

Letter to the Editor

My Experience as a Dental Surgeon (internee) on a Medical and Dental Campaign in Ashuganj, Bhairob and Brambhanbaria

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Dear Editor,

I am a dentist doing my intern at the Kumudini Hospital, where I am to perform a wide range of dental, maxillofacial and orthodontics surgeries. But, here I am sharing one of my great experiences on one of our recently held field visit a (medical and dental health campaign) in Ashuganj, Bhairob and Brambhanbaria where we served the grass-root level rural inhabitants as dental surgeons. Here I am sharing some of the major observations that we had during that important dental campaign.

To start with, let me introduce with the geographic features and topography of Bhairob-a riverine area being wet and dumpy where monsoon flood remains a common scenario. Since most of its population lives in low-lying land being so nomadic, so during flood they suffer to much particularly the women and children. The air gets very dry and dusty with a little variation.

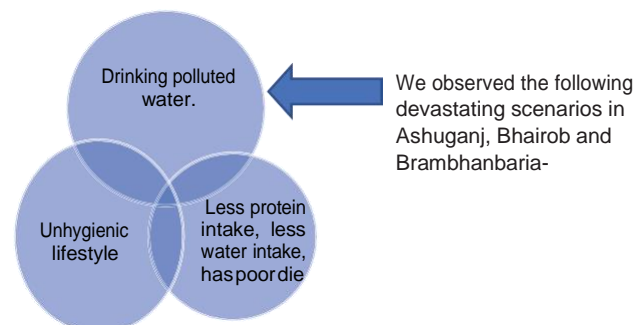
I. **Disease Profile:** Now, to take about the medical/dental campaign, we clinically checked ~500 patients who attended our campaign from far and near areas. They had been suffering from the following common diseases.

Table-I
Suffering from following common disease

Diseases	Percentage
common cold	Children -30%
allergic rhinitis	Children -45%
pulmonary tb	only in 2 cases
skin disease	≥ 60% kids.
fungal infections	Girls (25%)
UTI	Females (34%) than males (12%)
arthritis and other kind of joint pain	Female (22%) than male (9%).
Malnutrition predominantly among maternal and child population, Tooth decay and other dental problems like caries gingivitis	Adolescent boys (20%) and girls (30%) 60% in male.

Below remain my observations as a doctor (public health dentist) on the overall scenario (Food, Environment, society, Health Care Services):

II. Socio-Environmental Scenario in Ashuganj:



III. Health Care Behavior

- Mostly they don't go to the hospital except any emergency due to poverty since they cannot afford to bear the medical expenses out of pocket (OOP),

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they cannot afford nutritious food, they cannot meet up the transport cost to go to doctor/hospital from their residence (distance barrier and social economic status factor).

- Most of them believe in self-medication by procurement simple medicine from nearer as inform their health problems to the pharmacy person and ask for medicine saying, "give me some painkillers/give me cold medicine/ give me anti-itching medicine" etc.-which the pharmacist (Not degree holder-quack).
- With such lay man treatment; though they get relief for few days but the problem either persists longer or revers back and reinfection occur when they go back to the pharmacist again to purchase the same drug again and again and again and that's how the infection goes on and on throughout!
- Finally these people get seriously sick when the infection/inflammation starts spreading largely and they become sicker when they have increased pain and weakness. Only after that when the disease gets aggravated they go to the union hospital for treatment, at the best, even though there is no good doctor or letter clinical treatment, ever.
- So, in my opinion poverty remains the main cause of their health issues. Even if they go to the hospital they cannot get better treatment since they don't have the money to bear the cost of medical expenses, and, thus, they give up gradually and mentally gets prepare to accept the death ultimately.

IV. My Final Observation Based Findings as a Dental Surgeon:

- Among these 500 people, that we checked almost all remained blind on their oral hygiene and dental health. They don't know how to brush their teeth properly and even more than 70% people had no toothbrush or paste to keep their teeth clean. They used to rub with charcoal and tree branches for cleaning and brushing teeth which was mostly prevalent among the elderly ones.
- On oral examination, we found calculus, stains, carries on their tooth, along with gringistis, glossitis etc.
- And, some of them were having severe dental carries, inflammation and swelling of upper and lower jaws, including abscess.
- More dangerous is: they only come to visit a dentist when they got severe toothache and when can't eat and sleep.

- Even after the diagnosis of their dental problem, most of them denied treatment or medications only owing to poor socio-economic conditions. However, most of them ask for a doctor for tooth extraction and/or abscess drainage only yet in cheap cost but just to relief pain and other complication.
- Another important issue is there was no certified dentist's chamber or recognized dental hospital in those areas that we surveyed. So, rural people do not get any proper dental treatment here and they don't want to go to the recognized degree holder dentist for proper treatment, too.

V. My Final Countdown on This Field Health Care Campaign:

I asked my supervisors or senior ones in the following hunches/queries:

1. Does water can be the major factor of their tooth decay/dental problem or other skin disease, or joint problem in those rural areas?
2. If yes, what preventive measures should they take in such a riverine area so that the health of these rural people do not suffer more or get worsened or reversed?
3. It is not clear to me why the dental surgeons do not practice in these rural areas where there are so many patients suffering from a wide range of dental problems.

VI. Outcome:

1. Poverty remains the worst cause in these rural riverine villages that bars them seeking for health care services, even at the Govt. hospital for a way no cost.
2. As an intern dentist, I think poverty remains the burning issues among these rural inhabitants, which bars them in leading a fair healthy and a peaceful life.
3. The Govt. Organs (Health, Family Welfare, Nutrition, PH Eng., R & H division for managing good roads to improve their day to day essential transportations, particularly to bear patients to the hospital (>7km away).

VII. Conclusion:

We, the doctors particularly those who are dental surgeons must dedicate themselves towards practicing in any community based clinic/hospitals towards providing due attention and adequate time for assisting these patients at the rural areas so that they can get proper dental treatment and other health care. The Govt. health care facilities must be been towards establishing prudent systems to help the vast majority rural inhabitants in getting better health care service delivery systems.