Treatment Camp and Patients in Arbaeen Pilgrimage in 2019

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Abstract

Introduction: One of the largest religious gatherings in the world is the Arbaeen pilgrimage, which takes place on the 40th day after the anniversary of the martyrdom of Imam Hussein, the third Shiite Imam. This study was aimed to investigate how to set up the Sahib-al-Zaman treatment camp on the Arbaeen walking route in 2019 and the patients referring to it.

Methods: This retrospective cross-sectional study was conducted on all patients referring to the Sahib-al-Zaman camp of Shiraz University of Medical Sciences, Shiraz, Iran in the Arbaeen Walking plan in 2019. In this study, how to set up camp was described. Patients’ data and drugs used by the medical team were collected, and then were analyzed.

Results: Totally, 3477 patients were enrolled. The mean ± SD of patients’ age was 33.77 ± 16.19 (ranging from 1 to 96) years, and 2,183 patients (62.78%) were male. Most patients were Iranian (84.5%) and then Iraqi (13.66%), and only 1.84% were from other nationalities. Upper respiratory tract infection (60.2%), low back pain and muscle cramps (17.6%), and blister and need for dressing (12.3%) were the most common chief complaints in the patients. Adult cold pills, acetaminophen (325 mg), and cetirizine (10 mg) were the most commonly prescribed drugs for the patients.

Conclusion: Although the data used in this study are not sufficient due to the lack of a pre-created data recording system, the results of this study showed that in addition to the importance and necessity of holding such ceremonies, health issues and facilities should also be considered.

Keywords: Communicable Diseases, Health Policy, Noncommunicable Diseases, Public Health, Travel Medicine

Introduction

According to the World Health Organization (WHO), any predetermined or spontaneous event that results in gathering a certain number of individuals in a specific area, for a specific purpose, at a specific time and leads to costs on resources and social programs is called a mass gathering. Expanding the interactions between communities and increasing the number of national and international events in communities have led to an increased number of public gatherings, which despite benefits such as cultural exchanges, have health challenges such as the transmission of infectious diseases; therefore, there is a need for health considerations in these events.1

One of the challenges of large gatherings is the spread of infectious diseases and the participants’ health needs, which puts a health burden on the host country. Even in areas with diverse health capacities and appropriate resources, public health systems are under severe pressure during gatherings.2,4

Various factors such as the gathering location, the number of participants, and the level of access to health centers, can affect the incidence of infectious diseases in large gatherings. Therefore, officials should pay special attention to these factors in planning.1,5,7 It is always possible to transmit infectious diseases due to the high population density at gatherings. Various studies on mass gatherings such as Hajj, the Ashura pilgrimage in Karbala, and Kumbh Mela and Sabarimala pilgrimage in India show the prevalence of infectious diseases in these ceremonies.8-13

One of the largest religious gatherings in the world is the Arbaeen pilgrimage, which takes place on the 40th day after the anniversary of the martyrdom of Imam Hussein, the third Shiite Imam. In the Arbaeen event, pilgrims walk from the city of Najaf to the city of Karbala, south of Baghdad. According to 2017 statistics, the number of Iranian pilgrims participating in the Arbaeen pilgrimage was 2320000. Iran and Iraq are
two neighboring countries. Pilgrims from several countries use Iran's land and air routes to reach Iraq and the Arbaeen ceremony.14

The construction of field hospitals and treatment camps during and after the gathering can be a good solution to health threats. Primary treatment of patients in these hospitals and camps is necessary and vital.15 On the other hand, in preparing and setting up these places, the efficiency of the plan should be examined by performing continuous exercises, and by preparing people's duties descriptions and understandable and straightforward instructions for relief and medical personnel, their confusion should be reduced, and necessary preparation should be made to deal with the main incidents. The Arbaeen walking due to uncontrollable population and pollution stemming from insufficient proper health facilities can cause an epidemic of various infections among the people, which in itself can be considered a crisis.15,16 On the other hand, few similar studies were carried on the needs and patients in large gatherings and ceremonies. As a result, knowledge of how to set up necessary facilities and equipment, as well as information about referring patients and their medical needs are the necessities that should be considered. Therefore, the present study investigated how to set up the Sahib-al-Zaman treatment camp by Shiraz University of Medical Sciences, Shiraz, Iran on the Arbaeen walking route in 2019 and the patients referring to it.

Methods
Study Design and Setting
This was a retrospective cross-sectional study, which was conducted on all patients referring to the Sahib-al-Zaman camp of Shiraz University of Medical Sciences, Shiraz, Iran in the Arbaeen Walking plan in 2019. Inclusion criteria included all patients referring to this treatment camp, and their data had been recorded in the triage office of this camp. Patients whose data had been incompletely recorded were excluded from the study.

Study Protocol
Patients’ data such as age, gender, nationality, chief complaint, and systolic and diastolic blood pressure (SBP and DBP) were extracted from the triage office, which had been collected by the sent medical team. Drug information was collected from physicians’ prescriptions visiting the patients of this camp. Face-to-face interviews were conducted with several physicians present in the camp to get acquainted with the treatment camp, its equipment and facilities, as well as its structure, and the results were reported descriptively.

Data Analysis
The SPSS software version 21.0 program (IBM Inc., Chicago, IL, USA) was used to determine the age distribution, gender, nationality, and the frequency of various complaints of referring patients and the used drugs. Frequency (percentage) was used to report qualitative data, and mean ± standard deviation (SD) was used for quantitative ones. The independent sample t test and one-way analysis of variance (ANOVA) were used to compare the means and chi-square test, and their non-parametric equivalents were used to compare the ratios. The significance level of 0.05 was considered.

Results
Setting up the Camp
The Sahib-al-Zaman Camp has been established aiming at accommodating and serving the pilgrims of Karbala, and the Sahib-al-Zaman treatment camp is considered the medical part of this camp. About 6 years have passed since the establishment of this procession. The camp is 11000 meters wide and 10 meters from the Main Street, and 2300 meters from the holy shrine (Figure 1). The capacity of the camp is 4000 people (2000 men and 2000 women). Each person was allowed to stay in this camp for 3 days. Arrivals and departures were recorded at the pilgrims’ resting place entrance based on the national ID number and the passport barcode. Each pilgrim was given an entry card after recording the arrival at the procession. Most of the ground in the camp area was covered with soft soil. The main door of the camp had two entrances: (1) the entrance related to the pilgrims’ resting place, and (2) the entrance of the clinic and the personnel’s tents.

The camp included 8 bathrooms, 8 washbowls, and 8 water closets for men to use. There were also 6 baths and washbowls and 6 water closets for women to use and 3 baths and 4 washbowls for the use of male servants and physicians. The camp tents included general tents, clinic, Hosseinyeh, kitchen, and servants’ tent (23 tents for men and 5 tents for women).

After entering the gate from the right side, there were two Hosseinyeh with an area of 20 meters by 20 meters for men and women. The largest men’s resting place was 20 by 30 meters, made of tarpaulin and metal scaffolding. The female servants’ residence was also a land with an area of 20 by 30 meters consisting of 5 tents for rest.

Three tents with an area of 12 by 16 meters were prepared for physicians to rest. Also, 5 tents were prepared for female servants that were used for the following purposes: Cultural group (Hosseinyeh, children’s booth, circles of knowledge, answering to religious issues, questions and answers of short circles, speeches, and eulogies), cleaning staff, and accommodation servants.

Clinic
The clinic entrance was on the right side of the procession. The clinic consisted of 7 parts: Triage, men’s physician, women’s physician, women’s hospitalization, women’s injections, men’s hospitalization, men’s injections, and dentistry. The clinic was open from 8 am to 12 pm (two 8-hour shifts). In each shift, service was provided by 2 physicians and 6 nurses (2 for women’s injections, 2 for men’s injections, and 2 for triage).

Pharmacy
The pharmacy room was located on the right of the clinic entrance hall. The pharmacy was open from 8 am to 12 pm (two 8-hour shifts). The pharmacy staff consisted of 6 people, and in each shift, the service was provided by 3 people. Next
to the pharmacy, there was an outpatient operating room and a medicine storage container.

**Kitchen and Bakery**

The kitchen consisted of 30 personnel in two shifts of 15 people, who were busy cooking 24 hours a day. There were 11 stoves, 50-kg natural gas capsules, fifteen 33-kg brass pots, 15 stew pots, and 7 refrigerators and freezers in the kitchen. In the camp kitchen, food was cooked daily for an average of 2000 people, which in the days close to Arbaeen, this number reached 3000-4000 people. On average, thirteen 50-kg capsules were used daily in the kitchen. Kitchen personnel sometimes suffered burns and gas poisoning.

A bakery had been established on the left side of the main entrance of the pilgrims’ resting place with an area of approximately 35 square meters. The bakery prepared and distributed 5000 loaves of white Lavash bread daily with automatic and semi-automatic machines. There were two work shifts in the bakery (4-8 am and 4-7 pm), with 5 people working on each shift.

There was a free area in front of the bakery where an L-shaped two-part row was created by scaffolding and gunny to distribute food to pilgrims. At the bottom of the space, there was a food storage container in which food was stored with a refrigerator and a cooler for cooling. Next to the food storage container, there was a place to store a variety of disposable utensils and blankets.

**Pantry**

The camp pantry was located on the left side of the main entrance. Eight hundred disposable glasses, 40 kg sugar cubes, and 100 kg sugar were used daily to prepare and distribute various drinks (hot water, lemon juice, tea, thyme herbal tea, mint syrup, rose water syrup, and lemon syrup). Twenty ice cubes were consumed daily.

**Other Facilities**

The usual electricity of the camp was supported from the urban electricity. A temporary power generator was installed to supply power during a power outage. The camp was funded by servants, public aid, donors, getting a loan, and camp officials. The annual budget required for this camp is 800-900 million Tomans. This camp had 40 water closets and baths. A 30 000-L water tank with 5 pumps and two water purifiers was used to support the camp water. The daily consumption of non-drinking water was 1000 L, and that of drinking water was 3000 L. Drinking and non-drinking water was supplied from neighboring houses. There were also 2 dryers, 2 laundries, 2 water heaters, 4 containers (the food, medicine, and rice warehouse), and 4 connexes (the resting place of men’s and women’s servants, pharmacy, operating room). Next to the pantry, a place was considered for repairing bags and shoes; 10-15 shoes and 10-15 bags were repaired daily.

**Patients Referring to the Camp**

Totally, 3477 patients were enrolled. The mean ± SD of patients’ age was 33.77 ± 16.19 (ranging from 1 to 96) years, and 2183 patients (62.78%) were male. As was shown in Table 1, the mean ± SD of the age of men was 37.10 ± 16.47 years, which was significantly lower than the women (38.91 ± 15.64)
years ($P = 0.002$). Most patients were Iranian (84.5%) and then Iraqi (13.66%), and only 1.84% were from other nationalities. The different frequency distribution of age groups and nationality based on gender was also statistically significant ($P < 0.001$). The results also showed that the mean SBP and DBP were significantly higher in men ($P < 0.001$). Also, there was a linear and direct relationship between age and SBP ($r = 0.300$, $P < 0.001$), as well as DBP ($r = 0.167$, $P = 0.001$).

Table 2 shows the frequency distribution of patients' demographic variables by age group. The highest frequency percentage of male patients was in the age group of <26 years (64.83%) and among female patients in the age group of 36-50 years (42.02%). This difference was statistically significant ($P < 0.001$). In all age groups, the percentage of Iranian nationality was significantly higher than in others.

Table 3 shows the frequency distribution of patients' chief complaints in general and by gender. Upper respiratory tract infection (60.2%), low back pain and muscle cramps (17.6%), and blister and need for dressing (12.3%) were the most common chief complaints in the patients. There was a statistically significant difference in the frequency of blisters and the need for dressing, gastrointestinal problems, heart problems, dizziness, low back pain, muscle cramps, upper respiratory infections and colds, fever, and the need for dental services between men and women ($P < 0.05$). However, the frequency of heatstroke, skin problems, a history of diabetes, eye/ear/nose problems, a history of blood pressure, and other problems between men and women were not statistically significant ($P > 0.05$).

The frequency of blisters and the need for dressing, gastrointestinal problems, heart problems, dizziness, low back pain, muscle cramps, upper respiratory infections, skin problems, a history of diabetes, and the need for dental services among the age groups were statistically different ($P < 0.05$) (Table 4).

### Drugs Used

As was shown in Table 5, the most commonly prescribed tablet among the patients were adult cold pills, acetaminophen (325 mg), and cetirizine (10 mg). These three drugs were also the most prescribed drugs for patients. The most prescribed capsules were amoxicillin (500 mg) and Novafen. Most injections were ketorolac, B-complex, and dexamethasone. The most commonly prescribed syrups were diphenhydramine, expectorant, and dextromethorphan, respectively. The only spray prescribed was salbutamol. Acetaminophen and diclofenac suppositories were the most widely used suppositories. Also, the most commonly prescribed ointments among patients were piroxicam and...
The role of these hospitals and treatment camps in primary treatments and prevention of human catastrophes is vital.\textsuperscript{15,17} Despite the various treatment camps along the Arbaeen walking route, accurate epidemiological information on the number of patients, drugs used, common diseases, etc, are not available. Therefore, this study was conducted to evaluate the patients referring to the Sahib-al-Zaman treatment camp of Shiraz University of Medical Sciences in the Arbaeen walking plan in 2019.

In this study, 3477 patients were investigated that their

### Table 3. Patients' Chief Complaint According to Age Groups

<table>
<thead>
<tr>
<th>Variables</th>
<th>Total (N = 3477)</th>
<th>&gt; 26 Years (n = 856)</th>
<th>26-36 Years (n = 816)</th>
<th>36-50 Years (n = 752)</th>
<th>≥ 50 Years (n = 1002)</th>
<th>P Value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper respiratory tract infection (%)</td>
<td>2055 (60.2)</td>
<td>544 (63.55)</td>
<td>530 (64.95)</td>
<td>445 (59.18)</td>
<td>523 (52.20)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Low back pain and muscle cramps (%)</td>
<td>601 (17.6)</td>
<td>82 (9.58)</td>
<td>136 (16.67)</td>
<td>141 (18.75)</td>
<td>238 (23.75)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Blisters and need for dressing (%)</td>
<td>420 (12.3)</td>
<td>71 (8.29)</td>
<td>111 (13.60)</td>
<td>96 (12.76)</td>
<td>131 (13.07)</td>
<td>0.01*</td>
</tr>
<tr>
<td>Digestive problems (%)</td>
<td>258 (7.6)</td>
<td>79 (9.23)</td>
<td>46 (5.64)</td>
<td>77 (10.24)</td>
<td>55 (5.49)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Injections (%)</td>
<td>181 (5.3)</td>
<td>34 (3.15)</td>
<td>56 (6.86)</td>
<td>35 (4.65)</td>
<td>52 (5.19)</td>
<td>0.054</td>
</tr>
<tr>
<td>Fever (%)</td>
<td>75 (2.2)</td>
<td>27 (3.15)</td>
<td>13 (1.59)</td>
<td>18 (2.39)</td>
<td>17 (1.70)</td>
<td>0.097</td>
</tr>
<tr>
<td>Cardiac problems (%)</td>
<td>4 (0.12)</td>
<td>3 (0.35)</td>
<td>5 (0.61)</td>
<td>14 (1.86)</td>
<td>51 (5.09)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Dentistry services (%)</td>
<td>82 (2.3)</td>
<td>25 (2.92)</td>
<td>15 (1.84)</td>
<td>18 (2.39)</td>
<td>8 (0.8)</td>
<td>0.007*</td>
</tr>
<tr>
<td>Heatstroke (%)</td>
<td>12 (0.3)</td>
<td>12 (1.40)</td>
<td>11 (1.35)</td>
<td>10 (1.33)</td>
<td>15 (1.5)</td>
<td>0.99</td>
</tr>
<tr>
<td>Urological problems (%)</td>
<td>11 (0.3)</td>
<td>11 (1.29)</td>
<td>5 (0.61)</td>
<td>11 (1.46)</td>
<td>16 (1.6)</td>
<td>0.26</td>
</tr>
<tr>
<td>Skin problems (%)</td>
<td>16 (0.4)</td>
<td>16 (1.87)</td>
<td>8 (0.8)</td>
<td>0 (0)</td>
<td>18 (1.8)</td>
<td>0.002*</td>
</tr>
<tr>
<td>Hypertension (%)</td>
<td>1 (0.03)</td>
<td>1 (0.12)</td>
<td>2 (0.25)</td>
<td>7 (0.93)</td>
<td>18 (1.8)</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Dizziness (%)</td>
<td>1 (0.03)</td>
<td>2 (0.23)</td>
<td>2 (0.25)</td>
<td>7 (0.93)</td>
<td>13 (1.3)</td>
<td>0.013*</td>
</tr>
<tr>
<td>Eyes, ears, throat and nose (%)</td>
<td>9 (0.26)</td>
<td>9 (1.05)</td>
<td>6 (0.75)</td>
<td>6 (0.8)</td>
<td>2 (0.2)</td>
<td>0.14</td>
</tr>
<tr>
<td>Diabetic problems (%)</td>
<td>1 (0.03)</td>
<td>1 (0.12)</td>
<td>1 (0.12)</td>
<td>3 (0.4)</td>
<td>12 (1.2)</td>
<td>0.002*</td>
</tr>
<tr>
<td>Women’s problems (%)</td>
<td>1 (0.03)</td>
<td>1 (0.12)</td>
<td>4 (0.49)</td>
<td>3 (0.4)</td>
<td>2 (0.2)</td>
<td>0.41</td>
</tr>
<tr>
<td>Other problems (%)</td>
<td>53 (1.5)</td>
<td>53 (6.19)</td>
<td>44 (5.39)</td>
<td>48 (6.38)</td>
<td>73 (7.27)</td>
<td>0.41</td>
</tr>
</tbody>
</table>

* Statistically significant; *Chi-square test.

zinc oxide. Moreover, the most commonly prescribed drops were normal saline drops. Finally, the highest injected serum was also normal saline serum.

**Discussion**

Among the health challenges in large gatherings, including the Arbaeen walking, are the spread of infectious diseases and the health needs of the participants. An excellent way to provide health facilities and reduce these threats is to establish field hospitals and treatment camps during and after the gathering.
Table 5. The Most Commonly Prescribed Tablet Among the PATIENTS

<table>
<thead>
<tr>
<th>Number</th>
<th>Serum Drug Name (Dose)</th>
<th>Droplet Drug Name (Dose)</th>
<th>Ointment Drug Name (Dose)</th>
<th>Suppository Drug Name (Dose)</th>
<th>Spray Drug Name (Dose)</th>
<th>Syrup Drug Name (Dose)</th>
<th>Ampulla Drug Name (Dose)</th>
<th>Capsule Drug Name (Dose)</th>
<th>Tablet Drug Name (Dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>Normal saline 23</td>
<td>Normal saline 155</td>
<td>Piroxicam 13</td>
<td>Acetaminophen 21</td>
<td>Salbutamol 409</td>
<td>Diphenhydramine 135</td>
<td>Ketorolac 153</td>
<td>Amoxicillin (250 mg)</td>
<td>Dicyclomine (10 mg)</td>
</tr>
<tr>
<td>16</td>
<td>Water dextrose 5%</td>
<td>Artificial tear 66</td>
<td>Zinc oxide 11</td>
<td>Diclofenac 194</td>
<td>Salbutamol 21</td>
<td>Norfloxacin 135</td>
<td>B complex 142</td>
<td>Naloxone 4</td>
<td>Propoxyphene (40 mg)</td>
</tr>
<tr>
<td>8</td>
<td>Ringer lactate 9</td>
<td>Ocular betamethasone 59</td>
<td>Diclofenac 5</td>
<td>Bicarbonate 93</td>
<td>Dextromethaphan 104</td>
<td>Desamethasone 35</td>
<td>Omeprazole (40 mg)</td>
<td>Propoxyphene (30 mg)</td>
<td>Alginic acid (10 mg)</td>
</tr>
<tr>
<td>7</td>
<td>Phenylephrine 40</td>
<td>Tramadol 1</td>
<td>Glycerin 65</td>
<td>Diclofenac 21</td>
<td>Gabapentin (100 mg)</td>
<td>Chloridiazepoxide (5 mg)</td>
<td>Metocarbomol (500 mg)</td>
<td>Bisacodyl (5 mg)</td>
<td>Bisacodyl (50 mg)</td>
</tr>
<tr>
<td>3</td>
<td>Sulfasamide 34</td>
<td>Clonazapole 11</td>
<td>Pseudoephedrine 10</td>
<td>Pediatric colds 39</td>
<td>Cephalosporin (500 mg)</td>
<td>Erythromycin (500 mg)</td>
<td>Bicacodyl (5 mg)</td>
<td>Bisacodyl (5 mg)</td>
<td>Bicacodyl (400 mg)</td>
</tr>
<tr>
<td>2</td>
<td>Natazoline 30</td>
<td>Vitamin AD 22</td>
<td>MOM 24</td>
<td>Piroxicam 14</td>
<td>Celebrex (100 mg)</td>
<td>Cotrimoxazole 16</td>
<td>Metformin (500 mg)</td>
<td>Metformin (500 mg)</td>
<td>Vitamin C.</td>
</tr>
<tr>
<td>1</td>
<td>Gentamicin 21</td>
<td>Betamethasone 17</td>
<td>Acetaminophen 12</td>
<td>Neuronim 3</td>
<td>Piroxicam (10 mg)</td>
<td>Bromhexine (8 mg)</td>
<td>Sylar 50</td>
<td>Gelsem (400 mg)</td>
<td>Nortriptyline (10 mg)</td>
</tr>
<tr>
<td>1</td>
<td>Pseudoephedrine 20</td>
<td>Hydrocortisone 17</td>
<td>Amoxicillin 24</td>
<td>Hydrosine 7</td>
<td>Mefenamic acid (250 mg)</td>
<td>Clindamycin C. 14</td>
<td>Amithostamine 58</td>
<td>Azithromycin (250 mg)</td>
<td>Azithromycin (250 mg)</td>
</tr>
<tr>
<td>1</td>
<td>Ciprofloxacin 15</td>
<td>Tetracycline 12</td>
<td>Theophylline G 17</td>
<td>Chlorphenylamine 4</td>
<td>Fluoroacrole (200 mg)</td>
<td>Betahistine (8 mg)</td>
<td>Bactolin (25 mg)</td>
<td>Metoclopramide (10 mg)</td>
<td>Metoclopramide (10 mg)</td>
</tr>
<tr>
<td>15</td>
<td>Calendula 11</td>
<td>Acetaminophen 12</td>
<td>Neuronim 3</td>
<td>Piroxicam (10 mg)</td>
<td>Bromhexine (8 mg)</td>
<td>Sylar 50</td>
<td>Gelsem (400 mg)</td>
<td>Metformin (500 mg)</td>
<td>Metformin (500 mg)</td>
</tr>
<tr>
<td>14</td>
<td>Mopiroxine 7</td>
<td>Hydroxyzine 11</td>
<td>Ceftriaxone 12</td>
<td>B complex 12</td>
<td>Atorvastatin (40 mg)</td>
<td>Onorexan (4 mg)</td>
<td>Inflamed (4 mg)</td>
<td>Onorexan (4 mg)</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Anti hemorrhoids</td>
<td>Salbutamol 100</td>
<td>Penicillin 1</td>
<td>TNG 9</td>
<td>Losartan (10 mg)</td>
<td>Coxyclav (625 mg)</td>
<td>Metronidazole (250 mg)</td>
<td>Metronidazole (250 mg)</td>
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<tr>
<td>7</td>
<td>Methyl salicylate</td>
<td>Gabapentin 6</td>
<td>Lidocaine 1</td>
<td>Dextromethaphan 9</td>
<td>Metoral (30 mg)</td>
<td>Metronidazole (250 mg)</td>
<td>Clotrimazole (500 mg)</td>
<td>Clotrimazole (500 mg)</td>
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</tr>
<tr>
<td>4</td>
<td>Aceclovir 3</td>
<td>Ketorolac 4</td>
<td>Mefenamic acid 1</td>
<td>Flurbiprofene (100 mg)</td>
<td>Furosemide (400 mg)</td>
<td>Ciprofloxacin (500 mg)</td>
<td>Ciprofloxacin (500 mg)</td>
<td>Ciprofloxacin (500 mg)</td>
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</tr>
<tr>
<td>4</td>
<td>Kalamian 2</td>
<td>Azithromycin 1</td>
<td>Apotol 8</td>
<td>Nortriptyline (100 mg)</td>
<td>Captopril (2.5 mg)</td>
<td>Diphenhydramine (2.5 mg)</td>
<td>Lomac (25 mg)</td>
<td>Lomac (25 mg)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Rosemary 2</td>
<td>Ondansetone 1</td>
<td>Diazepam 7</td>
<td>Amylmorphine (5 mg)</td>
<td>Zinc Plus 26</td>
<td>Diazepam (10 mg)</td>
<td>Losartan (25 mg)</td>
<td>Losartan (25 mg)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Vicks 2</td>
<td>CO-Amoxiclav 6</td>
<td>Diazepam (10 mg)</td>
<td>Diazepam (10 mg)</td>
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<td>Tamulosin 1</td>
<td>Bromhexine 6</td>
<td>Dimenhydrinate (5 mg)</td>
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<td>1</td>
<td>Pseudoephedrine</td>
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The current study was conducted in accordance with the Declaration of Helsinki, and it was approved by the Ethics Committee of Shiraz University of Medical Sciences (IR.SUMS.MED.REC.1399.161). To consider the ethical issue, the collected data were not revealed to anyone, except for the researchers; hence, patients’ names were kept confidential.

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Research Highlights

What Is Already Known?

- One of the challenges of large gatherings is the spread of infectious diseases and the participants’ health needs.
- One of the largest religious gatherings in the world is the Arbaeen pilgrimage, which takes place on the 40th day after the anniversary of the martyrdom of Imam Hussein, the third Shi’ite Imam.
- Few similar studies were carried on the needs and patients in large gatherings and ceremonies.

What Does This Study Add?

- Upper respiratory infections, low back pain, muscle cramps, blisters, and the need for dressing were the most common medical complaints in the patients.
- Adult cold pills, acetaminophen (325 mg), and cetirizine (10 mg) were the most commonly prescribed drugs for the patients.
- Although the data used in this study are not sufficient due to the lack of a pre-created data recording system.
- In addition to the importance and necessity of holding such ceremonies, health issues and facilities should also be considered.

References