

NIGHT BLINDNESS IN SCHOOL GOING CHILDREN OF RURAL AREAS OF GORAKHPUR

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Results of 18 months long survey programme conducted by us titled: Night Blindness in school going children of rural areas of Gorakhpur are being presented. It is needless to overemphasize the importance of assessing the magnitude of Vitamin A deficiency in our school going children and treating them without delay as it is one of the menacing but preventable cause for Night Blindness.

Although our main aim was to find out the sufferers with Vitamin-A deficiency. still we sorted out all the cases of night blindness irrespective of their causes so that we may have an idea about what proportion of night blindness is attributable to Vitamin A deficiency.

Our study was conducted in 28 rural schools in Gorakhpur, involving 4600 school going children.

The criteria for sorting out the cases were complaint of night blindness which we found accompanying in all our cases suffering with Vitamin-A deficiency at any stage. The other criterias were ocular signs of Vitamin-A deficiency like conjunctival xerosis, Bitot's spot and corneal involvement in form of corneal xerosis, corneal ulceration, deratomalacia and leucoma adherans.

7.6% of the total cases had complaint of night blindness and of that 88% cases were accountable due to Vitamin-A deficiency. Our datas here vividly show that number. of sufferers were more in younger age group i.e 6-8 years and on studying sex distribution of our cases among different categories we see that on the whole male sufferers outnumber the females.

On analysing socio-economic status we see that the maximum number of cases ranging upto 69% of total belong to lower socio-economic status, thus it is explicit that socio-economic status has a significant bearing on the incidence of Vitamin-A deficiency.

The Factors responsible for Vitamin A deficiency are G.I.T. problems like diarrhoea, worm infestations & dietary inadequacies and we know that these factors are highly prevalent among our lower socio-economic strata.

The following are the various ocular presentations of Vitamin-A deficiency we came across in our study. Almost all our cases with Vitamin-A deficiency exhibited conjunctival xerosis and out of that 56% had developed Bitot spots and 8% of them had even reached the stage of unioocular corneal involvement, mostly with corneal xerosis, and in few corneal ulcers, Keratomalacia at an early stage was evident, only in one case and Leucoma adherence in one eye which had developed at an early stage when the other eye had escaped because of early proper treatment.

Here at the end of almost 25 years of Vitamin A prophylaxis programme started in 1970, we conclude with heavy hearts that Vitamin-A deficiency was not only past time culprit but is also a present time culprit responsible for a night blindness. It is time to ponder where lies the fault and what we can do?