“An unforgettable journey”

Aby Gopal* had the opportunity to offer dental and dietary advice to the local population in Rajasthan, India.

Passage to Bisalpur

I chose India as the destination for my elective. The hospital and clinic I travelled to are in the state of Rajasthan – a rural village called Bisalpur with a population of around 2,000. It took 16 hours by train from Mumbai to reach the destination as there are no direct flights.

My plan was to assist at the clinic, provide oral care to the local population, deliver oral health education and dietary advice to the local schoolchildren, and observe at the local general dental hospital. My itinerary went as follows (see *Diary of events*).

Cure not prevention

At the dental clinic I observed that most patients only came in for pain relief or to have loose teeth extracted. It was rare to see a patient just needing a routine check-up. Most teeth were beyond repair and extraction was the only option. Oral health is a low priority in

the area; there are more important issues for people to worry about, such as how to provide the next meal for their family.

Also, all of the people who grew up in that village suffer from fluorosis as the fluoride content of the local water is 3.9 parts per million, which is high. I also saw evidence of severe abrasion and attrition as a result of using powder rather than paste to clean the teeth, as powder is cheaper to buy.

There was no dental prevention for patients; only a cure was offered, but I had the opportunity to sit with patients and talk to them about the benefits of brushing twice a day, flossing and using a mouthrinse. I also discussed diet with them. This kind of advice had never been offered to these patients before. When I gave the talk to the local mothers about brushing better and having a better diet they weren't aware of the effect such things could have on their teeth.

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Diary of events

5 August	Observed at the dental clinic. Most patients seen had extractions carried out and check ups were done too due to pain as the teeth were heavily broken down.
6 August	The dentist saw about ten patients, did checkups due to pain, fillings and again an extraction. I gave advice to patients on how to brush better and brushing twice a day.
7 August	Saw seven patients, mostly fillings, which were either mesial-occlusal (MO) or disto-occlusal (DO) which were badly decayed too.
8 August	Went into the local school and gave basic oral health education.
9 August	Again went to the local school and gave basic oral health education.
10 August	Went to the local dental hospital and observed. Saw a patient who suffers from abrasion and attrition due to using powder to brush her teeth rather than paste and found out that the powder consists of cow dung, sand, crushed stone and bricks.
11 August	Went to the local dental hospital again for observation. At the hospital there was no cross infection system used. No gloves were worn when root canal treatment was carried out. One glove was used for the whole morning session and then another glove used for the afternoon session. The gloves were washed after each patient.
12 August	Observed at the hospital again, saw mainly extractions. None of the instruments used for the extractions were autoclaved after each patient but cold sterilised for about two minutes.
13 August	Went to the local village and did a group discussion with mothers and toddlers about oral health and diet. I talked to the children too to enhance their understanding about what is good and bad food for the teeth and how many times they should brush their teeth.
14 August	Went to the local dental clinic and observed there and again mostly saw patients with a badly broken tooth or teeth, where extraction was carried out. Saw a 5-year-old in pain with all her baby teeth decayed, as her diet contained mostly sweets and the mother was not aware of the damage it was causing.

Giving an oral health talk to the school children was great fun and a new experience for me. The children were very inquisitive and curious. I would talk in English and my translator translated it to the children as none of them spoke English. None of the children have ever visited a proper dentist before either. We talked on good and bad oral habits through two posters that we had made. We bought actual sweets, tobacco and cigarettes from the shops and pasted them onto the 'bad habits' poster. After each talk, we did a survey

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among the children by checking their teeth. Despite their lack of knowledge and interest in preserving their teeth, the oral health of the children is relatively good. This could be due to the lack of consumption of sweets due to poverty. The staple diet for these children is rice or chapatti, dhal and sabzi (vegetables).

Overcoming obstacles

Language was one of the major obstacles I faced. Working with a minimal grasp of Hindi, I had some difficulty communicating with patients and needed a translator at all times. By the end of my time in Bisalpur I had mastered a few Hindi expressions such as 'open your mouth' and 'where is your pain?' Both were essential phrases!

I went to India expecting to learn more about dentistry and to make a contribution. As it turned out, I was taught much more than that and the people I encountered gave me more than I gave them! I am so grateful to have worked with such wonderful people and would jump at the chance to experience the same adventure again.

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The dental clinic was better equipped than I had imagined. Most essential instruments and dental materials were available. I did find it frustrating at times though when the suction would not work, the chair would not recline as far back as in the UK, the electricity would go off almost every hour... and so on. I learnt that the dentist made use of what was available and did their best. Also, at the dental clinic there was no x-ray machine so patients had to go 12 km to the nearest dental hospital to get radiographs done, which was inconvenient to the patients due to costing and also to the dentist as he could not plan the patient's treatment without radiography.

A wonderful adventure

I have always wanted to experience dentistry in a mission environment. When the opportunity came to do my elective in India, I knew this was the start of an unforgettable journey.

Images from left to right, top to bottom: left-hand page – A 13-year-old child suffering from fluorosis; teaching the local kids how to brush better. Right-hand page – Women and children with whom I discussed diet and brushing techniques; local dentist working on a patient without any gloves to do a root canal treatment; this is when I was doing a check up in the village dental practice. Above – Me (right) at the local practice where I was based for most of my elective. The children pictured with me were my local tour guides who showed me the village in my spare time.