Introduction

Oral Submucous fibrosis is not an unknown clinical entity from the era of SUSRUTA, who described a clinical condition similar to it and named VIDARI. Schwartz first reported this disease in modern literature, workers suggested different name for this disease based on the observations and clinical resemblance to other diseases. Joshi coined the present and widely accepted name “Oral Submucous Fibrosis” in 1953. Apart from being reported mainly from India it has also been diagnosed in Ceylon, Malaysia, Nepal, South Vietnam and Thailand by Pindborg (1966). Joshi (1953) reported a peculiar blanching sclerosis of the palate and pillars of the fauces in some of his Indian patients. Su (1954) described his findings in three cases of “Idiopathic Scleroderma of the Mouth” and earlier Schwartz (1952) reported a case of “Atrophia Miopathica Mucosae Oris” occurring in Indians in East Africa. He had seen five such cases in 10 years, all of them in Indian woman in East Africa. Other names that have been suggested for this disease entity are “Idiopathic Scleroderma of the Mouth” by Su (1954), “Idiopathic palatal fibrosis’ by Rao (1962) and “Sclerosing Stomatitis” By Wahi et al (1962). Though the more appropriate name of this disease would be “Juxta Epithelial fibrosis” but the term “Oral Submucous Fibrosis” is continuing in the literature.
The Aetiology of submucous fibrosis is uncertain and has been a subject of considerable speculation. In the Indian of the custom of chewing the nut of Areca catechu (betelnut) often combined with piper betal leaf, slaked lime, tobacco and powdered catechu in the form of ‘Pan’ has lead to the assumption that the “Betel Habit” is the cause of Oral Submucous Fibrosis. However the innumerable number of people who chew betel do not have Oral Submucous Fibrosis while many others are afflicted with this condition have never used betel (De Sa, 1957, Pindborg and Singh 1964). On the evidence of animal experiments Sirsat and Khanolkar (1962) believe that the betel chewing does not cause Oral Submucous Fibrosis. The epidemiological survey of Lemmer and Shear (1967) among South African Indians suggested that there might be positive relationship between betel nut chewing and the onset of the disease. Other local irritants suggested as possible aetiological factors while certain features of the condition suggest an Allergic origin, Autoimmune disorder, Intermediate Stage of Malignant transformation or a relationship to collagen disease (Su, 1954; De Sa, 1957; Srisat and Khanolkar, 1957; Rao 1962; Pindborg and Singh, 1964). Oral Submucous Fibrosis is the disease of increasing incidence in our country, particularly in Eastern Uttar Pradesh, since the tobacco and betel chewing is commonly practiced in this region. Due to increase incidence it attracted the attention of clinicians in aetiopathogenesis to establish the management of the disease in this Area. This statement is highlighted by the fact that full session on Oral Submucous
Fibrosis was scheduled in 41st Annual Conference of Association of Otolaryngologists of India held at Mysore (2 to 6 Jan, 1989). The management of Oral Submucous Fibrosis is as uncertain as its aetiology, various forms of treatment have been advocated including local injections of steroid and Hyalase, Antioxidants, multivitamins, micronutrients and surgical approach in removal of fibrous bands but the main problem with any mode of treatment has been the recurrence of symptoms after some months mainly trismus, inability to open mouth and protrude tongue, intolerance to Hot Spicy food & Chillis, inability to blowout candle or inability to whistle symptoms appear after some months. The present study was, therefore carried out with the following aims and objects.


2. To study the clinical profile of patients of Oral Submucous Fibrosis.


This research might help to find out the cause and the effective management of Oral Submucous Fibrosis.