

## TREATMENT MODALITIES OF VD PATIENTS PRIOR TO ATTENDING VD CLINIC

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The treatment modalities of one hundred VD patients prior to attending the VD clinic were studied. Quackery was the commonest method of treatment chosen by them followed by indigenous medicine, homeopathy and self-medication. Lack of investigations, lack of stigma and rapidity of treatment were the main reasons for their approach to non-specialists. In most cases they were motivated by their friends to choose the particular method of treatment. After visiting the clinic many developed faith in specialist treatment.

**Key words :** VD patients, Treatment modalities.

VD clinic is a specialised department whose proper and primary function is the diagnosis, treatment and prevention of venereal diseases in the widest sense. But even when facilities are available within reach, most patients with VD do not seek specialist treatment. According to the British Cooperative Clinical Group and the Venereologists Group Committee of the BMA<sup>1</sup> a significant proportion of venereal disease patients are treated outside the hospital service. The reasons are many. Feelings of guilt or shame, fear of being identified by others in a VD clinic, fear of painful investigations and lack of non-judgemental attitudes of clinical personnel towards VD patients are the common reasons. Today, most of the venereal diseases are either suppressed or masked rather than cured when they are not tackled by the VD specialists. An attempt is worthwhile to explore the pattern of treatment modalities of patients prior to attending VD clinic.

### Materials and Methods

A sample of 100 patients who came to the VD clinic for the first time with venereal infection and treated elsewhere other than the specialist service was selected at random. An interview schedule was administered covering

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areas like nature of treatment taken, reasons for their approach, and attitude towards specialist treatment. The information was collected from the respondents and the data were analysed.

### Results

Majority (75%) of the patients were males and (61%) belonged to the age group of 15-25 years. Most of the patients were poor and were involved in unskilled jobs. Slightly more than half of the respondents were unmarried. Many were either illiterate or had primary education. Thirty nine patients took more than 20 days to come to the clinic and 12 came within two days. The suspicion about VD was aroused by the appearance of sore and discharge from genitals in 43 and 29 patients respectively. Sixty patients resorted to immediate washing of genitals with soap and water soon after sex and 29 to drugs to abort VD, soon after the risk was taken.

The commonest treatment modality chosen was quackery (40 cases) followed by indigenous medicines (16) and homeopathy (15). Only 7 patients resorted to self medication. A majority (72) were motivated by friends to choose non-specialist treatment and only 10 did so on their own.

The main reasons for their approach to non-specialists were treatment without investi-

gations (35), lack of stigma (28) and economy and rapidity of treatment (26). Eleven patients could not specify any particular reason for their choice of non-specialist treatment.

Sixty one patients took treatment only for a short duration of 1-5 days prior to attending the VD clinic.

An encouraging number (85) of patients admitted that they had faith in specialist treatment and 88 said that they would recommend others with similar problems to utilize VD clinic services in future.

### Comments

Most VD patients experience difficulties in obtaining proper medical treatment in view of the stigma attached to the venereal disease. The control of VD is no longer a question for medical knowledge alone, but of the willingness of the public to use effectively the available knowledge.<sup>2</sup>

In our study, a preference to approach the quacks is evident. This is in accordance with the observation<sup>1</sup> that in some areas, certain practitioners without any special knowledge or experience have gained a local reputation and undertake the treatment for venereal diseases especially, for prostitutes and habitually promiscuous males. Self medication with irregular dosage together with premature cessation of therapy, are among the many factors which can do more harm than good.<sup>3</sup> Some VD

patients approached chemists who sell antibiotics without medical prescription. Motivation by friends is a significant cause of approach to non-specialists for the treatment of VD and it is the public ignorance which is to be blamed for this.

The important reasons which prevent the VD patients to attend a speciality clinic are fear of genital examination, embarrassing questions and painful tests and social stigma.

Having come to the specialist clinic, patients with VD often develop confidence in the modern treatment and they subsequently become a source of motivation to others. Study of Ramanaiah et al<sup>5</sup> indicates that 21% of patients came to public VD clinic on the advice of their friends, who suffered from similar illnesses previously.

### References

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