

## Important Vocab for the Editorial

1. Indian Council of Medical Research (ICMR) (noun) – the apex body in India for the formulation, coordination and promotion of biomedical research, is one of the oldest medical research bodies in the world. As early as in 1911, the Government of India set up the Indian Research Fund Association (IRFA) with the specific objective of sponsoring and coordinating medical research in the country. It was redesignated in 1949 as the Indian Council of Medical Research (ICMR). The ICMR is funded by the Government of India through the Ministry of Health & Family Welfare.
2. drop (verb) – abandon, discontinue, cancel, discard.
3. convalescent plasma therapy (CPT) (noun) – it outlines the steps required to collect convalescent whole blood or plasma from COVID-19 disease recovered patients for transfusion to patients with early symptoms, as an empirical (observed) treatment modality (a particular method).
4. espousal (noun) – adoption, acceptance, embracing, taking up.
5. convalescent (adjective) – recuperating, recovering, improving, getting better.
6. on one's last legs (phrase) – about to fall apart, about to collapse; about to fail, near to ruin.
7. advisory (noun) – official communication, press release, bulletin, message, missive, statement, report.
8. flow from (phrase) – come from, originate from, emanate from.
9. periodic (adjective) – regular, recurrent, repeated, cyclical.
10. protocol (noun) – procedure, convention; habit, pattern, method, system.
11. task force (noun) – crew, unit, squad (particularly created for a task).
12. bound to (adjective) – obligated, obliged, compelled, required, duty-bound, constrained.
13. to the T (phrase) – perfectly, exactly, to perfection.
14. circumscribe (verb) – restrict, limit; regulate.
15. definitive (adjective) – conclusive, final, decisive, definite; most reliable, most complete, most perfect.
16. human trial/clinical trial (noun) – a type of research that studies new tests and treatments and evaluates their effects on human health outcomes.

17. **demonstrate** (verb) – show, indicate, confirm.
18. **equivocal** (adjective) – ambiguous, undecided/undetermined; non-committal/doubtful.
19. **in public** (phrase) – publicly, openly, overtly.
20. **leeway** (noun) – freedom, scope/flexibility, latitude/elbow room.
21. **disavow** (verb) – deny, disclaim, reject.
22. **finding** (noun) – decision, conclusion, result.
23. **onus** (noun) – responsibility, duty; burden, liability, obligation.
24. **hapless** (adjective) – unfortunate, unlucky, ill-fated.
25. **caregiver** (noun) – nurse, attendant.
26. **clamour** (noun) – protest, complaint, outcry/commotion.
27. **birth** (verb) – have, produce.
28. **ecosystem** (noun) – complex situation/environment.
29. **design** (verb) – create, plan, formulate.
30. **inevitable** (adjective) – unavoidable, unpreventable, sure to happen.
31. **black market** (noun) – a marketplace, whether physical or virtual, where goods or services are exchanged illegally; underground economy or shadow economy; illegal trade, unlawful trade, illicit trade, lawbreaking trade.
32. **rather than** (phrase) – instead of.
33. **futility** (noun) – uselessness, pointlessness, vanity.
34. **clutch** (noun) – quantity, group, collection (of people/things).
35. **concerned** (adjective) – connected, related, interested, involved.
36. **trial** (noun) – test, pilot study, experiment (phase 1, 2,3, and or human/clinical trial).
37. **The Lancet** (noun) – a weekly peer-reviewed general medical journal. It is among the world's oldest and best-known general medical journals.
38. **span** (verb) – extend over, stretch across, spread over, cover, range over, comprise.
39. **demote** (verb) – downgrade, relegate, remove.
40. **evolution** (noun) – progress, advancement, progression, development.
41. **coronavirus** (CoV) (noun) – a large family of viruses that cause illness ranging from the common cold to more severe diseases. common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, the infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. (Courtesy: [WHO](#))

42. **mutation** (noun) – a significant and basic “alteration/variation” in the DNA sequence.
43. **last nail in the coffin** (phrase) – an event/action that was considered as harmful/destructive to something (a situation/person) which is already becoming weak.
44. **the end of the road** (phrase) – the end/conclusion of something.
45. **anti-parasitic drugs** (noun) – a group of medications used in the management and treatment of infections by parasites.
46. **parasite** (noun) – an animal or plant that lives in or on another animal or plant and gets food or protection from it.
47. **certainty** (noun) – confidence, sureness, conviction, certitude, reliability, assurance.
48. **regime** (noun) – system, arrangement, apparatus, mechanism.
49. **clinical equipoise** (noun) – it is traditionally defined as a state of genuine uncertainty on the relative value of 2 approaches being compared in a trial.
50. **equipoise** (noun) – balance, evenness, equilibrium; counterbalance.
51. **frontline** (noun) – the dangerous/important position/task where one has to deal with the people directly.
52. **collective** (noun) – community.
53. **distance** (noun) – space of time, interval of time, span, gap, stretch/extent.
54. **dispassionately** (adverb) – composedly, rationally/sensibly, neutrally/impartially.
55. **educate** (verb) – guide, inform, instruct.
56. **evolve** (verb) – alter, change, transform gradually; develop, progress, advance gradually.
57. **ease** (verb) – decrease, lessen, reduce, lower.
58. **expertise** (noun) – knowledge, command, mastery, prowess, skilfulness.

## Delete and control: On ICMR's dropping of plasma therapy MAY 19, 2021 00:02 IST

### **The ICMR must assess evidence and be very specific with recommendations on treatment**

The Indian Council of Medical Research (ICMR) has finally dropped its espousal of convalescent plasma therapy (CPT) as treatment for moderate COVID-19 in its latest guidelines. In its guidelines of April 22, CPT was already on its last legs, with the advisory recommending that it is advisable only in early moderate disease, or within seven days of symptoms. These updates flow from periodic reviews of medicines and treatment protocol by a task force of doctors and experts of the ICMR. Practising doctors are not legally bound to follow these recommendations to the T but are expected to circumscribe their treatments within the guidelines. Last year, the ICMR, in one of the definitive clinical trials in the world, demonstrated that CPT neither saved lives nor improved patient outcomes but was equivocal about it in public. This gave leeway to some States, particularly the Delhi government, which openly disavowed the ICMR's findings, encouraging several doctors to put the onus on hapless caregivers to source such plasma from those who had recovered from the illness. The clamour for plasma had birthed its own kind of ecosystem. There were apps designed to connect donors to recipients, an inevitable black market, and, if the plasma did not seem to be working, the tendency was to blame the quality of plasma rather than recognise the futility of the treatment.

Last week, it took a letter by a clutch of concerned public health professionals to India's Principal Scientific Adviser as well as results from a trial, published in *The Lancet*, spanning around 11,000 patients — that again found no benefit — to demote CPT. Further evidence is emerging that CPT may be contributing to the evolution of coronavirus mutations that, together, may have been the final nail in the coffin. However, this is not the end of

the road for treatments with limited scientific basis finding a mention in the ICMR guidelines. Hydroxychloroquine and the anti-parasitic drug, ivermectin, continue to find a place for the treatment of mild disease despite a specific mention of “low certainty of evidence”. There is an argument that doctors, battling a disease that has so far defied a predictable treatment regime, cannot always observe the necessary clinical equipoise. Unlike doctors on the frontline, a collective of experts such as the ICMR taskforce, has the comfort and the distance to dispassionately assess evidence and be very specific with its recommendations. Publicising these at regular intervals serves to educate the public about the evolving nature of treatment and be better prepared as future patients and caregivers. This will work better towards easing the pressure on doctors as well as in improving trust in systems that are designed to offer the best possible expertise.

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