Here’s what makes India the snakebite capital of the world

Country Leads In Estimated Deaths Annually, But Poor Awareness Among People & Lack Of Adequate Attention At The Official Level Only Compounds The Problem

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Monsoons are the time when the snakes come out — to play, hunt and mate. Their dens flooded, they seek refuge in dry patches where often the reticent reptiles cross path with humans, resulting in a season of fatal snakebites every year.

Sunil Limaye's phone doesn’t stop ringing during these months. The additional principal chief conservator of forests in Maharashtra gets an average of two snakebite complaints daily during June to September. “We’ve received more than 70 calls this year,” Limaye said last week.

Unknown to many, India could well be the world’s snakebite capital. In 2017, the Union health ministry collated countrywide data between April and October. The survey recorded 1.14 lakh cases across the country in the six-month period before and after the monsoon.

Maharashtra led the pack of states with 24,437 cases, followed by West Bengal, Andhra, Odisha and Karnataka. Herpetologists, doctors and science-ecology experts have long held that official numbers in India are grossly underestimated. The World Health Organisation listed snakebites under ‘neglected tropical diseases’ in 2017. Its datasheet said under-reporting of snakebite incidence and mortality was common.

“A very large community-level study in India gave a direct estimate of 45,900 deaths in 2005... over 30-times higher than the official figure”. It was referring to the national mortality survey of 1.1 million homes as part of the Centre for Global Health Research's Million Death Study in 2011, which put the annual deaths from snakebite at 45,900 in 2005.

There are no accurate records to determine exact mortality figures; the National Crime Records Bureau noted just 8,554 deaths from snakebite in 2015.

In a unique initiative, a WhatsApp group called ‘Snakebite Interest Group’ is striving to attend to cases across the country. Created in 2015 by Dr Dayalbandhu Mazumdar, a Bengal-based ophthalmologist and expert in snakebite management, and having as its administrator Priyanka Kadam, a Mumbaibased crusader against snakebites, the community of 240 doctors spans 14 states and also stretches to Nepal. It works alongside activists and herpetologists and claims it has saved more than 3,500 people in the past four years.

In a country where snakebite features fleetingly under forensic chapters of the MBBS syllabus, the group hand-holds junior doctors at the block level to identify and manage snakebites at the first point of contact instead of referring victims to district hospitals, which often leads to time lapse and
death. “Only when snakebite is made a notifiable disease will it be considered for mainstream treatment, taught in medical schools,” says Kadam, who was part of a panel of experts from 16 countries that helped WHO author a global strategy launched in Geneva this May to prevent and control snakebite envenoming.

Kadam founded the Snakebite Healing & Education Society that is documenting stories of victims and engaging experts from different fields, including veteran herpetologist Romulus Whitaker. Not just in the countryside, snakes thrive in urban spaces too — homes, toilets, gardens and rodent-infested gutters.

The death of 10-year-old Manan Vora of Gujarat’s Bhavnagar at a luxury resort in Diu when a cobra hiding in his pillowcase bit him showed how ill-equipped urban centres are in dealing with snakebites. Although Manan was rushed to a hospital, he was put on antibiotics instead of antivenom and advised transfer to a hospital 17km away.

More harmful than the venom is belief in occult practices and healers. Devendri in Bulandshahr, UP, was collecting firewood when a cobra bit her. Her husband went to a faith healer, who recommended burying her in dung for 75 minutes. She didn’t survive. For another it was burial in salt, and for some it’s stones and leaves, roots and twigs. Dr Dilip Punde, who has treated around 7,000 snakebite cases in Nanded (Maharashtra) over three decades, says he urges traditional healers to redirect snakebite victims to a health centre. It takes 100ml of antivenom within 100 minutes of a bite to save a life. But even when available it can be prohibitively expensive, pushing poor victims further into poverty and debt. A vial of antivenom costs between Rs 250 and Rs 500, and a loading dose for a venomous bite requires at least 10 vials.

“Snakebite treatment is free in government hospitals. But when there is none close to where they live, the victim’s family is forced to go to a private or missionary hospital, which charges for treatment,” said Kadam.

Children in a hamlet in Sanjay Gandhi National Park near Mumbai. Aakash Dhangad (extreme right) suffered a snakebite when he was 9. He recovered thanks to help from an NGO. But experts say many people still rush victims to quacks, which more often than not ends in disaster.