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## Prevalence of multiple diseases in Shivpuri area of Lucknow with special reference to Wajaul Mufassil Arthritis

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### Abstract

The Shivpuri is a village of scheduled caste is dominated population in Block Bakshi Ka Talab (B.K.T.) in Lucknow U.P. India. The village is much backward than expected and lack health facilities as well as education and employment due to which people fall prey to all types of infections and most people suffer from malnutrition and other complications. The SCSP and TSP program was initiated on the recommendation of 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 2018 and the mobile clinic began its function in the same year. The work is still going on and the population of this village is receiving Unani Medical treatment for ailments like Arthritis (Wajaul Mafasil), Sual Hadm (Dyspepsia), Jarb (Scabies), Tahajurr-e-Mufasil (Osteoarthritis), Bawaseer (Piles), Skin allergy and other NCD problems. The observation shows that people are satisfied with the SCSP project and want CCRUM to continue for as long as possible. The study is population based with special reference of prevalence of Wajul Mufasil (WM).

**Keywords:** Shivpuri, arthritis (Wajaul Mafasil), Sual-hadm (dyspepsia), jarb (scabies), tahajurr-e-mufasil (osteoarthritis)

### Introduction

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]. 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 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 [3]. The Shivpuri village has population of 3747 of which 1961 are males while 1786 are females as per Population Census 2011. In Shivpuri village population of children with age 0-6 is 654 which makes up 17.45% of total population of village. Average Sex Ratio of Shivpuri village is 911 which is lower than Uttar Pradesh state average of 912. Child Sex Ratio for the Shivpuri as per census is 837, lower than Uttar Pradesh average of 902. Shivpuri village has lower literacy rate compared to Uttar Pradesh. In 2011, literacy rate of Shivpuri village was 64.24% compared to 67.68% of Uttar Pradesh. In Shivpuri Male literacy stands at 73.64% while female literacy rate was 54.10%. As per constitution of India and Panchyati Raaj Act, Shivpuri village is administrated by Sarpanch (Head of Village) who is elected representative of village. In Shivpuri village, most of the villagers are from Schedule Caste (SC). Schedule Caste (SC) constitutes 51.69% of total population in Shivpuri village. The village Shivpuri currently doesn't have any Schedule Tribe (ST) population. In Shivpuri village out of total population, 1443 were engaged in work activities. 45.46% of workers describe their work as Main Work (Employment or Earning more than 6 Months) while 54.54% were involved in Marginal activity providing livelihood for less than 6 months. Of 1443 workers engaged in Main Work, 454 were cultivators (owner or co-owner) while 124 were Agricultural labourer [7, 8, 9].

Wajaul Mufasil (WM) is a term used by Unani physicians to described joint pain or arthritis. The caused by accumulation of Gair Thabayee Mada (Abnormal collection of humour) like Phlegm (Balgham), Safra (Yellow bile), Sauda (Black bile) and Dumm (Blood) in joints [10]. According to Jurjani

when pain and inflammation in small joint of hands is refer as Wajaul Mufasil Khas (Rheumatoid Arthritis) [11] but Hkeem Azam Khan stated that WM is condition may occur in joint of hand, feet, knees, ankle joints and may involve temporomandibular joint and vertebrae [12, 13].



Map 1: Map of Shivpuri

**Material and Methods**

This population based study was carried out at Shivpuri village under SCSP Mobile Healthcare Program of CRIUM, Lucknow. Research Associate posted in SCSP screened the patients and registered in different diseases. Total 1335 new patients registered during January 2019 to May 2020. Classical Unani Medicine provided by IMPCL, Ministry of AYUSH, Govt of India such as Hab Mubarak, Hab Hudar, Majoon Jograj gogul, 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 [10, 11].

**Methodology**

The patients of Wajau Mafasil (Arthritis) with multiple diseases were attended in the mobile OPD of the, shivpuri BKT Lucknow and after obtaining the history of their problems and examining their investigations by the physicians they were in the SCSP mobile OPD, shivpuri BKT Lucknow, where they were treated with multiple compound drugs orally.

**Type of Study**

It is an observational type of study, conducted on weekly mobile OPD patients of SCSP programme, Shivpuri BKT Lucknow. The result was assessed by observational study conducted at OPD by physician or subjective parameters the criteria were assessed by Completely Relieved (90-100%), Relieved (60-89%), Partially Relieved (30-59%), Not Relieved (<30%)

**Diet restrictions:** All the patients were provided restricted diet prepared. The diet comprised of chapaties, Arhar dal and Green vegetables. The non-veg food is completely

banned. Patients were advised to restrict sour (Khatti) diets, oily diets.

**Duration of treatment**

The patients were treated in the mobile OPD for 1 month followed by every week and a few patients required longer treatment and they were kept in the OPD for as long as 1-2 months.

**Sample Size:** Total 100 completed patients of arthritis with multiple diseases.

**Inclusion criteria:** Polyarthelgia, Age between 21-100 years

**Exclusion criteria:** Heart Disease, h/o Rheumatoid Arthritis, Uncontrolled Blood Glucose, Chronic Kidney Disease, Age between 0-20 Years.

**Results and Discussion**

Table 1: Age Wise Distribution of patients

Age Group (In years)	No. of cases	Percentage (%)
0-20	16	16%
21-40	31	31%
41-60	40	40%
61-80	13	13%
81-100	00	00
Total (%)	100	100
Mean± SD	42.31±19.44	

Age Group (In years) No. of cases Percentage (%) 0-20 16(16%) 21-40 31 (31%) 41-60 40 (40%) 61-80 13 (13%) 81-100 (00) Total 100 Mean ± SD 42.31±19.44

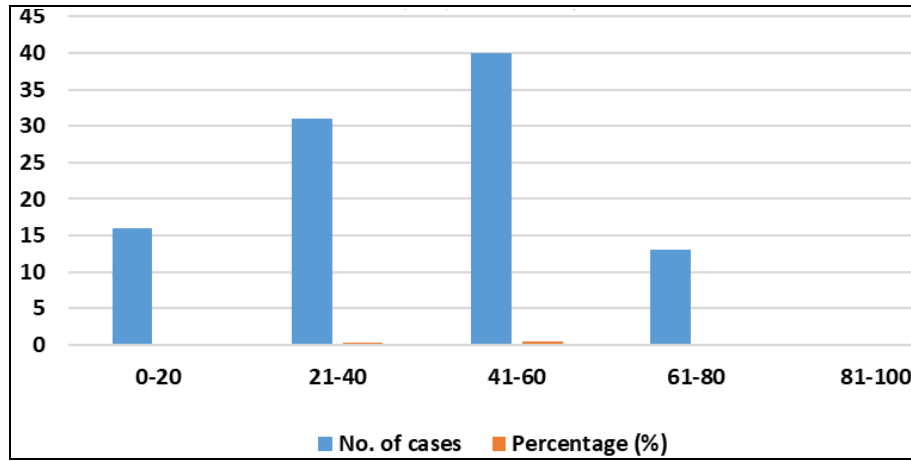


Fig 1: Age Wise Distribution of patients.

Table 1- shows age wise distribution of patients in which the profile between 41-60 yrs are the biggest block followed by 21-40 yrs. old people the younger group is third with the age bracket of 0-20 yrs whereas 61-80yrs group is fourth.

This shows that the program has reached to the people of all age groups & is a pointer towards the success of this programme.

Table 2: Sex Wise Distribution of patients

Sex	No. of cases	Percentage (%)
Male	44	44%
Female	43	43%
Male child	9	9%
Female child	4	4%
Total (%)	100	

Sex No. of cases Percentage (%) Male 44 (44%) Female 43 (43%). Male child 9 (9%) Female Child 4 (4%) Total (%) 100.

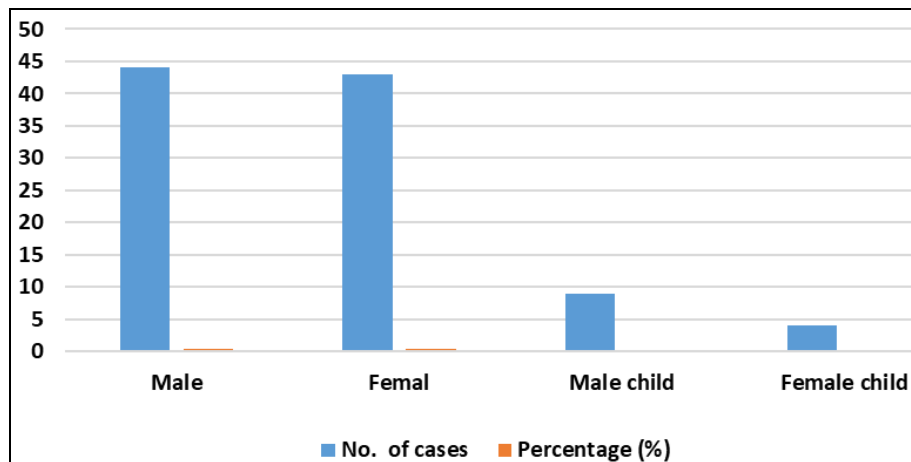


Fig 2: Sex wise Distribution of patients.

Table 2: This table shows that male patients (44) are more than female patients (43), likewise male children (9) are more than female children (4). This indicates that male

population of the area require more health care than their female counter parts.

Table 3: Occupation wise distribution of patients.

Occupation	No. of cases	Percentage (%)
None	13	13%
Land Holder	26	26%
Agricultural Labourer	11	11%
Unskilled Labourer	02	02%
Business	01	01%
Student	04	04%
Housewife	43	43%
Unemployed	00	00
Total (%)	100	

Table 3– This table shows that monthly poor people beside in this area like laborer as only 26 (26%) people hold the land and 01 (01%) do the business. It means that 73%

population of the area is very poor and lives below poverty thus it became vulnerable to every kind of infection as well as NCD's.

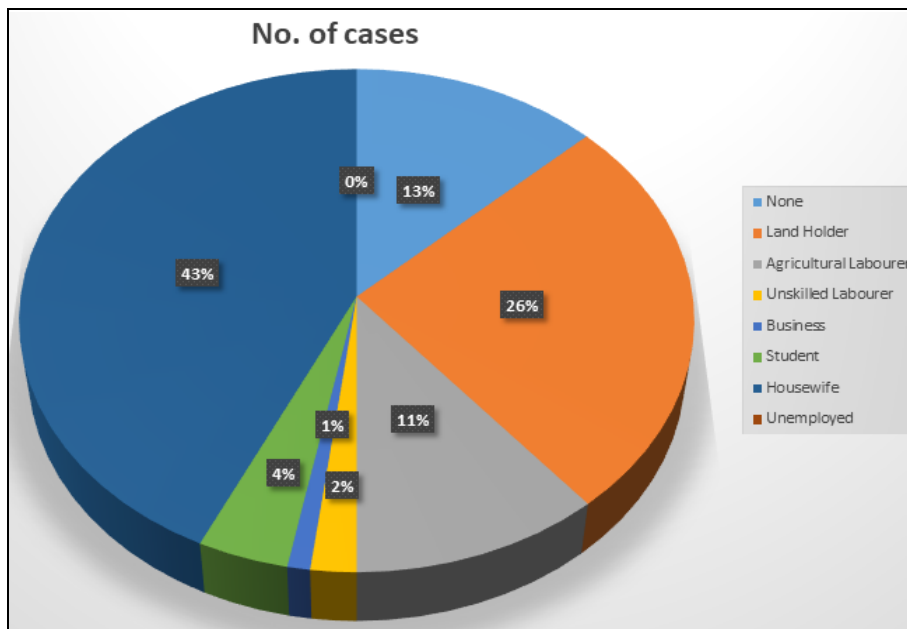


Fig 3: Occupation wise distribution of Patients.

Table 4: Temperament wise distribution of patients.

Temperament	No. of cases	Percentage (%)
Damvi (sanguine) red humour	19	19%
Balghami (phlegmatic) basic humour	79	79%
Safravi (bilious) yellow humour	2	2%
Saudawi (melancholic) black humour	00	00
Total%	100	

Temperament No. of cases Percentage (%) Damvi19 (19%), Balghami79 (79%), Safravi2 (2%), Saudawi 00, out of 100 patients.

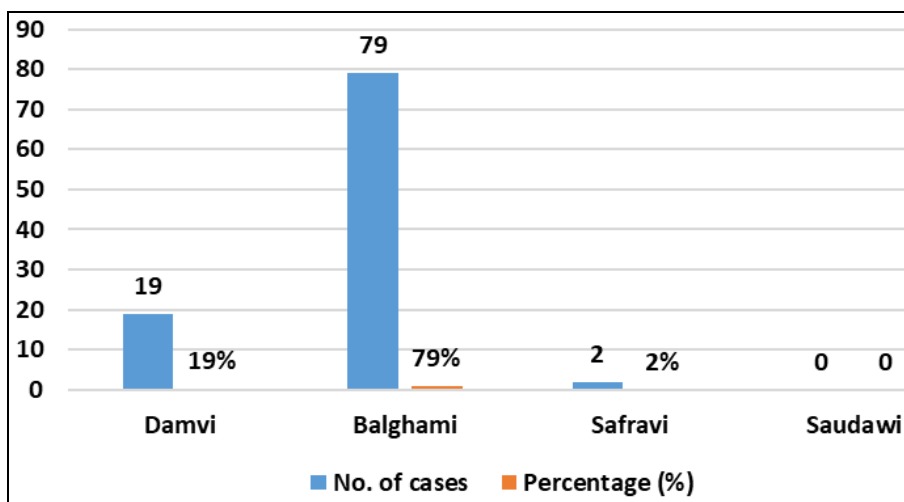


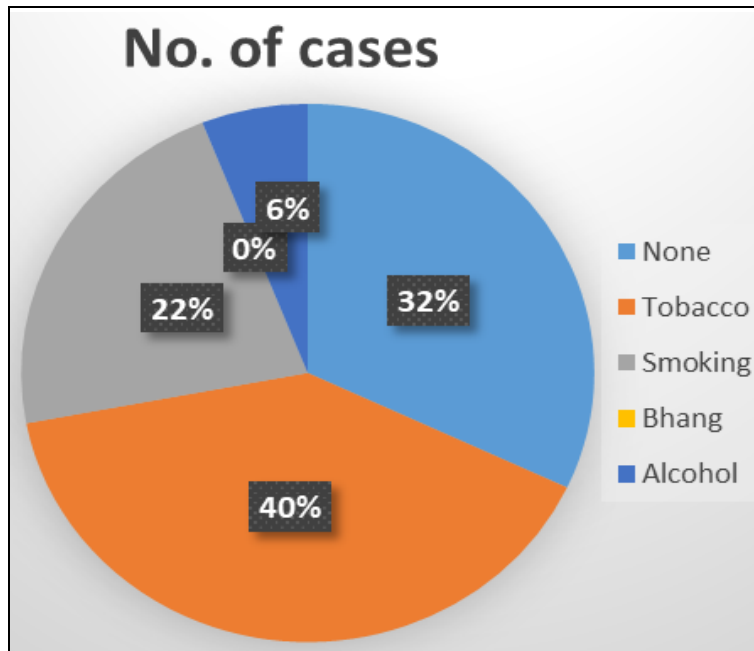
Fig 4: Temperament wise distribution of patients.

Table 5: Addiction wise distribution of patients.

Addiction	No. of cases	Percentage (%)
None	32	32%
Tobacco	40	40%
Smoking	22	22%
Bhang	00	00
Alcohol	06	06%
Total%	100	

This table dispels the notion that people of weaker sections are prone to addiction as 32% are not addicted to any thing where as 06% are found Alcoholic. Tobacco addiction are

40%, and 22% smokers are found in this area This finding indicates that this area is free from drugs as well.



**Fig 5:** Addiction wise distribution of patients.

**Table 6:** Most Common disease wise distribution of patients.

Disease	Modern name of diseases	No. of Patients	Percentage (%)
Bawaseer	Hemorrhoid	1	1%
Humma	Fever	2	2%
Jarb	Scabies	9	9%
Jiryani	Spermatorrhoea	1	1%
Kasrate boul	Polyuria	1	1%
Nazla	Cold	2	2%
Qabz	Constipation	2	2%
Quba	Ring Worm	2	2%
Qula	Stomatitis	1	1%
Sue hazm	Dyspepsia	16	16%
Sual	Cough	12	12%
Tahajur-e-mufasilm	Ankylosing Arthritis	13	13%
Wajaul katif	Shoulder Pain	2	2%
Warne meda	Gastritis	1	1%
Wajaul qatn	Low Back Pain	2	2%
Wajaul mufasil	Polyarthritis	17	17%
Yarkan	Jaundice	1	1%
Zofe aam	Weakness	2	2%
Zekun-nafas	Asthma	7	7%
Zaheer	Loose Motions	3	3%
Zof-e- jigar	Hepatic Debility	2	2%
ziyabetus	Diabetes	1	1%
Total%		100	

This table shows top ten prevailing diseases in this area. It is no surprise that the disease to joints dominate all other disease, the osteoarthritis (Tahajur-e-Mafasil) and Rheumatoid arthritis (Wajaul Mafasil) count for over 17% whereas chest problems cough (sual). Asthma (Zeequn Nafas) stands at 7%. The surprising presence of (Sual Hadam) in 16% patients indicates the poor quality of food that the people take. The presence of Jarb in 9% and fever (Humma) in 2% shows that the population of this area has

immunity problems as the skin allergy rate in above the national average of the country. Apart from this, the people suffer from Piles, Neuralgia, Myalgia, Common cold and a lot of other diseases. Wajaul Mafasil is an immunological problem and related with small joints of body and characterized by pain tenderness, swelling, early morning stiffness in affected joints, sometimes fever accompanies the disease headache and fatigue may be present in some cases. Almost all Unani physicians of repute have described the

disease in their treatise and have termed accordingly to prevalence of Khilt, thus they called Wajaul Mafasil Balghami where Khilt-e-balgham (phlegm) prevails over other Akhlat (humours) and Wajaul Mafasil Sافرavi and Saudavi in patients where khilt -e- Safra or Sauda prevails.

The studies on Wajaul Mafasil balghami is found in more than 80% patients in Lucknow and adjoining areas and the presence of deformity in a number of cases prove this nation likewise the presence of other problem of joints, also indicate towards this fact.

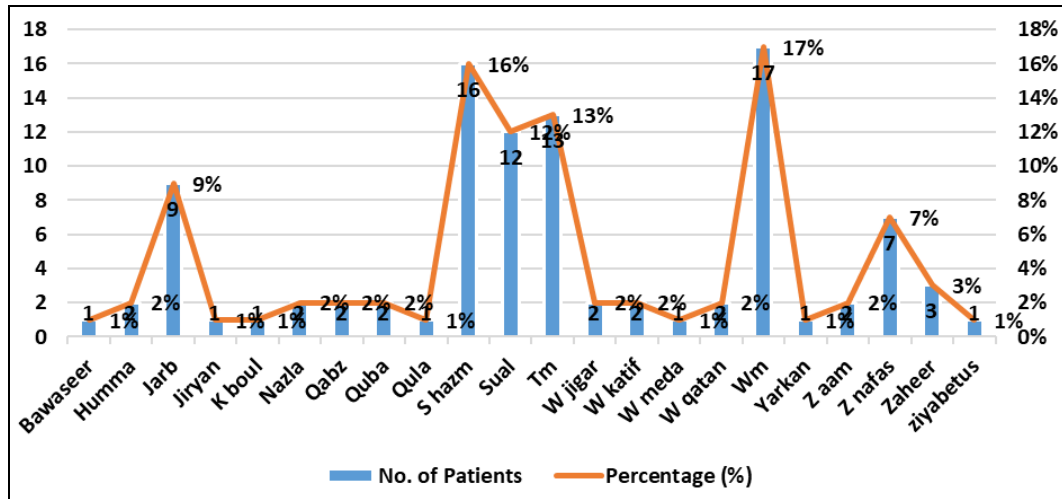


Fig 6: Most Common disease wise distribution of patients.

Table 7: Result of Multiple Compound Drugs in common Diseases.

Result	Number of Patient	Percentage (%)
Relieved	68	68%
Partially relieved	20	20%
Not relieved	12	12%
Total%	100	

Out of 956 patients of different common diseases (Osteoarthritis, Rheumatoid Arthritis, Scabies, Dyspepsia,

Fever, Bronchial Asthma, Constipation, Neuralgia), 764 (80%) patients got relief, 143 (15%) patients got partially relief and 49 (5%) patients got no relief in the signs and symptoms of different common diseases. Relief and Partially relief in mentioned diseases mainly due to combined effects of Multiple compound drugs such as Hab Mubarak, Hab Hudar, Majoon Jograj gogul, Majoon Suranjan and Roghan Surkh, Hab Musaffi Khoon, Marham Kharish, Hab Bawaseer Khooni, Hab Muqil, Sharbat Zoofa, Hab Hindi Zeeqi, Safoof Hazim, Arq Badiyan etc. [6, 10, 11].

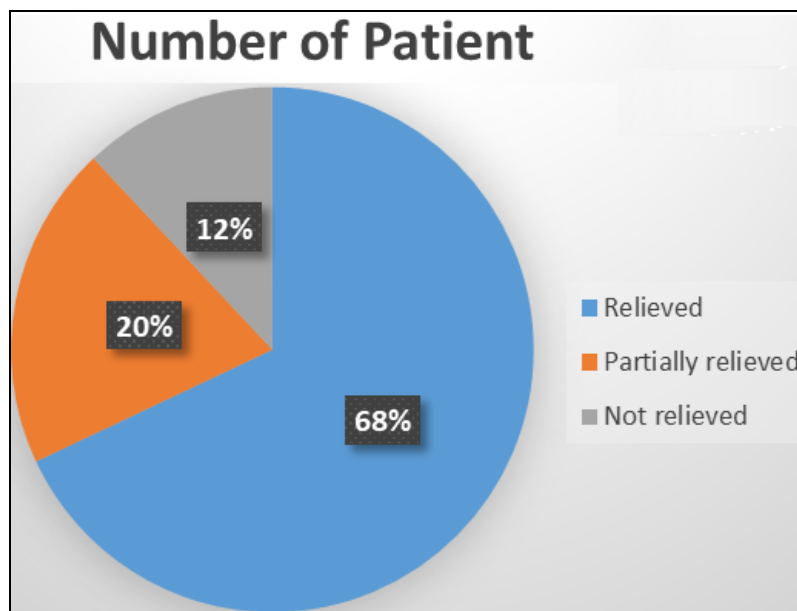


Fig 7: Result of Multiple Compound Drugs in common Diseases

**Conclusion**

The findings of the present study reveal that the village Shivpuri and its surrounding areas are economically weak and require education & employment. Health care and nutrients food especially for female as well as male patients. It is also proved that Unani system has effectively treated

almost all ailments especially Arthritis, Sue Hazm, Fever, Cough and skin allergies, lung diseases, anemia, diabetes, that are common in this area.

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**Author's Contribution**

Not available

**Conflict of Interest**

Not available

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**References**

1. Anonymous. Scheduled Caste Sub Plan Guidelines for implementation, Planning commission, New Delhi, 2006, 2-3.
2. Anonymous. Scheduled Caste Sub Plan, Govt of Punjab, 2019-2020, 14.
3. <https://ccrum.res.in/UserView/index?mid=1745>
4. Anonymous Statistical Diary Uttar Pradesh, Economic & Statistics Division, State Planning Institute, Planning Department, Uttar Pradesh, 2019, 45
5. Anonymous. District Fact Sheet Lucknow, National Family Health Survey 4, 2015-2016, Ministry of Health & Family welfare, Govt of India, 2016, 1-4.
6. Ahmad Sartaj, Rifaqat, Khan Parvez, QayyumZoha, Raheem Abdul, Parveen Shagufta. A Socio Demographic study of Rural Scheduled Castes of Aligarh, Uttar Pradesh, India. Hippocratic Journal of Unani Medicine 2020;15(1):33-42.
7. <https://villageinfo.in/uttar-pradesh/lucknow/bakshi-ka-talab/shivpuri.html>
8. <https://www.wikivillage.in/village/uttar-pradesh/lucknow/bakshi-ka-talab/shivpuri>
9. <https://www.census2011.co.in/data/village/143265-shivpuri-uttar-pradesh.html>
10. Ibn Sina. Al Qanoon fit Tib (Urdu translation by Kantoori GH). Vol-II. New Delhi: Idara Kitabush Shifa; 2007:1031-34. &1119-25.
11. Jurjani AH. Zakheera Khawzam Shahi (Translation by Hadi HK). 1<sup>st</sup> ed. New Delhi: Idara Kitabush Shifa. 2010;2(6):540-541.
12. Khan MA. Ikseer Azam (Urdu translation by Kabeeruddin M) New Delhi: Idara Kitabush Shifa. 2011:705-709:836-837.
13. [https://www.nhp.gov.in/waja-ul-mafaasil-arthritis\\_mtl](https://www.nhp.gov.in/waja-ul-mafaasil-arthritis_mtl)
14. Anonymous. National Formulary of Unani Medicine. Ist ed. Part III, Dept of ISM, Govt of India; c2001. p. 16-17.
15. Anonymous. National Formulary of Unani Medicine. Ist ed. Part I, CCRUM, Deptt of AYUSH, Ministry of Health & Family welfare, Govt of India. 2006;129:144.

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