

RESEARCH ARTICLE

Complications of dysentery among students and its management

Muhammad Imran Qadir, Rabbia Aslam*

Department of Biology, Institute of Molecular Biology and Biotechnology, Bahauddin Zakariya University, Multan, Pakistan

Received on: 01 February 2019; Revised on: 01 March 2019; Accepted on: 18 April 2019

ABSTRACT

The main object of the present study is to acknowledge the complications of dysentery among students. This is bacterial disease and caused by *Shigellosis* genus *Shigella*. For this purpose, a questionnaire was prepared to give awareness about dysentery, its symptoms and its treatment. It was surveyed among 78 subjects to produce awareness among students.

Keywords: Contamination, Mucous, Oral rehydration

INTRODUCTION

Dysentery is the release of blood, mucus, and pus accompanied by abdominal pain. It is the most common form of dysentery, which is typically a mild sickness and symptoms including mild gut pain and frequent passage of stool. It is usually caused by *Shigellosis*. There are two main types of dysentery. First is *Amoebic dysentery* and other is *Bacillary dysentery*. The first type of dysentery can be cured using antibiotics such as ciprofloxacin, ofloxacin, and azithromycin. Both of them are found in hot countries.^[1]

These are caused by having food and water contaminated by human feces. Sometimes, in extreme cases, patient may pass 1 L of fluid per hour. This can be managed by maintaining fluids using oral rehydration therapy and using some types of antibiotics. For example, *A. dysentery* is often treated by antimicrobial drug.^[2]

MATERIALS AND METHODS

This study contains a total of 78 subjects. All of them were the students of Bahauddin Zakariya University. They were of age ranges between 18 and 21.

Project

Questionnaires were prepared to acknowledge students about the complications about dysentery

*Corresponding Author:

Rabbia Aslam,
 E-mail: rabbia@bahauddin.edu.pk

and its treatment [Table 1]. These were surveyed from whole class for analysis and collected the results about them [Table 2].

Statistical analysis

Statistical analysis was performed using MS Word. Using it, we calculated the acknowledgment about complications of dysentery.

RESULTS AND DISCUSSION

The result shows that it is bacterial disease and cannot be transmitted by blood transfusion and from parent to offspring. However, proper treatment should be needed to cure it [Table 3].^[3] Questionnaire-based studies have been given important outcomes in the current researches [Table 4].^[4-11] Result for the given questionnaires has been given so that the disease is bacterial of microbial infection of gastrointestinal tract. Longanga Otshudi *et al.* studied the about dysentery. He performed inquiries among traditional healers and native people of Congo. Six medical plants used in region were designated

Table 1: Questionnaire to calculate causes about dysentery

Dysentery is a disease	Yes%	No%
Viral	16.66	83.33
Bacterial	89.74	10.25
Fungal	10.25	89.74
Genetic	2.56	97.43
Metabolic	15.38	84.61

Table 2: Questionnaire to check its chances of presence

Ever suffered from dysentery	Yes%	No%
You	21.79	78.20
Family	26.92	73.07
Relative	38.46	61.53
Neighbor	33.33	66.66
Friend	43.58	56.41

Table 3: Questionnaire to observe perceptions how to cure by

Treatment	Yes%	No%
Medicine	91.02	8.97
Surgery	5.12	94.87
Need of treatment	44.87	55.12

Table 4: Questionnaire to evaluate views about its transmission

Its transmission	Yes%	No%
By blood transfusion	15.38	84.61
From parents to offspring	7.69	92.30

as containing antidysenteric and antidiarrheal properties. Of six, three showed dominant antibacterial activity and two acted against *Entamoeba histolytica*. Biological activity of this plant could be attributed to tannins. Most frequently tannin-containing plants are used to treat diarrhea and dysentery.

CONCLUSION

It was concluded from the project that 90% of students suggest that it is bacterial disease and my friends often suffered from it. Moreover, it cannot be transmitted by blood transfusion or from parent to

offspring. 91% perception resulted that its treatment should be recommended to take antibiotics.

REFERENCES

1. Labrec EH, Schneider H, Magnani TJ, Formal SB. Epithelial cell penetration as an essential step in the pathogenesis of bacillary dysentery. *J Bacteriol* 1964; 88:1503-18.
2. Adams EB, MacLeod IN. Invasive amebiasis. I. Amebic dysentery and its complications. *Medicine (Baltimore)* 1977;56:315-23.
3. Longanga Otshudi A, Verduyck A, Foriers A. Contribution to the ethnobotanical, phytochemical and pharmacological studies of traditionally used medicinal plants in the treatment of dysentery and diarrhoea in Lomela area, democratic republic of congo (DRC). *J Ethnopharmacol* 2000;71:411-23.
4. Qadir MI, Noor A. Anemias. Rare and Uncommon Diseases. Newcastle, England: Cambridge Scholars Publishing; 2018.
5. Qadir MI, Javid A. Awareness about Crohn's disease in biotechnology students. *Glob Adv Res J Med Medical Sci* 2018;7:62-4.
6. Qadir MI, Saleem A. Awareness about ischemic heart disease in university biotechnology students. *Glob Adv Res J Med Med Sci* 2018;7:59-61.
7. Qadir MI, Ishfaq S. Awareness about hypertension in biology students. *Int J Mod Pharma Res* 2018;7:8-10.
8. Qadir MI, Mehwish M. Awareness about psoriasis disease. *Int J Mod Pharma Res* 2018;7:17-8.
9. Qadir MI, Shahzad R. Awareness about obesity in postgraduate students of biotechnology. *Int J Mod Pharm Res* 2018;7:14-6.
10. Qadir MI, Rizvi M. Awareness about thalassemia in post graduate students. *MOJ Lymphol Phlebol* 2018;2:14-6.
11. Qadir MI, Ghalia BA. Awareness Survey about Colorectal Cancer in Students of M. Phil Biotechnology at Bahauddin Zakariya University, Multan, Pakistan. Vol. 3. Pakistan: Novel Approches in Cancer Study; 2018. p. 1.