

RAMADAN AND THE INCIDENCE OF PHARYNGITIS

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Sore throat a common ailment is not given much importance having been overshadowed by more significant diseases like AIDS and life threatening pathologies ending up in transplant surgery not to mention perpetual scourges like diarrhoea, dehydration and post-partial death. However, it could be a menace with significant impact on the general health of an individual. Simple pharyngitis is a state of discomfort or soreness in throat, which may or may not be associated with painful swallowing, pyrexia, lassitude, malaise, and a state of general uneasiness and lack of well being¹. Chronic pharyngitis could however, cause constant worry, because of persistent or recurrent episodes of sore throat, coughing, burning and irritation² and possibly 'cancerophobia'. Another form of pharyngitis, called chronic granular pharyngitis, is characterized with the appearance of innumerable granulomas on the posterior pharyngeal wall, the entire pharynx appears to be studded with pinkish mounts, responsible for the symptoms mentioned before. During Ramadan, one finds significant increase in the number of patients suffering from pharyngitis. Most of them fast, and suffer from symptoms of sore throat. Broadly speaking pharyngitis maybe divided into two aetiological categories, namely (i) infective pharyngitis, and (ii) allergic pharyngitis¹. The former, is brought about by common gram positive organisms such as streptococci, pneumococci and allied bacteria, the commonest culprit being "streptococcus pyogenes", the group "A" streptococcus. However group "B" streptococci, Neisseria, and Treponema have also been isolated in cases of pharyngitis. Numerous viruses have also been labelled as causative agents. About 50% of individuals with rhinovirus infection have a sore throat, as do 80% of persons with parainfluenza virus illness, and 5% of the individuals with influenza A. Coxsackieviruses, echoviruses, herpes simple; Epstein virus (Mononucleosis) and cytomegalovirus also produce pharyngeal symptoms.³ The allergic factors² include three major offenders: (1) allergy of the upper respiratory tract, (ii) topical pharyngeal allergy—to food, drinks, and various ingestible contaminants, and (iii) allergy to atmospheric pollution, particularly the carbon loaded fumes, dust, chemical vapours and poisonous gases is indeed a victim of atmospheric pollution. The city air is alluded with unburnt carbon thrown out of the exhaust pipes of automobiles, the delicate pharyngeal mucosa is constantly exposed to the damage, caused by the effects of the 'green house' phenomenon. Pharyngitis is more prevalent in motorbike riders than others due to direct exposure to the fumes and smoke from automobiles behind which they find themselves positioned in the traffic. There are numerous reasons for developing pharyngitis in an urban climate, including the excessive use of aerated cold drinks, spicy food, pickleá and 'chats', 'chatnis' and 'dab badas', oily and greasy 'pakodas' and 'fruit chats' loaded with chillies and 'Masalabs' and concoctions and delicacies, aptly described in England as 'Vindaloo curries'. The consumption of these and many more similar, items, is enormously increased during the month of 'Ramadan'. One simply has to be a connoisseur gourmet, with plenty of taste buds on his palate to attend an Iftar party to relish the delicacies of our hot culture. It is observed, that the incidence of pharyngitis is higher among patients who have gastric acidity, gastroesophageal reflux, hiatus hernia or other upper G.I. disturbances⁴. Some studies of nonspecific pharyngitis and laryngitis have shown that 80% of such patients had hiatal hernia as compared with 20% in the general population⁵, surely there is a role of salivary pH also to play, in such cases⁶. In fact, a cause of recurrent aphthous ulcers is the change in pH of saliva from neutral to acidic⁷. Furthermore, Ramadan being a month of prayers, excessive 'Ruku' and 'Sajood', particularly Tarabvees on a loaded stomach tend to aggravate the gastroesophageal reflux, thus further augmenting the state of pharyngitis. A recent report has disclosed that a small number of cases of hypopharyngeal carcinoma may be the outcome of gastroesophageal

reflux, which was the only positive factor that could be found as an irritant in these patients⁸. To decrease the prevalence of pharyngitis, one might suggest, at least improvement in the state of atmospheric pollution, reduce the intake of aerated drinks, spicy food, contaminated edibles and control the gastric acidity and Oesophageal reflux; or else one would not know what to do with sore throat a minor ailment, but a major nuisance indeed!

REFERENCES

1. Jalisi, M. and Zaidi, S.H. A short book of ear, nose and throat diseases. 5th ed. Karachi, Azam Sons, 1985, p. 198.
2. Turner, A.L Diseases of the nose, throat and ear. Edited by John P. Stewart. 7th ed. Bristol, John Wright, 1968, p.152.
3. Neu, H.C. Contemporary antibiotic therapy in Otolaryngology. Otolaryngol. Clin. North Am., 1984; 17: 745.
4. Ward, P.H. Contact granulomas of the larynx, in current therapy in otolaryngology head and neck surgery. Edited by O. Gates. Canada, Decker, 1984, p. 400.
5. Ward, P.H. and Berci, O. Observations of the pathogenesis of chronic non-specific pharyngitis and laryngitis. Laryngoscope, 1982; 92: 1377.
6. Hakansson, C.H. and Toremain, N.G. Studies on the physiology of the trachea. V. Histology and mechanical activity of the smooth muscles. Ann. Otol. Rhinol. Laryngot., 1968; 77: 255.
7. Olson, N.R. The problems of Gastro-Oesophageal reflux. Otolaryng. Clin. North Am., 1986; 19:119.
8. Ward, P.H. and Hanson, D. Reflux as an aetiological factor of carcinoma of laryngopharynx. Laryngoscope, 1988; 98: 1195.