Tuberculosis

Q: What is tuberculosis (TB) and which part of the body does it most commonly affect?

A: Tuberculosis is an infectious disease caused by bacteria. It most commonly affects the lungs but can also occur in other parts of the body such as the intestines, kidneys, bones, and even the reproductive organs.

Q: How is TB transmitted?

A: TB is primarily spread by air. When an infected person coughs or sneezes, the bacteria are expelled and can be inhaled by others.

Q: What are the common signs and symptoms of TB that ASHA workers should look for?

A: Important symptoms include a persistent cough for more than three weeks (often with sputum), low-grade fever especially in the evenings, weight loss and fatigue, loss of appetite, and occasionally the presence of blood in the sputum (haemoptysis).

Q: Who are considered vulnerable to TB?

A: Vulnerable groups include those with malnutrition, people living in overcrowded or poorly ventilated homes, individuals in polluted environments, people with HIV/AIDS, and, in general, the poor. Both women and children are also at risk.

Q: What diagnostic methods and treatment services are mentioned under the Revised National Tuberculosis Control Programme?

A: The programme stresses that everyone with a cough lasting more than three weeks must have their sputum examined—generally three samples are taken at microscopy centres. Additional tests like X-rays may be necessary. Once TB is diagnosed, free anti-TB drugs are provided under the Directly Observed Treatment Short Course (DOTS) system.

Q: What are the key responsibilities of an ASHA worker in TB prevention and treatment?

A: The ASHA worker must advise all individuals with TB symptoms to get a sputum test; ensure that all people on treatment complete the full drug course; act as a DOTS provider by knowing the local DOTS centre and guidelines; maintain records for cases handled; and educate patients and families on practices like proper sputum disposal (for example, deep burial) to prevent spread.

Malaria

Q: What causes malaria and how is it transmitted?

A: Malaria is caused by a parasite that enters the human body when an infected mosquito bites a person. Infected blood from a person with malaria can also be taken up by another mosquito, continuing the cycle.

Q: What are the common signs and symptoms of malaria as described in the manual?

A: Key symptoms include fever with chills that may occur daily or on alternate days, headache, body aches, vomiting, and profuse sweating—which eventually leads to a state of generalized weakness.

Q: What is meant by "presumptive (initial) treatment" for malaria?

A: Presumptive treatment involves giving anti-malarial drugs to all fever cases—especially when malaria is suspected—even before laboratory confirmation by blood film examination, in order to destroy the parasites quickly.

Q: How should anti-malarial medications be administered, according to age?

A: The dosage of tablets such as Chloroquine Phosphate is given according to age groups—from half a tablet for infants (less than 1 year) up to four tablets for individuals older than 15 years—making sure that the drugs are not taken on an empty stomach.

Q: What preventive measures are recommended to control malaria?

A: Preventive measures include eliminating waste-water collection sites (to prevent mosquito breeding), using mosquito nets or medicated bed nets during sleep, fumigating houses with neem leaves and applying neem oil on uncovered skin parts, and, in some cases, pouring burnt motor oil in stagnant water.

Q: What role does the ASHA worker play in malaria control?

A: ASHA workers help by ensuring that all cases of fever receive a blood smear examination, monitoring and tracking fever cases in the community, maintaining an adequate stock of anti-malarial drugs (such as Chloroquine), assisting in the administration of treatment, and escorting seriously ill patients to the nearest health facility.

Wound Care

Q: What are the two basic types of wounds described in the manual?

A: Wounds are classified into those without bleeding (such as abrasions and small cuts) and those with bleeding.

Q: What is the first step in caring for any wound?

A: The first step is to immediately clean the wound and the surrounding area using clean water and fresh cotton swabs or cloth. Dirt should be gently wiped away without vigorous rubbing to avoid disturbing any formed clot.

Q: How should a dressing be prepared for a wound?

A: Prepare a rectangular pad made by folding gauze into two layers, with the diagonal measuring one inch longer than the wound. This pad should be applied over the wound to absorb any bleeding and to protect it from contamination.

Q: What should be done if a wound continues to bleed?

A: If bleeding does not stop, apply direct pressure using a clean cloth or gauze, and if the bleeding is continuous, the patient needs to be referred immediately to the nearest health facility.

Q: What home remedies are suggested for wound care in minor injuries?

A: For minor wounds, the application of ice can help control bleeding; haldi (turmeric) mixed in oil is recommended as an antiseptic; aloe can be cut and used as a natural dressing; neem oil may be used on larger wounds; and raw papaya pieces can serve as an effective dressing for infected wounds.

Dog and Other Animal Bites

Q: What is the major health risk associated with dog and other animal bites?

A: The major risk is rabies—a deadly disease that affects the brain and, once symptoms appear, is almost invariably fatal.

Q: What basic first aid should be provided immediately after a dog or animal bite?

A: The wound should be washed thoroughly with soap and water as soon as possible. It should then be left undisturbed (without applying any traditional or home remedies immediately) and loosely dressed. The person must be referred to a health facility to receive anti-rabies vaccine (ARV).

Q: How can the risk of rabies from an animal bite be assessed?

A: The risk is classified by severity:

- Mild exposure involves a lick on intact skin or a scratch without blood.
- Moderate exposure involves a lick on a fresh cut or minor wounds that ooze blood.
- Severe exposure includes bites or scratches with blood oozing, especially on the face, neck, palms, or head, or when there are more than five wounds.

If the biting animal is not available for observation, the case should be treated as severe.

Q: What further precaution is recommended regarding pet dogs?

A: It is advised that pet dogs be immunized against rabies, and communities should be encouraged to ensure that their animals are vaccinated.

Burns: First Aid

Q: What are common causes of burns mentioned in the manual?

A: Common causes include kitchen accidents (especially due to bursting pressure stoves), spillage of boiling liquids such as milk, oil, dal, or chai, gas leaks from cylinders, fire crackers, explosions at workplaces, and house fires. In some cases, burns may also be a result of intentional harm.

Q: What immediate first aid is recommended for burns?

A: The first aid for burns is to pour a generous amount of cold water over the affected area to cool the skin and reduce pain. Cold water should be used immediately to absorb the heat and help extinguish any burning material. Wet cloths or water-soaked folds can also be applied, with changes every three minutes if needed.

Q: Why is it important to use water rather than a blanket for treating burns?

A: Water is far more effective than a blanket because it not only extinguishes the fire but also absorbs and dissipates heat immediately, which reduces tissue damage and pain.

Q: What should be done if the burn is severe or involves the face or hands?

A: In cases of severe burns, or burns affecting the face or hands, the patient must be referred to a hospital immediately for further treatment, as these areas require specialized care.

Q: What additional home remedies can be applied for small or minor burns?

A: For minor burns, aside from cooling with water, herbal applications such as neem oil, coconut oil, aloe vera, or raw papaya dressings may be used to assist healing and provide antiseptic benefits.

AYUSH Remedies and Management of Minor Ailments

Q: What does AYUSH stand for?

A: AYUSH refers to the indigenous systems of medicine in India: Ayurveda, Unani, and Homoeopathy. The manual provides guidance on remedies from these systems for various minor ailments.

Q: How can iron-deficiency disorders be managed under AYUSH recommendations?

A: AYUSH suggests the regular intake of iron-rich foods such as green leafy vegetables (e.g., spinach), fruits like amla and dry grapes, and specific remedies like using 'Punarnnavadi mandura' or 'Rajapravartini Vati' in cases of amenorrhoea or during heavy menstrual bleeding. Homoeopathic medicines such as Arsenic album, Calcarea carbonicum, and Ferrum metallicum are also recommended based on the condition.

Q: What is the role of diet in managing gastro-intestinal disorders according to AYUSH?

A: A wholesome, easily digestible, clean, and hygienic diet is emphasized. Foods should be taken at appropriate times, and remedies such as powders of 'Trikatu' or 'Panchakola' may be used before meals to promote digestion. For constipation, Triphala powder is recommended, while specific compound formulations like Lashunadi Vati may be used in diarrhoea and cholera.

Q: Can you name some important medicinal plants mentioned in the AYUSH chapter and their uses?

A:

- **Hingu (Ferula foetida):** Used for digestive disorders, abdominal pain, and flatulence. In infants, a small amount mixed with breast milk is given for relieving abdominal pain.
- **Jatiphala (Myristica fragrans):** Useful in managing dysentery, diarrhoea, and vomiting; it is often mixed with tulsi juice and honey.
- **Kulattha (Dolichos biflorus):** Utilized in treating urinary calculi, dysuria, and sometimes menstrual irregularities.
- **Kushmanda (Benincasa hispida):** Indicated in cases of peptic ulcer, acidity, burning sensations, and even in fits or epilepsy.
- **Lavanga (Syzygium aromaticum):** Used for alleviating cough in small children and managing vomiting in pregnant women.
- **Maricha (Piper nigrum):** Recommended for cough (especially productive cough), hoarseness, and hiccough.
- **Musali (Asparagus abscendense):** Used in cases of general weakness, debility, and urinary disorders.
- **Nimbu (Citrus limon):** Its juice aids in indigestion, jaundice, and can help reduce vomiting.
- **Nirgundi (Vitex negundo):** Often used for simple fevers, rheumatic disorders, and sciatica.
- **Pippali (Piper longum):** Effective in boosting low digestive capacity and in certain types of cough.

Q: How do AYUSH remedies complement conventional treatment in rural settings?

A: AYUSH remedies provide simple, locally available, and culturally acceptable methods for managing

minor ailments. They empower ASHA workers to advise on self-care and complement the delivery of modern medical care—especially when access to health facilities is limited.

Q: What home remedies are suggested for managing gastro-intestinal discomfort and related conditions?

A: Remedies include taking warm water with herbal powders like Trikatu or Panchakola before meals, using Triphala powder for constipation, and employing compound formulations (for example, Lashunadi Vati for indigestion and diarrhoea) along with dietary modifications that encourage the use of freshly prepared, wholesome food.

This dataset covers the major topics and responsibilities discussed in the PDF. You may further expand each section with more nuanced Q&A pairs if needed for your vector database. This comprehensive set provides a robust basis for training semantic retrieval models for a rural health information system.