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MEDICAL CAMP IN INDIAN VILLAGES DEMONSTRATE THE NEED FOR PHARMACIST SERVICES

Introduction

Hypertension, also known as high blood pressure, is a growing global concern.^[1] A multitude of contemporary factors are contributing to the rise in hypertension cases worldwide. Modern lifestyles characterized by prolonged periods of sedentary work, heightened stress levels, and poor dietary choices are all playing a role in this health issue.^[2] The consumption of processed and high-sodium foods is on the rise, increasing the likelihood of developing hypertension. Additionally, the lack of physical activity is a significant contributor to this problem. Regular exercise is essential for maintaining healthy blood pressure levels, and its absence can lead to hypertension.

Another key factor in the prevalence of hypertension is the lack of awareness and education surrounding the condition.^[3] Many individuals fail to grasp the importance of regular blood pressure monitoring, and the

potential risks associated with hypertension. This lack of understanding is particularly pronounced in rural areas, where access to healthcare services and information is limited. In these regions, individuals may not have the opportunity to receive proper medical guidance or education on how to manage and prevent hypertension.

The financial status of families plays a crucial role in the rising prevalence of hypertension. Individuals from lower socioeconomic backgrounds often encounter challenges in accessing healthcare services, purchasing medications, and maintaining a healthy lifestyle. Financial constraints can result in poor dietary choices, inadequate medical care, and heightened stress levels, all of which contribute to the onset and progression of hypertension. Despite the availability of effective pharmaceutical interventions, hypertension remains a significant public health issue. Uncontrolled hypertension can lead to severe health complications such as heart failure, stroke, and other cardiovascular diseases.^[4]

Addressing the problem of hypertension necessitates a comprehensive approach. It is imperative to enhance public awareness and education regarding the importance of blood pressure management. This can be accomplished through community health programs, educational campaigns, and improved healthcare service accessibility. By taking these steps, we can mitigate the risk of serious health issues and enhance the overall well-being of individuals and communities.

Medical Camps

This study is based on the medical camps that were conducted in three villages: Ponnur, Nidubrolu, and Bodapadu. Over the course of three weeks in each village, we organized



medical camps to gather data on various categories such as age, occupation, annual income, annual expenditure on doctor visits, and annual expenditure on drugs. The data was collected with the cooperation of 74 participants from these villages.

The major occupations of the villagers included barbers, tailors, farmers, and housewives. It was observed that most villagers preferred treating their ailments with Ayurvedic herbal medications. In addition to providing medical services, we also conducted educational sessions on hypertension as many villagers lacked knowledge about this disease. We discussed the symptoms associated with hypertension and the negative outcomes that can result from uncontrolled hypertension.

In Ponnur, we conducted a week-long medical camp where we assessed the health data of 21 individuals. Among them, 6 were found to have both diabetes mellitus and hypertension, 2 had diabetes only, 7 had hypertension only, and 6 did not have either condition. Our doctors diagnosed 4 new cases, with 3 individuals having hypertension only and 1 suffering from both diabetes mellitus and hypertension.

Moving on to Bodapadu, our medical camp also spanned a week, during which we examined 25 participants. Of these, 7 were dealing with both diabetes mellitus and hypertension, 2 had diabetes only, 13 had hypertension only, and 3 did not have either condition. Our doctors identified 4 new cases during this camp.

In Nidubrolu, we carried out another week-long medical camp and gathered data from 28 participants. Among them, 9 were coping with both diabetes mellitus and hypertension, 3 had

diabetes only, 14 had hypertension only, and 3 did not have either condition. Our doctors diagnosed 8 new cases in this village.

In terms of medication, patients with hypertension only were prescribed Renitec (Enalapril maleate) or Captop (Captopril). Those with both diabetes mellitus and hypertension were given GLIME M2 (Glimpiride 2mg+Metformin 500mg) and Telmisartan (Telmisartan). Patients with diabetes mellitus only were prescribed GLIME M1 (Glimpiride 1mg+Metformin 500mg). For individuals who were unaware they had hypertension and were diagnosed by us, we prescribed enalapril. One patient diagnosed with both hypertension and diabetes mellitus by our team received GLIME M2 and Telma (Telmisartan).

Results

Table 1 - Patient screening results from the three villages

D – Patients who are diabetic
H – Patients who are hypertensives
D + H – Patients who are both diabetics and hypertensive
Number in parentheses indicate the number of newly identified patients during the camp

Village	# screened	D	H	D + H
Ponnur	21	2 (1)	7 (3)	6
Bodapadu	25	2	13 (4)	7
Nidubrolu	28	3	14 (8)	9

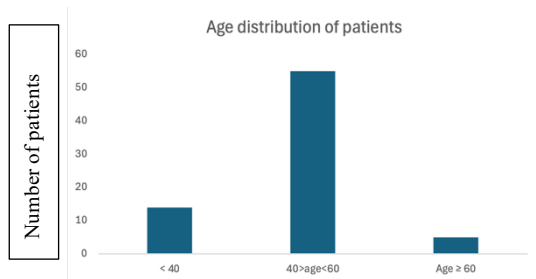


Figure 1 – Age distribution of 74 patients

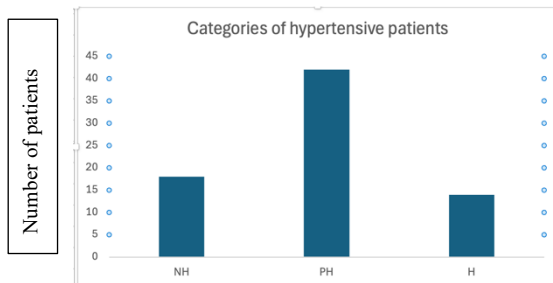


Figure 2 – Hypertensive categories of these patients: NH – normotensive, PH – prehypertensive and H – Hypertensive

Where the following SBP and DBP values refers to the following three categories of hypertension.

- Non-hypertensives – SBP<120 and DBP < 80
- Pre-hypertensive – [SBP ≥120 & SBP < 140] or [DBP ≥80 & DBP<90]
- Hypertensive – [SBP ≥140 or DBP ≥90]

Discussion

This study underscores the significance of regular medical check-ups and heightened awareness about hypertension, particularly in rural areas where knowledge and healthcare resources may be limited. By detecting and treating these conditions early, we can help prevent serious health complications and enhance the overall well-being of these communities.

The medical camps held in the villages of Ponnur, Nidubrolu, and Bodapadu revealed significant gaps in awareness and management of chronic conditions such as hypertension and diabetes mellitus among rural populations. Despite the high prevalence of these conditions, many villagers were unaware of their health status, highlighting the urgent need for continuous education and regular health screenings in these communities.

Conclusion

Notable findings from the camps include the discovery of numerous cases of undiagnosed hypertension and diabetes, especially among individuals who had not previously sought medical care. The preference for traditional Ayurvedic treatments over allopathic medicine further emphasizes the importance of incorporating culturally sensitive health education into these initiatives. Overall, the results of the medical camps underscore the necessity of ongoing efforts to improve health literacy and access to healthcare services in rural areas. By addressing these gaps in knowledge and treatment, we can work towards better health outcomes for all members of these communities.

References

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