

With India among the top 10 countries with maximum neonatal deaths, better neonatal facilities will help a long way in reducing new born deaths.

**Mangaluru:** In a laudable and much-needed initiative, Indiana Hospital and Heart Institute, Mangaluru conducted a one-day health check-up camp for police personnel and their families in the month of July. Held at Buntara Bhavana, Suratkal the police personnel and their families were checked for blood pressure, sugar, ECG and other basic tests. Six staff, including a doctor, three nurses and two supporting personnel, help conduct the health camp for police personnel of Suratkal area.

To improve their medical condition as well as to bring in health awareness, the police department had decided to check their health in association with Indiana Hospital, one of Mangaluru's leading hospitals.



## Physiotherapy workshop on 'Manual Trigger Point Therapy' held at Indiana

**Mangaluru:** The two-day hands-on workshop on 'Manual Trigger Point Therapy,' organised on August 17-18 by Indiana Hospital, in association with the Department of Physiotherapy, Hathe Physio, was a unique experience for all the participants.

Held at Indiana Hospital, the workshop was inaugurated by Dr. Yusuf Kumble, managing director, Indiana Hospital, and Dr. Ali Kumble, chairman, Indiana Hospital in the presence of Dr. Naveenchandra Alva, orthopaedic consultant at Indiana and Dr. Venkatesh Kumpala, HOD, physiotherapy at Indiana. Dr. Dhanya J. Raveendran PT, director at IAMSE HATHE, enlightened the participants, which included BBT interns and physiotherapy clinicians from different hospitals in Manipal and Mangaluru, on topics like Introduction to



Trigger Points; Head and Neck Pain; Shoulder Pain; Arm, Forearm and Wrist Pain; Trunk and Back Pain; Hip and Knee Pain, and Ankle and Foot Pain.

The course was aimed at understanding the contribution of Myofascial trigger points to the soft tissue pain and dysfunction; the biomechanical environment of the trigger point, various



**RESOURCE PERSON:**  
Dr. Dhanya Raveendran

cause of Myofascial trigger points and mechanisms that perpetuate these points. Also, to understand the position of primary and secondary trigger point involvement in many common conditions like osteoarthritis, low back pain and to develop the highest standards of palpation, applicable to most soft tissue abnormalities, etc.

## Teaching how to Save Lives



As a community initiative the Indiana Hospital has been engaged in a series of providing basic life support (BLS) training programme for the last many years.

It is reported that fifty per cent of patients who suffer acute heart attacks, die on the way to the hospital because none of the people around have basic life support (BLS) skills. BLS is a set of 10 instructions, followed internationally, that empowers people to help during an emergency till someone qualified comes along. Indiana Hospital recently arranged such training programmes at places like Indian Coast Guard, Mangaluru; the Airports Authority of India office, Mangaluru; Urwa police station, Mangaluru and Mithur (Bantwal Taluk).



One of the biggest tools with which we can fight ill health is the power of human connection. That's why awareness months, weeks and days are so important: they rally us together to spread awareness and show support. Every month, through this column, we will keep track of a particular subject on health and put the spotlight on it.

# EARLY DETECTION IS KEY TO DEAL WITH BREAST CANCER

October is breast cancer awareness month - a cancer that is the most frequent among women and raising awareness on it is marked by the pink ribbon symbol, among other things.

According to the World Health Organisation (WHO), in 2018, it is estimated that 6,27,000 women died from breast cancer - that is approximately 15 per cent of all cancer deaths among women. The disease ranks second in cancer incidence, worldwide.

To improve breast cancer outcomes and survival, early detection is the key. There are two early detection strategies for breast cancer: early diagnosis and screening. The evolution of scientific research and increased awareness have contributed significantly to the increase in recovery rates, as a result of early detection of the disease. During the early stages of the disease, in most cases, only one or two symptoms are experienced. Hence, getting professional medical opinion is very important.

Mammograms continue to be the best primary tool for breast cancer screening. A mammogram is a series of low-dose X-ray pictures of the breasts. Getting a regular mammogram is the best way to find breast cancer early, because it can show growths in the breast or other signs of breast cancer when they are too small for you or your healthcare provider to feel them. Regular screenings are important, and the risk of breast cancers varies from person to person, so it's a good idea to ask your healthcare provider when and how often you should schedule a mammogram.



## SIGNS FOR EARLY DETECTION

- Nipple tenderness or a lump or thickening in or near the breast or underarm area
- A change in the skin texture or an enlargement of pores in the skin of the breast
- Any unexplained change in the size or shape of the breast
- Dimpling anywhere on the breast
- Unexplained swelling or shrinkage of the breast (especially if on one side only)
- Nipple that is turned slightly inward or inverted
- Skin of the breast, aureola, or nipple that becomes scaly, red, or swollen or may have ridges or pitting resembling the skin of an orange

## Facilities at Indiana

- Indiana Hospital has facilities for breast cancer screening and treatment of cancer.
- For screening purpose, facility for mammogram and clinical breast examination by an expert oncologist are available.
- Treatment facilities at Indiana include breast surgeries for cancer, like Breast Conservative surgeries, Modified Radical Mastectomy, Radical Mastectomies, Sentinel Lymph node biopsy for axilla, whole breast reconstruction after mastectomy - either with Pedicle flap(LD flap) or Free flap, Chemo Port Insertion for chemotherapy delivery.
- Other treatment facilities offered are Chemotherapy and Radiotherapy.



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## OTHER DEPARTMENTS

DIETARY  
PHYSIOTHERAPY

# LIFE MATTERS

## 4 SIMPLE HACKS TO LOWER YOUR CHOLESTEROL IN UNDER 5 MINUTES

Cholesterol is a big bad word in the medical dictionary. It can shoot up your blood pressure, add to your weight troubles, reduce the blood flow in the body and at the same time, lead to complications like chest pain, stomach aches, form gallstones in the digestive tract and even lead to heart trouble. While not all cholesterol is bad, cutting out bad cholesterol from your body is absolutely important. LDL or Low-density Lipoprotein Cholesterol is the worst offender, which deposits in the arteries and forms often thick, waxy deposits, clogging up the blood supply. While cholesterol is naturally produced in the body by our liver, the foods we eat add up to its quantity and increase the number of bad cholesterol (LDL) over good cholesterol (HDL). Hence, it is crucial that you keep your cholesterol in check at all ages. What's best is that these hacks take 5 minutes or less to work.

**Below are the 4 hacks you need to follow to live a healthier life:**

1



### Before you pick a product, check the labels on it

A very simple habit to prioritize your health is to always, without fail, check the label on the back of the products at the grocery store before you bill them. The most hazardous ingredients might be hiding behind the everyday products you use. If you find a trace of hydrogenated oils on a product (like chips, processed foods, biscuits), think twice before buying. It might be adding to your heart problems if you do so.

2



### Munch on some nuts

Nuts are not just the healthiest weight loss companion, they can also help you cut down on the bad LDL levels in the body. According to a recent Harvard study, eating a handful of nuts everyday reverses the damage done by consuming a handful of chips or fried snacks and acts down on the triglyceride levels in the body.

3



### Simply drink more water

Keeping hydrated through the day has more benefits than you can imagine. A study conducted in Loma Linda University, America found out that increasing your water intake, or simply drinking more than 5 glasses a day or going for regular detoxes flushes out bad cholesterol and toxins from the body. It also lowers the risk of developing a heart disease by 50-60%, which is the same drop which one can achieve after losing weight or simply saying no to tobacco consumption.

4



### Get Moving!

It is never too late to get a little more movement into your life. It also regulates your cholesterol levels and help you one step further in keeping your heart young. Experts believe that including short intervals of walking exercises stretched over long periods can do wonders to your body.

(Source: Times of India)



## What makes the new drug-resistant TB medicine promising



Treating drug-resistant tuberculosis multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) got a shot in the arm on August 14 when the U.S. Food & Drug Administration (FDA) approved a new drug Pretomanid. Pretomanid is only the third new anti-TB drug approved for use by FDA in more than 40 years.

The drug was developed and tested in clinical trials by New York-based non-profit organisation TB Alliance. TB Alliance has granted a licence to Pennsylvania-based Mylan to manufacture and commercialise the drug.

### What makes the new drug so promising?

The duration of treatment for drug-resistant TB can be drastically cut from 18-24 months to just six-nine months when pretomanid drug is used along with two already approved drugs — bedaquiline and linezolid. The all-oral, three-drug regimen can also vastly improve the treatment success rate and potentially decrease the number of deaths due to better adherence to treatment.

According to the WHO, the treatment success in MDR-TB patients is about 54%, while it is just 30% in the case of XDR-TB patients. Most drugs are ineffective in people with XDR-TB and so a combination of eight drugs for more than a year is need for XDR-TB treatment.

Treatment success in XDR-TB patients depends on many other factors — the extent of the drug resistance, the severity of the disease, whether the patient's immune system is weakened, and adherence to treatment.

Drugs used for treating MDR-TB and XDR-TB can cause serious adverse effects such as deafness. The drugs are highly toxic thus reducing adherence to treatment.

### How widespread is MDR-TB and XDR-TB?

People with TB who do not respond to at least isoniazid and rifampicin, which are first-line TB drugs are said to have MDR-TB. People who are resistant to isoniazid and rifampin, plus any fluoroquinolone and at least one of three injectable second-line drugs (amikacin, kanamycin, or capreomycin) are said to have XDR-TB.

### Which category of drug-resistant TB patients will benefit from this new drug?

Pretomanid drug along with bedaquiline and linezolid is meant for treating adults with XDR-TB. In the case of MDR-TB, the three-drug regimen containing pretomanid can be used only in those patients who cannot tolerate the MDR-TB treatment or do not respond to standard MDR-TB treatment regimen.

The three-drug regimen is meant only for treating pulmonary TB and should not be

used for treating extra-pulmonary TB, drug-sensitive or latent TB.

### How effective is the drug in treating XDR-TB and MDR-TB?

The three-drug regimen consisting of bedaquiline, pretomanid and linezolid — collectively referred to as the BPaL regimen — was studied in the pivotal Nix-TB trial across three sites in South Africa. The trial enrolled 109 people with XDR-TB as well as treatment-intolerant or non-responsive MDR-TB.

### How safe is the drug for clinical use?

Besides the Nix-TB trial, the safety and efficacy of the drug has been evaluated either alone or as part of the combination therapy in 19 clinical trials conducted in 14 countries involving 1,168 patients.

The FDA has approved the drug based on limited clinical safety and efficacy data, and so should the drug should be restricted to specific population of patients. Safety and effectiveness of the drug has been studied and established only when used in combination with bedaquiline and linezolid. Other than these two drugs, the safety of pretomanid has not been studied when used along with any other anti-TB drug.

The three-drug combination should not be used in patients for whom bedaquiline and/or linezolid drug is not recommended (contraindicated).

The drug has not been tested in pregnant women. Similarly, safety and effectiveness of the drug has not been established in children.

(Source: By R. Prasad, The Hindu, dated Aug 16, 2019)

