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Research Article

**SKIN MORBIDITY PREVALENCE IN HILLY AREA OF
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³Dr. Nimra Allaudin¹Medical Officer Charhan New Murree, Rawalpindi.²Consultant Physician THQ Hospital Sangla Hill.³House Officer, Benazir Bhutto Hospital, Rawalpindi.**Abstract:**

Background: Skin diseases are common in hilly areas of Pakistan. The skin health is dependent upon many factors like nutrition, climate, geography, genetics and culture of the community.

Objective: The objective of the study is to study the skin profile and morbidity in the hilly region of Murree and its surroundings and to make suggestions to meet the need of the patients in more professional way

Methodology: This study is carried out in walk in patients in BHUs and THH in Muree who came with different skin diseases.

Results: Almost 5000 patients walk in from April 2017 to August 2017 with different medical issues. Prevalence of skin diseases is almost 30 per cent in the population (male 20 %, female 30 % and children 50%). The common skin morbidity include eczemas, hyper pigmentations, acne, urticaria, moles, and sexuality related skin diseases.

Conclusion: The study will help in policy making and planning to create skin health awareness in the community and also help in imparting training to the health workers and staff to deal with specialized need of the community.

Keywords: Skin morbidity, subcutaneous tissue, scabies, fungal infection and viral infection

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INTRODUCTION:

The prevalence of skin diseases among the population of Murree varies from 30 per cent. There are many factors which can enhance the problem due to the poor spending of government on basic amenities, poor hygiene factor, overcrowding in the hot summer seasons and difficult access to the health

facility in remote hilly areas. This situation is present in almost all developing countries. (3, 4). Murree is popular tourist spot in summer due to its high altitude and pleasant weather. It is tehsil of Rawalpindi and comes under the administration of Punjab Government.



Skin diseases have bad impact upon the quality of life. Therefore, it is vital to have in depth knowledge of the population and its culture to analyze the magnitude and distribution of the skin diseases. The local population main business is tourism, agriculture based products, livestock and transportation. The communities are overall poor and have hard access to the basic and tehsil health units although they are free but still it is hard to reach from distanced mountains. Health issues in hilly areas are present due to hard weather and life style. Every type of patients visits health units for their treatment. Unhygienic condition and culture of the place has provided the population conducive environment for skin related infections and diseases. The aim of the study is to understand the epidemiology of skin issues in mountains. The research will help to provide better health services to the community.

METHODOLOGY:

The study was conducted in the Murree, New Murree and its surrounding union councils and is based upon the record of the Hospitals. Therefore the patients with skin diseases and infections were paid attention to carry out the study. Basic information was gathered from patient regarding, gender, age, location, new case, follow up and chronic issue from

the patients who were having skin infections and issues, their diagnosis, treatment by the physicians all was registered for data collection purpose. The patients were also asked about their routine activities, hygiene awareness, social activities, home/school/work cleanliness, sports activities and personal relationship. Newly registered patients with skin issues, patients with follow ups and chronic conditions were all included in the study. Descriptive analysis is performed by using basic statistical formula of average and percentage.

RESULTS:

Among the outdoor patient who attends the hospitals the skin patients comprised of almost (30 %). Total of 5000 walked in patients were registered during the study period in Hospitals. Among those the ratios of children having skin issues were (50%), male patients were (20 %) and female patients were about (30%). The prevalence of skin infections was not very common in the whole population. ICD category of WHO was used to classify the skin disorder. The most common prevalent diseases were listed like scabies, fungal infections, eczema, bacterial infection, warts, hyper pigmentation, pruritus, urticaria, warts, cysts, acne and vitiligo

Table 1 Demographic Profile of Patients

Serial #	Gender	Value	Percentage
1	Adult male	300	20
2	Adult female	450	30
3	Children	750	50
Age group profile			
1	0-----16 years	750	50
2	17 -----35 years	380	25.3
3	36-----55 years	250	16.6
4	56 years and onwards	120	8
Literacy Ratio			
1	Illiterate	796	5.30
2	Primary and Secondary	600	40
3	Graduate	104	6.9
Nature of Work involved			
1	Labor	222	14.8
2	Student	356	23.7
3	Job(public or private)	196	13.1
4	House work	326	21.7
5	Agriculture work	385	25
6	Any other	115	7.6

The above table shows that the patients were mostly involved in work which was associated with hand and feet. The skin disorder was classified in different groups and categories. The infection of the skin which was commonly observed were subcutaneous tissue 47%, dermatitis 23% eczema 12% and 23 % miscellaneous other skin disorders. Among the infection of subcutaneous tissue the most prevalent infection was fungal infection followed by the bacterial and viral skin disorder. Table 2 shows the prevalence of most common diseases in detail. When

other journal publications by different authors, researchers and doctors were studied in detail from different region in the South Asia and other regions the results were quite similar with respect to altitude. Almost the skin morbidity was same and the situation was minor in areas where the population was educated and well informed about health hygiene. Similarly the situation was worse where the population was poor and has less access to necessities of life.

Infectious Diseases	Number	Percentage
Parasitic Infections	390	26
Bacterial Infections	437	29.1
Fungal Infections	215	14.3
Viral Infections	458	30.5

When we talk about adult male the most common skin diseases were dermatitis, fungal infection, acne, scabies and other subcutaneous tissue skin disorder. The adult female have almost the same issue followed by viral and melasma issue. The pattern of skin morbidity was higher in female adults. In pediatrics cases the common skin diseases were fungal infection, viral, scabies and bacterial infection .The skin morbidity pattern was almost the same with no significant difference

Table 2

SR#	Category of ICD	Diseases	Value	Percentage
1	Skin and subcutaneous tissue infection	Bacterial diseases	170	11.6
		Leprosy	23	1.5
		Scabies	290	19.3
		Viral Diseases	310	20.6
		Fungal infection	430	28.6
		pruritus	130	8.6
2	Eczema and Dermatitis	Eruption of drug	25	1.6
		Dermatitis	230	15.3
		Hand and foot eczema	90	6
3	Erythema and urticaria	Urtcaia	40	2.6
		Figurate of erythema	20	1.3
4	Miscellaneous skin diseases	Acne	390	26
		Melasma	850	56
		Nervus	30	2
		Vitiligo	28	1.8
		Keloid	15	1
		Scleroderma	15	1
		Facial melanosis	30	2
		Skin tags	8	0.05
		Moles	250	16.6
		Pigmentation of Skin	710	47.3

DISCUSSION:

It is obvious from the patient's data that the infectious and non infectious diseases both are present in the society. The diseased which was caused by bacteria was around 11.6 percent. Leprosy was rare and its prevalence was 1.5 percent. Scabies presence was about 20.6 percent. Its common presence is because if one suffered in home from scabies the rest will get effected .Presence of viral diseases were 20.6 percent. Fungal infection was also common and it was observed in 28.6 percent patients. Pruritus was present around 8 percent. Dermatitis was common and its prevalence was 15.3 percent. Hand and foot eczema was also observed and it was around 6 percent. Acne issue was also observed in young adults of both male and female and its presence was around 28 percent. Skin pigmentation and melasma issue is considered more common and it was observed in 56 percent of patients. It is because they have fair skin and sun blocks are hardly used to protect their skin from sun exposure. From the reports of WHO it was clear that the three factors were considered the focal points in cases of skin diseases in developing countries which are climate, poor hygiene and low standard of life .

The studies upon skin diseases in other Asian

countries almost share the issues due to similarity in the environment of humid hilly area. Fungal infection and subcutaneous infections were common when compared with study in Pune India among the children. The high rate of skin morbidity in the present study is due to humid climate and the poor living standard of the population. Availability of clean water is also very scarce. Nepal, India, Mali, ethopia skin morbidity study was similar on the basis of prevalence of diseases. Acne, Scabies, Vitiligo, urticaria and fungal infections were common. The present study helped to find need of the patients. This study is based upon the area of Murree region only and it cannot be generalized upon the whole population

CONCLUSION:

The objective of the study is to outline the skin disorder present in the hilly area of Punjab. The results of the study showed that infection of the skin and subcutaneous tissue, eczema, dermatitis, skin disorder related with appendages were more common. In children fungal infection and scabies were most common and it was due to humid climate and poor socio status of the patients. Hygiene and poor cleanliness is a major factor in enhancing the issue. Clean drinking water is hard to find in hilly

area. These skin diseases affect upon the quality of life. The government has scarce resource and due to scarcity of resources the health workers and medical officers at the community level should be trained enough they can diagnose and treat the most common skin disease present in the low socio economic status community.

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