Prologue: An Ode to APLAR
Down Memory Lane: A first person short story

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Who doesn’t enjoy celebrating a birthday, an anniversary, may it be personal, be it in the family, or of one’s country? So why not the Golden Jubilee of APLAR?

Asia Pacific League of Associations for Rheumatology (APLAR) covers nearly four billion people housed in more than one-third of our planet. As the sun rises brightens Japan, New Zealand and indeed all of our 27 member countries including Central and West Asia, it’s time to ruminate, celebrate our Golden Jubilee. The story began when two famous Australian physicians procured International League against Rheumatism’s (ILAR) authority to initiate a regional league, South East Asia and Pacific Area League (SEAPAL) akin to EULAR and PANLAR, in 1961. Delegation of four founding fathers from Australia, India, Japan and New Zealand formally announced the birth of SEAPAL on September 9, 1963 (Auckland), rechristened APLAR in 1990.

The first ever conference of SEAPAL (i.e. APLAR) was organized in 1968 in Mumbai, (“Bombay”), at the landmark 1903 founded heritage Taj Mahal Hotel across the iconic Gateway of India on the enchanting waterfront. This renowned Hotel was also the venue of Indian Rheumatology Association’s (IRA) annual conference (1995) that I organized together with esteemed Mumbai rheumatologists; by the way, also visited by unwanted ten notorious terrorists in 2008 who set it aflame, but now restored to its original glory. This first SEAPAL Congress organized by the late Professor M.M. Desai, the founding President of IRA, later SEAPAL President deliberated on topics to include Infection and Arthritis, appropriate isn’t it? Full proceedings were published. I was a young medico then, and little did I realize that I would end up as a Rheumatologist, thanks to my bold decision and encouraging interactions with Professor Desai who lived right across my house on the same street in Mumbai. Later, he entrusted me to be the Honorary Secretary of IRA. Much later I became its President in 1985; elected, installed President of APLAR 2002, and eventually conferred upon Master of APLAR and Honorary Membership. What an honour!
My first international participation was at ILAR Congress, Kyoto, 1973, and my debut at APLAR Congress in 1976, Singapore. Since then at APLAR Education Committee we worked silently to promote Rheumatology in emerging nations with missionary zeal. Our thrust was public awareness programmes. I really enjoyed writing tiny literature pieces for patients and doctors alike in India and had the honour to edit and publish the Manual of Rheumatology for IRA. The 4th edition should be released soon by my worthy successor.

Rheumatology was indeed in infancy. Ken Muirden (Australia), Richard Wigley (New Zealand) and John Darmawan (Indonesia) took the bold initiative to set up clinics in Indonesian villages, an humble beginning of internationally acclaimed COPCORD projects with ILAR-WHO stamp. This flagship project was nurtured by subsequent APLAR Presidents notably Tito Torralba (Philippines), S.L. Chen (China); also by F. Davatchi (Iran), S. A. Haq (Bangladesh). Their teams collated valuable data on patterns and prevalence of the burden of rheumatic diseases, with most innovative, demonstrative endeavours of Dr. A. Chopra (India), papers presented at ACR conferences. Similarly, in my own humble way, I seeded Free Arthritis Camps languishing Indian village settings denied medical facilities worth its salt at different locations through primary centres and via midtown hospitals. On one Sunday each month I used to travel by a 4.00 a.m train to camp locations to personally examine and treat at least a hundred patients together with a team of young local doctors and paramedics. Over five continuous years 6,400 patients were examined and information processed at an
EDP centre in Mumbai in an era when PCs, laptops and mobile phones were nowhere in sight. Findings are reported in the APLAR Journal of Rheumatology (1998), also in The Rheumatologist published by American College of Rheumatology (August 2013). The joints of the knees followed by the back and the hands were the most affected, and then the hips, unlike in the West. In those patients who came with lab reports, ASO titre test was frequently ordered, a slight elevation of the value thought to be specific for rheumatic fever, long term penicillin injections unfairly administered to thousands of children in the hope of preventing rheumatic heart disease. This erroneous practice is rationalized since. Aspirin and NSAIDs ad lib were given to every patient, DMARDs sparingly if at all. A pack of chloroquine tablets carried a picture of a mosquito, many doctors and patients thought it irrational to prescribe antimalarials for RA. (By the way, I submit that the term 'antimalarial' as a DMARD should be done away altogether). I incurred criticism from fellow doctors for prescribing dangerous drugs such as methotrexate. Today DMARDs are prescribed fairly even by family physicians.

Looking back, such endeavours, even if so humble, had a lasting impact towards evolving simple diagnostic algorithms, simplifying treatment modalities and asking for supportive laboratory tests from metro centres, above all, recognizing rheumatology as a specialty in the medical community. Today, diehard critics and cynics may term such modest attempts laughable. Nevertheless, with hundreds of CMEs organized by my committed colleagues, rheumatology has come to earn grudging respect even by orthopedic surgeons and other superspecialities. Rheumatology Associations in developing nations since became fountainheads, forums and a force to reckon with.

**Spreading the gospel of Rheumatology:**

Patient education programmes, the hallmark of initial endeavours with resounding success was patient communication, by the scores, by the hundreds. The barriers to communication were shattered through an approach of economy, simplicity, multiplicity .... Above all, with a positive cheerful approach to elicit and generate patient confidence and compliance.

As APLAR President, and even before, I seized the golden opportunity to initiate and encourage rheumatology through first ever CMEs in Bangladesh, Sri Lanka, Pakistan, Myanmar, even in the Middle East, Muscat and Dubai. Today, senior APLAR society national members breathe rheumatology and breed young ones.

When at ACR’s International Advisory Board meeting invited as President Elect of APLAR, I urged my esteemed colleagues, “If you Americans can set up McDonalds and KFCs in Asian towns, why not encourage Rheumatology in developing countries”? At once the ACR Board and Professor Michael Wienblatt, ACR President then, authorized gift of educational kits to select countries Latin America, Africa and APLAR region ... Bangladesh, Sri Lanka, Vietnam, Myanmar, India, Indonesia. The kits were dispatched with typical...
efficiency and speed of ACR Office, caught some of us unaware of customs duty headaches which we sorted out. Thank you ACR.

At our most enchanting APLAR Congress 2004 at Jeju Island (a hot favourite of South Korea’s honeymooners), the first formal APLAR-ACR symposium was organized through my presidency; since then ACR-APLAR CMEs are a regular feature at APLAR Congresses. A rare invitation to join Annual Meeting Planning Committee (AMPC) enabled me to work closely with distinguished ACR colleagues. The Committee accepted my suggestion to organize ACR-APLAR Clinical Symposium Arthritis in Developing Countries: Problems and Prospects at ACR Conference, San Diego, 2005, moderated by David Wofsy and addressed by Jonathan Kay, F. Davatchi (Iran) and P.K. Pispati (India).

**Back to the future:**

Fifty years of endeavours to bring Rheumatology science to the masses is a success story of dedicated leaders, and striving rheumatologists. More is on the anvil. Brilliant young doctors are encouraged by generous APLAR Fellowships to work in centers of excellence of their choice anywhere in the world. We bank on them to propel APLAR to harmonize Rheumatology making innovations accessible to diverse populations. I deem it an honour to serve with national and multinational colleagues, with the approach of reason and positive emotions which is passion. Incidentally, as I too complete 50 years as a doctor, I salute my peers, my teachers, my esteemed colleagues, my patients for this lifetime opportunity as Rheumatology’s humble disciple.

APLAR at 50 is a story of inspiration, dedication of so many and hence the celebration.

![Image](image)

**Viva APLAR, MANY HAPPY RETURNS!**

A Vote of Thanks to:

President Zhanguo Li. All Ex Com Members, every President of Member National Organisation, each Past President, COPCORD authors, IJRD Editors and APLAR Fellow reporters to pen for us.

I am indebted to one and all of my esteemed colleagues at Indian Rheumatology Association where I have grown since 1973 .... 40 Happy Years!
APRAR Singapore Office: We are pleased to have an efficient Association Manager in Ms. Arpita Bhose bringing in rich experience of having worked at the Royal College of Physicians, London. "I have worked with 3 Presidents so far, Professor Kim, Professor Handa and Professor Li. All the Executive Committee and Members have been so welcoming and helpful since my first day. I feel great pride in my association with APLAR and I wish them every success for the future. They are a wonderful, inspiring group of people". Working at 'Formula One' speed, my personal thanks to you Ms. Arpita Bhose.

May I thank Ms. Christine Rebello, Mumbai, who bore the burden of secretarial overload.