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Iodation Of Common Salt For Control Of IDD – Not The Time To Backtrack

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The recent notification of the Government of India proposing withdrawal of restriction on the sale of uniodised common salt must have deeply disappointed and shocked all those interested in the health and wellbeing of our people. If this notification finally takes effect it will turn out to be a retrograde step which will harm the poor and undo the good results we have had so far in the control of iodine deficiency which impairs mental development of several thousands of children in our country.

It is barely two years ago, in November 1997, that the government had ordered that "common salt meant for direct human consumption should be iodised" and had thus restricted the sale of uniodised salt. Before issuing the order, the government had invited "objections and suggestions from all persons that may likely be affected", and had allowed 10 months for receipt of such suggestions. The order was finally issued after due consideration of all the suggestions received. The latest notification would suggest that the government is now contemplating an about-turn in its policy. Such flip-flop with respect to a national programme likely to affect millions of people is unfortunate!

The ongoing programme of iodation of common salt for the control of iodine deficiency disorders is a major public health operation of which we can be legitimately proud of. Epidemiological studies have already shown that the programme has been

a success^{1,2,3}. Neonatal iodine deficiency, which was once widespread in some parts of the country and which was responsible for impaired mental development of many of our children, has now been controlled. The challenge now is to sustain the tempo of the programme and not to allow it to slacken.

The impression that common salt already contains iodine and therefore does not need iodation is wrong. Also, the view that all foods contain adequate amounts of iodine is misleading. With the modern agricultural technologies, soils are getting depleted of iodine and foods grown thereon are low in their iodine content. As a result, the goitre problem, which was once confined to the foothills of Himalayas, has now extended to the plains. Moreover, we have growing evidence that goitrogens present in certain foods and the environment are aggravating the problem of iodine deficiency and increasing the iodine requirements.

No state of the country is totally exempt from iodine deficiency. Even those areas which are now relatively free of this problem can become endemic because of intensive agricultural technologies and soil depletion. Considering that we have to intensify our agricultural operations in order to increase the yield of food per unit of land to meet the growing needs of our population, the problem will be further aggravated if adequate steps are not in place. This is, therefore, a time for continued vigilance.

Neonatal iodine deficiency and iodine deficiency in children, in particular, impairs mental development. This may not be manifested as goitre or cretinism but could result in a significant lowering of IQ. As a result, millions of our children – the future generation – could end up with sub-standard mental development. This would lead to the erosion of the quality of our human resources. We can avert this danger by continuing with the present cost-effective, simple and feasible technique of salt iodation. We are now entering the age of 'Knowledge Societies' and it is important that we enable our children to give full expression to their innate genetic potential for mental development.

Salt iodation is a perfectly harmless procedure that has been used, and is being used, with remarkable success around the world. In fact, countries such as Switzerland have wiped out the goitre problem with this approach.

The removal of restriction at this stage will only harm the poor. By lifting the restriction, manufacturers of poor quality salt who are now obliged

CONTENTS

- | | |
|---|---|
| ● Iodation Of Common Salt For Control Of IDD – Not The Time To Backtrack
– C. Gopalan | 1 |
| ● India's Horticultural Revolution
– G.L. Kaul | 2 |
| ● Foundation News | 5 |
| ● Reviews And Comments: Pregnancy In Adolescence – 'Child Labour' At Its Worst!
– C. Gopalan | 6 |