

Can we think About Better, Timely, Affordable and Cheaper Treatment Options for the Elderly Patients?



***Rajesh Chauhan, Ajay Kumar Singh, and Shruti Chauhan**

Family Healthcare Centre, India

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***Corresponding author:** Rajesh Chauhan, Family Healthcare Centre, Avas Vikas Colony Sikandra, Agra 282007, India, Tel: +919760021192; Email: drrajeshchauhan@gmail.com

Editorial

There is a strong need to take a relook at the underlying hypothesis on the aetiopathogenesis of some of the most common chronic medical problems, like old age hearing loss (presbycusis), headache due to migraine, arthritis of knees, lumbar canal stenosis, essential hypertension, sleep apnoea, atherosclerotic stroke, coronary compromise, coronary microvascular disease, haemorrhoids, benign prostatic hyperplasia, etc. Somehow we believe that if we happen to miss the right track, from the start, then we may actually be lost before we know it, and may still keep reduplicating our efforts with all the zeal and innovations. Since all of this will not help much due to being off the mark right from the beginning, in our quest for a breakthrough at all costs, probably it has led to flourishing of various types of medicines, alternative treatments and modalities, etc, which are further confusing the issues involved.

We are of the view that perhaps this is what is happening in the management of many of the chronic medical problems. We possibly have failed to see the complete picture, and have been going around in circles with the same hypothesis, guided, supplemented and reinforced by evidence based medicine that collects and sifts through the evidence from only the published and available literature. Such great and thorough has been the impact of evidence based medicine that it rejects and drowns any other suggestion, and we continue to accept some dated techniques just because the evidence does not have any other suggestions besides from what is known and published [1].

If we do care to have a look at some of the fresh suggestions, probably many unwarranted treatment and surgeries can be avoided. For example, we all are aware that in old age hearing loss (Presbycusis) the cochlear damage and hair cell damage has been attributed to this hearing loss, and excessive noise exposure during the life time has been known to be the cause of it as that excessive noise damages the vital 'hair cells'. On a rethink, wouldn't providing further amplification by way of hearing aids in order to overcome the hearing loss be termed scientifically reasonable? Or it actually is just a matter of convenience? As by

providing hearing aids could be subjecting the remaining hair cells to further destruction and depletion by having now placed "amplified sounds" directly into or very near the ears that are already having poor hearing due to destruction of the vital 'hair cells' ? [2].

Possibly it is time for the world to start looking at places elsewhere as well, which have not come under the scanner of the 'evidence based medicine'. It is also time for the world to start sifting through the world literature which has remained sub-surface so far for whatever reason, and not be guided just by statistics alone [1]. After all what may be good for Peter may not be all that good for Paul, and following the 'evidence' that comes from a large group of patients in a country with a different lifestyle and approaches may not be suitable for patients worldwide. Therefore using the same brush for everyone and everywhere may not be a good idea. Who after all are we helping, the patients or the statistics that has been arrived at by just those numbers from within a quarter of a million patients of the patients involved and included in all those published researches which have been picked up to elicit and derive the 'evidence'.

The world is much bigger, and so are the figures of disease burden than the figures mentioned above. The World Health Organization, WHO, keeps giving out the total disease burden of various diseases, and the figures of such disease burden may actually be stretching beyond 1 to 10 million, or more. What is the evidence, we must now surely ask, of the present 'evidences' that continue to guide the whole world. Maybe the 'evidence' may just relate to one country, but then possibly the resource limited countries may not be left with any choice but to follow the 'evidence' that worked for some particular country or a particular type of patients. Looking at the example of Peter and Paul again, we may probably understand that maybe for the places, people and countries with very poor resources, they may not have any option but to follow the 'evidence' that comes from a different place and a different environment, lifestyle, and many other factors which may actually be a lot different.

Perhaps some researches may have died a premature death. Perhaps there may just lie a possibility somewhere which could ease the management after all, but may not as yet be conforming to the established modes and modalities, and not be fit enough or reaching quite up to the finish line of becoming an “evidence” [3]. Perhaps there is a need for the world to step out for encouraging and holding hands of some of the unsung pioneers who initiated steps for succor for the whole mankind. Perchance, and maybe due to their sheer luck, a bit different outlook and perspective, they may have stumbled upon a newer understanding that could have led them to innovate, obviously with the explicit consent of patients and in their own belief in the best interest for their patient in those circumstances. For the good of the whole mankind, wouldn't it be appropriate that more hands, best brains, best technology and trained researchers, financial, administrative bodies, and NGOs join in and for pooling in all their resources? .

Organizing a research involves many things, including time, total commitment, finances, teamwork, appropriate resources, encouragement, motivation, back up, etc. There may be occasions where some innovations may have come about where a sudden and drastic improvement and near complete recovery and cure may have been the outcome, where according to the existing ‘evidence based medicine’ it may have seemed just impossible. The world needs to come out in support of the occasional innovators and investigators who may just happen to find a cure or a practically viable modality of management, that could be beneficial for the patients worldwide although there isn't sufficient evidence or the numbers to prove just that. Plus more importantly there may have been such dire situations or circumstances, or a hopeless condition where ethical foundations may have been weak, non-existent, or inappropriate. Where does one goes looking out to get ethical clearances when the situation may be grim, and where there might not be enough choices? What if a doctor is posted at a really remote place, where a doctor may feel handicapped with the available knowledge, and

the availability of resources? What, for instance, must a doctor do in case he or she happens to try out whatever he or she can to help a patient who has taken all the risks and trouble to reach out to a doctor in the remote wilderness? What if these were not trials, and were not registered?

Shouldn't the world starts looking at ways and means to make treatment and cure simpler and better? And cheap, affordable and within reach of even the poorest of the poor? Possibly the world needs to give a fresh thought to such accidental and novel innovations, that could be very useful to the whole world. Surely, with all the resources that the world has, the global medical and scientific fraternity could help improve these innovations further [4]. There perchance may have some innovations, or inventions, which might have the potentials to change the way we manage some of the most common and most prevalent chronic morbidities and maybe multi-morbidities as well. We would like to state that we must be actually wary of using any new technique or innovation independently, and not until large scale trials are done at some well established medical and research centres, and not until the worthiness and efficacy is established for sure, and that such innovations are made absolutely safe even in the hands of a novice.

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