

Table 2 shows that even with a very high percentage (>70%) of contaminated tubewells, there were 105 villages with no patients. This raises interesting questions: perhaps the water use practices of the residents of these villages are conducive to increased resistance to arsenic, their nutritional status may be better than other villages, there may be patients who do not show visible signs of disease, etc. On the other hand, large numbers of patients were identified in some villages with relatively fewer numbers of contaminated wells. There were over 50 patients in three villages where less than 30% of the wells were contaminated (Table 2). Further research should be conducted to determine the factors that inhibit or accelerate arsenic related diseases. Names of the villages where 100% of the tubewells were found contaminated, but not patients could be identified has been given in Annex V to help future researchers. The other health related aspect is treatment of patients. Although no cure has been found for chronic arsenicosis, it has been reported that the symptoms are reversible up to certain point if a patient discontinues ingesting contaminated water. If a patient crosses this threshold, he/she still needs medical assistance to save one's life. For instance, amputation may save the life of a patient suffering from gangrene. Palliative drugs may also be administered along with micronutrient supplement. However, the first task is to identify the patients and give them sound medical counseling. The list of villages where at least 10 patients were found is given in Annex III to help future medical intervention.

Table 2. Number of villages with % TW contamination vs. Patients

% TW Contamination		No. of patients			
		>50	21-50	1 to 20	0
70.01-100	8	17	108	105	238
30.01-70	1	2	35	59	97
0.01-30	3	1	12	105	121
0	0	0	0	41	41
Total	12	20	155	310	497