WANTING RHINORRHOEA TO RELIEVE HEADACHE!

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Abstract:

Culture refers to the shared patterns of feelings, beliefs and behaviour that reflect in the way of living in a society. Cultural factors influence understanding, presentation, diagnosis, management, course and outcome of many diseases. Running nose or Rhinorrhoea is a common condition affecting people of all ages. It is a condition which significantly affects the quality of life. The health care problems of most developing countries are strongly associated with its cultural and social practices and the tremendous effects they exert on it. In certain cases, it is beyond all imagination and realities to conceive the immense impact these socio-cultural factors have in the delivery of health care.

Introduction:

Ethnomedicine refers to the study of traditional medical practice which is concerned with the cultural interpretation of health, diseases and illness and also addresses the healthcare-seeking process and healing practices. The response of any society to challenges of sickness is based on its own beliefs and practices. This response in many cases in most developing countries is irrespective of one’s educational background or standing in the society.

Every culture provides explanations and causal attributions for somatic symptoms. These explanations, in turn, set up expectations that influence the ways that individuals attend to their bodies and the sort of symptoms they recognize and report to others. The prevalence of
explanatory models and prototypes may also influence the prevalence of specific clinical presentations of symptoms and syndromes. (2) Depending on circumstances, these symptoms can be seen as an index of disease or disorder, an indication of psychopathology, a symbolic condensation of intrapsychic conflict, a culturally coded expression of distress, a medium for expressing social discontent, and a mechanism through which patients attempt to reposition themselves within their local worlds.(3)

One of the common complaints of persons coming to medical attention is headache. ‘Headache’ is a headache for the physician. There are various causes for headache and evaluation requires a detailed history and examination. One of the common causes for headache is rhinosinitis, which can present with runny nose/rhinorrhoea and nose block. However, there are several patients visiting specialists with the complaint of headache and attributing the cause as not having rhinorrhoea and believe headache will be relieved with rhinorrhoea.

The attribution for the problem may come from the influence of Indian culture/tradition. Charaka explains that the senses and the channels carrying the sensory and motor impulses from the head/shiras are like the rays from the sun. Nose (nasa) is considered as one among the five sense organs/panchagnanendriya, whose functions are not only limited to olfaction and respiration but also described as the gateway to the head.(4)

In the yogic system, body cleansing techniques are an integral part. ‘Neti’ techniques are intended mainly to the cleaning of the air passages in the head. Sterilized and lukewarm isotonic salt water is poured into one nostril, so that it leaves through the other. The procedure is then repeated on the other side, and the nose is dried by bending forward and by rapid breathing. In sutra neti, a length of wet string or thin surgical tubing is carefully and gently inserted through the nose into the mouth. The end is then pulled out of the mouth and while holding both ends at once the string is alternately pulled in and out of the nose.(5)

Conclusion:

The difference in the understanding and beliefs of the illness between the clinician and patient can result in inappropriate assessment or dis-satisfaction. If the practitioners do not understand a patient’s traditional health beliefs they may not accept the treatment or become non-compliant with the treatment. There is a need for continuous health education to enlighten the people on the fallacies of myths and beliefs so that they can seek appropriate medical services.
References:


3. Kirmayer LJ, Young A, 1998, Culture and Somatization: Clinical, epidemiological, and ethnographic perspectives, Psychosomatic Medicine, July 1, vol. 60; No. 4; 420-430.
