

**SURVEY OF COMMON AILMENTS WITH SPECIAL REFERENCE TO JOINTS  
DISEASES IN VILLAGE DILWAR NAGAR, LUCKNOW**

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**ABSTRACT**

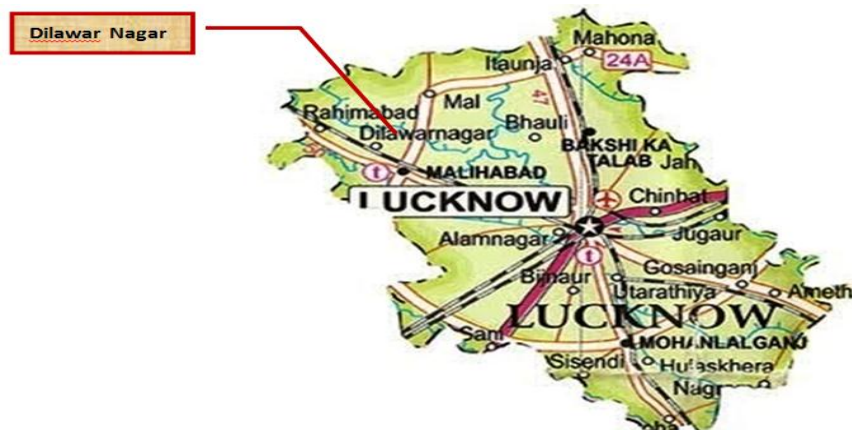
Joints diseases (Rheumatoid Arthritis, Osteo Arthritis, Spondylosis), Gout and Gastro intestinal disturbances such as dyspepsia, Sue Al hadam, Gastritis (warm-e-Meda), Colitis (warm qolon) disease and chest disease like cough Bronchitis (Warm Shoab) and asthma constipate are very common among common people of village Dilwar Nagar. The Central Research Institute of Unani Medicine Lucknow Conducted a mobile clinical programme to survey the common ailments of the village and provided treatment for all general ailments and focused on the weaker sections of the society and It was found that the people of the area are prone to the above stated problems more than any diseases. It is suggested that the poverty and the water quality is responsible for causing piles, viral fever, skin allergies. This paper highlights the prevalence of common ailments with special reference to Joint diseases in Dilawarpur village of Lucknow.

**KEYWORDS:** Unani Medicine, Joints Diseases, Dyspepsia, Common Ailments.

**INTRODUCTION**

The Village Dilavar Nagar is located in Malihabad Block of Lucknow. It is very near to the River Gomti and majority of the area belong to Hindus Community. The total geographical area of village is 320.24 hectares. Total 624 families are residing in Dilavar Nagar. The Dilavar Nagar village has population of 3456 of which 1795 are males while 1661 are females as per Population Census 2011. Population of children with age 0-6 is 519

which makes up 15.02% of total population of village. Average sex ratio of Dilawar Nagar village is 925 which is higher than Uttar Pradesh state average of 912. In 2011 the literacy rate of Dilawar Nagar was 59.69% which is lower than literacy rate of Uttar Pradesh. In Dilawar Nagar male literacy stands at 69.74% while female literacy rate was 48.94%. As per the census of 2011, the population of Schedule Caste in Dilawar Nagar is 1015, in which 527 are male while 488 are female. <sup>(1,2,3)</sup>



### Map of Dilawar Nagar, Lucknow

The concept of Scheduled Caste Sub Plan (SCSP) was envisaged by the erstwhile Planning commission of India (now NITI Aayog) at the time of formulation of Sixth Five year Plan (1980-1985) with the objective to ensure adequate benefits under SCSP for socio-economic and educational development of schedule castes both in physical and financial terms by providing funds, out of total allocation of the state Plan, at least in proportion to the percentage of SC population in the state. As much as 27 states and UTs with sizable SC population are implementing the plan.<sup>(4,5)</sup>

As per the 2011 Census, the scheduled caste (SC) population of Uttar Pradesh is 41,357,608, constituting 20.6 percent of the total state population of 199,812,341. The state has a total of 66 SCs; the Jatav community constitutes 54% of the total SC population of the state. Rural SC Population of Lucknow is 597272 in which 314172 are male while 283100 are female. For the benefit of SC and ST population, Ministry of AYUSH has initiated Mobile Health Care Program under SCSP and TSP. As far as CCRUM is concerned the Council is running Mobile Health programme for the benefits of SC and ST populations since 1981. Initially the programme was conducted at 8 SC centres and 1 TSP centre. The Programme has been extended with the name of Mobile Healthcare Programme under Schedule Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) in 10 SC centres/institutes namely Two Central Research Institute of Unani Medicine- Hyderabad, Lucknow, Six Regional Research Institute of Unani Medicine- New Delhi, Chennai, Mumbai, Kolkata, Aligarh, Patna, Regional Research Centre- Allahabad and Clinical Research Unit-Bhopal. The objectives of the program are to screen/examine the SC and ST population for their health status in the OPD as well as in the health camps and to provide Unani treatments to the patients suffering from

different diseases. It also aims to create awareness among the masses on preventive, promotive and curative health aspects through lectures, group meetings, organizing health camps, developing and distributing IEC material in local languages for better outreach among SC and ST population for prevention and cure of the disease.<sup>(6,7,8)</sup>

The SCSP that mean to provide the health care to the Schedule caste (SC) at their doorstep and based on the idea of Prime Minister Narendra Modiji was initiated here in 2018 because of the dominance of SC over all other caste. The Central Research Institute of Unani Medicine (CRIUM), Lucknow under Central Council for Research in Unani Medicine (CCRUM), New Delhi, Ministry of AYUSH, Government of India started weakly mobile clinic and series of lectures on prevailing disease in this area and provided Medicare free of cost, as per the guidelines by Ministry of AYUSH. The people of area responded well to this clinic and got relief in 100 diseases but Arthritis, G I disturbances and chest problems as well as skin allergies of various kinds are measures of concern in this area.

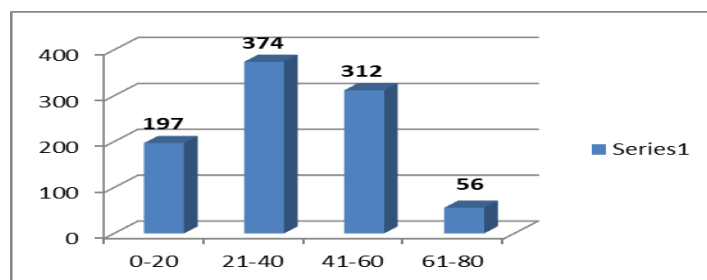
### MATERIAL AND METHODS

This population based study was carried out at Dilawar Nagar village under SCSP Mobile Healthcare Program of CRIUM, Lucknow. Research Associate posted in SCSP screened the patients and registered in different diseases. Total 939 new patients registered during January 2019 to October 2020. Classical Unani Medicine provided by IMPCL, Ministry of AYUSH, Govt of India such as Hab Mubarak, Hab Hudar, Majoon Jograjogul, Majoon Suranjan, Safoof Hazim, Arq Mako, Arq Badiyan, Hab Tinkar, Roghan Surkh, Hab Musaffi Khoon, Marham Kharish, Sharbat Sadar etc were given to different diseases patients.<sup>(9,10)</sup>

### RESULTS AND DISCUSSION

**Table 1: Age Wise Distribution of patients.**

Age Group (In years)	No. of cases	Percentage (%)
0-20	197	20.98
21-40	374	39.83
41-60	312	33.23
61-80	56	5.96
<b>Total</b>	<b>939</b>	<b>100.00</b>
Mean±SD	<b>36.91±17.73</b>	

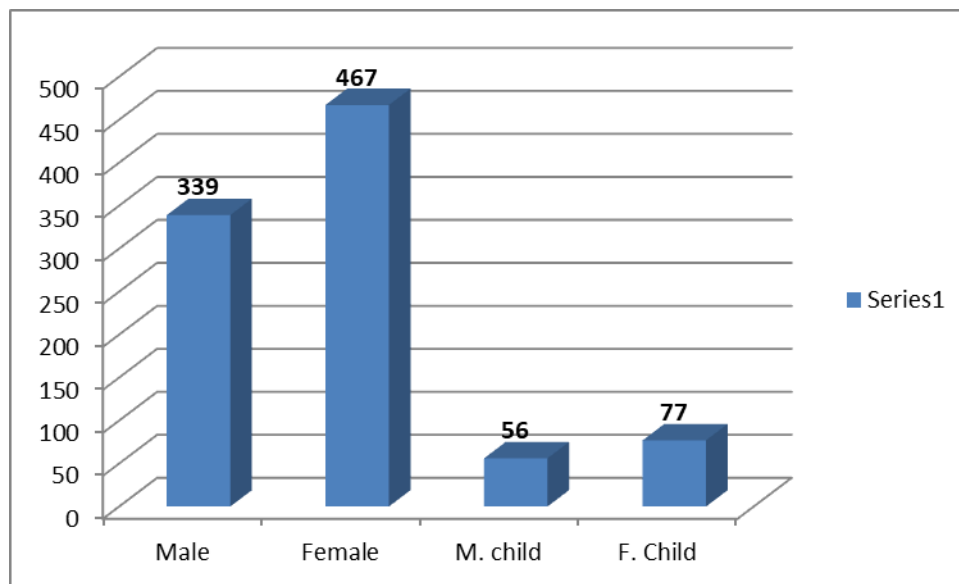


**Figure 1: Age Wise Distribution of patients.**

Table 1 – The age wise distribution of patients indicate that the people of 21-40 years age group are more affected following by 41-60 years group 312 (33.23%) patients the young generation that falls between 0-20 comes at third 197 (20.98) patients, whereas older people in the age group of 61-80 years are better placed, as far as health is concerned this is an interesting point in this study as it shows elderly people in good shape which may be better care of elder people in this area.

**Table 2: Sex Wise Distribution of patients.**

Sex	No. of cases	Percentage (%)
Male	339	36.11
Female	467	49.73
M. child	56	5.96
F. Child	77	8.20
<b>Total</b>	<b>939</b>	<b>100.00</b>

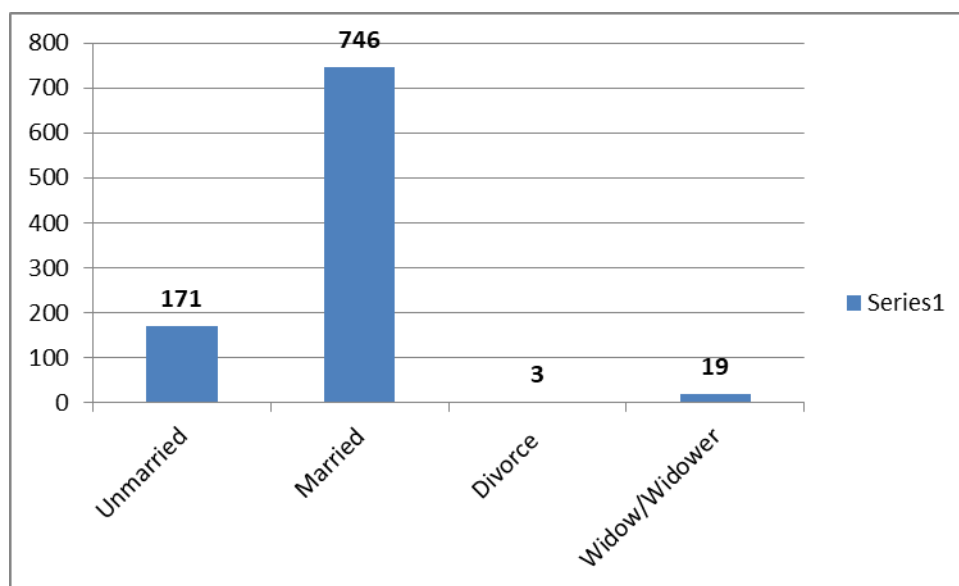


**Figure 2: Sex Wise Distribution of patients.**

Table 2 – This table shows that female patients out numbers male patients with a huge difference of 14% and the same condition are evident in male and female children. This finding suggests that the female suffer more because they neglect their own body while taking care of their families. Therefore women require understanding their problems and trying to understand the system and attain proper health.

**Table 3: Marital Status Wise Distribution of patients.**

Sex	No. of cases	Percentage (%)
Unmarried	171	18.21
Married	746	79.45
Divorce	03	00.32
Widow/Widower	19	02.02
<b>Total</b>	<b>939</b>	<b>100.00</b>



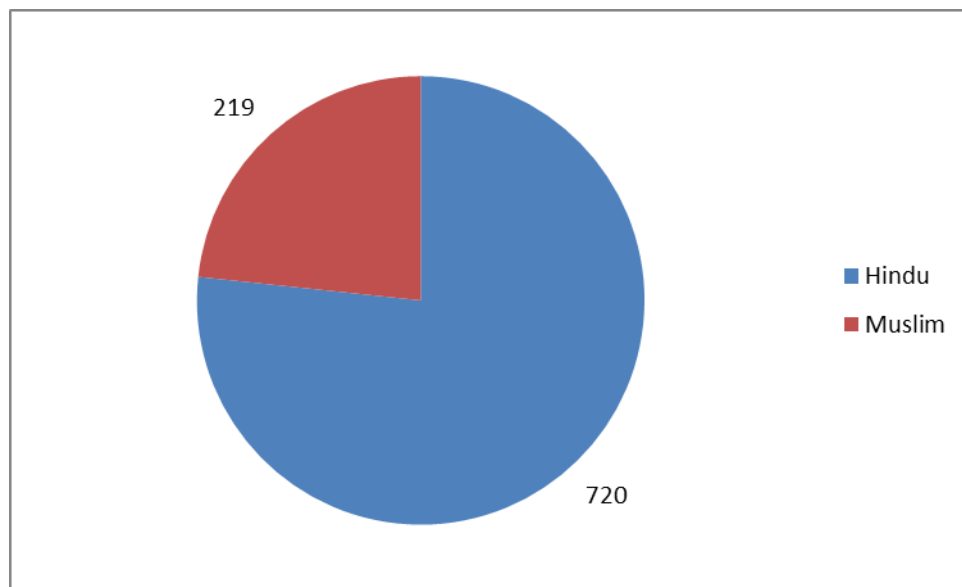
**Figure 3 Marital Status Wise Distribution of patients.**

Table 3 – The married people dominate unmarried, divorcees and widowers, the reason behind this finding seems to be living together and providing children that cause more diseases in female fall because they bear children and neglect their own problems and contact various types of infections. The other side of finding is that married people. People are better aware of and take

care of themselves and their families than unmarried youngsters.

**Table 4: Religion wise Distribution of patients.**

Sex	No. of cases	Percentage (%)
Hindu	720	76.68
Muslim	219	23.32
<b>Total</b>	<b>939</b>	<b>100.00</b>



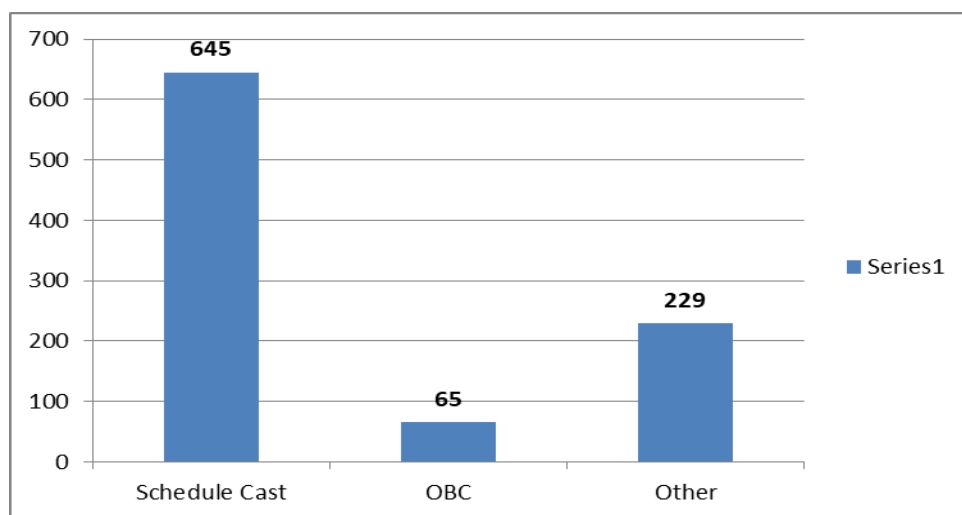
**Figure 4: Religion wise Distribution of patients.**

Table 4 – As far as the distribution of patients on religion basis is concerned it is purely statistical because Hindus are in crushing majority in the village and scheduled

caste has more population – upper caste people. Thus it is natural that Hindu patients are over shadow their Muslim brother.

**Table 5: Caste wise Distribution of patients.**

Sex	No. of cases	Percentage (%)
Schedule Caste	645	68.69
OBC	65	06.92
Other	229	24.39
<b>Total</b>	<b>939</b>	<b>100.00</b>

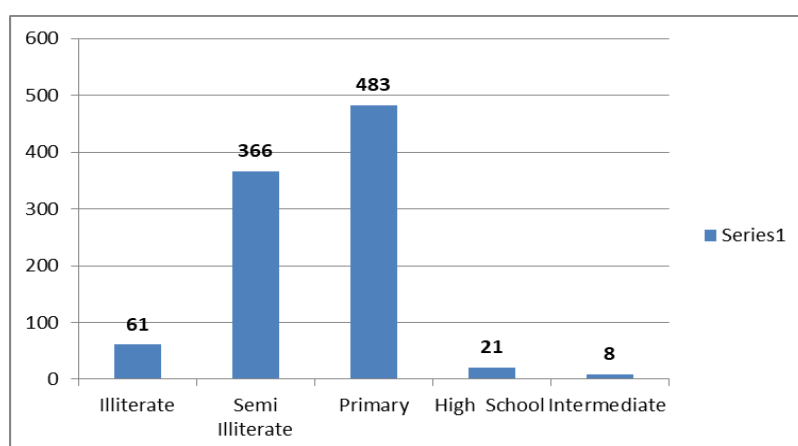


**Figure 5: Caste wise Distribution of patients.**

Table 5 – It has been already said that this program means specially for scheduled caste as its name indicate number of SC patients in above the other caste. This finding is also supporting the findings of 2011 Census.

**Table 6: Education wise distribution of patients.**

Education	No. of cases	Percentage (%)
Illiterate	61	6.50
Semi Illiterate	366	38.98
Primary	483	51.43
High School	21	2.24
Intermediate	8	0.85
<b>Total</b>	<b>939</b>	<b>100.00</b>



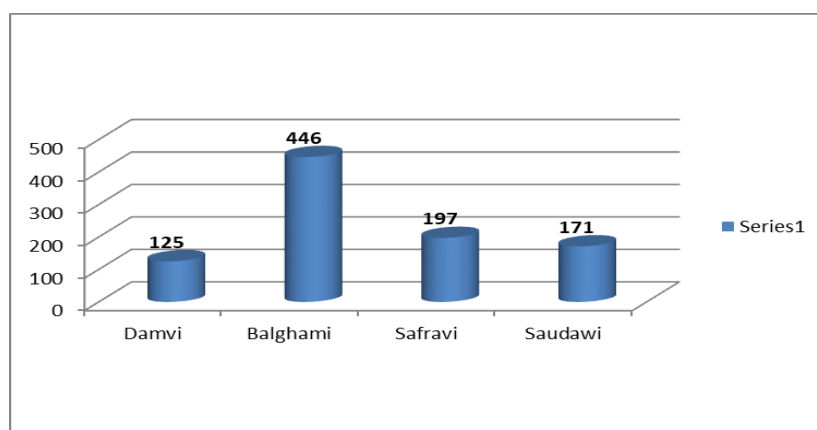
**Figure 6: Education wise distribution of patients.**

Table 6 – The education wise statistic reveals that majority of patients have not crossed primary level of education. This indicates the pathetic condition of the Dalit population area and raises question on the

Government efforts on this front the Government of U.P as well as Government of India must rise to occasion and raise the level of education in this rural hamlet of U.P's capital Lucknow.

**Table 7: Temperament wise distribution of patients.**

Temperament	No. of cases	Percentage (%)
Damvi	125	13.31
Balghami	446	47.50
Safravi	197	20.98
Saudawi	171	18.21
<b>Total</b>	<b>939</b>	<b>100.00</b>



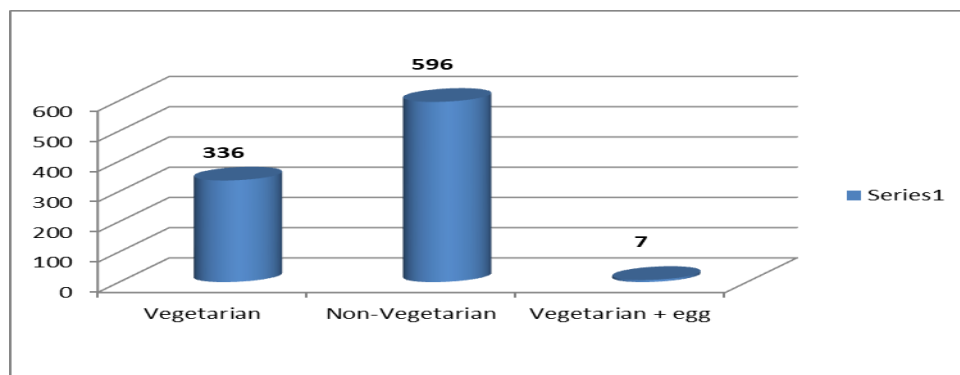
**Figure 7: Temperament wise distribution of patients.**

Table 7 – The temperament (Mizaj) is very important part of diagnosis in Unani Medicine. Every patient must be examined for his temperament and then only can be subjected to treatment as Mijaz of drugs is to be matched and then only given to the patients. The present table shows that most of the patients 446 have Balghami temperament followed by Safravi 197 and Saudawi 171 while those of Damvi temperament count for 125 only.

The dominance of Balghami temperament is the main cause for joints problem.

**Table 8: Dietary Habit wise distribution of patients.**

Dietary Habits	No. of cases	Percentage (%)
Vegetarian	336	35.78
Non-Vegetarian	596	63.47
Vegetarian + egg	07	00.75
<b>Total</b>	<b>939</b>	<b>100.00</b>



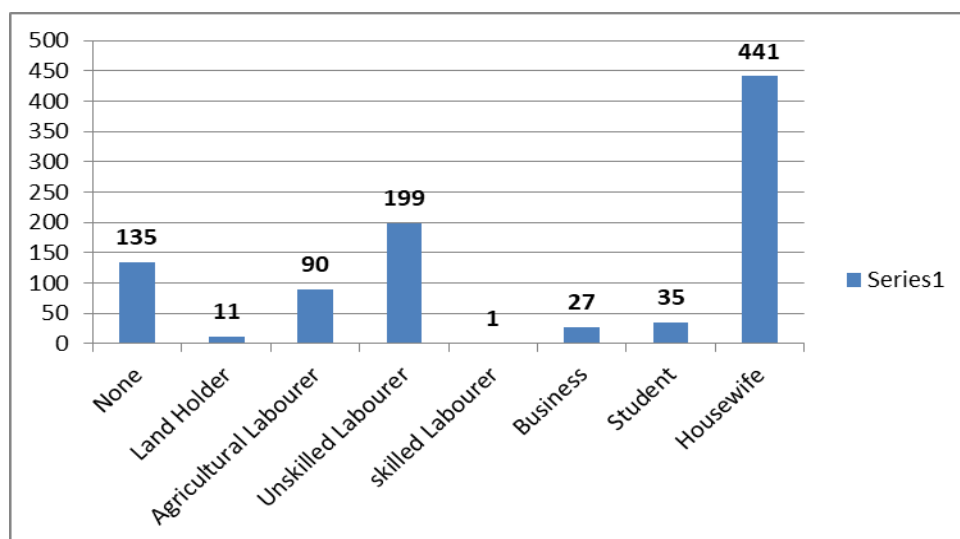
**Figure 8: Dietary Habit wise distribution of patients.**

Table 8 – This table indicates that majority of the patients 596 are non-vegetarian compared to less vegetarian but the dietary habit has no impact on the

diseased people as people of every religion stay here take almost same food and suffer from same diseases.

**Table 9: Occupation wise distribution of patients.**

Occupation	No. of cases	Percentage (%)
None	135	14.38
Land Holder	11	01.17
Agricultural Labourer	90	09.58
Unskilled Labourer	199	21.19
skilled Labourer	01	00.11
Business	27	02.87
Student	35	03.73
Housewife	441	46.97
<b>Total</b>	<b>939</b>	<b>100.00</b>

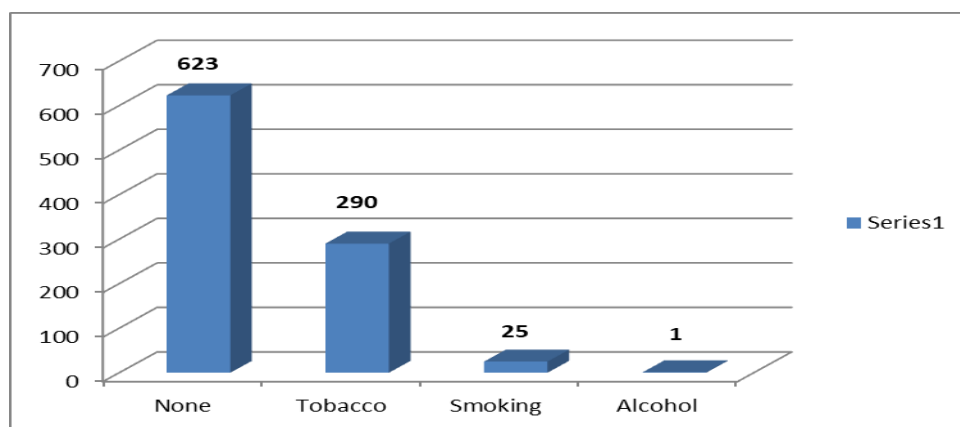


**Figure 9: Occupation wise distribution of patients.**

Table 9 – As the village Dilawar Nagar is a rural area the land holding is the main difference between haves and have not. The finding of this study shows that only a handful of 11 out of 939 are holding the land and the rest are the weaker people without the land and this is the reason behind illiteracy, unemployment and suffering from ailments.

**Table 10: Addiction wise distribution of patients.**

Addiction	No. of cases	Percentage (%)
None	623	66.35
Tobacco	290	30.88
Smoking	25	02.66
Alcohol	01	00.11
<b>Total</b>	<b>939</b>	<b>100.00</b>



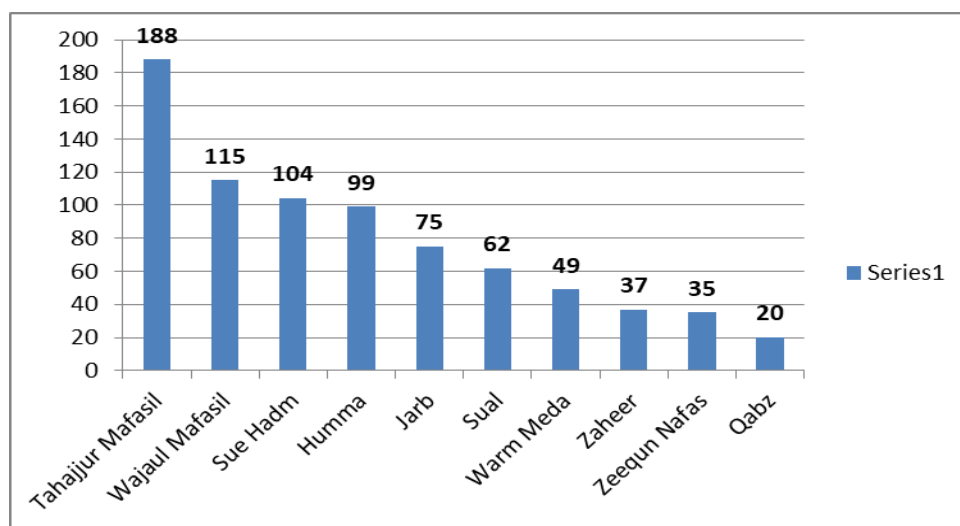
**Figure 10 Addiction wise distribution of patients.**

Table 10 – We have a good finding in table 10 that the majority of patients are not addicted 623(66.35%). The

tobacco chewing is present in 290 (30.88) patients and this indicate that the village is free from drugs addiction.

**Table 11: Most Common disease wise distribution of patients.**

Disease	No. of Patients	Percentage (%)
Tahajjur Mafasil (Osteoarthritis)	188	20.02
Wajaul Mafasil (Rheumatoid Arthritis)	115	12.25
Sue Hadm (Dyspepsia)	104	11.07
Humma (Fever)	99	10.54
Jarb (Scabies)	75	07.99
Sual (Cough)	62	06.60
Warm Meda (Gastritis)	49	05.21
Zaheer (Dysentery)	37	03.94
Zeequn Nafas (Bronchial Asthma)	35	03.73
Qabz (Constipation)	20	02.13



**Figure 11: Most Common disease wise distribution of patients.**

Table 11 – This table indicates the prevailing TOP 10 diseases in this village and shows that problems related with joints pain out number all other diseases therefore it is important to remove the causes as well there are some other problems that are less in number but require

attention and proper medication. These findings suggest that Musculoskeletal, Gastrointestinal and Respiratory problems are prevalent in Dilawar Nagar and the patients of these problems are taking Unani Medicine.

**Table 12: Result of Multiple Compound Drugs in Joints Diseases.**

Result	Number of Patient	Percentage (%)
<b>Relieved</b>	243	80.20
<b>Partially relieved</b>	45	14.85
<b>Not relieved</b>	15	4.95
<b>Total</b>	303	<b>100.00</b>

Out of 303 patients of Joint Diseases (Osteoarthritis and Rheumatoid Arthritis) 243 patients got relief while 45 patients got partially relief and 15 patients got no relief in the signs and symptoms of Joint Diseases. Relief and Partially relief in joint diseases mainly due to combined effects of Multiple compound drugs such as Hab Mubarak, Hab Hudar, Majoon Jograjogul, Majoon Suranjan and Roghan Surkh.

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## CONCLUSION

The survey and the findings of Mobile Health Care Program under SCSP in Dilawar Nagar village reveal that the area is habitat of scheduled caste, illiterate and poverty strike on. The immunological related problems dominate all other diseases. The SCSP project has proved a boon for the residents and has provided relief beyond expectations. As the result suggests that 80% patients of joint diseases got relieved in the signs and symptoms while 15% patients got partially relived. Thus it can be concluded that treatment of Arthritis in Unani Medicine has made the program successful.

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