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Chronic Kidney Disease a major health issue in Sri Lanka.

Transcript:

“It is the toil, sweat and tears of the humble paddy farmer in the Dry Zone of Sri Lanka that puts the rice on our plates daily. It is this very same farmer, mainly in the North Central Province (NCP), who has been caught in the vice-like grip of a deadly, mysterious kidney disease”-*Kumudini Hettiarachchi*.

It is observed that there is a high prevalence of chronic kidney disease of unknown origin, leading to failure in kidney function, in the Northern Central province in Sri Lanka, among the farming community. It has become the silent killer among the farming community and a major health problem in the island.

It is a toxic nephropathy and labelled as chronic kidney disease of unknown etiology. There is various hypothesis, but the closest one is environment exposure to heavy metals.

These heavy metals among others are- are Arsenic, Cadmium.

Cadmium is more efficiently absorbed in the lungs and in gastrointestinal tract. Most affected organ by cadmium is kidney. It is carcinogenic. It also causes softening of bones called osteomalacia.

Arsenic naturally occurs on earth on small concentration. It is used in pesticides and sprayed on food cultivations. It affects the nervous system and kidney function

Chronic kidney disease has killed more people in the North Central province in Sri Lanka than the 20-year long civil war in the area. Over this period up to 20,000 people have died because of chronic kidney disease and more than 400,000 more have been ill from this condition.

There were 30,566 patients having CKD in the Northern Central province, mostly in Anuradhapura and Polonnaruwa districts. These numbers decreased slightly in 2017 compared to 2016. The most vulnerable age groups were 40 to 60 years. There is a male preponderance.

These cases were not associated with diabetes, high blood pressure the commonest cause for CKD among most adults in the general population.

People most affected had a low body mass index, meaning underweight and with nutritional deficiency. There was a high prevalence of smoking and alcohol consumption.

Most of these people had their own dug wells and those people who drank from their own respective dug wells had the highest incidence of CKD cases.

More than two thirds of the deaths of CKD/CKDu patients occurred within three years of diagnosis with disparities in 5-year survival rate among the two districts. There was clustering of cases in both Anuradhapura and Polonnaruwa districts.

A fully equipped nephrology hospital has been constructed in Polonnaruwa with Chinese government financial aid.

This hospital was declared open a few days ago by the President Gotabhaya Rajapakse.

This project is the brainchild of the previous President Maithripala Sirisena when he initiated the talks on this project on his visit to China in 2015.

The hospital is constructed with five operating theatres for kidney transplants, a separate ward with 100 hemodialysis equipment, and 200 inpatient beds. The country can boast of as this hospital as the largest nephrology hospital in Southeast Asia.

This Nephrology hospital was built in Polonnaruwa, in the historic town in the North Central Province of Sri Lanka, to give care and management for the vast numbers of cases in the North Central province.

According to the researchers' agrochemicals and environment exposure to heavy metals. are the most probable causes. These heavy metals and agrochemicals have been used recently heavily for increased crop productivity which is also linked to increase in soil. Contamination and thus contamination of the food supply, causing several human health problems in the areas.

The heavy metals referred to are arsenic and cadmium. They could have contaminated the water from shallow wells lead to kidney disease.

Some argue that although there were high levels of cadmium in Sri Lankan rice, zinc being present inhibits the toxic effects of cadmium. Some researchers believe that the presence of selenium in the Sri Lankan rice also nullifies the action of cadmium.

The researchers found that rice cultivated in Sri Lanka is also contaminated with arsenic. However, they also found that the arsenic content was also found in the rice consumed by people in the other parts of the island and not having CDK.

Glyphosphate is also mentioned as a metal that could play a role in the current CDK of unknown cause epidemic. Similar disease has been reported in Andhra Pradesh district in India and Central America. Glyphosphates contamination in the drinking water may damage kidney tissues leading to the fatal kidney disease.

According to a communique from Prof. Chandra Dharma-wardena Research scientist from Ottawa Canada, stated that Mullaitivu a fishing village under the control of the LTTE for a long time also had a high incidence of chronic kidney disease although the area never got agrochemicals.

The farmers in Jaffna peninsula also did not get agrochemicals from Colombo stated the professor, because of the Tiger war. But there was some use of smuggled agrochemicals, as we know that that some 14% of the well water had long-standing agrochemical residues, and there was no incidence of CDK in Jaffna.

According to Prof Chandra Dharma-wardena, in Bangla, UK foreign aid helped to settle large tracts of land where people were given aid to construct tube wells for their daily drinking. Within a decade there arose a full-blown kidney disease epidemic, that was traced to arsenic in the tube well-water.

He further said that people who drank water from tanks and agricultural canals that should have the agro-chemical residues did not get kidney disease, or any other disease anymore than the general population.

In Sri Lanka we use, the professor said, 30 times less fertilizers per hectare than New Zealand and about 200 times less fertilizer than Singapore.

New Zealand has been using mineral fertilizer for much longer than SL, and it uses them more intensely. Also, they have used mineral fertilizer from the Nauru Islands. These contain 15 times more Cadmium impurities than the fertilizers used in Sri Lanka. And yet, are there diseases, CKDu, or soil degradation to be frightened about in those countries?

It is hopeful that the presents President's keenness to introduce organic fertilizers, substituting for imported synthetic fertilizers at high prices, may give us more clues what the causation factors responsible for this dreaded disease.

Hope this video talk was useful.

Stay safe, drink boiled filtered water,

Goodbye for now.