

Dedicating her life to medicine

But it's been a hard slog at times with phases of self-doubt for the deputy director of the Centre for the Aids Programme of Research in South Africa, Dr Nesri Padayatchi

Kamcilla Pillay

COMMENT

FROM the time Dr Nesri Padayatchi began accompanying her father on house calls as a child, she slowly became sure of one thing: she wanted to make medicine her life.

And, seven postgraduate degrees later, having submitted her PhD at the age of 56, and as deputy director of the Centre for the Aids Programme of Research in South Africa (Caprisa), it seems that Padayatchi has realised that dream.

"My father practised medicine for 30 years. I grew up in that environment. Being with him while he did his work stirred that passion in me. All I ever wanted to do was medicine," Padayatchi told The Mercury, reflecting on her career before World Aids Day on December 1.

Laudium-born Padayatchi, who has more than 25 years of clinical and research experience in the management of tuberculosis and related problems, completed her schooling at the tender age of 14.

"I was one of two girls in our matric class and I was not a conscientious student by any means. In fact, I scored five Ds and an E. Needless to say, I didn't have a hope in hell of getting into medical school."

But this challenge did not faze her. "It's about knowing what you want and going out and doing it. It's about persevering."

Padayatchi got accepted at UKZN, at what was known then as the University of Durban Westville, where she stayed at one of the school's residences.

"I had a very sheltered upbringing and the culture in the Transvaal as compared to Natal was completely different. It was a shock to me, as such a young girl at the time."

She began by studying the "big four": chemistry, physical science, botany and zoology. "Having not done these subjects at school, it felt like learning new languages."

And despite her best efforts, Padayatchi, for the first time in her academic career, failed her courses.

This only strengthened her resolve, leading her to redeem herself the next term, by passing all the subjects. After this, she still did not get accepted into medicine and she instead did a BSc in physiotherapy.

Her big break came in 1980 when she was accepted at the University of the Witwatersrand.

While on holiday during the academic year, she would take up odd jobs as a way to earn extra money.

"I worked in Truworths as a shop assistant and in a bakery. It was a



Dr Nesri Padayatchi examines a child receiving treatment for TB at King Dinuzulu Hospital (formerly the King George V Hospital).

PICTURES: SIBONELO NGCOBO

"I thought of giving up my place, but I never wanted to go back and say: 'I should have.'"

great novelty to handle a cash register," she said.

By the end of second year, the course had intensified, leading Padayatchi to contemplate quitting.

She spent time, as part of an exchange programme, in the US where she did odd jobs and in Switzerland as a physiotherapist while she planned her next move.

"I thought of giving up my place, but I never wanted to look back and say: 'I should have.' I was at this crossroads."

But her love for medicine won in the end.

"It was the best decision I have ever made."

Despite being curable, TB still tough to treat

Kamcilla Pillay

DR NESRI Padayatchi was first struck by the huge impacts of tuberculosis when she worked in a primary health clinic.

"It showed me a different disease profile. Back then HIV was virtually unheard of."

TB was often referred to as HIV/Aids's 'poor cousin', she said. The former received the lion's share of funding and research efforts while the latter, although responsible for millions of deaths as a result of HIV/Aids co-infection, received far less attention.

"The drugs used to treat it are so old, but the disease is still very curable."

Drug-resistant TB, she said, was far more difficult to control and cure. "Ordinary TB can be cured in six months, whereas the drug-resistant version takes two years and the cure rate is less than 50%. Extensively drug-resistant (XDR) TB has

a 22% success rate and consists of daily injections, among other drugs, given over six to eight months."

When given to children, the drugs can delay milestones and inhibit growth.

"The children do not develop normally. Then there is the constant fear of the injections. What I would like to see is a vaccine for TB. Yes, that would be ideal for HIV as well, but at the moment HIV can be controlled with a single tablet."

She hoped one would be developed in the next 10 years.

With TB, she said, the subject simply had to return home, back to his or her overcrowded and poverty-stricken environment, where he or she could be reinfected.

"When people feel better, they

stop taking their medication, putting others around them at risk."

She recounted the story of a young, HIV-infected woman who had XDR-TB and had fallen pregnant. "She was put on treatment, but it was not working. She was also on

anti-retrovirals so the baby was born negative," she said. The baby was also free of TB, but later contracted it because of contact with his mother.

"His development was impaired and he was already disadvantaged... TB is so dangerous that coughing in a shared environment could transfer it," said Padayatchi.



TB expert Dr Nesri Padayatchi hopes that vaccine for the disease will be developed in the next 10 years.

Support rolls in for women's campaign

NEW DELHI: An Indian student's online campaign against menstruation taboos has seen a growing response after a temple chief said women would be allowed into a famous Hindu shrine only when a machine was invented that could determine if they were having their period.

Hindu women face many taboos during menstruation - they are not allowed to enter temples or kitchens, touch pickle jars or share beds with their husbands.

Many of these taboos are no longer followed, especially in urban areas.

The famous Sabarimala Temple in Kerala state, however, is still barring women of menstruating age from entering its inner sanctum.

Several other Hindu temples

"She has reinforced misogyny and strengthened myths that revolve around women"

have notices that say women who are menstruating at the time should not enter.

Asked this month when the Sabarimala temple would open its doors to women, the newly appointed chief of the temple board, Prayar Gopalakrishnan, said this would happen only when a machine was invented to scan whether women were menstruating.

"These days there are machines that can scan bodies and check for weapons. There will be a day when a machine is invented to scan if it is the right time (not menstruating) for a woman to enter the temple," Gopalakrishnan said.

A college student, Nikita Azad, reacted with an open letter which went viral on Facebook after which she launched the #HappyToBleed campaign on Saturday.

"By this statement, he (Gopalakrishnan) has reinforced misogyny and strengthened myths that revolve around women," Azad wrote.

"Happy To Bleed is a counter-campaign launched against menstrual taboos, and sexism that women are subject to through it."

Azad urged women to hold up sanitary pads and placards saying Happy To Bleed, take their pictures and upload them on social networking sites. Her campaign received a huge response with messages still rolling in on Twitter: - dpa

Generic medicines seen as better option

LONDON: Prescribing generic medicines instead of brand-name drugs whenever possible cut costs, improved patient adherence and improved health outcomes, according to a recommendation this week from the American College of Physicians.

"Generic medications are cheaper and patients are more likely to get those prescriptions filled," said Dr Amir Qaseem, of the American College of Physicians, who co-authored the recommendation. - Reuters

INDEPENDENT

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