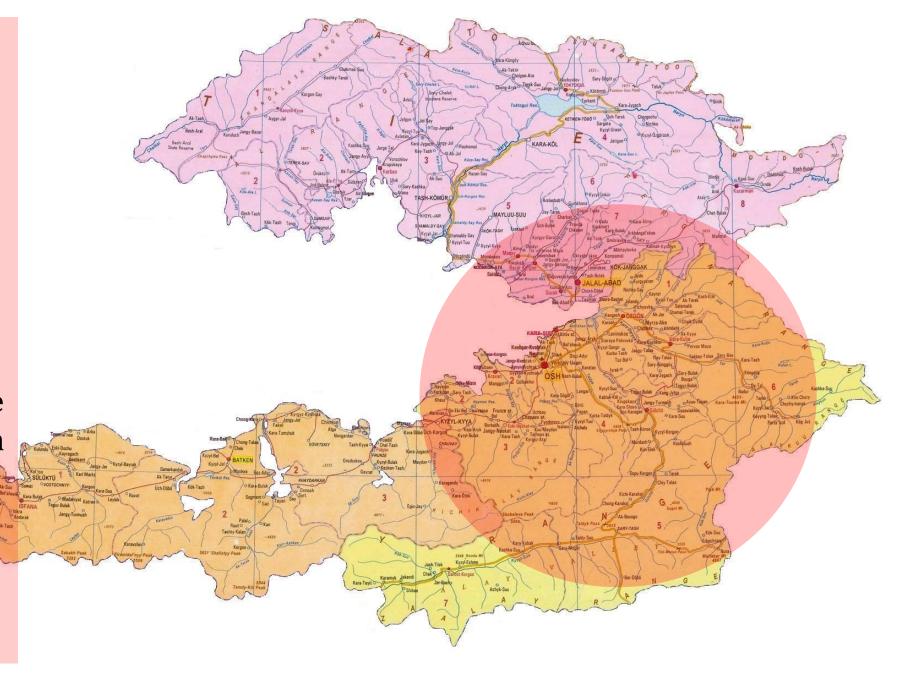
# OUR EXPERIENCE OF APPLYING THE RESULTS OF RESEARCH AND EVIDENCE-BASED MEDICINE FOR IMPROVING THE AWARENESS, ACHIEVING COMPLIANCE WITH SAFETY MEASURES AND IMPLEMENTING RECOMMENDATIONS BY THE POPULATION LIVING IN THE AREAS POLLUTED BY ORGANOCHLORINE PESTICIDES.

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The problems of organochlorine pesticides (OCPs) in the south of Kyrgyzstan are caused by two pesticide burial grounds left since the Soviet era; they are located in the Suzak district of the Jalal-Abad region; 45 sites for agricultural aviation with the residues of pesticides stored there; 183 (storehouses where pesticides were previously stored; some territories, the so-called "plague zones", where OCPs were used to fight against fleas of marmots - carriers of the plague; fields where industrial crops of cotton and tobacco used to be grown and where DDT was used for pest control [1].

☐ There are about 1 Mha croplands in the south of Kyrgyzstan, 60% of which were used during the Soviet era to sow industrial crops of tobacco and cotton using large amounts of pesticides, where at the moment the population grows melons and other vegetables of more than 20 species.



Despite the fact that pesticides were used there 35 years ago, OCPs are still found in the environment [2] and will be found in the future, while getting into the body through food OCPs cause various pathologies [1,3,4,5,6,7] and also effect the quality of breast milk in lactating women [8,9,10], and food, reducing the content of vitamin C in vegetables and fruits, loss of taste [11].



Therefore, the problem of preserving the health of the population living near these places comes first, at the same time, one of the reasons for the ingestion of OCPs from the environment is the lack of knowledge and awareness of the population about the places where OCPs are found and their impact on human health.



Measures taken to eliminate
pesticide factors by raising
awareness and implementing
recommendations based on
previously used methodologies did
not give the desired result.



On the other hand, there are no specific antidotes against OCPs, therefore, in order to preserve the health of the population living near these areas, it became necessary to develop ways to raise awareness and implement evidence-based recommendations to the population.



And accordingly, the
 objective of the work was
 to raise the awareness,
 susceptibility and
 executive discipline of the
 population living near
 these places.



So to develop evidence-based methods, acceptable, simple recommendations with the elements of evidence-based medicine and evaluate their effectiveness.

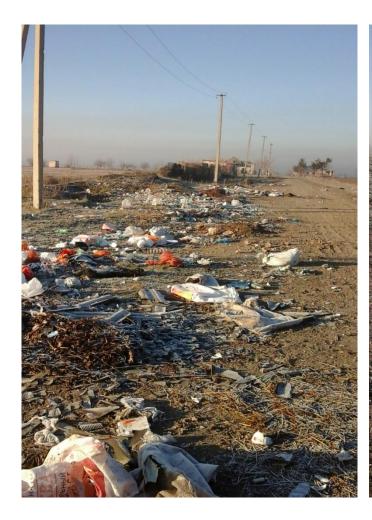
In 2010. in the meat of dead rams the content of COPs was: HCCHα 0.013 ±0.001 mg/kg, ΓΧCΓγ 0.005 ±0.001 mg/kg, HCCHβ <0.001 mg/kg; DDT 0.018 ±0.002 mg/kg; DDD 0.0036 ±0.0003 mg/kg, DDE 0.022 ±0.0002 mg/kg, totaling 0.0626 mg/kg.

Out of 32 poisoned people who consumed fried liver and meat of the same ram, the serum of three children showed DDT, DDE; α-HCG and β-HCG in all three did not exceed <0.005 mg/l.



Local population cultivates
cotton, maize and has a rest on
these areas











New buildings near the airstrip

- In studying the effects of OCPs on human body, type, concentration and the amount of detected types of pesticides in the body are of great importance, so it became necessary to determine the degree of environmental pollution with organochlorine pesticides and "it is advisable to use breast milk as a biomarker" [12], i.e. breast milk for determining the degree of environmental pollution is optimal and cheap, without any "damage" to the health of the examined women.
- To raise the awareness and executive discipline of the population living in environmentally unfavorable places, Institute of Medical Problems (IMP), South Branch of the National Academy of Sciences of the Kyrgyz Republic formed a group of toxicologists, chemists, microbiologists, radiologists, ecologists, epidemiologists, and other clinical, laboratory and diagnostic specialists to develop acceptable, simple, easy to implement and scientifically based methods and recommendations with the elements of evidence-based medicine for the local population.

The group studied the effects of OCPs found in breast milk, blood, urine, feces, semen, hair, nails, tumor and "pathological" tissues, organs and in the environment and their effects in the examined women and their newborns and children. Simultaneous examinations were carried out by obstetricians, gynecologists, neonatologists, neuropathologists, cardiologists, endocrinologists, gastroenterologists, hepatologists, hematologists, nephrologists, therapists, dentists, infectious disease specialists, oncologists, immunologists, and other specialists. Previous deliveries of the examined women were analyzed, past and concomitant diseases were also taken into account, full description of the placenta-afterbirth was made, histological, chemical (including neutron activation and mass spectral analysis) and microbiological analyses were performed.

Children were also examined by neonatologists, neuropathologists, infectious disease specialists, as well as pediatric surgeons, orthopedists, since some, including neurological pathologies, manifested themselves later [13]. The data obtained were entered in a specially designed research map and Excel sheet. Laboratory specialists: toxicologists, chemists, microbiologists, radiologists collected human and environmental samples for laboratory research, environmental experts studied the presence of active factors, epidemiologists - the disease incidence of the population depending on pesticide "loads" and other environmental factors, clinical specialists carried out preventive examination of the population.

Prior to the start of the research, a number of meetings with the local population, activists, leaders of settlements, deputies of local rural administrations, specialists and members of NGOs was held to explain the goals, objectives and methods of the survey and the necessity of conducting research data. When clinical and laboratory results were obtained, a methodology for seminars, webinars, talks, lectures and preparation of handouts, manuals, etc. for the local population and other professionals was developed. Moreover, during epidemiological, clinical and laboratory studies, meetings with the population were carried out; we explained them how we could help them and what the population and local authorities could do.

- The study was conducted in the southern cotton-growing regions of Kyrgyzstan, i.e. in the areas heavily polluted by pesticides used to control cotton, tobacco and plague vectors. The data of the preliminary assessment of soil and water pollution by OCPs in the south of Kyrgyzstan are given in [1], the results of earlier studies and other known data on cases of detection of OCPs in food and their concentrations are also collected there. As a control, the study involved women living in pesticide-free two mountain zones.
- To identify the places and degree of OCPs pollution, clinical and epidemiological studies were performed. We also analyzed OCPs concentrations in breast milk of lactating women.

Breast milk (BM) of 125 women, aged 18 to 45 years, with children from 6-10 days old, living in different zones, who currently do not have direct contact with pesticides, were subjected to examination. Depending on pesticide pollution, all the examined were divided into 5 groups and subgroups a) and b) depending on the source of OCPs. Group I included 20 women living in a conditionally pesticide free mountain zone in the Alai region. This zone (300 thousand hectares) is a conditionally pesticide free zone, because there were some plague foci (treated by pesticides) were registered in the past. The local population consume local food products of plant and animal origin.

- Subgroup a) included 3 women living in the village of Bulolu, located near the former plague foci, where, DDT was used (until 1982) to treat marmot burrows against fleas as plague carriers. During all these years, domestic animals grazed and gave birth near these places. As a vegetable food, the population used their own garden. Subgroup b) included 17 women living far from the former plague foci at a distance of 4–7 km, where animals grazed 8–10 km from the former plague foci.
- Group II included 32 women living in pesticide free mountainous area in the Kara-Kulzha district.
  Of them, subgroup a) included 16 women who used local food products, and subgroup b)
  consisted of 16 women who consumed food from the central bazaar.

- Group III includes 17 women living in the Aravan formerly cotton-growing region. The population grow cotton and are engaged in cultivation of vegetables, melons, legumes, fodder crops.
- Group IV included 24 women living in the cotton-growing zone, in the village of Burgandy, Nooken district, Jalal-Abad region. Of them, subgroup a) included 9 women living in the village of Uuru-Zhar, located 1–2 km from the unpaved agricultural airport, which functioned until 1985, then it was turned into an arable field, where cotton was grown until 1994, the population switched to cultivation of fruits, vegetables, gourds, fodder crops. In this area, the surface of the earth has slopes, i.e. the soil and OCPs are washed away by irrigation water and rainfalls. Subgroup b) included 24 women living in villages located at a distance of 4 to 6 km above the agro-airport.

Group V consisted of 32 women living in the cotton-growing zone of the same district in the rural community of Sakaldy, where until 1989 a stationary agro-airport and pesticide storehouses functioned. Currently, the agro-airport and pesticide storehouses (Fig. 1) are destroyed and abandoned. The terrain is flat, rainwater is deposited, irrigation water partially washes away the soil, including OCPs. Subgroup a) included 15 women living in a settlement located at a distance of 2–3 km from the agro-airport and near destroyed pesticide storehouses. Cotton and vegetables, fruits, fodder crops are grown here. Subgroup b) included 17 women living in the same rural community in the village of Arimzhan, located 5–6 km from the airport and pesticide storehouse.

Breast milk samples for microbiological and toxicological studies were collected according to the methodological recommendations of the Central Research Institute of Ecology of the Ministry of Health, MNIIEiM, TSOLIUV, Research Institute of Pediatrics and Pediatric Surgery [14]. For analysis, morning anterior (initial) and posterior (residual) portions of breast milk were collected from 125 lactating women, BM was collected in an amount of 10 ml in a sterile disposable tube with a lid, delivered to the toxicological laboratory in a container within 130 to 180 minutes.

- Organochlorine pesticides in BM was detected in accordance with the methodological recommendation [15] on a gas chromatograph "Tsvet -800 M", (Dzerzhinsk, Russia, 1990, upgraded, with software). The presence of the following pesticides was determined: hexachlorocyclohexane (HCH) ( $\alpha$ -,  $\beta$ -,  $\gamma$ -,  $\delta$ -HCH isomers), dichlorodiphenyltrichloroethane (DDT), dichlorodiphenyldichloroethane (DDD) and dichlorodiphenylethylene (DDE) isomers, aldrin, dieldrin, and heptachlor.
- Statistical processing of the obtained results was carried out using the methods of variation statistics recommended for biomedical research from the site
   (<a href="https://www.medcalc.org/calc/odds\_ratio.php">https://www.medcalc.org/calc/odds\_ratio.php</a> ).

In this study, the following types of OCPs were found in BM of the examined women: hexachlorocyclohexane isomers:  $\alpha$ -HCH,  $\gamma$ -HCH,  $\beta$ -HCH, DDE. The highest percentage (100%) and degree of OCPs pollution was found in Group V subgroup a) – women living in the village Sakaldy, near the former agricultural airport, the smallest percentage in Group I subgroup b) far from the former plague foci - 5.88%, the concentration level was  $0.0007 \pm 0.00$  mg/l in women who lived far away (at a distance of 6–7 km) from the former plague foci and consumed food grown in their garden and obtained from domestic animals grazing away from the former plague foci, i.e. away from the areas polluted by OCPs. Therefore, the data obtained indirectly indicate that, despite the fact that more than 30 years have passed, OCPs remained unchanged in the soil.

The highest concentration was found in Group I subgroup a) in women living near former plague foci in 2 women, the concentration was  $0.29 \pm 0.02$  mg/l, but it was not reliable due to the small amount, while in Group V in subgroup a) in women living near the destroyed agro-airstrip and pesticide storehouses that functioned before 1989, the total concentration of OCPs was  $0.044877 \pm 0.012$  mg/l, P=0.01. In some women, up to 4 types of OCPs were simultaneously detected in BM.

Among the mothers and children, the incidence rate was higher in women when 3-4 types of OCPs were detected in BM and concentrations over 0.03 revealed breast pathologies, menstrual irregularities, latent forms of toxic hepatitis, impaired intestinal biocenosis and other pathologies; when aldrin and heptachlor were detected, regardless of their concentration, the same pathologies with clinical manifestations were diagnosed. The disease incidence was higher in children than in mothers, it was manifested by pathologies of the gastrointestinal tract, jaundice-hepatitis, encephalopathies, malnutrition, immunodeficiency, congenital and other pathologies, impaired absorption of milk, repeated incidence associated with the intake of OCPs through the mother's breast milk was reported [12].

- When conducting seminars, webinars, meetings, conversations and preparing calendars, booklets, handouts, we used the results of scientific research, data on pathologies diagnosed by medical specialists and laboratory tests. We also prepared recommendations for the local population, local authorities, agronomists, environmentalists, medical workers, members of different NGOs and activists.
- Nevertheless, based on the results of the study, the following recommendations can be made for the population living in the study area:
- prohibit farmers from growing fruits, vegetables, legumes, gourds, fodder crops, as well as grazing animals at a distance of 4-5 km from these objects in the places of former agro-airports and destroyed pesticide storehouses;

- state environmental protection agency and local agronomists are recommended to carry out soil remediation through winter-spring soil leaching, planting trees, which are then used by local residents only as building material;
- for medical workers, the population living near the places of former agro-airports and pesticide storehouses to be classified as a risk group and for women to conduct BM examinations for OCPs, if they are found, to take appropriate preventive measures;
- as regards scientific aspect, it is necessary to study the actions of OCPs in the human body that
  penetrate through the gastrointestinal tract, taking into account the nature of the diet and
  lifestyle of the local population, to search for funds based on local raw materials to eliminate
  OCPs from the gastrointestinal tract;

Also, during the seminars, we cited specific examples (for example, your and your child's illness is due to OCPs in your body, which came through cow's milk, meat and dairy, vegetables, melons, grains and legumes grown in pesticide polluted soils and waters - places of former pesticide storehouses, agro-airports, fields of former cotton and tobacco fields. Therefore, in order to maintain health, you should follow these recommendations, in these places and fields you have to plant trees for building materials, graze animals away from these places). Such meetings and seminars gave good results, the local population began to comply with our recommendations and demand that the authorities solve environmental problems.

Outreach should begin with the most respected members of society, the "Aksakals". - older generations.



Meeting of physicians with women



Thus, in order to improve, raise the awareness and achieve compliance with safety measures and implementation of recommendations by the population living in places polluted by organochlorine pesticides, it is necessary to conduct a comprehensive study to determine the "degree of danger" for the pollution health. For this it is necessary to use breast milk as a biomarker and carry out a preventive examination of the population. When carrying out activities, use the data obtained from studies with specific examples, provide the local population the results of studies and recommendations so that they could demand from the local authorities the implementation of measures to eliminate OCPs pollution on the basis of the Stockholm Convention [16].

- Scientifically based approach with the elements of evidence-based medicine will make it possible to raise the awareness of the population; their demand will also be justified, i.e. the population will demand from the authorities to withdraw the residues of obsolete pesticides and toxic substances, demand compensation for the "damage" caused to their health.
- To increase the effectiveness of ongoing seminars, meetings among the population and to raise the awareness and executive discipline, it is recommended to conduct a comprehensive study of the area, examine the local population by using our methods with the elements of evidence-based medicine.

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