Conclusion
CONCLUSION

Public Health has been an agenda for long call for radical changes in the early years that pertained only to the health of Europeans. Those days man lived more in the natural surroundings and now he lives in an artificial environment. Urbanization and industrialization have greatly modified the society. The importance given to public health and preventive medicine in our country is very meager when compared to western countries. The history of public health until 1947 exposes that due attention was not paid on health by the British rulers. Indians were condemned for lack of hygiene, unclean habits, superstition and ignorance. Dissatisfaction was felt due to occurrence of plague, famine and frontier disturbances. Epidemic diseases depleted the fighting capacity of the British troops hence their concern over military hygiene in India increased. Preventive campaigns were not fully pushed through. British health policy failed to cope with the local society and their expenditure on public health and sanitary measures remained scarce.

The Bhore Committee gave a gloomy picture of Public health and confirmed the defects and weakness of public health policy of the Government. There was lacuna in the administration of hospitals, medical colleges and public health organization. Health and human development had been viewed as a vital component or overall integrated national socio-economic development. The eminence of infectious diseases is evident from the record of human suffering and deaths caused by the diseases.

The political, social and economic forces failed to make clean water available to all. People who were affected by disease hampered the living standard of the family. They were not able to meet out the medical expenses and their sufferings arose to degrade them in the society. The non availability of food crops was felt.
during the Indo-China war of 1962 and the people consumed tapioca. The food shortage from 1947-52 and the acute food shortage in 1963 became a challenge to the Government. The outcome was poverty, malnutrition and inadequate health services. Despite outstanding success in control afforded by improved sanitation, immunization and anti microbial measures, disease continued to be a significant problem. The slackness of the health department and its officials was responsible for the loss of power of the Congress.

Tuberculosis has victimized migrants, labourers, slum dwellers, residents of backward areas and tribal pockets. When identified, the fact revealed that the reporting of disease was poor and patients were not immediately treated. The biggest challenge of tuberculosis control has been its cure. Even at present too cumbersome, long winding and expensive treatment are given and hope of new research is bleak. Hope of new research break-through is nowhere seen in the horizon.

Medical practice and institutions had a long history and tradition. In ancient days practitioners with ample knowledge were only allowed to practice. Buddhism insisted on alleviation of sufferings and numbers of hospitals were opened for men and beasts. The Second Rock Edicts of Asoka celebrates the beginning of social medicine. Hospital served for medical aid, physician served the village and the veterinary officers tended the king’s elephant and horses. Treatment of outpatients in dispensary is mentioned in Sangam literature of South India. Asoka’s second proclamation revealed that he had established two cures for men and another for animal and the word “cure” represented an asylum or hospital. Hindu physicians were invited to Baghdad to be appointed as superintendent of hospitals. Muslim scholars continued to visit India to study Indian Medicines.
During the period of Alauddin Khilji and Mohammed bin Tughlaq, hospitals were established. The establishment of Santa Cruz Hospital at Cochin in 1503 and Royal Hospital at Goa in 1510 by Albuquerque paved way for the introduction of European medicine in India. Hospitals developed during pre-Christian and early Christian era gave free treatment. A century of psychiatry in Punjab described the treatment of the insane since the days of Maharaja Ranjit Singh. The first three lunatic asylums under British rule were stables and prisons. In this way mental hospital was constructed in India.

Between 1850 and 1900 admission to hospitals among British soldiers for malaria, typhoid and Veneral Disease remained higher than the Indian troops. Apartheid was practiced in these hospitals and some were meant for the white people only.

Current research aims at discovering signal that makes cholera bacteria start to colonize the small intestine. Pneumonia is now the prime cause of infant mortality but earlier diarrhea was the major cause. Vaccination programme is needed against pneumonia. In the Hindu dated June 30 2009 under the article “Malaria surveillance in the Coimbatore city” certain areas were detected vulnerable to diseases caused by a virus transmitted by mosquitoes such as *malaria*, *dengue* and *chikungunya*. The reason behind is that the drinking water has been stored in open containers.

The only human disease certified by the World Health Organization to be completely eradicated from the society was smallpox. Through the efforts of institutions that deployed a range of immunization and isolation strategies only the eradication was possible. Many viral infections had taken its form recently with its origin in several countries at different levels. *Avian Flu* or *Bird Flu* influenza caused by *H5N1 virus* was of a global concern. The Tamilnadu government introduced restriction like import of poultry and anti flu medication manufactured by
Cipla Pharmaceutical Company. Still H5N1 strain is endemic in several countries. A similar H1N1 refers to a hybrid virus— one affecting animals (pigs), another affecting human body. It is now becoming pandemic with severe consequences. Vaccination and animal management techniques are most important in these efforts. Depending on severity of disease the public health and other authorities made action plans which required social distancing actions.

Control of swine influenza by vaccination has been difficult in recent decades, as evolution of virus resulted in inconsistent responses to traditional vaccines. In a recent bi-monthly Tamil magazine the article on swine flu gives a comparative picture of the viral disease with the past infections. The havoc caused by the virus to the people revealed the fact that the immune power of the people had very much deteriorated in course of time. The changing food habits, life style, polluted environment, population explosion, technological advancements had posed the problem of easy spread and infection. Hence if the spread of virus spread is not checked there is a possibility of heavy loss of lives compared to the past years death toll. Chikungunya, yet another global fever which has been transported from Africa and Asia had affected the Chennai, Kanyakumari, Tirunelveli, Salem, Erode and Coimbatore districts of Tamilnadu in the year 2006. Ongoing research is being carried out to find a vaccine for Chikungunya and the only way to prevent disease was to avoid mosquito bites.

Research on hospital care showed that there existed little effective communication between patients and staff. Mere didactic teaching alone was not useful. Recent trend in hospital services and strengthening component of health education are to be understood by hospital staff. For the dissemination of information on various health subjects and programmes in hospital and primary health centers, integration of health education in hospital services were recommended only after
1975. In the backward district of Dharmapuri which has poor health indices when compared to those in other districts, the state government had announced in the 2007 budget to establish a medical college and it was established in 2009. But the district has the highest infant and maternal mortality rates in the state with high cases of female infanticide and foeticide. Inspite of having a 400 bedded district headquarter hospital catering to the needs of two thousand outpatients everyday, the hospital lacks enough infrastructure and manpower. The poor maintenance of district headquarters hospital is felt even now and in case of previous condition it is quite clear that the same state of maintenance would have prevailed.

Being a major referral centre for many rural pockets, acute shortage of doctors and other para-medical staff have hampered its functioning. Where the doctors have failed to reach, well-trained health workers have been of great help. They become a part of the rural community and are more sensitive to problems like unsafe drinking water, food scarcity and social taboos. Since independence much of health care at first contact in rural areas is delivered not by qualified doctors but by informally trained and unlicensed private practitioners. Proper training of health workers in villages has helped in reducing maternal and infant mortality and teaching preventive aspects of health. The solution to overcome the shortage of doctors is not by establishing medical colleges because by 1946 the number of medical colleges in India was nineteen and it rose to forty two by 1956. It must be made compulsory that every medical graduate must work for two years in rural areas before granted with MBBS degree.

The Public Health Foundation of India launched in March 2006 identified seven places for establishing the Indian Institutes of Public Health to train health professionals and conduct health courses. Chennai was one among the places selected by the above foundation to strengthen training, research and policy development in the areas of public health.
Gandhi had provided self criticism rather than blaming Indians and British. Chronic poverty and breach of the laws of sanitation are equally to blame for disease. People are ill fed and ill housed, ill doctored and it is difficult to provide adequate hospital facilities for diseases. The number of qualified medical practitioners was short of requirements and most of them were concentrated in urban areas. There is need for expansion of medical and health care in rural areas where major people live. For improving the health situation essentials are

1. Large number of trained medical and auxiliary personnel with even distribution in urban and rural areas

2. Reorientation of pattern of medical training to equip medical practitioners for curative and preventive work.

3. Attention to needs of rural areas, which are medically under privileged.

The mortality statistical data help to evaluate Environmental Sanitation and Maternity and Child Welfare programmes. By the implementation of Vital Statistics improvement scheme in the Madras Corporation more nursing homes were registered in 1967. The causes of death were coded and compiled by computers checked by statisticians.

Technical advancements in healthcare had came to play decisive role in resolving the problems of the community. Tele-education and tele-medicine had enabled health care reach rural India. Emerging field of nano science has greater role to play in information technology, medicine, energy and food. Nano robots, nano lasers, nano biosensors could play in tracing and destroying virus within blood veins, teeth cleaning and removal of H1N1 virus. India has the third largest talents of medical research and development. Appeal made to the state Government to consider including Hepatitis B & C endoscope surgeries in recently introduced health insurance for poorer sections.
Unless we develop national economy and raise the standard of living of the people, no improvements will be made. To develop solutions plaguing our country, devotion to basic research is very essential. There is immense scope for research in matters relating to human reproduction. Research in the field of medicine must be relevant to the needs of the community. Our research priorities had to be defined to coincide with national health priorities and develop the research strategy and plan of action. Hence in the modern development of medical research, the field must be wide so as to highlight the dominion of man over nature. The health care system must be supported by a community based organization. It is possible to prevent 60% of morbidity by educating people on health promotion, disease, prevention and curative services. Just setting up more hospitals and clinics do not mean healthy atmosphere with healthier people. It is essential to identify the areas that impact the health of the people like nutrition, agriculture and livestock. Instead of focusing on treatment of life-style-related diseases like cardiovascular ailments and diabetes, the people must be taught to live a healthy life. Policies should be directed more towards prevention than cure.

To conclude, the words of the Bhore Committee Report "No lasting improvement of the public health can be achieved without arousing the living interest and enlisting the practical co-operation of the people themselves" is worth to be mentioned.

Suggestions for future research

Rural Health Care Traditions – Regionwise

Contagious diseases in villages

The Environmental impact and Health Issues.

Marginalised groups-medicare in slum areas and remote villages