VENEREAL DISEASES AND GENERAL PRACTITIONERS

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Summary

In our country, most of the patients with venereal diseases are being tackled by the general practitioners. These practitioners may be of great help in the different aspects of nation-wide venereal disease control programme if their services are properly oriented and integrated.

Venereal diseases (VD) are now topping the list among the communicable diseases in our country. There is no accurate data available in our country to indicate the true incidence and prevalence of these diseases. From the limited available sources like blood bank donors, antenatal patients etc., the incidence of these diseases has been estimated to be somewhere between 3 to 8 percent in our population. The incidence of course is relatively higher in urban areas and industrial belts than in the rural areas.

In the world only a few countries can claim to have solved the problem of venereal diseases. Attempts which are going on in many countries to control them reasonably meet with variable success. Soon after our country attained independence, the control of venereal diseases was given serious consideration. With the successive five year programmes this matter has been relegated and lesser amount of funds has been allocated for it. It is however gratifying to note that the matter is still getting some attention of the health authorities in certain states of India.

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Some are of opinion that the treatment of the patients with venereal infection or with suspected venereal infection by the general practitioners is not desirable. This is not only from diagnostic and treatment point of view but also from epidemiologic and sociologic aspect. This is because VD control programme is an integrated one comprising diagnosis, treatment, epidemiologic and sociologic follow up. Moreover the diagnosis becomes difficult when the patients are referred to VD treatment centres after institution of some treatment outside. This is true, specially so in some countries like U.K. where venereology is considered to be a speciality (and has not been jumbled up with dermatology), venereal diseases a national problem and there is a network of well organized VD diagnostic and treatment centres with excellent provision for epidemiologic and sociologic follow up.

In a country like ours where the incidence and prevalence of venereal diseases are high, the number of VD treatment centres are grossly inadequate all over the country and a real nation-wide VD eradication programme is

absent, we have to depend on as many resources as possible to control the venereal diseases. General practitioners constitute one such major resource and have a definite positive role to play in the control of venereal diseases in our country. It has been our experience that many patients do not like to attend the VD treatment centres for fear of being identified. They also do not like the long waiting which one has to do when attending such a clinic. Such loss of time may possibly lead to losing the daily wages in daily wage earners. Therefore very often a general practitioner is preferred by the patient to a VD treatment centre.

The general practitioners here are tackling a vast number of patients with venereal diseases. It is said that for one case of early syphilis seen in a VD treatment centre, twenty cases remain unseen. Most of them go to the general practitioners ; some to the quacks. Moreover in the treatment centres we find less number of cases of acute gonorrhoea than early syphilis even though gonorrhoea is the commonest venereal disease. For one case of early syphilis there occur at least three or four cases of gonorrhoea. Where are they going? They are mostly being treated by the general practitioners. In India, any one who has a syringe and a vial of penicillin can practice venereology. Certainly the general practitioners are much better equipped tackling these venereal patients than the quacks who are even now abundant in this land.

In this country syphilis and gonorrhoea are not notifiable. Even in those countries where they are notifiable, general practitioners are sometimes reluctant to send the names of the victims to the health authorities for fear of losing the practice. Same is also true of our general practitioners. In fact some workers are against policy of notification as that will force many cases to go underground because these diseases are even now considerend to be a social taboo, a matter of shame and secrecy.

The general practitioners may be oriented with the current knowledge in venereology so that they may suspect and/or reach at a correct diagnosis of a case of venereal disease and a rational treatment may be instituted. This orientation may be done through the concrete efforts of different medical institutions and medical forums in the country.

This orientation may be integrated with family planning measures. It is often said that population explosion is possibly the result or effect of sex explosion. Free use of contraceptives other than the rubber sheath has been considered to be a factor in increasing the incidence of venereal diseases. The knowledge that the rubber sheath is a good though not an absolute prophylactic measure to both pregnancy and venereal diseases may easily be transmitted to the clients by the general practitioners.

Free facilities for the dark field test for treponema pallidum, standard serological tests for syphilis, etc., may be extended to the general practitioners by establishing laboratories in different corners of the country by the health authorities.

Medical practitioners may be approached by different medical forums to stress on the importance of serological check up of antenatal cases. As the medical practitioners are in day-to-day touch with the families, they are in a better position to convince the housewives the importance of a serological check up.

Few years ago a serological survey of more than two thousand consecutive antenatal cases in Eden Hospital, Medical College, Calcutta was conducted

and we found 3.2 percent of them to be seroreactive. As high as 14 percent seroreactivity among the antenatal cases has been reported from Maduri a few years ago. It has also been claimed that the outcome of 70 percent pregnancies with untreated early acquired syphilis is bad in some way or other.

Facilities for epidemiologic help may be extended to the general practitioners whenever necessary. General practitioners may however send their cases which appear to remain undiagnosed or complicated to the nearest available venereal disease diagnostic and treatment centres with a note. A two-way referral system between the general practitioner and VD treatment centres will be very encouraging. This will help the general practitioner in knowing the diagnosis and treatment of the individual patient he has referred to the specialist so that he may not lose his client. A general practitioner may however refer his case to a consultant if the patient is reluctant to attend a public clinic.

The professional girls have often their own doctors who are very often general practitioners. In my private practice rarely have I come across a professional girl coming for professional help. It has often been found that a good relation between the patient and the physician exists. Thus the physician can convince the client the importance of regular medical checkup and can influence others of the same profession through her. This will certainly help in reducing the reservoir of infection.

The general practitioners have a tremendous role to play in sex education. Through the house physician not only the growing boys and girls but also their parents may get a good amount of knowledge about sex and venereal diseases.

The general practitioners may similarly play a role in teaching prophylactic measures to their patients who become the victims of venereal diseases repeatedly.

Thus one can see what role the general practitioners can play in our country in the control of venereal diseases in its different aspects if they are properly integrated into a real nationwide venereal diseases control programme. This integration programme should include the general practitioners, different medical forums of the country, voluntary agencies, VD diagnostic and treatment centres and the health authorities. In fact in some countries the general practitioners are taking active part in their national venereal disease control programme.