Chennai to Vellore

It was during the time when people routinely drove Ambassador cars in India. This particular Ambassador car was agitatedly veering to the left and right, and even jumped into the air for a microsecond or two. It was pitch dark outside and the time was 3 am. You must have guessed by now that it was a simple case of the driver dozing off to sleep periodically. The driver was aware, of course, that the person sitting next to him (that was me) was just a young lecturer from the Endocrinology Department at CMC Vellore, and he paid no attention to my suggestions that we stop for a coffee break. However, he was probably not aware that sitting behind him was Dr Kochupillai, a living legend of endocrinology, and that I was specially entrusted to escort him from Chennai to CMC Vellore. As I could not move, numbed by the sleepy-risky driver at my side and the towering personality in the back seat- Dr Kochupillai himself laid a hand on the drivers shoulder, and offered to drive the vehicle. When the driver refused, the doyen firmly convinced him to stop for a cup of coffee, just as he might convince a severely hypothyroid patient to take levothyroxine!

That morning, sometime in the late nineties, as I sat with Dr Kochupillai (and our driver!) in a highway restaurant, while sipping coffee, he discussed the art and science of endocrinology. And among the gems of wisdom that flowed, there was one statement that stood out. He said to me: “Your hormone assay should be your stethoscope, and your stethoscope should be your hormone assay”

By that statement, he probably meant that clinical assessment and laboratory tests are to be considered together, rather than to be taken in isolation. I thought it was the best advice a young endocrinologist could get. Treat the patient, and not just a lab report! I would always remember that conversation with India’s best known pioneer in thyroid disease, who worked with the Nobel-prize-winning Dr Rosalyn Yalow, to bring cutting edge hormone assays to the Indian research setting.¹⁻³

Delhi to the Himalayas

Let us rewind the clock back a few decades. In Northern India, including the Himalayan Mountains, several decades ago- Dr Kochupillai and colleagues buried a myth- a myth that seemed to suggest that endemic cretinism and goiter were mysterious illnesses causing mental retardation, and that they were not amenable to public health measures. Dr Kochupillai and his team correctly identified it as iodine deficiency, showed that iodine supplementation can improve public health outcome- and this ushered the era of universal iodization that we take for granted today.⁴⁻⁵ Iodine supplementation has paved the way for better health, prosperity and progress among societies worldwide. Indeed it is probably the single most important public health activity in the non-infectious disease management program- and has saved millions from mental subnormality due to iodine deficiency.

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²AG Unnikrishnan
Kerala to Delhi

Turning the wheels of time to an even earlier era, let us now move to the scenic splendor of Kerala. Dr Kochupillai was born in Alleppey area, Kerala- a district of lakes, river ways, coconut trees and paddy fields. He was a meritorious student- and with sheer hard work, intellectual brilliance and determination, he grew to reach and work at the All India Institute of Medical Sciences, as one of their most outstanding professors. In the august company of professors like Dr. Ramalingaswamy and Dr Ahuja., Dr Kochupillai took on the iodine deficiency problem head on- and laid systems to solve it. Under his leadership, iodine supplementation programs achieved their rightful place in India’s health policy. Theorists believe that iodine and the world’s socio-economic progress may be linked.6 This is also a theory that Dr N Kochupillai has shared with me many times. In that sense, as India stands on the brink of rapid economic prosperity and development, we have even more reasons to thank people like Dr Kochupillai.

Delhi to Udaipur

I met Dr N Kochupillai, many times after that Vellore encounter- and have always been amazed by his original thinking on a variety of topics like hypothyroidism, iodine, fluorosis and fibrocalculous pancreatic diabetes (FCPD). Dr Kochupillai shared my interest in chronic pancreatitis and pancreatic diabetes.FCPD is generally thought to be a somewhat puzzling entity, characterized by a young age at onset, with exocrine and endocrine pancreatic dysfunction, and a higher risk of pancreatic cancer. The initial descriptions of fibrocalculous pancreatic diabetes in India had come from Kerala- but subsequently reports came from all over the country and the world. Knowing my interest in researching this, Dr Kochupillai spoke to me in Udaipur that he wanted to collaborate with me and “solve” the disease. I would like to emphasize his interest in “solving” a disease, just like I would try to solve a crossword or a jigsaw puzzle! This revealed a vision that lesser mortals like me could not even conceive in our minds. That wintery afternoon, in the sunlit pavilions of Udaipur, he freely shared his thoughts on the disease, and his original theories as to why pancreatic diabetes is different in India- with special focus on Indian diet and nutrition, which was always an area he was passionate about. To this day, I continue to regret that I could never start this project, in which I could translate his ideas into a research study. Or maybe, that too would happen one day.

Despite being lucky enough to have been a protégé to my many mentors, I also consider myself an Ekalavya to many Dronas from all over the world - learning the best from them from afar, as they work, teach and shine brightly in their chosen fields. Among such “Dronas “of the modern era- I would place Dr N Kochupillai among the best. Today, eminent researchers like Dr Nikhil Tandon and Dr RK Marwaha continue the excellent work initiated by Dr N Kochupillai to take Endocrinology in our country to greater heights.7, 8

The author, Dr Unnikrishnan AG, is also the Editor in Chief of the Journal of Thyroid Research and Practice.

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