

Out of Laennec's world

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Abbreviations: TB, tuberculosis; BCG, bacillus calmette-guérin; NTEP, national tuberculosis elimination program; AFB, acid-fast bacilli; M.TB, mycobacterium tuberculosis

Perspective

21st century India is a key player in global economy, currently Indian PM is the president of G-20. India spends 3.2% of GDP on health, despite being a small percentage, it is a significant amount of 5,96,440cr annually. Public health in India is largely catered free of cost by Government healthcare institution. Despite the fact that NCDs are increasing by leaps and bounds, TB still remains a key player in the arena of communicable diseases. Prevalence of TB is 188 per 1 lakh population, while mortality of TB is about 36 per lakh population.¹

Tuberculosis (TB) is a highly contagious bacterial infection caused by Mycobacterium tuberculosis, presenting significant global health challenges. The risk factors for TB encompass a wide range, including close contact with infected individuals, weakened immune systems, age extremes, substance abuse, malnutrition, overcrowded living conditions, and various environmental and lifestyle factors. Prevention of TB primarily involves early detection and appropriate treatment of both active cases and latent infections. Public health measures like contact tracing, vaccination (e.g., Bacillus Calmette-Guérin or BCG), and education play vital roles in curbing its transmission. In addition, practicing good respiratory hygiene, maintaining a healthy lifestyle, and addressing social determinants of health, such as poverty and access to healthcare, are essential in the global fight against TB. Understanding the causes, risk factors, and preventative strategies for TB is crucial in reducing its impact and ultimately eradicating this persistent infectious disease.

The TB case finding by 4's tool represents a straightforward and efficient approach to identifying tuberculosis cases. However, there is an ongoing concern regarding its utilization in peripheral healthcare centres. The question lingers as to how frequently this tool is put into practice at these decentralized healthcare facilities.

A 42-year-old male, Mr. B.P, residing in the outskirts of Kolkata, presented with a six-month history of weight loss, cough, and night sweats. His occupation as a farm labourer and a history of beedi smoking were noted. Previous consultations at various healthcare facilities involved antibiotic treatments, including macrolides and quinolones. Upon referral to a tertiary medical college, sputum examination in the National Tuberculosis Elimination Program (NTEP) facility detected Acid-Fast Bacilli (AFB) and Mycobacterium tuberculosis (M.TB) but no rifampicin resistance. He was subsequently managed at his local NTEP centre, commencing anti-tuberculosis treatment with progressive clinical improvement. This case underscores the importance of timely and accurate tuberculosis diagnosis, especially in rural areas, and the crucial role of NTEP facilities in ensuring appropriate management and curbing disease transmission.

This case serves as a clear illustration of how common sense is not as prevalent as it should be. The consequence of this is a significant financial burden placed on both the patient and the public health fund,

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due to the extensive use of costly antibiotics, various medical tests, and the loss of workdays for this financially disadvantaged individual. His frequent visits to the local health centre resulted in not only a loss of workdays but also additional expenses for transportation. This situation highlights the concerning tendency of healthcare professionals to be preoccupied with eliminating the possibility of rare and expensive illnesses, rather than prioritizing the identification and treatment of common diseases. Providing medical professionals with a heuristic-based approach to diagnosis could have prevented this man from experiencing delays in diagnosis and his family from sinking into poverty, as he was the primary breadwinner for his family of six.

It's a paradox that, despite the prevalence of luxurious cars, cutting-edge healthcare facilities, and government investments in public health, we still encounter patients whose medical conditions harken back to the era of Laennec.²⁻⁴



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Conflict of interest

No conflict of interest.

References

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