

Introduction

Diseases of the skin are a common occurrence. There are not many statistics to prove the exact frequency of skin diseases in this country, but general impression is 10–20% of patients seeking medical advice suffer from skin diseases. While infections are more common in the tropics, chemical and psychogenic dermatoses are common in Western countries.

Diseases of the skin account for a great deal of misery, suffering, incapacity and economic loss. Besides this, they are a great handicap in the society, because they are visible. Fortunately, however, due to recent advances, cutaneous scars can be successfully removed by plastic planing, laser therapy and skin grafting.

There is a popular adage that skin patients are never cured and never die. Like all generalizations, this is quite untrue. Admittedly, skin diseases are seldom fatal; but, we assure you, the cure rate in skin diseases compares quite favourably with the cure rate in any other speciality, and cases which cannot be cured outright are often positively influenced by the control of troublesome complaints. Contrary to the popular belief, only a few skin diseases are really contagious. Besides, the presence of ubiquitous and tropical diseases, and the problems created by poverty and illiteracy in tropical countries, climatic factors too create special problems in the treatment of skin diseases. A physician practising in the tropics, therefore, must also take them into account.

Since the subject matter of dermatology is superficial, and so available for observation, the practice of dermatology pertinently requires an acute observation with an ability to pay attention to details; it requires recognition of trifles from which deductions can often be made. It has been appropriately said that, especially in the diagnosis of contact dermatitis and eczema, the dermatologist should be a good detective with powers of observation and deduction almost like those of Sherlock Holmes. The diagnosis of cutaneous diseases is essentially objective, and attention to details of eruptions, occupational stigmas, bearing of the patient and clothing is important. Laboratory tests and instrumental aids do not afford any shortcuts to diagnosis.

In chalking out a practical line of treatment, one must never omit reassurance and explanation. Reassurance is the stock-in-trade of faith healers and quacks. It goes a long way towards the ultimate recovery of the patient and it is a pity that qualified doctors often lose sight of it. A mysterious approach produces anxiety; an explanation of the disease helps to prevent this unhealthy reaction. The practice of dermatology demands a good background of general medicine which, far from being alien, is closely allied to dermatology. However superficial its subject matter, dermatology is not merely skin-deep. Its scope includes the whole range of life from the human mind to the various microorganisms, vast external environments and complex endocrine and metabolic

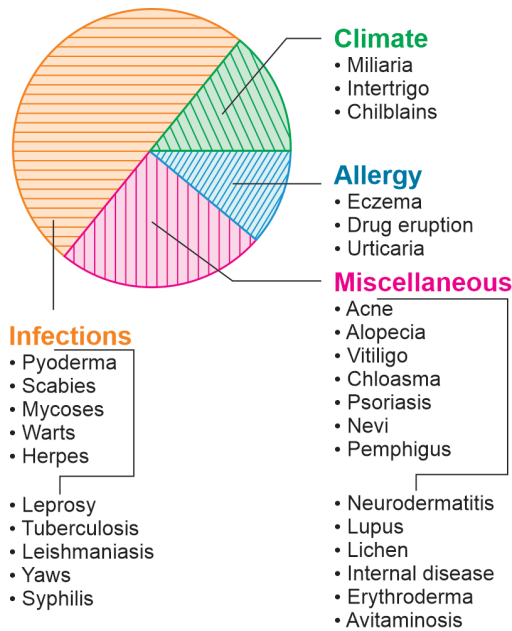


Fig. 1.1: Pattern of dermatology

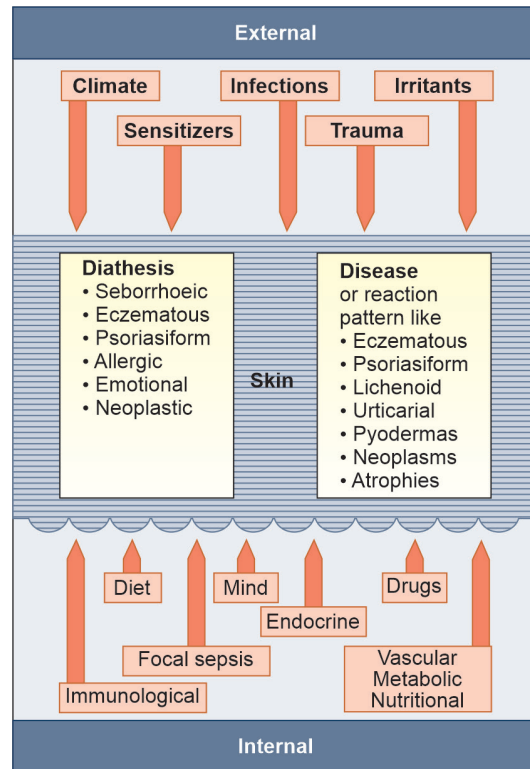


Fig. 1.2: Scope of dermatology—reaction patterns

transactions within the body (Fig. 1.1). In the practice of dermatology, undue stress should not be laid on giving diagnostic labels; time would be more usefully spent if an emphasis was given to establish the cause or causes of the malady in question.

A skin disease, seen in practice, is often a reaction pattern resulting from the effects of different etiological stresses on a particular diathesis (Fig. 1.2). In the past, undue stress has been laid on unnecessary and often conflicting jungle of terminology at the cost of understanding the disease and the patient. For proper treatment, emphasis should be on tackling the cause, and less stress on managing the reaction pattern along with palliative treatment.

Last of all, the line of treatment should be simple but sure; one should not play with potent, powerful drugs without knowing their specific side-actions. It is a strange fact of modem practice that a large percentage of diseases are man-made; undoubtedly, there should be a strong plea for the prevention of such man-made dermatoses. This could be achieved to a great extent by the timely realization of the dangers involved in the use of potent drugs and the promotion of healthy teamwork in medical practice. Economy is important, more so in these days of rising cost of medical practice. It involves austerity in the use of drugs, cheaper effective drugs and medicaments, only essential laboratory investigations, cutting down the period of morbidity and quicker return of work, so that the least working time is lost. Medical economics plays an important role in practice, more so in the under-developed countries (Fig. 1.3).

Dermatoses in the Tropics

A. Skin of Persons in the tropics.

- Pigment is more
- Low threshold for itching and scratching
- Tendency to
 - Lichenification
 - Keloid formation
 - Pigmentation, hypopigmentation and depigmentation

B. Climate

- Strong sun—photo-sensitization
- Heat-predisposes to infection:
 - Bacterial
 - Fungal
 - Parasitic
- Hyperhidrosis—causes maceration; further sweat exerts a bleaching effect on clothes and footwear.
- Prickly heat becoming eczematized
- Contact or infective eczema
- Intertriginous eczema in the summer and the monsoon
- Eczema crackle in winter and in leprosy patients
- Seasonal aggravation

C. Environment

- Most of the tropical countries are not so advanced as the non-tropical countries, hence the environment affects the skin.
- Illiteracy, quackery, poverty and malnutrition.
- Social customs—massages, baths
- Unhygienic conditions—parasites, scabies, bugs, cockroach
- Use of the drugs for tropical ailments
- With industrializations, more instances of contact dermatitis due to industrial chemicals.

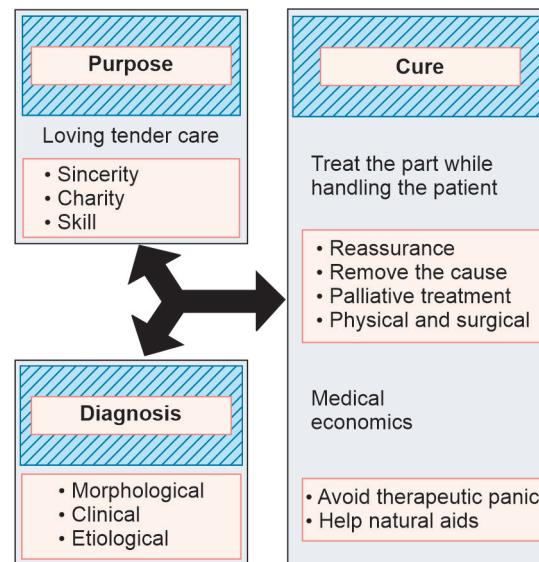


Fig. 1.3. Essentials of the practice of dermatology