Preventive Otorhinolaryngology

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Abstract

Curative medicine and curative surgery are no doubt of interest to every body. However, a host of diseases in the area of ear, nose & throat are curable, on the other hand, a number of them are only controllable, not curable. Several amongst them are preventable as such or their complications and sequelae can be prevented or minimised. It is high time that more awareness is created towards better understanding of the preventive aspect of Otorhinolaryngology practice. The time & energy spent on managing complications & sequelae can be easily saved and easily utilized in a better way in improving expertise to cure the diseases through more research & interaction.

Heading towards the close of the 20th century, the modern otorhinolaryngologist is armed with a number of sophisticated tools & equipment incorporating magnification, bright uniform illumination, flexibility in endoscopic viewing and LASER sharp cutting making diagnosis and management of diseases precise and nearer to perfection. **Moreover, better** understanding of basic anatomy & physiology with high precision electron microscopy and genetic engineering has given clear concept of every organ. Today, medical scientist has clearer concept of Molecular Biology and has an application of nuclear Medicine. C.T. scan and MRI as investigative tools have made the diagnosis & prognostication of diseases easy. The advent of newer generation of antibiotics, on one hand, ensures more bacteriostatic & bactericidal effects on causative organisms, on the other their unrestrained use has lead to resistant strains and toxic effects as well. There are now facilities for regular exposure to continu-

ing medical education programme. This facilitates any desirous specialist to get trained and to keep update with the latest technological advancement in the field. Advancement in communication has made it easy for anybody to communicate at even global level.

To bring home the usefulness of preventive ORL, one can cite the examples of secretory & suppurative otitis media as a sequelae of recurrent respiratory catarrh, cleft-palate & otitis media, submucous fibrosis developing with prolonged use of betelnuts, 'panpaparag', 'panmasala', besides cancer lip & cheek having definite relationship with tobacco, streptococcal infection in tonsil vis a vis Rheumatism, odontogenic sinusitis, mycotic infections in E.N.T. etc. It is well known that noise induced deafness can be prevented and minimised. AIDS which has initial manifestation in the aerodigestive tract can be prevented. Even genetic counseling and premarital genetic evalu-

ation & matching of the proposed couple can bring down the incidence of congenital deafness, otospongiosis and even of primary atrophic rhinitis. A little more care during perinatal period can reduce the incidence of otitis media resulting from aspiration of meconium, water or milk. By creating awareness among parents, the bad effects of household self medications can be minimised. Identification of allergens & pollutants can bring down the incidence & severity of allergy involving food and respiratory passages. Relationship of infantile eczema and, bronchial allergy later in life, that a proptosis can have a cause in nose and sinuses, and that toothache may be heralding symptom of cancer maxilla, are some of the facts requiring more attention.

How to Achieve the Goal of Preventing & Minimising the Incidence of all the Diseases Mentioned above ?

The effort at preventive OTL has to be multipronged. As Otorhinolaryngologist & head and neck surgeon this is our prime responsibility to make direct and indirect effort to see to it that the preventable diseases are prevented, the controlables are controlled, the curable is cured, and those requiring rehabilitation should receive their due. Some of the measures in practice include immunization, breast feeding in correct position as shown in popular UNICEF displays & slogans.

It is worth accepting a fact the populace in most of the Asian and other developing and underdeveloped countries of the world have to be approached in a little different way in order to convince them on the application of the different measures to be adopted to minimise or to prevent occurrence of several diseases, their complications & sequelae. The main reason behind the difference in approach is low literacy in the vast populace, poor modes of communication etc. Therefore, we ORLists have to sit and discuss on the various measures to be adopted to percolate effectively in the masses

in order to achieve the desired goal of preventive ORL, this being a step forward towards HEALTH FOR ALL. Interaction with social activists & workers, voluntary organisations, governmental agencies, and taking full advantage of media, besides ensuring cooperation from political parties & groups are some of the steps towards achieving the target.

In order to make the approach at preventive ORL more practical & scientific, the ORLists have to discuss and decide at their scientific meets & conferences on the various methods to be adopted to prevent a large number of such diseases involving ears, nose & throat. Some of the methods which need consideration are mentioned below. The ORLists should review them for their practical application.

Awareness Creation

1. Separate session on Preventive ORL in every scientific meet involving ORLists: Be it a state, zonal or national meet of E.N.T. specialists, some time should be earmarked for discussion on preventable diseases.
2. Separate chapter on Preventive ORL in textbooks on E.N.T diseases: Every author of such books should ensure a separate chapter on role of prevention in E.N.T. practice.
3. Interaction with social workers, political workers, religious workers & preachers, teachers specially at school level : The ORList should try to educate this group at local level on the advantages of care & precautions as applicable to prevention of diseases in E.N.T.
4. Separate chapter on Role of prevention in health-care should be incorporated in appropriate textbook of every school level class. Therein a paragraph should be written on simple measures to be taken to prevent or minimise ill effects of diseases of ear, nose & throat.
5. Print media, TV, Radio should be used to

educate people on above mentioned measures to be adopted to safeguard their health.

6. Posters, bills, banners with pictures & sketches, briefly mentioning care, precautions, warnings related to care of ear, nose & throat should be used to educate masses, specially at exhibitions, melas, village haats, marketplaces, bus & railway stations, teaching institutions etc.
7. Special organisation of World deaf day (last saturday of September), No-tobacco day (24th May), Handicapped day (3rd Dec) should be done involving E.N.T. specialists & lay public.
8. Paramedics, Nursing staff, Health workers, Panchayat workers should be subjected to special short term training programme once every year wherein they should be exposed to measures on prevention of diseases in E.N.T.
9. Interaction with General practitioners, Paediatricians, Obstetricians besides other co-professionals at the forums like IMA, API, IFOG, IAP, NAMS as well as at smaller meetings wherein inter-professional exchange of information and ideas can be done.
10. Pharmaceutical companies should be advised to sponsor on priority basis any of the programmes on Preventive ORL.
11. Government, semi-government, WHO officials & agencies, UNICEF should always be approached wherever available, their involvement is of much use.
12. The AOI & HNS should form a sub-committee or working group which should have a member from state and should be assigned the task of formulating a comprehensive programme and should draft a set of slogans convincing people on the usefulness of preventive measures to prevent certain diseases in ear, nose & throat. The

committee should have an annual meeting at the time of annual conference of the A.O.I, and during the rest part of the year should communicate through letter. Initially, the sub-committee should be given three months time for the work. The recommendation should be communicated to state chapters and branches.

At the end, I wish to suggest a few messages on preventive ORL: These should be transcribed in English, Hindi, Urdu, Bangla, Telugu, Malayalam, Kannad, Oriya, Assamese, Marathi, and all other regional languages as the situation demands.

Useful Messages Suggested for Hand- Bills

1. Born deaf can be rehabilitated with hearing devices, implants, and speech defects can be corrected with prompt treatment, including speech therapy
2. Get treatment for deafness, discharging ear, giddiness, Sinusitis, Hoarseness, other voice problems, swallowing problems early to get better relief. Nagging discomfort in throat and progressive hoarseness or difficulty in swallowing may be the features of cancer.
3. Annoying & painful sound is injurious to ear, may damage hearing, avoid or wear sound restricting ear muff or helmets covering ears.
4. Never put house-hold medication in ear, may result in irreversible damage & hearing loss.
5. Bathing in dirty ponds & rivers can lead to fungal infection in ear, nose & throat or discharge from ear; avoid them.
6. Common cold, discharging ear, running or bleeding nose is never a milestone, promptly visit doctor, frequent cold results in infection in ear, early treatment prevents complications.

7. Tobacco, Betelnuts, Gutka, Paanmasala, Khaini in all forms are harmful and may produce cancer or precancerous distressing conditions —Do not use them.
8. Avoid unchecked medication during pregnancy —may lead to hearing loss & speech defects in the new born.
9. Genetic counseling, before marriage & conception can prevent several diseases. Deaf from Otospongiosis, & the one suffering from Atrophic rhinitis should not marry the other one suffering from similar disease.
AIDS has the initial symptom of sore-throat with unexplained weakness, consult doctor.