

## Special Article

### Along the Banks of Lake Wular

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#### Abstract

Primary health care in India continues to lack ample resources in providers, equipment, and infrastructure to offer effective and efficient care. People in villages continue to live in poor conditions with minimal healthcare facilities. Doctors usually fear that rural postings distance them geographically from their families, professional colleagues and academic environment, and lower their professional standing. Unsatisfactory working conditions, lack of adequate staff and equipment, and primitive living conditions add to the list of factors that distract doctors from practicing medicine in rural locations. With a proper attitude; however, doctors can contribute in multiple ways, even in such settings.

**Key words:** Public health, preventative medicine, Kashmir.

#### Introduction

In July 2002, the provincial government of Jammu and Kashmir assigned me to the subdistrict hospital in Bandipora, Kashmir, India, some 19 miles (30 kilometers) northwest of Srinagar, in beautiful and calm surroundings. This was my first time at the Bandipora hospital, which serves more than 200,000 people and is equipped with a basic laboratory; X-ray, ultrasonography, and electrocardiography facilities; a 25-bed inpatient facility; an operating theater; and a well-trained medical and paramedical staff who created a cordial work environment.

The buses from my hometown of Sopore, about 35 miles (56 kilometers) northwest of Srinagar, stop

several times to drop off and pick up passengers, some of whom have been waiting up to one hour, along the way from Sopore to Bandipora. This makes the 19-mile (30-kilometer) trip from Srinagar 2 hours long, but it is not boring. The hilly road along the banks of Lake Wular, the largest freshwater lake in Jammu and Kashmir, provides picturesque views. Historic sites and scenic panoramas along the Hurmukh mountain chain engage the traveler's imagination.

The people of Bandipora are educated and well-mannered. Most of the residents are of average socioeconomic status. People from adjacent villages, however, are poor. The people of the Gujar tribes residing on hillocks in the medical block of Bandipora are ignorant about basic health measures and continue to live in their traditional ways. The prevalence of infections and infestations among them remains high.

#### Public Health Activities

In addition to my daily outpatient department

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work, I initiated a program of preventive medicine activities. Soon, I was made coordinator of preventive medicine program activities in the medical block, which consists of all primary health care centers and subcenters, including the subdistrict hospital in Bandipora.

On August 3, 2002, I started a comprehensive school health program. Schools are important institutions through which health education can be taught to a given community.<sup>1-3</sup> The utility of the program was emphasized to the teachers, and their participation was solicited. One-day medical camps were organized in various schools of the district under the supervision of assistant surgeons of the hospital. In addition to the schools of Bandipora, schools in other places in the district with limited transport facilities, such as Chuntimulla and Zurimanz, also were involved in the program.

In each medical camp the students were clinically examined, and ailing students were treated. Basic health education was given to 4305 students. This translates into a similar number of families in the district. Emphasis was placed on personal hygiene, use of boiled water, iodized salt intake, etc. All the schools were supplied with basic first aid medications. Anemia prophylaxis, mass deworming, and booster tetanus toxoid immunization programs were carried out in these schools. In our clinical screening, a high prevalence of anemia and vitamin deficiencies, as reflected clinically by cheilosis, Bitot's spots, and dermatitis were observed and treated.

Stool samples were taken to detect the prevalence of ascariasis and to know the worm load in the area. Ascariasis was highly prevalent. There were at least 50 admissions per month in this hospital due to worm colics and biliary ascariasis, and a good number of patients were referred to tertiary care hospitals for intestinal obstruction management and other similar treatments. Mass deworming programs were carried out to decrease the worm load and to introduce a concept of regular deworming and emphasis on personal hygiene.

Kashmir valley has been declared an iodine deficiency belt.<sup>4</sup> We observed in these medical camps that there were good number of students who had squint and congenital deafness, probably due to maternal hypothyroidism. Most of the villagers continue to use uniodized salt. At our urging, local administration banned the sale of uniodized salt in

the block. Further, the use of iodinated injections during pregnancy was proposed as a measure to tackle the disastrous effect on newborns.

Paramedical officials in remote villages collected sputum samples. Local village-level committees supported the drive. Six open cases of tuberculosis were registered, and treatment was started.

A mass 10-year tetanus toxoid immunization program was started among employees of various departments of the district. A blood group registry was made for the needy by providing free blood grouping with the goal of encouraging blood donation camps in the district. The programs were initially intended for government employees of various departments of the district. At later stages, we intended to include the general public.

Hepatitis B screening was carried out in collaboration with the Department of Gastroenterology, Sheri Kashmir Institute of Medical Sciences (SKIMS), Srinagar. Students were tested for hepatitis B. One of the postgraduates in SKIMS compiled this data for publication.

A diabetic screening camp was carried out on August 27, 2002. After advertising on the radio station, individuals with a family history of diabetes and symptoms suggestive of diabetes, such as polyuria and polydipsia and obesity, were screened for diabetes and clinically examined for hypertension. The Protec Division of Cipla Pharmaceutical sponsored the program. Studies have shown that widespread screening via the use of random blood glucose levels could aid detection of unrecognized glucose intolerance to permit early initiation of preventive management.<sup>5,6</sup> The medical team examined 200 patients, and during its screening detected 12 new diabetics. Sixteen known diabetics were found to have secondary oral hypoglycemic agent failure and were referred to the Department of Endocrinology of SKIMS.

The prevalence of hypertension and obesity was found to be very high in our study. The hypertensives were treated and were advised about the use of medications, regular exercise, and diet therapy. This again reflects the need of health awareness among the population and an emphasis on primary prevention.

For several years, India has successfully pursued a nationwide pulse polio immunization (PPI) program to curb polio. It consists of biannual campaigns

to administer booster doses of an oral polio vaccine in all children up to 5 years of age, irrespective of the history of a primary vaccination. A PPI orientation program was organized in which poliomyelitis, the importance of immunization, and PPI were explained to the paramedical staff of the block. The participants were taught proper storage techniques, pre- and postvaccination feeding precautions, and methods and contraindications of vaccination, with an emphasis on the importance of door-to-door survey and proper maintenance of records.

May 27, 2003, was my last day at the subdistrict hospital Bandipora. Looking back, I find the fragrance of blooming days and the refreshing breeze of Lake Wular buzzing in my heart. I express my gratitude to all the medical and paramedical staff of the hospital for their cooperation during my stay there, and I wish them all prosperity and good health.

A physician must contribute his or her skills whatever his or situation may be. It is as Alexander Pope wrote in the 18th century CE:

Honour and shame from no condition  
rise;  
Act well your part, there all the hon-  
our lies.<sup>7</sup>

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