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Demographic survey of prevalence of diseases in chandpur area of District North-24 Pargana (WB)

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Abstract
Scheduled Castes and Scheduled Tribes are the two most disadvantaged sections of the Indian society needing special attention. The report of human development indicates that the SC and ST population is still belonging to a much lower level as compared to the general population of the country. A characteristic feature of scheduled groups is their predominantly rural residence. They constituted more than 90 percent of the rural population of the country in 1961. The situation is not much different now. Chandpur is one such area in district North-24 Pargana, West Bengal near Kolkata, dominated by SC population. The Government has undertaken many initiatives to uplift the standard of living among the Scheduled Castes in India. Central Council for Research in Unani Medicine, Ministry of Ayush, Government of India, through its various regional institutes, runs Mobile Health Programme for the benefits of SC and ST populations. The data for this paper have been collected during one such mobile health camp conducted in the mentioned area by RRIUM, Kolkata under schedule caste sub plan (SC-SP) programme. Chandpur village is mostly dominated by SC population, located in Bagda subdivision of North-24 Pargana district in West Bengal, India. Bongoan is nearest town to chandpur for all major economic activities, which is approximately 10 km away. The main objective of this paper is to present a brief demography of the area chandpur and highlight the preva lent diseases in the area. Low education and low socio economic conditions along with lack of basic health facilities may be the reasons of joint disorders and gastric problems to be prevalent diseases in the area.

Keywords: Scheduled Castes, Chandpur, CCRUM, Unani Medicine, Demography

Introduction

Scheduled castes are those castes/races in the country that suffer from extreme social, educational and economic backwardness arising out of age-old practice of untouchability and certain others, and who need special consideration for safeguarding their interests and for their accelerated socio-economic development. SCs have faced deprivation and social isolation on accounts of their perceived low social status in India. They also suffered from educational backwardness and many economic problems such as poverty, low property ownership, limited selection of occupation and landlessness [1]. The aforesaid issues are no exception in Chandpur area of West Bengal. Empowerment of the Socially Disadvantaged Groups *viz.*, the Scheduled Castes (SCs), the Other Backward Classes (OBCs) and the Minorities continues to be on the priority list of country's developmental Agenda, as they still lag behind the rest of the society due to their social and economic backwardness [2, 3]. The Planning Commission in 1979 came up with the strategy of Special Component Plan (SCP) in order to expedite their socio-economic development. In 2006 the nomenclature of SCP was changed to SCSP i.e. Scheduled castes sub-plan [4]. Guidelines for formulation and implementation of Scheduled Casted Sub Plan, have been issued from time to time by the Planning Commission. The strategy of Scheduled Caste-Sub plan (SC-SP) since evolve in 1979 is aimed with economic development through beneficiary oriented programs for raising their income and creating assets, basti-oriented schemes for infrastructure development through provision of drinking water supply link road, house sites, housing etc, and educational and social development activities like establishment of primary schools health centre, vocational centers, community halls, women work place etc [5]. The Scheduled Caste-Sub plan (SC-SP) is brought into existence so that the flow of outlays and benefits from all the sectors of development in the annual plans of states/UTs and Central Ministries can be channalized at least in proportion, both in physical and financial terms [4].

The Ministry of Health & Family Welfare has allocated a significant portion of its budgetary resources for the Scheduled Caste and Scheduled Tribe population. Health care delivery is managed through specific programmes aimed at providing accessible and affordable healthcare [6]. The Central Council for Research in Unani Medicine (CCRUM) is an apex autonomous research organization functioning under the ministry of AYUSH, Government of India. The council has been directed to implement a health programme under Scheduled Caste-Subplan (SCSP) for the benefit of SC population [7]. In this connection the Regional Research Institute of Unani Medicine Kolkata, a peripheral institute of CCRUM has been conducting a mobile health care programme under Scheduled Caste-Subplan (SC-SP) at five different selected spots of area dominated by Scheduled Caste for a period of one year. There are weekly visit at every spot. During visits, patients were consulted by the physicians, free medicines were distributed and data were collected and compiled on routine basis.

Objective
The objective of this study is to present & highlight the demographic characteristics and its relation with the health status as well as most prevalent top ten diseases of the selected spot. The details of Chandpur, one of the five adopted spots are as follows.

Chandpur
Chandpur is a census town in Barrackpore in North 24 Parganas district in the state of West Bengal, India. It is located at 22°40′48″N88°26′38″E. in West Bengal. Distance of the adopted village from RRIUM, Kolkata is 30 Kms in north direction with a population density 10,967 per km. Chandpur has population of 10,930, of which 5,593 are males while 5,337 are females as per report released by Census India 2011. Population of Children with age of 0-6 is 1100 which is 10.06% of total population of Chandpur. In Chandpur Female Sex Ratio is of 954 against state average of 950. Moreover Child Sex Ratio is around 926 compared to West Bengal state average of 956. In Chandpur most of the population belongs to Schedule Caste (SC), which constitutes 62.07% while Schedule Tribe (ST) were 0.98% of total population. Literacy rate of Chandpur is 83.74% which is higher than state average of 76.26%. In Chandpur, Male literacy is around 89.03% while female literacy rate is 78.22%. Chandpur has total administration over 2,736 houses to which it supplies basic amenities like water and sewerage [8].

Map of Chandpur
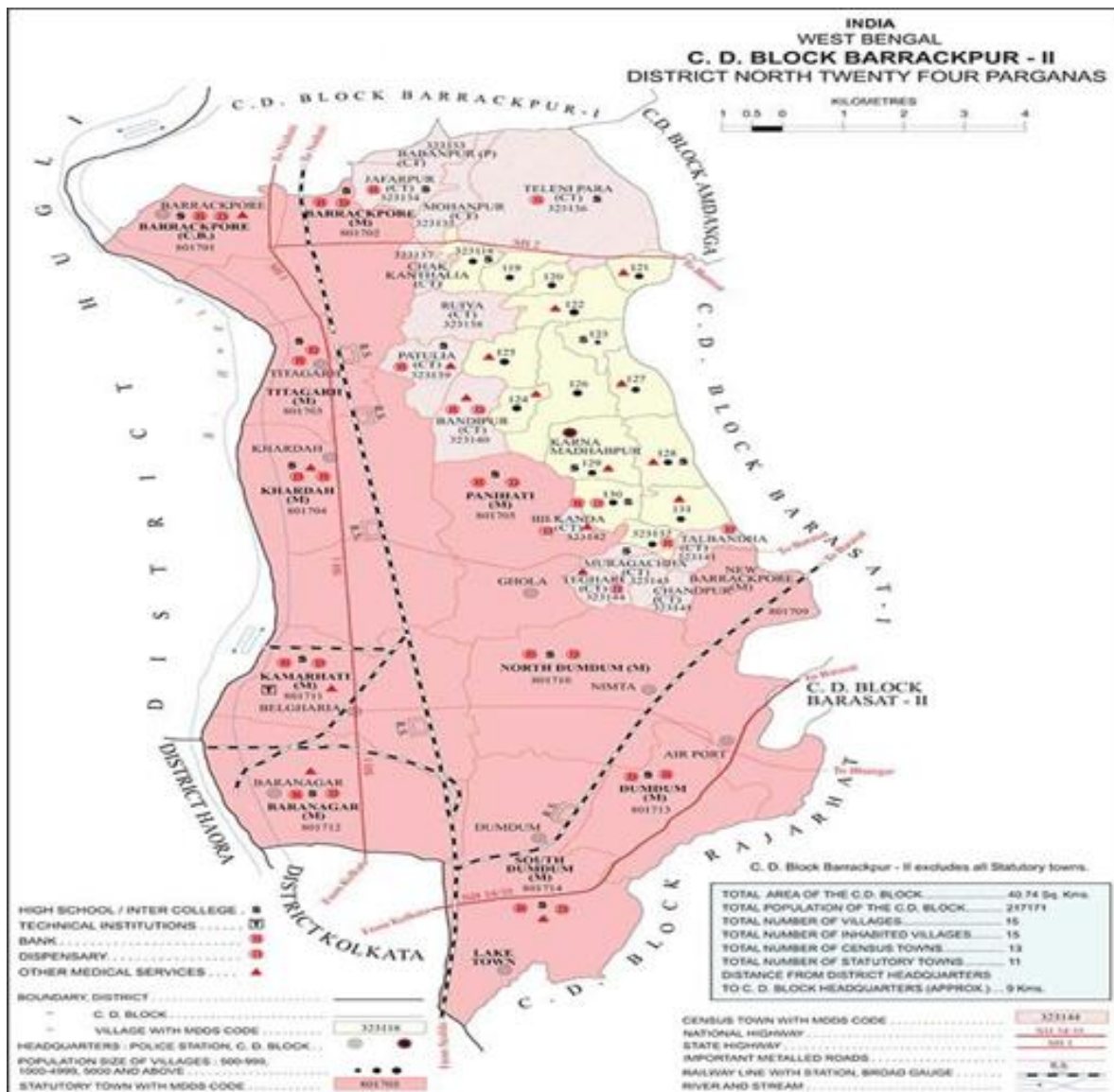
Methods

A mobile health care team of Regional research Institute of Unani Medicine, Kolkata used to go weekly at ten selected spots in scheduled caste populated area of West Bengal during year 2018- 19 to 2019-20 and concern data were collected. After collection of data, it was maintained in case record form (CRF) & Microsoft Excel Sheet and validated. A clean database was generated and analysed, data was presented by using frequency Tables to find out the association between categorical variables.Total 295 new patients registered at Chandpur (Barrackpore) area of North 24 Parganas district during 2019 and 2020. During visits, patients were consulted by the physicians, free Classical Unani Medicine provided by IMPCL, Ministriy of AYUSH, Govt of India such as Habb-e- Mubarak, Hab-e-bHudar, Majoon Jograjgogul, Majoon Suranjan, Safoof Hazim, Arq-e-Mako, Arq-e-Badiyan, Habb-e-Tinkar, Roghan-e-Surkh, Habb-e-Musaffi Khoon, Marham Kharish Jadeed,, Sharbat-e-Sadar, Sharbat Zoofa Murakkab, Habb-e-Surfa etc. were given to treat different diseases of registered patients and data were collected and compiled on routine basis.

Observation

Table 1: Age distribution

Age Group (In Years)	No. of Cases	Percentage (%)
0-20	30	10.27
21-40	62	21.43
41-60	131	44.86
61-80	66	22.60
81-100	3	1.027
Total	292	100.00
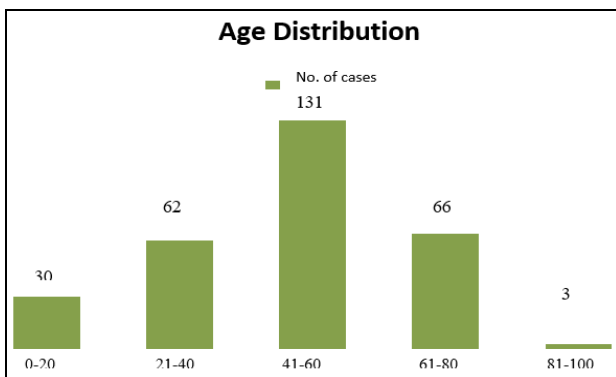
Fig 1: Age distribution

Table 2: Sex wise Distribution of Patients

Sex	No. of cases	Percentage (%)
Male	86	29.45
Female	191	65.41
M.Child	08	2.74
F.Child	07	2.40
Total	292	100

Table 3: Marital Status Wise Distribution of patients

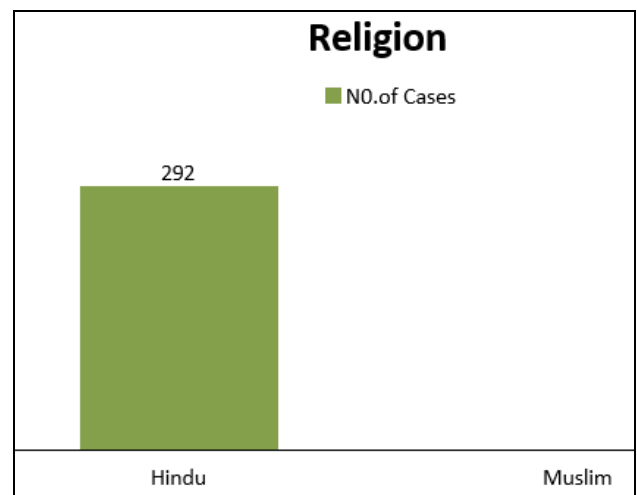| Marital Status	No. Of cases	Percentage (%)
Unmarried	33	11.30
Married	257	88.01
Divorce	0	0%
Widow/Widower	2	0.68
Total	292	100.00
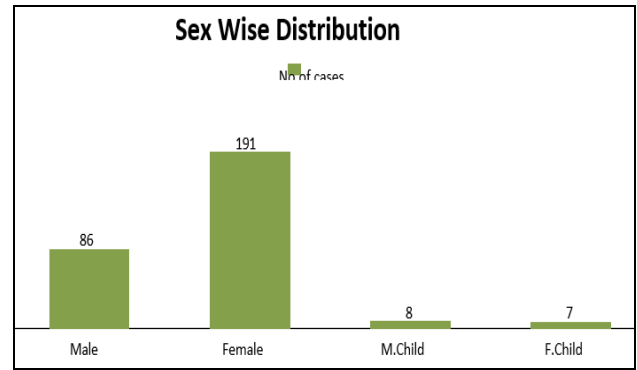
Fig 2: Sex wise Distribution of Patients
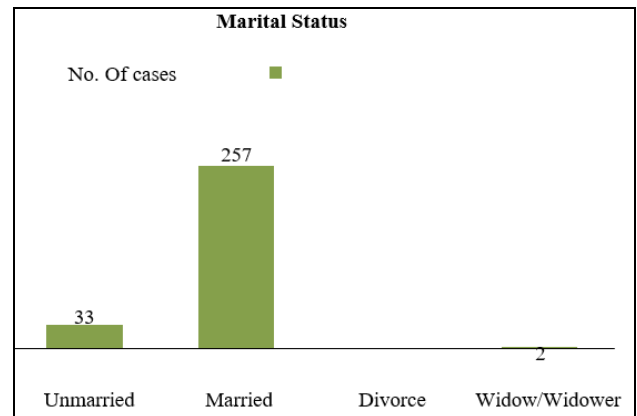
Fig 3: Marital Status Wise Distribution of patients

Table 4: Religion wise Distribution of patients

Religion	No of Cases	Percentage (%)
Hindu	292	100.00
Muslim	0	0%
Total	292	100.00

Fig 4: Religion wise Distribution of patients

Table 5: Caste wise Distribution of patients

Cast	No. of Cases	Percentage (%)
Schedule cast	229	78.42
Schedule tribes	04	1.36
OBC	0	0
Others	59	20.20
Total	292	100.00

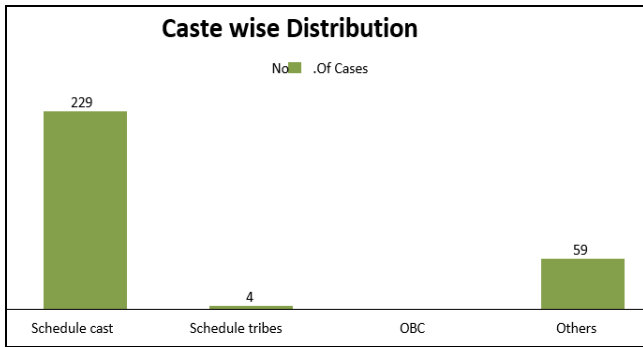**Fig 5:** Caste wise Distribution of patients

Table 6: Education wise distribution of patients

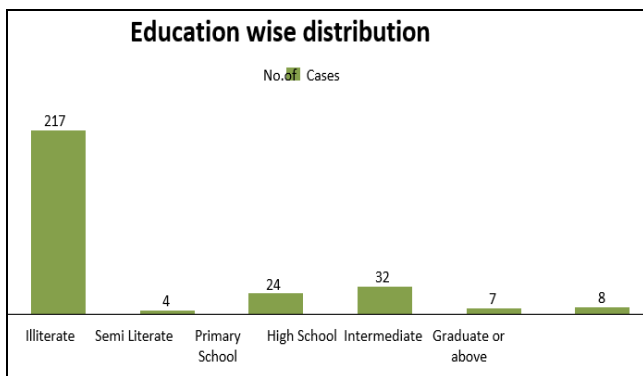| Education	No. of Cases	Percentage (%)
Illiterate	217	74.31
Semi-Literate	04	1.36
Primary School	24	8.21
High School	32	10.95
Intermediate	07	2.39
Graduate or above	08	2.73
Total	292	100.00

Fig 6: Education wise distribution of patients

Table 7: Temperament wise distribution of patient

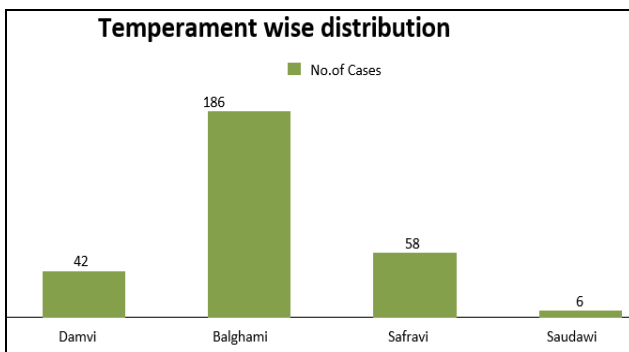| Temperament	No. of Cases	Percentage (%)
Damvi	42	14.38
Balghami	186	63.69
Safravi	58	19.86
Saudawi	06	2.054
Total	292	100.00

Fig 7: Temperament wise distribution of patient
Table 8: Dietary Habit wise distribution of patients

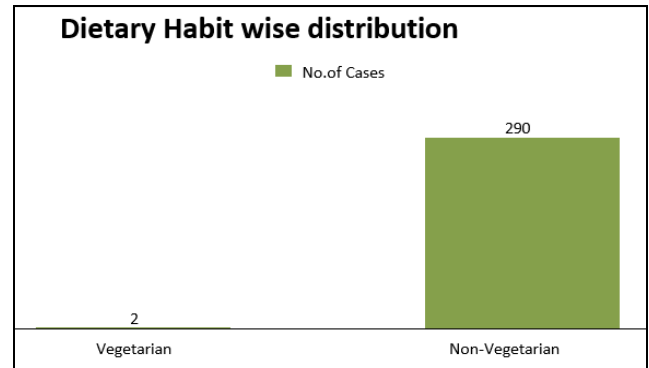| Dietary Habit	No.of Cases	Percentage (%)
Vegetarian	02	0.68
Non-Vegetarian	290	99.31
Total	292	100.00

Fig 8: Dietary Habit wise distribution of patients

Table 9: Occupation wise distribution of patients

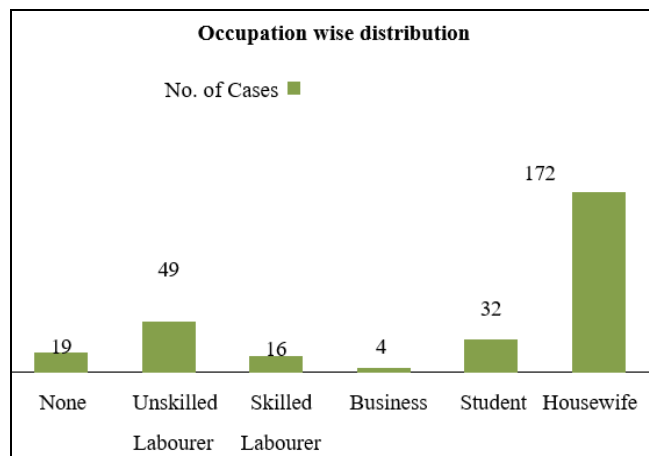| Occupation	No.of Cases	Percentage (%)
None	19	6.50
Unskilled Labourer	49	16.78
Skilled Labourer	16	5.47
Buisness	04	1.36
Student	32	10.95
Housewife	172	58.90
Total	292	100.00

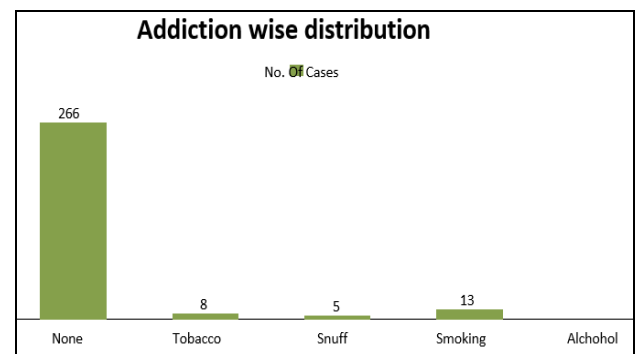**Fig 9:** Occupation wise distribution of patients

Fig 10: Addiction wise distribution of patients
Table 10: Addiction wise distribution of patients

Addiction	No. of Cases	Percentage (%)
None	266	91.09
Tobacco	08	2.73
Snuff	05	1.71
Smoking	13	4.45
Alchohol	0	0
Total	292	100.00

Table 11: Distribution of 10 most prevalent diseases

Name of Diseases	No of Cases	Percentage
Wajaul Qutn	48	16.43
Wajaul Mufasil	46	15.75
Tahajjur Mufasil	34	11.64
Nafakh Shikam	24	8.22
Sue Hazm	23	7.88
Hikka	16	5.48
Qbaz	13	4.45
Zof-e-Ishteha	11	3.77
Sual	10	3.42
ZeequnNafs	06	2.05
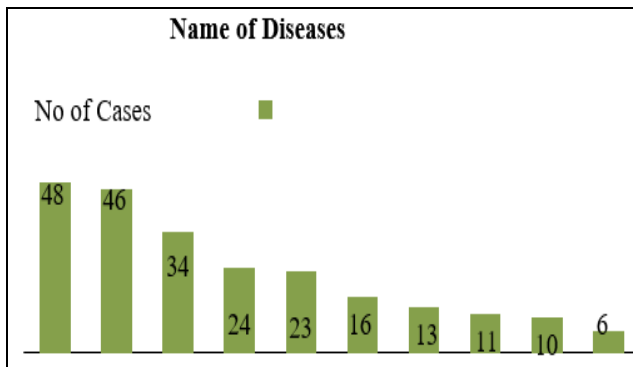
Fig 11: Distribution of 10 most prevalent diseases

Table 12: Result of Multiple Compound Drugs in common Diseases

Result	No of Patients	Percentage
Complete Relief	208	71.23
Partial Relief	28	9.59
Not Relief	56	19.18
Total	292	100

Results and Discussion

Table 1 shows that out of 292 people the middle aged adults (41 to 60 years) are mostly affected group of people with different kind of diseases consisting of 44.86% of total population while good number of patients also fall in young adult and old adult groups and minimum population was of the age group of 81-100 years constituting 1.027% of total population, which indicate comparatively better health condition of people in extreme groups.

Table 2 shows brutal majority of female patients over male patients consisting of 65.41% and male consisting of 29.45% of total population while among children this difference is negligible. The poor health condition of female in the area of Chandpur, require attention of district authorities.

Out of total 292 people, unmarried people were 11.30%, married people were 88.01% and widowed were 0.68%. This data demonstrates that married individuals, men and women alike, are more vulnerable to health issues than unmarried. The result shows that married people, probably after of getting entangled in household chores and responsibilities, ignore their health.

Distribution of various diseases in Chandpur area on the basis of religion and caste are shown in Table 4 and 5. The area is dominated by Hindu community consisting of 100% of total population among which the maximum population falls in SC group consisting of 78.42%. Others group consist 20.20% while the minimum was ST group consisting of 1.36% of total population. According to the protocol the study was carried out in SC-ST group of Hindu community dominated area and so the patients of other castes are negligible in number.

Among 292 people who visited the health camp, the educational condition is found to be quite poor as indicated in Table 6 and its impact on the general health conditions of population can clearly be observed. Maximum number of patients contributing 74.31% is illiterate which shows that the particular belt is grossly ignored by the governing authorities in terms of education primarily as well as health conditions and living standards.

Table 7 indicates that Balghami mizaj is the most dominant (63.69%) temperament in the area of Chandpur while safravi (19.86%) and Damvi (14.38%) are next to it consecutively. Saudavi being the rarest (2.05%) of all. Unani system of medicine is based on the doctrine of humoral theory. According to this concept, each individual has a unique humoral composition, consisting of a mixture of all four humours with an ascendance of one of them, which functions as the representative of all humours in the body, and is referred to as having a sanguine, phlegmatic, choloric, and melancholic temperament. A study published by Bano S, Taiyabi SF, Khatoon in which it is stated that mostly the phlegmatic temperament people suffer from joint disesases [10].

Higher number of non-vegetarian patients, visiting camp (Table 8) indicates, the residents of Chandpur are mainly omnivore. A study published by Kjeldsen-Kragh Jens, shows that, 27 patients of rheumatoid arthritis, in the fasting and vegetarian diet groups, improved significantly, when compared with the 26 patients in the control group who followed their usual omnivorous diet throughout the study period. The study explains the predominance of joint disorder among the patients visiting health camp in the specified area.

Data from Table 9 demonstrate that the landless people and unskilled laborers make up the majority of the population; the business sector represents only 1.36% of the total, which means that social, economical and medical issues are quite common in this area.

Data in Table 10 suggest that most of the population in Chandpur district are not addicted to any toxicity but only 4.45% people are chew tobacco.

These findings in Table 11 suggest that Musculoskeletal, Gastrointestinal and Respiratory problems are prevalent in Chandpur area of North 24 parganas district and the patients of these problems were treated by Unani Medicine. It also shows that almost half of the patients, visiting health camp were suffering from Joint disorder. Joint disorders have been elaborated by Unani physicians in great depth under the heading of Wajaul Mufasil. Hunain Bin Ishaq in his book Tarkeeb-ul-Advia, Rabban Tabari in Firdaus-ul-Hikmat, Majoosi in Kamilus-Sina'ah, Razi in Kitab-ul-Hawi, Nooh-ul-Qamar in his book Ghena Muna, Masihi in Kitab-ul-Miah and Ibne Sena in Al Qanoon explained that the disease is curable in initial stage, but on chronicity, it can only be managed or relieved. Jurjani in Zakheera Khwrzam Shahi, Ibn Zuhr in Kitab-atTaiseer, Ibn Rushd in Kitab-ul- Kulliyat, Mooosa Bin Maimoon in Al Fusool, Samarqandi in Al-Asbab-wal-Alamat and Nafeen Bin Ewaz Kirmani in Sharah Asbabwal-Alamat discussed the etiology, pathogenesis and principles of treatment in detail. A large number of drugs, single and compound formulations, have been mentioned in the context of the treatment of Wajaul-

Mafasil. Among which some common drugs, used in health camps are Habb-e-Suranjan, Habb-e-Asgandh, Habb-e-Azraqi, Habbe Mubarak, Habbe Asab, Majoon Suranjan, Majoon Ushba and Majoon Chobchini and Majoon Jograj Gogul and Majoon Flasfa for oral use while, Roghan Surkh, Roghan Baboona Sada and Arq Ajeeb are for local application [11-19].

Out of 292 patients of different common diseases (Wajaul Mufasil, Tahajjurul Mufasil, Zof-e-Hazm, Nafakh- e-Shikam, Hikka, Qabz, Sual, Zeequnnafs), 208 (71.23%) patients got complete relief, 28 (9.59%) patients got partially relief and 56 (19.18%) patients got very less or no relief in the signs and symptoms of different common diseases by combined effects of Multiple compound drugs such as Habb-e- Mubarak, Habb-e-Hudar, Majoon Jograj gogul, Majoon Suranjan and Roghan Surkh, Habb-e-Musaffi Khoon, Marham Kharish, Habb-e-Bawaseer Khooni, Habb-e-Muqil, Sharbat Zoofa Murakkab, Hab Hindi Zeeqi, Safoof-e-Hazim, Arq-e-Badiyan etc.

Conclusion
The present study conducted by RRIUM, Kolkata at Chandpur area of 24 Parganas district, shows that joint disorders/diseases were most common among the top ten prevalent diseases of the area. Most of the people having joint diseases were phlegmatic and this validates the sayings of Unani System of Medicine that joint diseases are common in phlegmatic temperament people. This study also reveals that, those joint disorder patients were treated with many compound Unani formulations such as Majoon Suranjan, Majoon Jograjgogul, Habb-e- Asab, Habb-e-Mubarak, Habb-e-Asgandh, Habb-e-Hudar and Habb-e-Aazraqi were significantly relieved. This also validates the role of different Unani compound formulations in joint disorders.

Conflict of Interest
Authors declare that there is no conflict of interest.

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