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- Project lead, PDS-Pilot Project: Mouth Peace Dental Practice, Wimbourne
- Hon. Professor, Dept. of Maxillofacial Surgery, Poole Hospital NHS trust
- Visiting Faculty, IHCS, Bournemouth University

### **Position in India:**

Unit Lead, Unit of Oral Biology & Head Neck Disorder

Director, Centre for Oral Disease Prevention & Control, AB Shetty Memorial Institute of Dental Sciences, RG University Health Sciences. Deralkatte, Mangalore, India

Examiner, Undergraduate: BDS, Postgraduate: PhD, MDS

PhD Guide, RG Univ. Health Sciences, Bangalore, India, DY Patil Deemed University, Bombay, India and Okayama University Graduate School of Medicine and Dentistry, Japan

Reviewer, Current Science, I JOMFS, Paediatric Dentistry, J RSPH

### **Visiting Professor in Japan:**

1. Dept. Oral Pathology, Osaka Dental University, Japan
2. Dept. of Paediatric & Community Dentistry and Behavioral Oral Health Science, Okayama University Graduate School of Medicine and Dentistry, Japan

**Educational Qualifications:**

Bachelor of Dental Surgery: 1980 Dhaka University Dental College, Bangladesh

Diploma in Nutrition & Dietetics: 1982 Institute Nutrition & Food Science,  
Dhaka University, Bangladesh

Doctor of Philosophy in Dental Science: 1991 Asahi University, Japan

Fellow: Oral Surgery with Oral Medicine 2004 Royal College of Surgeons, Ireland

Membership in professional organizations related to Public Health

**FRSH** (Fellow of Royal Society of Health): 2001

**MIHPE** (Member Institute of Health Promotion and Education) : 2002

**Clinical experiences:**

- 1) Oral & Maxillofacial Surgery Including Preventive Dentistry: 14 years
- 2) Public Health & Community programme (Inbound and Outreach): 10 years

**Research & Teaching experience:** 13 years

**Developmental activities relevant to Public Health**

1. Institute of Health and Community Care

D Y Patil Deemed University, Nerul, New Bombay, India

MPH, MSc in Public Health Community Studies International courses.

2. Under RG University Health Sciences, at AB Shetty Memorial Institute of Dental Sciences, Mangalore, India

- Centre for Oral Disease Prevention and Control
- Unit for Epidemiology, Health Policy and Health system research
- Unit for Cancer and AIDS Prevention and Screening
- Unit for Tobacco Cessation programme including Alcohol, Drug and Substance abuse.

**Activities for promotion of research and academic/clinical development:**

WHO: Sections

- Oral Health Programme
- Essential Medicine and Drugs working group
- Infectious and Communicable Diseases working group
- Tobacco cessation and Substance abuse working group

International Association of Oral & Maxillofacial Surgeons

Asian Association of Oral & Maxillofacial Surgeons, Japan

## **Directions and Dilemma of Tropical Oral Health: Role of Dental Practitioners**

Chitta Ranjan Choudhury, PhD

A number of tropical and communicable diseases are evident as oral manifestations. The tropical and communicable disease of oral health concern is an issue because, not only it is restricted to tropical countries, it is also affecting an underserved population of developed countries. Cross-border transmission of communicable diseases of tropical countries is an agenda where the number of tropical diseases, manifested with oral lesions, has not been taken into consideration by oral health care providers for timely identification and setting a goal for prevention and control of transmission at home and abroad. Moreover, every developed country has underserved populations that are prone to develop communicable oral diseases/TODs like tropical countries. The underserved population in developed countries are also experiencing higher incidence rate of communicable diseases which are not necessarily due to cross-border transmission, but related to their poor life-style and other prevailing factors of inequalities. However, the type of communicable diseases is dependent on the mode of transmission and progression; it may be contagious, vector borne or environmentally transmitted.

Using TRIP (copy available at ICTOH\*), I have searched and collated information anecdotally to understand the situation of the tropical oral diseases. First, we need to define what are tropical oral diseases? On this issue we had several discussions and interactions and reviewing of reports. We concluded that the tropical oral diseases largely cover communicable diseases which are mostly prevalent in the tropical countries. Also non-communicable diseases of life-threatening nature, those that are widely prevalent in the tropical countries, such as oral cancer and pre-cancer (in SE Asia), Noma (in Africa) could be taken into consideration to be identified as a category of tropical oral diseases (TODs). Moreover, till date, we are not able to rule out precisely, any possibility of mutational transmission of communicable disease(s) of oral health concern. Therefore, although all the communicable diseases have an infective nature, we cannot ignore the potential of inheritance factor which may exist irrespective of tropical and non-tropical locations, globally.

To reduce the inequalities and improve prevention, including consistent clinical management (tertiary care), our oral health care providers may need to be adequately equipped to combat TODs. There are various oral diseases and conditions which fall into the category of 'TODs,' that need to be detected and managed by the general dental practitioners. They need to be able to ascertain when they should refer the critical TODs/cases to a specialist in oral medicine and/or surgery or a physician. Many of these disease (TODs) conditions are manifested with similar features and therefore it becomes almost impossible to identify these diseases clinically for definite diagnosis. In order to ensure that dental practitioners are able to tackle TODs appropriately and efficiently, development of appropriate measures to tackle TODs, in both clinical and community settings is necessary. The development of clinical databases and diagnostic test reports, carried out in the tropical countries is therefore highly recommended. The pooling of resources and clinical knowledge for early detection (required for early prevention and appropriate management of TODs) should therefore be an important point of consideration. I also strongly suggest developing a framework convention to recognize the TODs globally through a realistic strategic approach.

Another very important component is development of research specifically in the areas of TODs. In the 1<sup>st</sup> International working group meeting we had discussed and taken resolution which had been published as a declaration from Poole, England. We have already started to develop a database in part of India, Bangladesh, Sudan, and Jordan. Therefore, it is our responsibility and commitment to put our efforts to pursuing need-based researches on the priority areas of TODs. The identification of the TOD priority research and the establishment of a research team with a lead will be a significant shot in the arm in the process of developing TOH and may generate the momentum which will ultimately lead to the further development of this area. Therefore, in this meeting I suggest the development of a research team(s) by a lead, and to work for securing grants-in-aids, nationally and internationally. We have started few projects with local support which will probably help act as pilot projects for the larger collaborative projects(s) to submitting for grants-in-aids in the near future. We would need to work on TODs, focusing on the aim of developing a few specific objectives, keeping in mind how beneficial it will be for the WHO International Clinical Trial Registry Platform. We may eventually propose a broad classification of TDOs as (i) Communicable and transmissible tropical oral

diseases (TODs) includes Category 1 (Highly prevalent): AIDS/HIV infection, Malaria, TB, Kala-Azar, and Category 2 (Moderately prevalent): Mucocutaneous Leishmaniasis (MCL), Onchocerciasis, and Leprosy. (ii) Non-communicable diseases causing death and disability in the tropical countries. Oral Cancer, Noma (Cancrum Oris), PCM i.e. Marasmus (M), Kwashiorkor (K) including M&K and Diabetes. We do not have sufficient information on oral manifestation of WHO listed other tropical and communicable diseases which are mostly prevalent in African and Asian tropical countries, needs to be data-based. Moreover, we also need to identify the other systemic diseases of oral health concern in the tropical countries, (Proposed checklist draft protocol is available at ICTOH\*). Some of those diseases is preceded with oral signs and/or coincided should be an important concern for oral health practitioners. However, I have identified the following constrains could be tackled through effective approaches for a realistic development of TODs, and that may help in a direction.

- *Inadequate clinical data*: Needs to be developed with an authentic database
- *Inadequate training facilities for clinical diagnosis and management of TODs and conditions*: A structured training programme for clinical diagnosis and management needs to be developed
- *Lack of initiative for community education for the prevention and control*: Oral health professionals of the tropical countries may need to participate, individually, and/or in a team (through an integrated approach) for the prevention and control of communicable diseases of oral health concern including TODs and general systemic diseases with oral manifestations (Preceded and/or coincided oral signs)
- *Non-existence of categorization of Tropical Disease Research (TDR) [cf. WHO TDR value for tropical disease]*: A specific TDR for TODs would be a good initiative
- *Inadequate research*: Priority-based systematic lab-based and epidemiological researches need to be developed, within the existing facilities
- *Non existence of specific course contents*: The syllabus and curriculums of the undergraduate and postgraduate courses need to be incorporated with the specific modules of TODs (especially in the tropical countries).

\*ICTOH: International Centre for Tropical Oral Health