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NEED OF THE COMMUNITY

The community need of the rural population is different in nature in comparison to the urban population such as, in rural areas the problems are:

a) Complete absence of dental aid.
b) Complete ignorance about the dental health or the preventive measures.
c) Lack of guidance through the medical teams for dental problems.

NEED OF THE RURAL POPULATION

The minimum need of the rural population is:

1) The elimination of oral sepsis.
2) Introduction of preventive measure through Health Education.
3) Relief of Pain.
4) Assurance and sympathetic guidance.

The rural population does not need luxurious or modern equipment but they need ready-made dental aid. The dental clinics at primary health centres and the para-dental trained staff at subcentres with simple dental equipment can suffice the need of the community. The Public Dental Officer shall guide the community in gathering, in groups, through Radio, T.V. & Films, through religious ways etc. shall motivate towards the dental health.

NEED OF THE URBAN POPULATION

I. Guidance:
Preventive technical treatment i.e. filling of the cavities and scaling and polishing of the gums and through ortho-dentist appliances.

II. School Dental Service:
The Urban population needs the school dental service for helping the population.

III. Introduction of Dental Clinics:
In the localities of Gulberg, Model Town, Shadman Colony, etc. etc. for restorative dentistry.

(a) This step shall help the dental profession.
(b) It shall benefit the population.
(c) It shall evolve modes and methods of the service.
(d) It shall provide relief to the community.
(e) It shall save the time of the community.
(f) It shall help the community to cherish the food, and last but the least the public dentistry shall save the individual and the community from various
systemic illness because of the bad teeth and it shall provide the satisfaction to the Musalman of our society for practising the principle of Islam and the Holy Prophet.

COST OF THE SCHEME

Scheme is as follows:

3. Course of D.P.D. at Institute of Hygiene, Lahore.
4. Establishment of Para-dental School at Institute of Hygiene in collaboration with the Public Health School.
5. Starting of simple dental clinics costing Rs. 2,000/- to Rs. 3,000/- each at primary and sub rural health centres.

This is a five year plan where the expenditure and the cost of the Scheme is not very much high by creating the post of a Director General, Health and Joint Secretaries at the Provincial level. The cost of D.P.D. is almost nil except, by appointing the Chairman of Department Dental Public Health, at the Institute of Hygiene, Lahore, where rest of courses are run by the existing staff. Similarly, the Public Health School shall not cost much as it shall run in collaboration with Public Health School, Institute of Hygiene and under the Dental Public Health Department to be created at the Institute of Hygiene.

NEED IN PAKISTAN

Dental disease ranks as one of the greatest affliction of mankind today and affects all countries of the world. However, it affects mostly civilized mankind, which has dictated an artificial and soft diet. In our country, the periodontal problems are common, but incidence of dental decay is not less than any country.

Knowing the high prevalence of the dental disease by the various workers in and outside the country, its aim must be that the control of the dental disease may be enforced by preventive measures i.e. by the introduction of Dental Health Programme in Pakistan which has already been discussed. The preventive measures, if introduced, shall reduce:

(a) Severity of the disease.
(b) Lessen the rapidity of destruction.
(c) Prolong the national dentition and correct the remediable dental defects.
(d) It shall regularise the habits of the oral hygiene and methods of the children and masses.
(e) It shall also provide us the true picture to the prevalence of the dental disease in the country.

(f) It shall also help us to adopt the method to check up the incidence of the dental disease.

(g) It shall provide us the statistical data and research opportunities.

(h) It shall promote the Dental Health and efficiency through the organized community efforts.

(i) It shall also popularise the dental profession along with the growing population of the country and the last but not the least, it shall take the profession at level with other countries of the world.

EFFECTS OF THE CHANGES AFTER INTRODUCTION OF PUBLIC HEALTH IN SERVICE.

(1) This shall create a change for a dentist to work for planning and development and promoting of the cause of dentistry.

(2) Dental services in the Provinces shall be controlled and guided properly by a technical man and the Govt. shall be benefitted by the channel of services in the interest of the public.

(3) There shall be coordination and quality pattern of all the dental clinics in the Provinces of Pakistan.

(4) The problems of the dental surgeons, and their needs shall be properly met with and listened to.

(5) The service shall be controlled by medical service as an amalgamated service. Separate dental service cannot serve the proper purpose.

(6) Refresher and re-oriented courses be arranged and will help the dental surgeons to expand their knowledge to be conducted by new system.

(7) The preventive dentistry shall flourish and have better influence over the public.
DENTAL HEALTH EDUCATION

By

Miss Rehana Rashid

Thousands of our country men are suffering untold miseries and unhappiness due to ill-health, simply on account of ignorance of the simple rules of health and hygiene. Like other countries, one of the most important methods we must adopt, is health education of the people. Specially children should be paid more attention who are “citizen of tomorrow.” Health education in one word is self-help. No body can help a person who is not prepared to help himself. The great task before health education is therefore motivation of the masses.

Now let me define Public Dental Health as defined by Young & Striffler as:

Public Dental Health has been defined as “the science and art of preventing and controlling dental diseases and of promoting dental health through organized community efforts” (Young & Striffler, 1964).

Education in health matters in schools or colleges is one of the important tasks of health education, in order to strengthen knowledge of science and its implications in a wider range of activities for children. Through this younger group of people are educated in such a way that will enable them as adults in a democratic society so make their own choice from alternatives, and participate as healthy citizen in the complex processes of formulating policies in the spheres of physical, mental and social well-being.

The greatest weakness is that in our schools and colleges if students know much science, and what they know they cannot, easily apply to an understanding of their contemporary problems. Thus health education as one of the subject in the curriculum is a must for imparting information regarding personal, social and natural world of the young peoples. Because of the range of issues involved, health education should be seen as offering guide lines for behav-
behaviour in a technological and urbanized world.

Dental disease is probably the most widespread disease in man, only unrivalled by the common cold. Unfortunately the damage caused by this disease is permanent. At present there is little hope to do much, but prevention can do much which is easier and also cheaper.

Almost everyone at some time in his or her life experiences the pain and distress of dental disease. It is not only a national but an international affliction. Most people do not believe that teeth matter or that the benefit of a healthy mouth is worth the trouble involved, therefore the purpose of the dental health education must be not only to disseminate information but to make people want to act on it. The material available for dental education is very limited. Dental education or oral hygiene requires dissemination of information to people through audio-visual aids i.e., good films on this subject. Posters, leaflets which are widely distributed but owing to limited funds and resources available, it is not possible except in a few instances health department has made poster and distributed.

One of the main problems of dental health education is the difficulty of measuring its effectiveness, assessing whether particular methods or messages bring about a change of attitudes and habits.

Dental health education in a country or a community is largely influenced by what the Government and the population in that country know about the delivery of dental services and the behaviour of the people in accepting such services and their own attitudes towards dental health.

Dental campaigns create interest in connection with oral hygiene in all social classes, but this interest will be maintained over longer period in the children attending schools (as experienced in foreign countries).

The dentist and his auxiliaries must organize, in conjunction with government and local authorities, health education campaigns to meet the conditions of the community in which they live and work. Manpower problems make it essential to motivate the population to make full use of preventive methods which can be implemented by the individual such as:

1. proper understanding of nutrition as its effects developing teeth and contributes to dental diseases.

2. The most effective methods of oral hygiene, bearing in mind the problem of the tooth brush tooth paste in relation to removal and control of dental
plague.

(3) Early treatment from dentist and regular visits.

(4) Water fluoridation, enriched cooking salts, flouride milk, tablets or tooth paste.

One of the big problem increasing in our society and specially in children is lack of knowledge about dental hygiene. Teeth that are white clean and regular contribute much to the appearance of the individual. Neglected teeth and failure to maintain proper oral hygiene reduce social acceptability and endanger health. So it is a must to have basic knowledge and one must plan one's own programme of oral hygiene.

I am very sure that you will agree with me that there is an awakening through advertisement and health information in our messes to pay heed to their dental ill-health but the solution to this problem through preventive and control measure is education. Home and schools are the best places which can play very big role in the formative and growing age of the young people in raising the level of dental health.

Modern knowledge shows that the tooth is a living and changing structure and that its relationship to the rest of the body is direct and intimate. It said that bad teeth "Licks the joints and the heart."

If teeth are not given proper attention from the very beginning than various structural abnormalities may interfere with health, appearance, or normal function and such teeth are hard to keep clean also.

In Pakistan high percentage of children have some type of malocclusion (irregularity of teeth) dental fluorosis and dental caries and periodontal diseases (of gums) reasons being thumb sucking, nail biting, dirty habits of not cleaning teeth, water containing too much flouride, eating of sweets etc. Many such deformities can be prevented by early and proper dental education and supervision.

Care of the mouth and teeth is very important. Dental Education requires timely or regular dental care, proper diet and nutrition, avoidance of thumb sucking, and other such bad habits etc. along with cleanliness and treatment of the teeth during childhood. The schools have responsibility to improve and promote the health of students and contribute to their development during the long hours of schools through special health services. So more attention should be paid here.

Health education in dental hygiene is important for the reason that one object of modern education is to promote health-minded persons. Characterised by these features.
MEDICAL NEWS

OUR FOOD, OUR HEALTH

25 facts about safety.

The special report on food safety follows:

1. Food shortage, population increase, urbanization and technological development have contributed to the replacement of traditional arts of food production and preservation. A wide variety of substances, inorganic, natural and synthetic, are now added to human food and animal feed.

2. Contaminants in food can be biological, chemical or radioactive. Contamination can arise at any stage during the growth, harvesting, storage, processing or marketing.

3. The consumption of chemically contaminated food can cause severe suffering, irreparable damage to body organs, and cancer. It may even affect future generations.

4. Since 1953, poisoning by fish containing mercury has caused neurological symptoms including numbness, tingling, spasticity, loss of vision and hearing, disorientation, and even death among humans, and domestic animals, in certain areas of Japan.

5. In the 1950's and 1960's hundreds of cases of poisoning occurred in different countries as a result of ingestion of seed grain treated with mercury compounds or indirectly after consuming meat from animals which had been feed with grain so treated.

6. In the 1960's, serious outbreaks of food poisoning took place in several countries due to accidental contamination of wheat flour with such pesticides as endrin and parathon.

7. Biological contamination of foods remains one of the world's persistent problems, especially in many developing countries. Almost every country at some time experiences episodes of
(a) The educated person understands the basic facts concerning the health and disease.

(b) The educated person protects his own health and that of his dependents.

(c) The educated person strives for the improvement of the health of the community.

One hopes that in times dental health education will succeed in changing public attitudes and behaviour so that beautiful teeth will be as highly regarded and as carefully tended as hair beautiful.

**REMINDER**

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