

Disease encumber-What lies ahead??

With the advent of the modern era, the man has embraced, both, its technical advancements and hazardous encroachments. Ironically, the scientific innovations that were made with the anticipation of comforting man's life has also crept along with it a voyage of perilous footprints. According to an exploration published recently in the British Medical Journal, The Lancet, 2.3 billion people, almost one-third of humanity, grieved from five or more health problems in 2013. More than 80% of individuals were younger than 65 years old. The number of people was suffering from 10 or more infirmities amplified by 52%, from 1993 to 2003.

Although these figures, based on some 36,000 sources of health data, gathered for an International Study termed the Global Burden of Disease, are only ballpark. Yet, they provide the most complete picture hitherto of a global population's need for increasingly complex care. Two-three generations ago, communicable diseases and problems in pregnancy and early childhood were the leading health concerns in all. However, after decades of economic development and medical evolution, these problems have almost perished, and they predominate only in a few developing countries. However, progress carries a price: The longer people live the more health glitches- and simultaneous-health problems – they tend to suffer.

The link between an individual's oral health and general health status is well-documented. A meager oral health may stifle the quality of life, compromise the work productivity, forfeiture the school days and may undesirably affect overall growth and development. Poor oral health not only has a disparaging impact on work efficiency and educational recital but also adversely affects the overall wellbeing and quality of life.

It is an established fact that chronic infections like periodontitis can trigger cardiovascular diseases, cerebrovascular diseases, respiratory diseases, peripheral artery disease, diabetes, osteoporosis, rheumatoid arthritis, and preterm or low birth weight babies. India has witnessed a major shift in the disease pattern in the recent years, which can mainly be attributed to the major shift in the dietary habits. The recent reports



pertaining to the various oral diseases are alarming and echo the state of oral health in our country. Common risk factor approach envisages controlling many noncommunicable diseases and works toward modifying the factors within the context of the wider socioenvironmental milieu.

The lack of a well-organized oral health care delivery system, owing to the absence of well-documented and deliberate policies, could be one of the main reasons for an escalation in oral disease consignment. Despite several changes since its establishment, the overall objectives of the Indian health care system have remained relatively impervious. Yet, the current system is characterized by a high degree of centralization, fragmentation of coverage, a regressive system of funding, distortions in the allocation of resources, perverse incentives for providers, and heavy reliance on expensive inputs. However, despite the favorable conditions, health reforms are not professionally implemented. Hence, the program implementation should be aimed toward developing the dental health care delivery system and co-ordinating it with the existing health care system, and distinctive implementation plans should be jotted out for the inaccessible and rural areas. A partial remedy for addressing health disparities lies in improving access to effective and appropriate health promotion, preventive, diagnostic, and treatment services. The research challenges to reducing health disparities include elucidating risk factors, identifying, and eliminating barriers to health care, designing better means of care delivery, and designing educational strategies to reduce risk and enhance health promotion that are appropriate to the social and cultural frameworks of the groups in question.

Oral diseases are among the most common unremitting and unceasing diseases worldwide and constitute a major public health quandary due to the mammoth and impinging impacts upon the social and economic saddle on individuals, families, societies, and health care systems. The burden of oral and dental disease, particularly untreated disease, falls

Access this article online	
Quick Response Code:	Website: www.contempclindent.org
	DOI: 10.4103/0976-237X.161854

heaviest on individuals from lower socioeconomic groups, which include disproportionately large numbers of racial and ethnic minorities. The oral disease prevalence and the socioeconomic status of the individual are directly related, as it disproportionately affects the underprivileged population groups, traditional minorities, and other disadvantaged or helpless groups. There is hardly any research that has assessed the impact of dental diseases on economic losses of individuals.

Individual behaviors such as oral hygiene practices, dietary patterns, and attendance for dental care are largely influenced by family, social, and community factors, as well as political and economic measures. This “lifestyle” approach has dominated preventive practice across the world for many decades. The underlying theory highlights that lifestyles are difficult to change even if opportunities are available. Health knowledge and awareness are of little value when resources and opportunities to change do not exist.

Oral health can be improved with a number of strategies and efforts based on collaborative and intersectoral approaches. The efforts should be to address and allow several

interventions and strategies related to policy and legislations to be implemented. The policies should work on identifying specific dental diseases mainly prevalent to the region and develop local strategies to reduce the impact and occurrence of newer lesions or disease. As curative treatments are neither a realistic nor a sustainable approach to address the burden of oral diseases, prevention of oral diseases, and promotion of oral health must be at the core of national policies and programs. This includes reducing risk factors of oral diseases and their associated determinants, as well as strengthening awareness of healthy behaviors, and health literacy.



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How to cite this article: Damle SG. Disease encumber-What lies ahead??. *Contemp Clin Dent* 2015;6:286-7.

Source of Support: Nil. **Conflict of Interest:** None declared.