THUJA-IN MANAGEMENT OF LARYNGEAL PAPILLOMATOSIS

Dear Editor,

Benign squamous laryngeal papillomatosis is a difficult condition to treat due to its recurrence. Repeated surgery leads to fibrosis, web formation and poor quality of voice. Use of homeopathic medicine Thuja (*Arbor Vitae*) post operatively has shown very good results. We wish to share our experience of five cases of recurrent laryngeal papillomatosis, treated at Command Hospital Air Force, Bangalore.

Laryngeal papillomatosis forms one of the major causes of progressive hoarseness of voice. The diagnosis is confirmed by laryngoscopy which shows warty growth on one or both vocal cords. The histological examination reveals a characteristic arrangement of cells in benign epithelioma. Surgical removal is invariably followed by recurrence [1,2].

Thuja is a homeopathic medicine which is known to cure benign warty excrescences and condylomas. It acts particularly on skin and mucous membrane of respiratory tract, especially on papilloma of the larynx [3]. Different therapeutic doses of Thuja have been advocated for papillomas [4]. There are no side effects of the drug at any potency dose [4]. A trial of this drug has shown good results [5].

A total of five cases of laryngeal papillomatosis who have had recurrence after the first surgery seen during the period January 1995-December 1996 were subjected to direct laryngoscopy under GA and microlaryngeal scalping was done. These patients were then subjected to Thuja 1 M (one thousand potency) monthly dose for a period of three months, followed by monthly dose of 10 M (ten thousand potency) for the next three months. Cases were reviewed periodically. There was no recurrence seen in these cases upto 1 1/2

- 2 years followup.

Thuja in the potency of 1 M given to the patients for three months and 10 M for another three months after microlaryngeal surgery, in cases of recurrent benign squamous papillomatosis has shown marked improvement in the quality of voice. Our results are comparable to earlier studies [5].

It is recommended that Thuja be tried as an adjuvant to microlaryngeal surgery in cases of recurrent laryngeal papillomatosis for successful results.

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OCCUPATIONAL INJURIES: HUMAN FACTOR INTERVENTION

Dear Editor,

It is interesting to report four cases of occupational injuries among MT drivers in our base within a period of last two months. Four air-men, (two LAC's, one Cpl and one Sgt) of MTD trade reported to the Station Sick Quarters (SSQ) with scalds (three of them on the face, one of them on the forearm) subsequent to opening the radiator of the services MT vehicle they were driving while it was still hot. All three with scalds on the face needed admission in the SSQ whereas the fourth was treated on an outpatient basis.

It is a well known fact that steam from radiator of any MT vehicle can cause severe scalding because of the moist heat it generates and adequate care is to be exercised whenever attempting to handle the radiator. The fact that these injuries occurred in specialist tradesmen without any predisposing circumstances points towards the human factor involvement in such occupational injuries. Is it that we forget to reinforce these basic precautions, taking them for granted in the belief that they are well entrenched in personnel who have put in some amount of service? It again points to the need of reinforcing the basic precautions to be taken and adopted in any occupation and at any level of experience. It was sheer good luck that none of these

individuals sustained permanent injuries or any damage to the eyes.

Human factors in incidents/accidents is a well documented fact and probably one of the most difficult to solve. Why a particular person reacts in a particular way has been a subject of research without any conclusive results. It is this particular behaviour that has been responsible for these occupational injuries. The preventive measures still remain repeated reinforcement of the precautions to be taken and adoption of safe occupational behaviour by various means e.g., lectures, meaningful posters at the workplace and regular training.

All this does not absolve the medical authorities who need to involve themselves actively in the occupational environment of the personnel under them. Unless they are aware of the occupational hazards they will never be able to grasp the significance and the preventive measures of any occupational injuries. They need to keep an eye for any recurrent pattern of injuries to spot a problem area in the occupational environment at the earliest.

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