



Research Article

## PREVALENCE OF DISEASES IN KALLUPURWA (KURSI) AREA OF BARABANKI (UP) LUCKNOW

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### ABSTRACT

The village Kallupurwa (Kursi) is a village in district Barabanki, very closed to Lucknow the capital of Uttar Pradesh., where scheduled caste population dominate upper caste and Muslims. The village is more backward than expected and lack health facilities, education and employment. Due to these circumstances people fall prey to all types of infections and most people suffer from malnutrition and other complications. The Scheduled Cast Sub Plan (SCSP) and Tribal Sub Plan (TSP) program was initiated on the recommendation of Honorable Prime Minister of India, Shri Narendra Modi Ji, all over the country by the Ministry of AYUSH and Central Research Institute of Unani Medicine, Lucknow selected this village in 2019 and the mobile clinic programme began its function in the same year under the SCSP project. The work is still going on and the population of this village is receiving Unani Medical treatment for ailments like Arthritis, *SualHadm, WajaulBadan, WajaulBatan, Bawaseer*, skin allergy and other Non-Communcal Disease (NCD) problems. The observation shows that people are satisfied with the SCSP project and demand to CCRUM to continue the project as long as possible.

### INTRODUCTION

Kursi is a large village located in Fatehpur Tehsil of Barabanki district, Uttar Pradesh with total 2023 families residing. The Kursi village has population of 11979 of which 6369 are males while 5610 are females as per Population Census 2011. In Kursi village population of children with age 0-6 is 1891 which makes up 15.79% of total population of village. Average Sex Ratio of Kursi village is 881 which is lower than Uttar Pradesh state average of 912. Child Sex Ratio for the Kursi as per census is 966, higher than Uttar Pradesh average of 902. Kursi village has lower literacy rate compared to Uttar Pradesh.

In 2011, literacy rate of Kursi village was 55.53% as compared to 67.68% of Uttar Pradesh. In Kursi, male literacy stands at 59.87% while female literacy rate was 50.52 %.

### Map of Kallupurwa (Kursi)

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. [1,2]

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For the benefit of SC and ST population, Ministry of AYUSH has been initiated Mobile Health Care Program under SCSP and TSP. As far as CCRUM is concerned the Council is running Mobile Health program for the benefits of SC and ST populations since 1981. Initially the program was conducted at 8 SC centers and 1 TSP centre. The Program has been extended with the name of Mobile Healthcare Program under Schedule Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) in 10 SC centers/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. Likewise, Mobile Healthcare Program under TSP has been started in 3 centers namely Regional Research Institute of Unani Medicine- Bhadrak, Two Regional Research Centre- Burhanpur and Kurnool. Five villages predominately having SC and ST population respectively nearer to each participating institute/centre have been identified for undertaking the program. 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. The aim is also to create awareness among the masses for preventive, curative and promotive health aspects through lectures, group meetings, organizing health camps, developing and distributing IEC (Information Education Communication) material in local languages for better outreach among SC and ST population for prevention and cure of the disease.<sup>[3]</sup>

The Central Research Institute of Unani Medicine Lucknow (CRIUM) is a pioneering Institute for conducting research on Unani herbal medicine. It conducts different outreach programs such as mobile clinical program. The Ministry of AYUSH Govt. of India allotted Mobile Healthcare Program under SCSP to

reach out to the most weaker section of the society and the institute selected the village Kursi as one of the targeted place to conduct the SCSP mobile health clinic at the village, the project proved to be a boon for local residents and they cooperated with the team very happily, the prevailing diseases shows an interesting outcome for the future Medicare planning & the need to provide Unani Medicine to this area.

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 59272 in which 314172 are male while 283100 are female. <sup>[4,5,6]</sup>

## MATERIAL AND METHODS

This population based cross sectional study was carried out at Kallapurwa (Kursi) village under SCSP Mobile Healthcare Program of CRIUM, Lucknow. Research Associates posted under the SCSP project have screened the patients and registered them and have been selected for the clinical study. Total 822 new patients of multiple diseases registered during January 2020 to November 2020.

### Study Drug

Classical Unani drugs provided by IMPCL, Ministry of AYUSH, Govt of India such as Habb-e-Mubarak, Habb-e-Hudar, Majoon Jograjogul, Majoon Suranjan, Safoof-e-Hazim, Arq-i-Mako, Arq-i-Badiyan, Habb-e-Tinkar, Roghan-e-Surkh, Habb-e-Musaffi Khoon, Marham-e-Kharish, Sharbat-e-Sadar, Sharbat-e-Zoofa, Habb-e-Surfa etc were given to different diseases patients.

### Study Design

The study was designed as open level clinical study.

### Clinical Evaluation

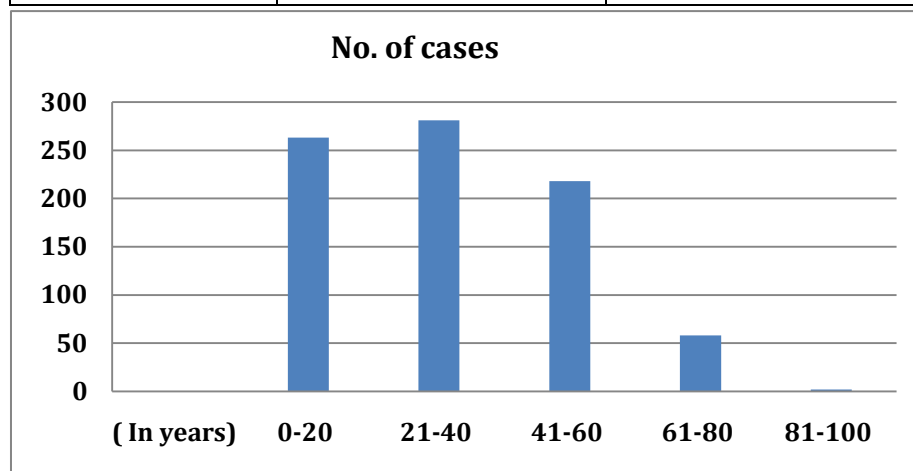
The efficacy of Unani classical drugs were assessed on clinical parameter of different diseases, as these clinical parameter differ in severity, such as absent, mild, moderate or severe from patient to patient and therefore, severity of the clinical parameter were graded as absent= 0, mild=1, moderate=2, and severe=3 for appropriate assessment and statistical evaluation of the efficacy of study drugs.

### Safety Assessment

The safety was assessed by monitoring adverse events volunteered by the patients or observed during the course of the study. No adverse effect of the study drugs was either reported by the patients or observed by the investigators during the course of the study.

**RESULTS AND DISCUSSION****Table 2: Distribution of Patients According to age Suffering from Sueal Hadm**

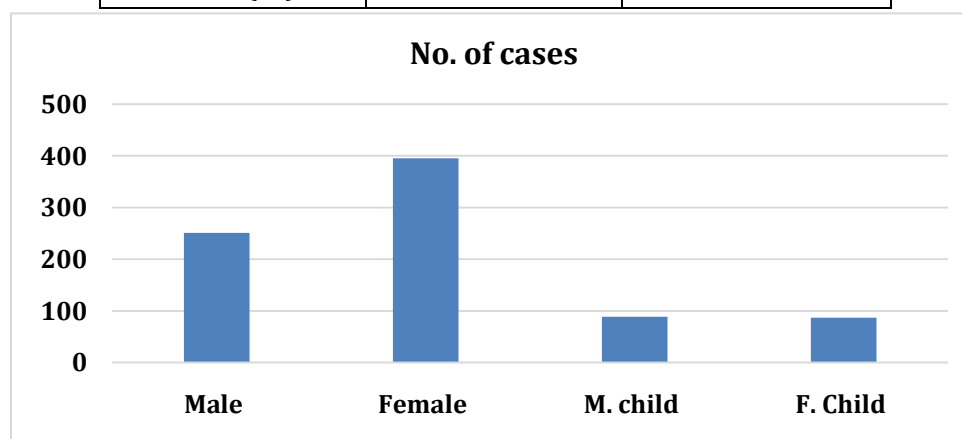
Age Group (In years)	No. of cases	Percentage (%)
0-20	263	32.00
21-40	281	34.18
41-60	218	26.52
61-80	58	07.06
81-100	2	0.24
<b>Total</b>	<b>822</b>	<b>100</b>
<b>Mean <math>\pm</math> SD</b>	<b>164.4<math>\pm</math>126.37</b>	



This table shows that good number of patients have suffered from diseases i.e. 281 (35.24%) whereas the maximum number of patients was found in the age group of 21-40 years. The second group 0 - 20 years which has 263 (30.99%). The surprising number of patients is in the age group of 41 - 60 years i.e. 218 (27.28%). In age group of 61-80 got 58 (7.05%) number of patients. And the lowest at the age of 81-100 years was found 2 (0.24%).

**Table 2: Distribution of Patients According to Gender**

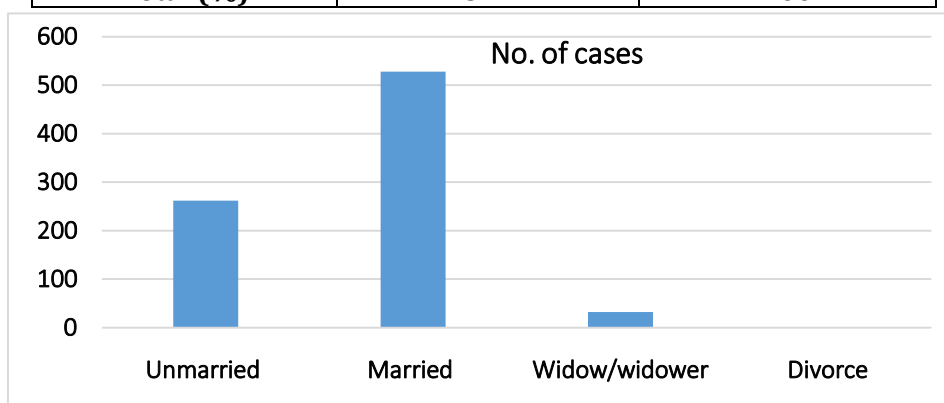
Gender	No. of cases	Percentage (%)
Male	251	30.54
Female	395	48.05
M. child	89	10.83
F. Child	87	10.58
<b>Total (%)</b>	<b>822</b>	<b>100</b>



The female patients are more than male patients, in children also male children are more, this indicate the negligence of female health concerned in this area of Barabanki and require attention of district authorities.

**Table 3: Distribution of Patients According to Marital Status**

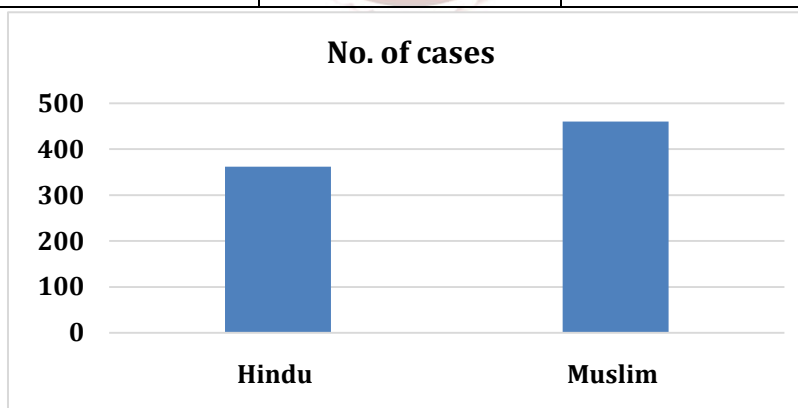
Sex	No. of cases	Percentage (%)
Unmarried	262	31.87
Married	528	64.24
Widow/widower	32	3.89
Divorce	0	00
<b>Total (%)</b>	<b>822</b>	<b>100</b>



This table shows that married people (both) man and woman are more prone to health problems than unmarried. This may be due to age, malnutrition or illiteracy as the maximum population belong to scheduled caste and they are mostly land less labourers and poor who cannot afford high protein enriched diet or education.

**Table 4: Distribution of Patients According to Religion**

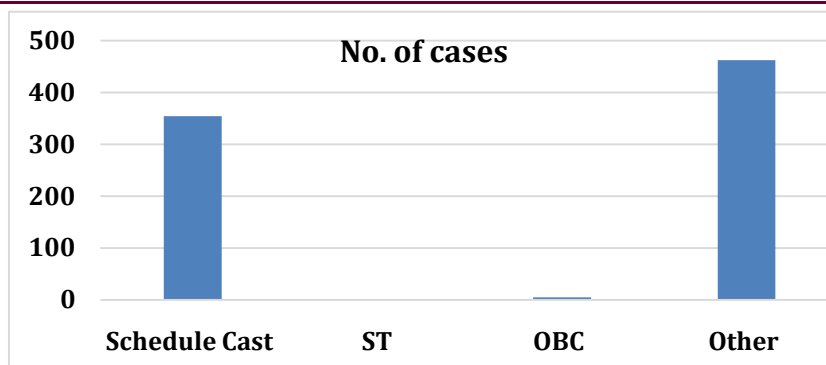
Sex	No. of cases	Percentage (%)
Hindu	362	44.04
Muslim	460	55.96
<b>Total (%)</b>	<b>822</b>	<b>100</b>



The table of religion wise distribution of patients clearly shows that Hindus and Muslims both suffer according to their respective population and there no difference in this regard between the two communities.

**Table 5: Distribution of Patients According to Caste**

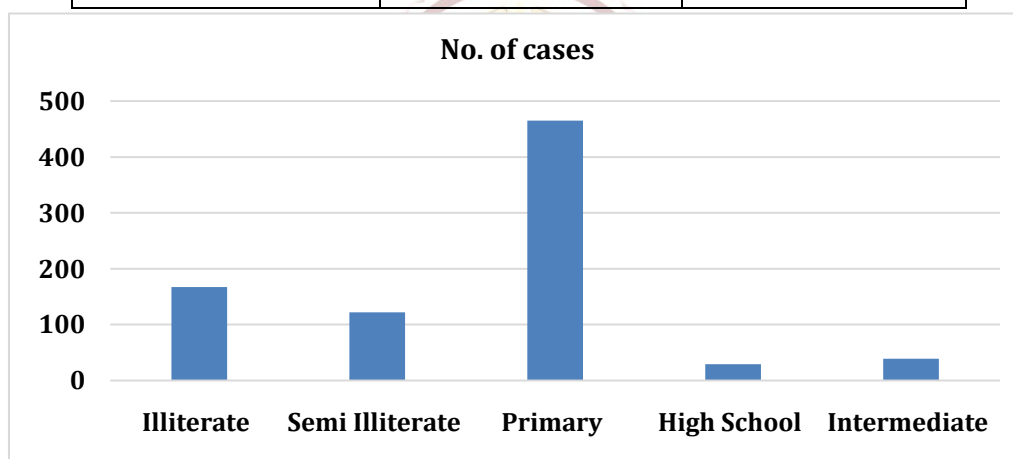
Caste	No. of cases	Percentage (%)
Schedule Caste	354	43.07
ST	00	00.00
OBC	6	00.73
Other	462	56.20
<b>Total (%)</b>	<b>822</b>	<b>100</b>



The schedule caste population has a brutal majority over other backward classes and upper cast as 354 (43.06%) belong to schedule caste whereas Muslims and upper caste are 56.02% 462. The other backward classes are placed in third position as they count for 06 (0.72%). And the ST population was found negligible.

**Table 6: Distribution of Patients According to Education**

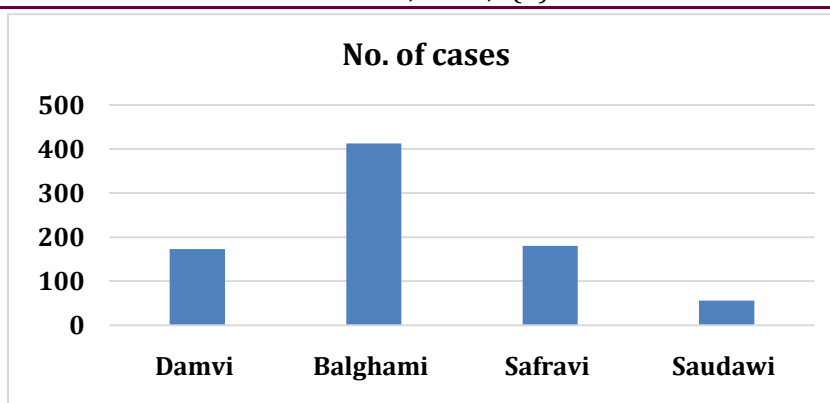
Education	No. of cases	Percentage (%)
Illiterate	167	20.32
Semi Illiterate	122	14.84
Primary	465	56.57
High School	29	3.53
Intermediate	39	4.74
<b>Total</b>	<b>822</b>	<b>100</b>



The condition of education is very bad in this hamlet and illiterate people are in good numbers as they are 167 (20.31%) the semi-literate people are 122 (14.84%) while those who attended primary school are at the third place i.e., 465 (56.56%). The high school 29 (3.52%) and intermediate pass patients are only 39 (4.74%) that shows the level of knowledge as well as the poverty and their negligence by the society as well as the government of Uttar Pradesh.

**Table 7: Distribution of Patients According to Temperament**

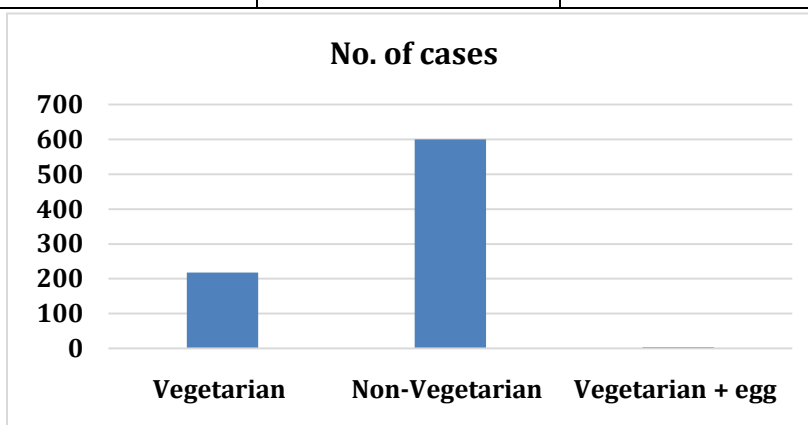
Temperament	No. of cases	Percentage (%)
Damvi	173	21.05
Balghami	413	50.24
Safravi	180	21.90
Saudawi	56	06.81
<b>Total</b>	<b>822</b>	<b>100</b>



The Balghami temperament is the dominant temperament in this area whereas Safravi temperament is second largest group as Damvi is the third and Saudawi is the minority group.

**Table 8: Distribution of Patients According to Dietary Habits**

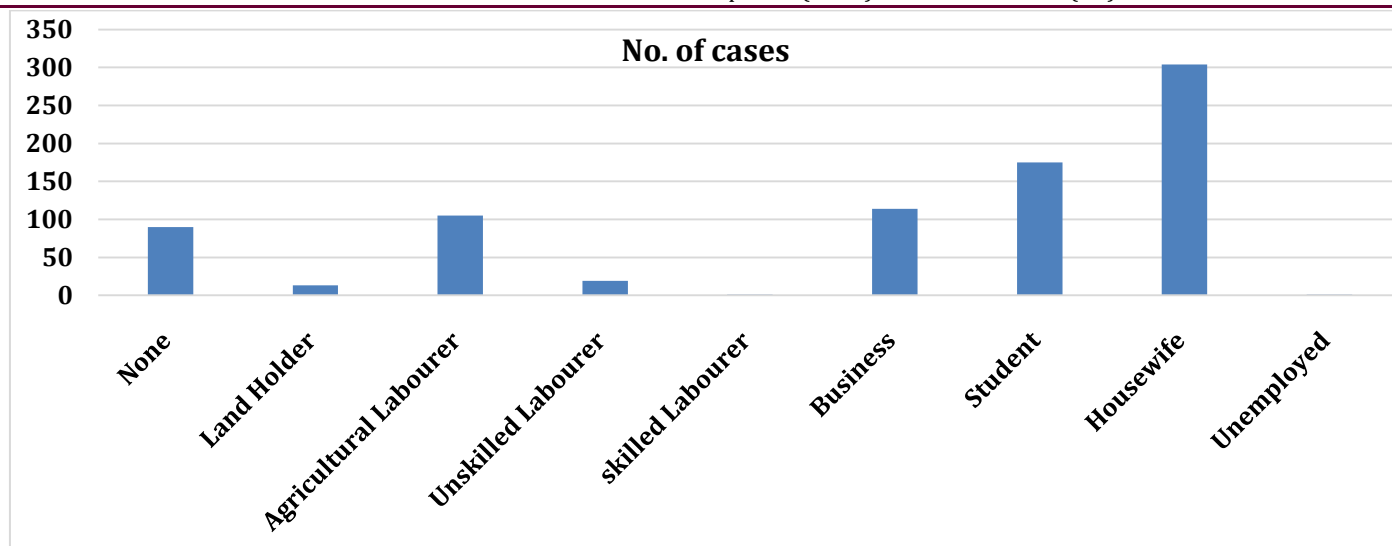
Dietary Habits	No. of cases	Percentage (%)
Vegetarian	218	26.52
Non-Vegetarian	600	73.9
Vegetarian + egg	04	0.48
<b>Total (%)</b>	<b>822</b>	<b>100</b>



The survey has brought to the fore the universal truth of dietary habits of the people all over the world as non-vegetarian people dominate the vegetarians in almost all surveys of the institute.

**Table 9: Distribution of Patients According to Occupation**

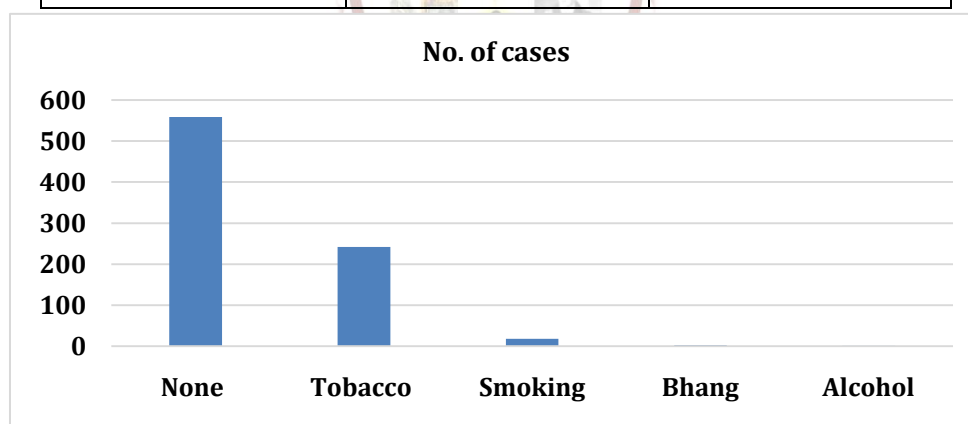
Occupation	No. of cases	Percentage (%)
None	90	10.95
Land Holder	13	01.58
Agricultural Labourer	105	12.78
Unskilled Labourer	19	02.31
skilled Labourer	01	00.12
Business	114	13.87
Student	175	21.29
Housewife	304	36.98
Unemployed	01	0.12
<b>Total</b>	<b>822</b>	<b>100</b>



The majority of the population is belonging to landless and agriculture labourers, the business group is a meager 13.86 % due to which many medical as well as social problems happen in this area.

**Table 10: Distribution of Patients According to Addiction**

Addiction	No. of cases	Percentage (%)
None	559	68
Tobacco	242	29.44
Smoking	18	2.18
Bhang	2	0.25
Alcohol	1	0.13
<b>Total</b>	<b>822</b>	<b>100</b>



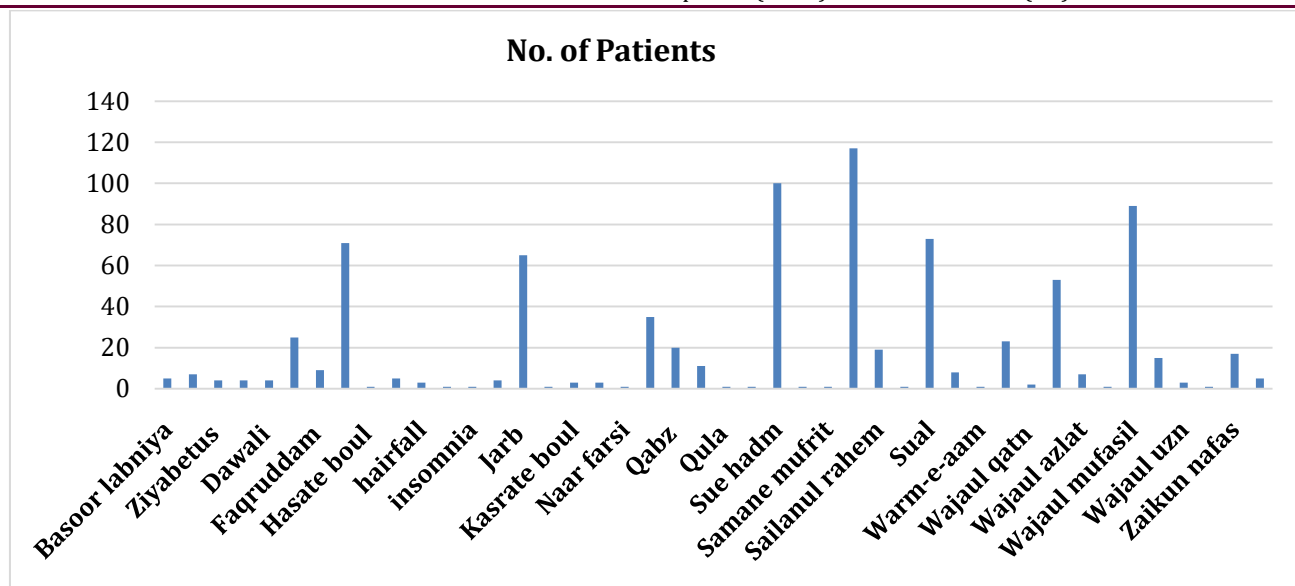
This table shows that 559 patients are not addicted to anything but tobacco chewers found 29.44%, whereas and smokers are only 2.18% this mean that this area is not clean from the drug addiction.

**Table 11: Distribution of Patients According to Disease**

Disease	Modern Name of disease	No. of Patients	Percentage (%)
<i>Tahajurr-e-Mufasil</i>	Ankylosing arthritis	117	14.23
<i>Sue hadm</i>	Dyspepsia	100	12.16
<i>Waja' al-Mafāsil</i>	Polyarthritis	89	10.83
<i>Sual</i>	Cough/bronchitis	73	08.88
<i>Humma</i>	Fever	71	08.64
<i>Jarb</i>	Scabies	65	07.91
<i>Waja' al-Aasab</i>	neuralgia	53	06.45

<i>Nazla</i>	Coryza and catarrh	35	04.26
<i>Fasad-e-jild</i>	Skin disorder	25	03.04
<i>Warm-e-meda</i>	Gastritis	23	02.80
<i>Qabz</i>	Constipation	20	01.34
<i>Sailanul rahem</i>	Leucorrhoea	19	02.31
<i>Waja' al-Raqba</i>	knee joint pain	15	01.82
<i>Dīq al-Nafas</i>	Bronchial asthma	17	02.06
<i>Quba</i>	Ring worm	11	01.34
<i>Faqruddam</i>	Anaemia	9	01.09
<i>Suda</i>	Headache	8	00.97
<i>Waja' al-Azlat</i>	myalgia)	7	00.85
<i>Bawaseer</i>	Heamorroid	7	00.85
<i>Basoor labniya</i>	Acne	5	00.61
<i>Zaheer</i>	Dysentery	5	00.61
<i>Hasat-e-kuliya</i>	Renal calculie	5	00.61
<i>Ziyabetus</i>	Diabetes Millitus	4	00.49
<i>Deedan ama</i>	Intestinal worm	4	00.49
<i>Dawali</i>	Vericose vein	4	00.49
<i>Irqun nisa</i>	Sciatica	4	00.49
<i>Inshar-e-Shar</i>	Hairfall	3	00.36
<i>Kasrat-e- boul</i>	PolyUrea	3	00.36
<i>Waja' al-Udhun</i>	Otalgia	3	00.36
<i>Kasrate tams</i>	Menorrhagea	3	00.36
<i>Wajaul Qatn</i>	Low Back Pain	2	00.24
<i>Hasat Marara</i>	Ureteric Calculas	1	00.12
<i>Sehar</i>	Insomnia	1	00.12
<i>Jiryan</i>	Spermatorrhoea	1	00.12
<i>Nar farsi</i>	Eczema	1	00.12
<i>Qula</i>	Stomatitis/ thrush	1	00.12
<i>Hasat-e-boul</i>	Urinary tract infection	1	00.12
<i>Harqatul boul</i>	Burning micturition	1	00.12
<i>Surateinzaal</i>	Premature Ejaculation	1	00.12
<i>Saman-e-mufrit</i>	Obesity	1	00.12
<i>Shara</i>	Urticaria	1	00.12
<i>Warm-e-ama</i>	Enteropathy	1	00.12
<i>Waram al-Kabid</i>	Hepatitis	1	00.12
<i>Yarqān</i>	Jaundice	1	00.12
<b>Total</b>		<b>822</b>	<b>100</b>





The joints disease at 117 (15.50%) (*Tahajjur Mafasil*) and 89 (10.82%) *Wajaul Mafasil* and leads Sual Hadm 100 (12.16%) the tally while Sual stand for 73 (8.88%),

Humma 71 (8.63%) and skin diseases 65 (7.90%) has significant presence that shows the area is prone to Balghami diseases and the lungs diseases are not less important to pay the proper attention and medical treatment the Unani system of medicine may be more useful in the treatment of chest and lungs diseases that modern system of medicine and the government may take a lead to permanently arrange Unani medicine for this area.

**Table 12: Result of Multiple Compound Drugs in common Diseases**

Result	Number of Patient	Percentage (%)
Complete relief	664	80.77
Partially relief	133	16.19
No relief	25	3.04
<b>Total</b>	<b>822</b>	<b>100.00</b>

Out of 822 patients of different common diseases (osteoarthritis, rheumatoid arthritis, scabies, cough, dyspepsia, fever, bronchial asthma, constipation, neuralgia), 664 (80.77%) patients got complete relief, 133 (16.18%) patients got partially relief and 25 (3.05%) patients got no relief in the signs and symptoms of different common diseases. Complete relief and partially relief in mentioned diseases mainly due to combined effects of multiple compound drugs such as Habb-e- Mubarak, Habb-e-Hudar, Habb-e-Asab, Habb-e-Asgandh, Majoon Jograjgogul, Majoon Suranjan and Roghan-e-Surkh, Habb-e-Musaffi Khoon, Marham Kharish, Habb-e- Bawaseer Khooni, Habb-e-Muqil, Sharbat-e-Zoofa, Habb-e Hindi Zeeqi, Safoof-e-Hazim, Arq-e-Badiyan.<sup>[12,13]</sup>

## CONCLUSION

The observations of the present cross sectional study reveal that the village Kallapurwa (Kursi) and its surrounding areas are economically weak and require education and employment. There are lack of health care facilities and nutritional food especially for female patients. It is also proved that Unani system of Medicine has effectively treated almost all ailments

found in this area especially Arthritis, Sual Hadm, Fever, Cough and skin allergies which are very commonly detected in this area.

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