EDITORIAL

PLANNING THE DERMATOLOGIC SERVICES IN A COUNTRY (II)

The second step in the planning of the dermato-venereologic problems in a country, lies in the eradication/control of these diseases. According to the current status of our knowledge, all diseases can be classified into 3 categories, (1) preventable diseases, mostly those which are caused by infectious agents transmitted from one individual to the other, (2) curable diseases, for which we as yet do not have means for the prevention of these diseases, but the patients can be cured with appropriate treatment, and (3) diseases for which only symptomatic treatment can be provided, but recurrences cannot be prevented. A fourth category also can be appended to include diseases for which almost nothing can be done.

As a general policy, all diseases which can be prevented must be eradicated first so that the total load of the patients on the medical profession can be decreased, enabling the profession then to concentrate on the remaining diseases. It is generally believed that skin diseases are not curable, and almost every dermatologist is confronted with the taunt that the dermatologists are not bothered by emergencies, the dermatologic patients do not die and they never get cured. The facts however, are otherwise. The dermatologists do have to attend to emergencies such as drug reactions, acute urticaria, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, exfoliative dermatitis, multiple bee-stings, acute irritant dermatitis, contact dermatitis, pemphigus, acute SLE, cellulitis etc, although not as frequently as some other medical specialists. If the dermatologic patients do not die, it is something to be proud of. The most important aspect however, which many dermatologists even are not aware is that skin diseases are more curable compared to the diseases belonging to any other medical speciality. The author has often challenged other medical specialists to count one disease which they can cure in their speciality and we would count two dermatologic diseases that we can cure. And that is a fact as will be evident from the discussion that follows :

The only diseases that the medical specialists can claim to cure are pyogenic and tubercular infections. For other infections including fungal, candidial and viral diseases, they have almost nothing. Dermatologists on the other hand can cure all pyogenic, tubercular, dermatophytic, candidial, and at least half the cases of viral and deep mycotic infections. Leprosy is a completely curable disease and so are scabies and pediculosis. The only thing that we have not done so far is that we have not instituted measures that will minimize or completely stop the occurrence of new cases. This means that in addition to treating the patients that report to us, we have to educate them about the causative agents of the disease, sources of the agents, modes of transmission and the measures that need to be taken to prevent recurrences in the same patient as well as spread of the disease to the other individuals. Diseases like favus, cutaneous leishmaniasis, dracunculosis, piedra etc, which are endemic to certain areas only, should have been eradicated by means of case detection, treatment and other suitable measures to wipe out the endemic foci. The same approach is needed for leprosy and kala-azar. The financial inputs that are required for such projects may sound very high but compared to the total expenses required to treat

the ever-recurring new cases of these diseases, eradication procedures would prove to be cost effective and worth the effort. The costs could also be reduced by combining the control measures of 4-5 preventable diseases, so that the same person could be trained for detecting and treating the patients having all these diseases in the same trip. If the programme could not be started throughout the region all at once because of financial limitations, it could be started in smaller areas in the beginning and then extended to the adjoining areas. One has to realise that if all or almost all the open cases of leprosy were to be brought under chemotherapy within a span of even 5 years, the incidence of new cases would register an unimaginable decline, and then the total eradication of the disease would become much easier. The same thing can be said about scabies and pediculosis, because these diseases can be eradicated almost as easily as small pox, since one day's topical treatment is as a rule enough; we only need to treat the source as well as those to whom the disease has been transmitted further. For the more common infections like pyodermas, dermatophytosis and candidiasis, eradication programmes are not feasible because the organisms are so ubiquitous, but regular daily cleaning with soap and water alone can significantly reduce the prevalence of these diseases. It is time that we shed the erroneous belief that soap and water are harmful to the diseased skin, bathing with soap water rather helps to dislodge the infecting organisms. Prompt adequate treatment of the disease would help reduce eliminate the reservior and the source of organisms to the other individuals, and to prevent recurrences the treatment should be carried on for a little longer time so that the lurking organisms are also eliminated. Above all, the predisposed individuals must be advised to control the recurrences by the use of prophylactic measures such as dusting antifungal powders in the toes and groins, and avoidance of synthetic clothes during the summer and rainy seasons in individuals predisposed to tinea interdigitale and tinea cruris, adequate control of diabetes in patients having recurrent boils, carbuncles and candidiasis, and so on. No doubt people in the tropical countries would continue to be more predisposed to infections, but unscrupulous aping of the western style of clothing and other habits, would certainly tend to make the situation worse for us. We must adopt what is good for us and discard what is not.

Allergic and immunologic diseases are another field where the dermatologists can claim to score over other specialities. Most patients having drug reactions including even Stevens-Johnson syndrome and toxic epidermal necrolysis can be saved if the procedure outlined by the author is followed. It is significant to note that we have lost only two cases having toxic epidermal necrolysis out of nearly 50 cases treated during the last 5 years, and as a policy we use the provocation test in all cases (except anaphylactic reactions) to find out the causative drug. The provocation test in our hands is absolutely safe and this helps to prevent recurrences which may occur elsewhere under uncontrolled circumstances. Periodic reports informing about the drugs commonly responsible for different types of drug reactions should guide the profession about the drugs which should preferably be avoided, but such reports must be based on provocation tests and nothing else.

We can also detect the cause, relieve the patient and prevent further recurrences of contact dermatitis due to cosmetics, wearing apparel, jewellery, topical drugs, industrial chemicals and vegetables, and we have already collected data on these aspects on an all India basis. Familiarity with the clinical patterns of dermatitis produced by different agents, would enable even the patients to make their own diagnosis and prevent further exposures. No further treatment is generally required. A wide dissemination of this information does obviate the necessity for the patients to seek the dermatologists. Air-

borne contact dermatitis due to plants especially *Parthenium hysterophorus* is still a problem, for which a schedule consisting of, (1) covering as much of the skin with clothes as possible, (2) repeated (3-4 times a day) washing of the uncovered parts with soap during the day, (3) followed by applications of the barrier cream after each washing, and (4) use of topical corticosteroids at night, has helped our patients to progressively reduce and then withdraw the oral corticosteroids. A reasonable approach for the *Parthenium* problem should have been to control the spread of this weed as soon as it was discovered to be a potential hazard. A watch for other similar weeds taking hold in our country should prevent similar disasters in the future.

A significant proportion of urticaria patients can also be helped if an attempt is made to find out and eliminate the cause, but even if we were to treat urticaria on the same principles as neurologists treat epilepsy i.e. use antihistamines in a dose which completely suppresses urticaria, we would not have to continue treatment for 3 years as in epilepsy, a course of 6 months to 1 year would be adequate for the majority of even chronic urticaria patients.

Similarly, patients having atopic dermatitis can be helped by elimination of the specific diets or use of nasal filters in case foods or inhalants respectively are found to be the causative factors. The author has also observed progressive decrease of the intensity of dermatitis over a period of a few years, in infantile cases given levamisole on 2 consecutive days per week for 2 years or so. Thus, the strategy in patients having allergic disorders should consist of, (1) an attempt to find out the causative agent in each case and to advise the patient about the measures needed to prevent further exposures. In case further exposures are prevented, no other treatment is as a rule needed. (2) In case further exposures cannot be avoided, intelligent use of barriers should be a great help. (3) If the causative agent cannot be traced and even otherwise, non-specific measures to reduce the hypersensitivity and symptomatic treatment to control the acute attacks must be used whenever necessary. In addition, an attempt should also be made to restrict or eliminate the most common allergens from routine use.

Another achievement which is round the corner in the field of immunology is the treatment of pemphigus. With the pulse therapy using dexamethasone and cyclophosphamide it is now possible to induce permanent remissions in almost every case. The author has already enrolled more than 80 patients on this regime. Though the reasons which initiate the auto-immune process in pemphigus are not yet known and thus the disease is not yet preventable, it is certainly curable. Even this is a great achievement in a universally fatal disease which used to account for nearly half the deaths in dermatology. A similar regime is worth trying in other auto-immune disorders as well.

Lichen planus is another disease which is completely curable if the patient follows a particular regime. Prednisolone 20-30 mg a day for 1 month and reduced by 5 mg/month brings about remissions in almost all patients. A small percentage of patients who get a recurrence respond to a second course. The author has seen only 2 cases which needed a third course. This regime reminds us of the schedule used for glomerulonephritis, although the doses of corticosteroids used in lichen planus are far smaller.

Similarly, a vast majority of patients having alopecia areata respond to oral corticosteroids though the doses required are even smaller. There are no doubt a few patients who do need continuation of the drug for prolonged periods. Even in vitiligo a recent analysis revealed that each one of the 91 patients could be made to repigment under one or the other of 5 different regimes using various combinations of levamisole, corticosteroids, psoralens and low-dose cyclophosphamide designed by the author. It

is also well known that early treatment brings in a better response.

We often wonder that at least half the dermatologic diseases are completely asymptomatic. Had those diseases not been located on the skin and thus visible to the eye, nobody would have bothered to look for their treatment. The dermatologists still treat these diseases such as ichthyosis, pityriasis alba, pityriasis versicolor and so on. Some diseases such as pityriasis rosea in fact should not be treated at all except for symptomatic relief if necessary.

The main approach in the genetic diseases should be to advise the families having genetic disorders not to marry into other families having similar diseases, or to avoid having children. This is especially necessary in recessive disorders, but would help even in dominant disorders by reducing the number of afflicted individuals.

Diseases like acne vulgaris, pityriasis alba and rosacea occur only during a limited period of life, so that all that is necessary is to give the simplest of treatments to control the manifestations till the disease disappears spontaneously.

Nutritional deficiencies, metabolic disorders and diseases caused by physical agents can also be managed by appropriate measures. The patient only needs to know what to do. The author has been regularly successful in preventing blisters following household burns by an immediate application of topical corticosteroids or even their oral administration in a single dose if the area burnt is large.

Psoriasis belongs to the group where so far, only symptomatic treatment is possible. The author however, considers psoriasis a much better disease than diabetes mellitus, because in diabetes mellitus all the other organs of the body including the brain, heart, bones, eyes, skin, kidney etc are at risk compared to only the joints in some cases of psoriasis; the diabetics can neither eat excess food nor less whereas psoriatics do not need any such precaution; psoriatics regularly have spontaneous remissions which can sometimes last several years, while there are no remissions in diabetes, and so on.

In conclusion therefore, the dermatologist today is in a far better position compared to his other contemporary specialists, but the lot of the dermatologists can be improved quite a lot by undertaking a few further concrete steps. These include, (1) A fight to the finish, so far as the preventable infective disorders such as leprosy, scabies, pediculosis, leishmaniasis, favus and other localised endemic disorders by adopting the technique of case detection and treatment at the community level, (2) Curing the curable but yet unpreventable diseases like pemphigus, lichen planus and vitiligo, but to undertake further research to find out the causative factors and thus make these diseases preventable, (3) To educate the public about the importance of genetic councelling for fixing up the matrimonial alliances, (4) And to look for better and curative regimes for diseases for which so far only symptomatic relief is available. This reminds me of some patients who were suffering from an as yet non-curable diseases and were upset on being informed that their disease is likely to continue to relapse throughout their life. My assurance that the dermatologic researchers are not sitting idle and there is a chance of someone hitting upon the right therapeutic regime in future, has often changed the attitude of the patient from pessimism to optimism, and that makes all the difference. The hope of success makes the suffering easier.

The key to success in every case is to use the drug in a dosage and duration that cures. It is a common observation that some dermatologists do use the correct drug, but either the dose or the duration of treatment is less than that required to achieve the desired result. This is especially true of the antibiotics where the doctor feels compelled to stop the treatment

after 5-7 days even when the infection has not been completely eradicated. The obvious result is recurrences which frustrate both the patient and the doctor himself. The other drug which is commonly prescribed with a great restraint is the oral corticosteroids. No doubt most drugs are likely to have side effects, but these should be considered as an unavoidable evil. If the use of the drug has a greater benefit, it must be used, just as the housewife does not stop cooking food because the heat from the fire she lits also makes her uncomfortable. And many times, the side effects are temporary, reversible and insignificant. In fact, the dermatologist may produce more harm by giving subtherapeutic doses for a longer time, or adequate doses for a shorter time if these have to be repeated more frequently. A proper evaluation of the regime as regards the dosage and duration for each disease and also for each patient is the key to ultimate success.

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