WHO Definition of Health

'Health is a state of complete physical, mental, and social well-being not merely the absence of disease or infirmity.'

By the WHO definition, all the people of Arakan and of Burma are unhealthy and suffering from some kind of physical, mental or social disease. As you know Burma is being ruled by the brutal military Government, we all are suffering from fear, fright, flight and all kind persecutions.

To determine health status of our community, here we need to include health status measuring parameters such as crude death rate, life expectancy, maternal mortality rate, foetal mortality rate, number of Hospitals, etc. Due to the lack of records and unreliable statistics in our country, such parameters are unavailable.

Our Rohingya population is about 3.5 millions. Among them 2 millions live inside Burma mainly in the Arakan State and the rest are in Bangladesh, Pakistan, Middleast, Thailand, Malaysia etc in exicile.

There are only one Specialist Hospital, two Township Hospitals, two Urban Health Centres and four Station Hospitals for our people in the Arakan state. Rural Health Centre and subcentre of health are located in each village without any facilities or supports and thus they can’t provide any health service. There are only 12 Rohingya doctors, 3 Rohingya dental surgeons for five decades. You can imagine our Rohingya health status by comparing population and available health facilities.

As our country is a developing and tropical country, infectious diseases, tropical diseases and malnutrition are common. The symptoms, complications and treatments mentioned below may or may not be typical and scientific. But these are common presentations, complications and actual treatments received in our community. The Preventive measures. are mentioned in the hope of that our people may practice individually or at the community level and may get benefits. However one should consult a professional doctor for thorough examination and medication.

INFECTIOUS DISEASES TROPICAL DISEASES OBSTETRIC AND GYNAECOLOGICAL DISEASES

1. TUBERCULOSIS (KOCH’S LUNG)

Tuberculosis (TB) is caused by Mycobactetium tuberculosis and transmitted by inhalation and ingestion of these bacteria. It effects two-third of the population.
Common presentations are cough with blood stained sputum, loss of weight, low-grade fever and anorexia. Children presents with fever, absence of weight gain, night sweat and neck gland enlargement. The only available diagnostic investigations are Chest X’ Ray posteroanterior view and sputum for Acid Fast Bacilli.

**Treatment**

- Rifamycin 450 mg orally daily for six months
- Isoniazid 300 mg orally daily for six months
- Pyrizinamide 1500 mg orally daily for six months
- Ethambutol 800 mg orally daily for six months
- Streptomycin 1 g injection daily or biweekly for one year

But most take irregular treatment as these drugs are expensive and our people are poor. Most of drugs available are imported through border, which are out of quality control. So, resistant cases are common.

**Complication**

1. Miliary TB
2. TB Meningitis

**Prevention**

Preventive measures are weak due to the lack of health education and poverty. Health authorities of disease control programme implicate their activities only on paper.

1. Avoidance of indiscriminate spitting in public place.
2. Covering mouth and nose when cough and sneeze.
3. If cough more than two weeks, to take Chest X’ Ray.
4. To take the drugs timely and systematically as prescribed by the doctors.
5. Immunization of children as in Expended Programme of Immunization (EPI)
2. DIARRHOEA (LOOSE MOTION)

It commonly occurs in the summer and at the beginning of rainy season, caused by poor sanitation and hygiene. It is transmitted by faecal-oral route. It presents with frequent watery loose motion, abdominal pain, muscle cramp and vomiting. Sometimes cholera cases, caused by vibrio cholarae are noticed present with rice water stool, which has characteristic smell of fish. Since 1996, The Government replaced the name of cholera as Acute watery diarrhoea for the benefit of “VISIT MYANMAR YEAR 1996” because the word cholera will upset the incoming tourists.

Treatment

Replacement of lost fluid and salt is the main stay that is rehydration therapy - Oral Rehydration Salt or intravenous fluid depending on the severity. Antidiarrhoeal agents – Lomotil and antibiotics – Thalasulf and Tetracycline are used.

Complication

1. Hypovolaemic shock

Prevention

Personal hygiene such as hand washing after toilet and before food.
Drinking water should be come from clean pipe or be boiled.
Food should be fly proof.
Mosquito control
Use of sanitary latrine.

3. ENTERIC FEVER (TYPHOID)

Typhoid is caused by bacteria named,Salmonella typhi and Salmonella paratyphi. It is transmitted by the ingestion of contaminated food and drink. Patients present with fever, abdominal pain and constipation or loose motion. Cases are diagnosed clinically.

Treatment

1. Avoidance of solid food

2. Antibiotics such chloramphenicol 500 mg 6 hourly or ciprofloxacin 500 mg 12 hourly
Complication

1. Intestinal perforation

Prevention

As it is transmitted by faecal oral route, personal hygiene, food and drink sanitation are key roles in prevention as in diarrhoea.

4. HEPATITIS

Hepatitis is caused by the hepatitis virus A to G, alcohol, malaria and amoeba. But viral hepatitis is common. It is transmitted by faecal oral route, blood and sexually. Common presentations are yellow colouration of sclera, skin and urine, fever, muscle pain and sudden unconsciousness in severe cases. Most patients died of liver failure. Cases are diagnosed clinically.

Treatment

1. High intake of carbohydrate that is glucose, sugarcane etc.
2. Avoidance of fatty meal and oil (not recommended)
3. Yoghurt
4. Glucose and multivitamine infusion
5. Liver support drugs – reducdyn
6. Indigenous medicine – washing both hands’ palms with turmeric

Complication

1. Liver failure
2. Cirrhosis
3. Liver cancer

Prevention
1. Personal hygiene, clean drinking water and safe food

2. Avoidance of unnecessary injections, blood transfusion

3. Screening of blood donor for hepatitis virus

4. Immunization by hepatitis virus vaccine

5. PNEUMONIA

Pneumonia is commonly caused by bacteria named Streptococci pneumoniae and is transmitted by inhalation of droplets. It presents with high fever, cough. It is common in alcoholic sleeping in the open air and bed-ridden patients.

Treatment

1. Amoxycillin 500 mg 8 hourly

2. Cephalexin 500 mg 8 hourly

3. Ciprofloxacin 500 mg 12 hourly

6. RING WORM

It is a fungal infection and presents with ring like red skin lesion with vesicles and pustules, itchy. Common sites are thigh, groin, arm and buttock. Most people treat themselves with traditional medicines.

Prevention

1. Personal hygiene
7. WARTS

It is viral infection and presents with irregular papule and warty appearance. It affects the whole body.

Treatment

1. Wart’s application
2. Burning and pinching
3. Applying mixture of lime and soap

TROPICAL DISEASES

1. MALARIA

Malaria is a killing disease in our region. It is caused by parasites named Plasmodium falciparum, Plasmodium vivax and Plasmodium malariae. It is transmitted by the bite of female Anopheles mosquito. There is a belief that malaria is caused by drinking stream water and eating banana in our community.

It is typically presents with high fever associated with chills and rigor followed by hot, sweating and cold stages, headache and sometimes with unconsciousness – severe form of malaria. It is diagnosed clinically and by checking blood for parasite. Resistant cases are common.

Treatment

1. Chloroquine 4 tablets (600 mg) on day 1 and 2, 2 tablets (300 mg) on third day.
2. Quinine orally or infusion 600 mg 8 hourly depending on severity.
3. Injection Artemether 2 ampoules on day 1 and 1 ampoule twice a day for two days.
4. Artesunate tablet 100 mg twice on day 1 and 50 mg twice for 4 days.
5. Fansider 3 tablets (1500 mg) single dose
6. Pyrexine 3 tablets single dose

7. Tetracycline capsule 250 mg 6 hourly

8. Mannitol infusion in cerebral malaria


Complication

1. Cerebral malaria

2. Circulatory collapse (shock)

3. Severe anaemia

4. Abortion

Prevention

1. To use mosquito nets or mosquito repellants during sleeping.

2. Mosquito control by eliminating breeding places such as ponds and bushes

3. Chemoprophylaxis; taking chloroquine 2 tablet (300 mg) in a week before 1 week entering and continue until 4 weeks after leaving malaria endemic area.

4. Screening of blood donor for malaria parasite

2. DYSENTERY

Both Amoebic and bacillary dysentery are common. They are caused by the protozoa, Entamoeba histolytica, and bacteria, Shigella. It is transmitted by foecal oral route by ingestion of contaminated food and water. Common presentations are abdominal pain, blood and mucus stool, tenesmus that is incomplete sense of defecation, and loose motion.

Treatment
1. Metronidazole 200 mg 8 hourly for 1 week in Amoebic dysentery

2. Ciprofloxacin 500 mg 12 hourly for 1 week in Bacillary dysentery

Complication

1. Liver abscess

Prevention

1. Personal hygiene and hand washing

2. Avoidance of fly access to food

3. Fly control

3. SNAKE BITE

Most of our people are earning their life as farmers and woodcutters. In our region, viper and cobra are commonly found snakes. Snake bite is an occupational hazard to our Rohingya people. Common bite sites are legs and hands, and bite during their work and night journey.

Viper bite presents with painful swelling at the bite site, fangs mark, regional lymph node enlargement, and necrosis at the bite site and reduced urine output.

Cobra bite presents with drowsiness, fangs mark, muscle weakness and respiratory difficulty – breathlessness and tightness of chest.

Treatment

1. Monitoring with in-take out-put chart, urine albumin and clotting time

2. Injection ATT 1 ampoule stat

3. Specific Antisnake venom

4. Antibiotics if necessary

5. Some victims are treated traditionally by snake charmer
Complication

1. Renal failure, bleeding tendency and death in case of viper bite
2. Respiratory failure and death in cobra bite

Prevention

1. To use rubber stock and glove during their work and night journey
2. To use light such as torch or lamp during night travel
3. Use of systematic and proper First Aids before and during transport to Health Centre
4. Urgent transfer of patient to the nearest Health Centre without any delay and avoidance of traditional treatment which is more hazardous
5. First Aids: Immobilization of affected limb is the corner stone.
   Washing the bite site gently with clean water.
   Applying a foam or folded clean cloth over bite site.
   Bandage and tie the limb with a splint

NON-INFECTIONOUS DISEASES

1. ASTHMA

Asthma is an allergic condition and caused due to the hyper responsiveness of air-way to the allergens such as dust, bad smell and seafoods. But our people believe that it is caused by ingestion of cat hair. It is commonly presents with breathlessness, tightness of chest, laboured respiration and wheezing.

Treatment

1. Aminophylline orally or infusion
2. Prednisolone tablets
3. Salbutamol tablets or inhaler

4. Traditionally, eating fried bat

Complication

1. Respiratory failure

Prevention

1. Avoidance of allergens

2. HIGH BLOOD PRESSURE (HYPERTENSION)

Hypertension is common in our community but not notice it because they hardly measured their baseline blood pressure. Most cases are asymptomatic and detected incidentally only when they visit general practitioner for other illness. It presents with headache, nucheal pain, lightheadedness, blurred vision, palpitation and stroke in severe cases.

Treatment

1. Low salt diet

2. Diuretics – Frusemide tablet

3. Beta blocker – Propanolol, Atenolol

4. Calcium channel blocker – Nefidipine

Complication

1. Stroke – Paralysis

Prevention

1. Regular measuring of blood pressure
2. Reduce fat and salt content in diet

3. Reduce body weight and regular exercise

4. Reduce stress and meditation

5. Avoid smoking and alcohol

3. DIABETES

It is a genetically related disease caused due to the insufficient or absence of secretion of insulin by the pancreas. But our people believe that it is resulting from eating sweet. Most cases are diagnosed incidentally after routine examination of urine. Majority of patients are obese. It presents with polydypsia (excessive thirst), polyuria (frequent passing of urine), ants on urine, tingling and numbness, vaginal moniliasis and foot ulcer. As it is asymptomatic in early stage, most cases are detected in the late stages with complications. Due to the available of glucometer, more cases are detected, at present.

Treatment

1. Diet – avoid sweet and reduce carbohydrate content

2. Monitoring of blood glucose level and urine sugar

3. Oral hypoglycaemic agents

4. Insulin treatment is rare

Complication

1. Retinopathy – blurred vision to blindness

2. Neuropathy – tingling, numbness, glove and stock sensory impairment

3. Nephropathy – impaired renal function to renal failure

4. Diabetic foot

Prevention
1. Reduce sweet diet

2. Reduce body weight

4. HEART DISEASE

Common heart diseases are Rheumatic and ischaemic heart disease. Most cases are asymptomatic and found incidentally. They present with breathlessness, chest pain and lower limbs oedema. Some cases are associated with hypertension and diabetes.

Treatment

1. Penicillin oral or injection

2. Aspirin

3. Isordil

Complication

1. Heart failure

2. Sudden death

Prevention

1. Weight reduction if obese

2. Regular taking of injection penicillin for rheumatic fever

3. Regular exercise

4. Avoid smoking and alcohol
5. INJURY (OCCUPATIONAL HAZARD)

Most our people are farmers and woodcutters. Dah cut, incised wound, is common presenting with bleeding. Dislocation of joint and fracture bone are also noticed.

Treat themselves using various indigenous medicine leaves and applying hot mustard oil that boiled in the red dried chilly. Dislocation is reduced traditionally and fractures are fixed with bamboo splint.

Complication

1. Depending on the site and size, minor bleeding to haemorrhagic shock.

2. Deformity and impaired functioning.

Prevention

1. Safety working environment

SURGICAL DISEASES

1. PEPTIC ULCER DISEASE

This includes gastritis to peptic ulcer. It is due to the hyperacidity, mucosal defect, familial or Haelicobacter pylori. Aggravating factor is that our people like hot and spicy food, and our daily diet is not free from hot and spicy dishes.

It present with abdominal pain (hunger pain), heartburn, dyspepsia, vomiting and water brush.

Treatment

1. Antacids – Gelmag, Diagene

2. H2 receptor blocker – Cemitidine, Ranitidine
3. Proton pump inhibitors – Omeprazole

4. Traditionally taking soda powder

Complication

1. Perforation

2. Vomiting of blood (Haematemesis) and passing of black tarry stool (Melaena)

3. Gastric outlet obstruction partially or complete

Prevention

1. Regular taking of meal

2. Avoidance of hot and spicy food

3. Avoidance of smoking and alcohol

4. Reduction of stress and relaxation

2. HYDROCOELE AND HERNIA

Present with swelling in the scrotal or groin. They are caused due to the secretion by the testis covering, and due to the defect in the abdominal wall.

Our people are so simple and shameful that they do not expose their private parts even they have disease there. They believe hydrocoele is related to tide.

They are reluctant to undergo operation and most remain with swelling unless complicate that is strangulated.

3. PILE (HAEMORRHOID)

Piles are dilated torsious submucosal veins of the lower part of rectum. It presents with painful
defecation, bleeding from anus and something in the anus.

Patients deny to be operated. Traditionally they apply heated brick to the anal region, which is unacceptable. Complications are anaemia and prolapsed pile.

4. NAIL INFECTION (PARONYCHIA)

Staphylococcal and fungal nail infections are common, mainly affected the toe’s nail. It presents with throbbing pain and swelling.

Treat surgically by nail avulsion that is removal of nail and traditionally applying hot mustard oil, heated in the red dried chilly.

CHILDHOOD DISEASES

1. MEASLES

Measles is a common viral infection of unimmunized children mostly under the age of 5 years and spreads by droplet infection. That presents with fever, running nose, watery eyes and red rashes, which fade later spontaneously and remains faint brown staining.

Treatment

1. Antipyretics

Complication

1. Diarrhoea
2. Malnutrition

Prevention
1. Immunization of children by vaccines as in Expended Programme of Immunization schedule

2. MUMPS

It is viral infection and spreads by droplet. The children present with fever, painful swelling over both cheeks – parotitis. It recovers spontaneously.

Complication

1. Orchitis in males

2. Sterility in males

Prevention

1. Immunization by Measles Mump and Rubella Vaccine

3. WHOOPING COUGH

It is caused by the bacteria named Bordetella pertussis and transmitted by droplet. It affects mostly under 5 years old children and presents with fever, rhinitis, conjunctivitis, conjunctival haemorrhage and severe bouts of continuous coughing with typical whoop and vomiting.

Treatment

1. Antipyretics

2. Antibiotics – Erythromycin

3. Indigenous medicine

Prevention

1. Immunization as in Expended Programme of Immunization (EPI) schedule
4. DENGUE HAEMORRHAGIC FEVER

It is caused by the dengue virus and transmitted by mosquito Aedes aegypti, which bites in the day time. It occurs at the beginning of rainy season and presents with fever, running nose, rashes, headache and muscle pain.

Treatment
1. Antipyretics
2. Rehydration

Complication
1. Dengue shock syndrome

Prevention
1. Mosquito control
2. Use mosquito net or repellent during sleeping.

5. ACUTE RESPIRATORY INFECTION

It is caused by various viruses mainly respiratory syncytial virus and mostly infects children under 3 years of age. It presents with fever, running nose, rapid respiration, unable to suck, wheezing and cyanosis.

Treatment
1. Antipyretics
2. Injection Gentamycin
3. Amoxycillin syrup

Complication
1. Respiratory failure

6. DIARRHOEA

It is caused by viruses and transmitted by the contamination of diet due to improper weaning diet and unclean bottle-feeding. It presents with watery loose motion, drowsiness, flabby and fluid loss (dehydration).

Treatment
1. Replacement of loss fluid by oral rehydration solution or intravenous infusion of crystalloid depending on severity.

Complication
1. Hypovolaemic shock
2. Malnutrition

Prevention
1. Proper weaning diet and avoidance of bottle-feeding.
2. Personal hygiene.
3. Safety preparation of diet for the young

7. WORM INFESTATION
Both adult and children are effected, but more common in children. It spreads by the faecal oral route. Mixed infection, round worm (Ascaris lumbricoides) and pin worm or thread worm (Enterobius vermicularis), is common and presents with diarrhoea, abdominal distension, pallor itchy anus and passing of worm from mouth and anus.

Treatment

1. Mebendazole 100 mg 12 hourly for 3 days
2. Albendazole
3. Levamisole
4. Piperazine
5. Indigenous medicine

Complication

1. Anaemia
2. Malnutrition

Prevention

1. Personal hygiene
2. Regular deworming in every 6 months

8. MALNUTRITION (UNDERNUTRITION)

Mixed malnutrition, marasmic kwashiorkor, is common due to the poverty, poor sanitation and lack of knowledge of preparing proper weaning diet, and presents with skin infection, failure to gain weight, abdominal distension, thin, frontal bossing and oedema.

Treatment
1. No proper and effective treatment in our community

Complication

1. Growth retardation
2. Mental retardation

Prevention

1. Exclusive breastfeeding that is within half hour after delivery unto 4 months of age without any other fluid and diet.
2. Proper weaning diet – Start at 4 months of age
   - Include locally available vegetables, fish, meat and rice
   - Acceptable by the children
3. Growth monitoring with simple weight chart – the Road to Health Card
4. Immunization as in Extended Programme Of Immunization schedule
5. Personal hygiene

OBSTETRIC AND GYNAECOLOGICAL DISEASES

1. ANAEMIA WITH PREGNANCY AND MULTIPARIETY

Traditionally, our Rohingya women have to marry early in their teen-ages. There is no proper knowledge sharing about puberty, menstruation, marriage, pregnancy and delivery of child among our sisters and mothers. Our community believes that it is shameful to discuss about menstruation, pregnancy and delivery.

Due to the lack of knowledge and education, the women have no chance to plan and to space
their family. They have to deliver a baby yearly like a child-producing machine and have 7 to 10 children in nearly all families. Thus multiparity is common in our community and cannot properly care their children.

After delivery, the mother is not allowed to feed on fish and meat dishes. Traditionally, they believe it will cause sick both mother and baby. The mother has to feed on dried fish prepared in spicy dishes and has to stay besides a fire for the whole puerperium that is 40 days after delivery.

Due to the pregnancy, blood loss during delivery and above aggravating factors, the women inevitably become anaemic. They present with pallor, tiredness, dizziness, fatigue and palpitation.

Treatment

1. Iron supplement orally or injection

Complication

1. Maternal and foetal morbidity and mortality

Prevention

1. To correct wrong believes

2. Well balance diet containing vegetable, fish and meat that provide necessary energy

3. Proper Antenatal Care that is regular visit to the Health Centre during pregnancy

4. To prefer Hospital delivery

5. Birth spacing that is there must be at least 2 years duration between two successive pregnancies.

6. Proper Postnatal Care that is follow up visit to the Health Centre after delivery

2. ABORTION AND ANTEPARTUM HAEMORRHAGE (MISCARRIAGE AND BLEEDING IN LATE PREGNANCY)
They present with amenorrhoea (miss period), bleeding from vagina, passing of tissue from birth canal and pain in suprapubic area (lower abdomen).

Treatment

1. Rest
2. Avoid heavy work

Complication

1. Infection
2. Septicaemic shock
3. Maternal and foetal death

Prevention

1. Regular Antenatal Care

3. POSTPARTUM HAEMORRHAGE (BLEEDING AFTER DELIVERY)

Most of our people were born by Traditional Birth Attendant (TBA), most are not trained, at home without Antenatal Care and they are proud of this. Our elderly believe that it is not necessary to deliver in the Hospital and it is shameful to deliver by male health personnel. They are reluctant to be born in the Hospital.

Patients present with excessive bleeding from birth canal after delivery, fainting attack and shock. Only serious bleeding cases are carried to the Hospital where, there is no facility for blood transfusion and no Blood Bank. Most cases died of haemorrhagic shock.

Treatment

1. Replacement with intravenous fluid due to the lack of blood
2. To secure bleeding source

Prevention

1. Regular Antenatal Care

2. Delivery by Trained Traditional Birth Attendant

3. Hospital delivery

4. MENSTRUAL DISORDER

Common menstrual disorders are dysmenorrhea (painful menstruation), heavy and prolong menstrual bleeding (Hemorrhagic).

Dysmenorrhea presents with pain in lower abdomen (suprapubic area) or flank associated with vomiting and sweating. It is treated with simple analgesics (pain-killer) and hearsay by applying heated brick over the lower abdomen.

Menorrhagia presents with heavy prolong bleeding during menstruation and fainting attack. Most cases do not visit clinic and treated traditionally by spiritual method.