



PREVALENCE OF SU AL HADM (DYSPEPSIA). IN KALLUPURWA (KURSI) AREA OF BARABANKI (UP)

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ABSTRACT

Kursi is a large village located in Fatehpur Tehsil of Barabanki district, Uttar Pradesh. Kursi is one of five assembly constituencies in the Barabanki. Since 2008, this assembly constituency is numbered 266 amongst 403 constituencies. 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 (CRIUM), 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, Su al hadm, Wajaul Badan, Wajaul Batan, Bawaseer, Skin allergy and other NCD problems. *Su al hadm* (Functional dyspepsia) is a condition in which food is not properly digested, mainly it is caused by sue Mizaj Barid and a common upper gastrointestinal disorder worldwide, but the current treatments for functional dyspepsia are still unsatisfactory. Su al hadm and to assess the effect on quality of life. Unani literature is very rich in controlling the health problems related to digestive system. The observation shows that people are satisfied with the SCSP project and want CCRUM to continue for as long as possible.

Keywords: Su al hadm, Functional dyspepsia, Non communicable diseases

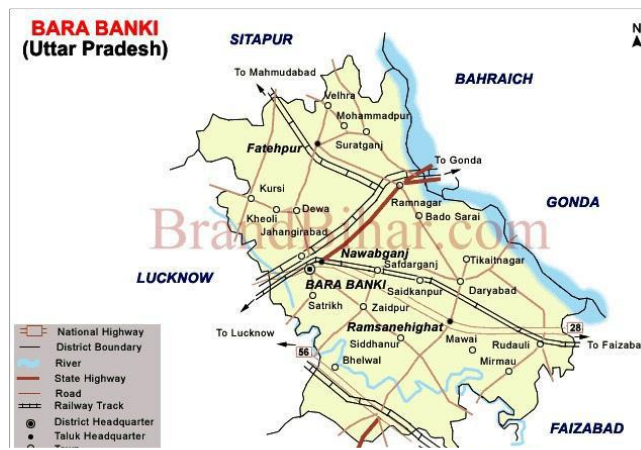
INTRODUCTION

Su al hadm (Functional dyspepsia) has been noted for centuries but it emerged only over the past several decades. Approximately 7-45 % percent of people around the globe have Su al hadm. Females, smokers and persons taking non-steroidal anti-inflammatory drugs (NSAIDs) are at higher at risk for developing Su al hadm. It is a commonest problem of medical science for which physicians spend a great deal of time and energy to treat these disorders carefully worldwide. (Mahadeva et al 2006) Unani physicians have a firm belief that gastrointestinal (GI) system has a main role in health maintenance not only for a single organ but also for the whole body. Imbalance in humoral equilibrium may result in organ disorder and

gastrointestinal system is not an exception. If it works properly, it will produce normal humors in a balanced status in quality and quantity, which formed balanced temperament in an individual (Mizaj-e-Saleh) (Azam 2003). Clinical picture of another disease condition in Unani medicine Su al hadm is very similar to Du'f al-Mi'da that's why many people have used Su al hadm, Du'f al-Hadm synonymously with Du'f al-Mi'da. According to Unani system of medicine Du'f al-Mi'da is the condition where food retained in the stomach for a longer time. In this state the temperament and consistency of the food does not change as much as to accept the function of Quwwat Mughayyira i.e. faculty which helps in the assimilation of food. Su al hadm is a precursor of the Du'f al-Mi'da because in this condition Quwwat-e-Mughayyara has become weak (Ahmad 2010). It helps in the assimilation of food. Some physicians have described this as a functional disorder of stomach and intestine with no structural deformity of the organs. Possibly it can be understood as delayed digestion due to weakness of stomach in which patient feels restless after having meals. It is usually accompanied with belching and nausea. Some patients experience loss of appetite. This occurs due to the accumulation of waste materials in the stomach. Some patients may have increased appetite due to the increased gastric secretions. Few patients may have less affinity towards food which is usually psychogenic (Razi 2007) (Arzani 2010). According to philosophy of Unani medicine five faculties work in human stomach under the umbrella of Quwwat-e-tabiya viz. Quwwat Jaziba (absorptive power), Quwwat Masika (retentive power), Quwwat Hazma (digestive power), Quwwat Dafia (excretive power) and Quwwat Mumayyeza (power of selective absorption). Any change in (quality and quantity or both) in any of the faculty causes Du'f al-Mi'da (functional dyspepsia). In case of weakness of any faculty there may be accumulation of waste materials in stomach causes this condition (Tabri 2010) (Majoosi 2010). Dyspepsia is made of two Greek words dys mean bad or difficult pepsia mean digestion which together mean indigestion. Modern Medicine uses "functional dyspepsia" (FD) when no organic diseases are found in the patients with symptoms of dyspepsia through special exams and tests like upper abdominal endoscopy. (Baghdadi 2007) (Zuhar1986) (Ibnsina2007)

Kallapurwa (Kursi)

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 % compared to 67.68 % of Uttar Pradesh. In Kursi Male literacy stands at 59.87 % while Female literacy rate was 50.52 %. (Khatoon 2013)



Map of Kallapurwa (Kursi)

MATERIAL AND METHODS

This population based study was carried out at Kallapurwa (Kursi) village under SCSP Mobile Healthcare Program of CRIUM, Lucknow. Research Associate posted in SCSP screened the patients and registered in different diseases but I took only Su al Hadm disease in this study. Total 800 new patients of multiple diseases registered during January 2020 to November 2020. Classical Unani Medicine provided by IMPCL, Ministry of AYUSH, Govt of India such as Hab Mubarak, Hab Hudar, Majoon Jograjgogul, Majoon Suranjan, Safoof Hazim, Arq Mako, Arq Badiyan, Hab Tinkar, Roghan Surkh, Hab Musaffi Khoon, Marham Kharish, Sharbat Sadar, Sharbat Zoofa, Hab Surfa etc were given to different diseases patients. (NFUM 2001, 2006)

RESULTS AND DISCUSSION

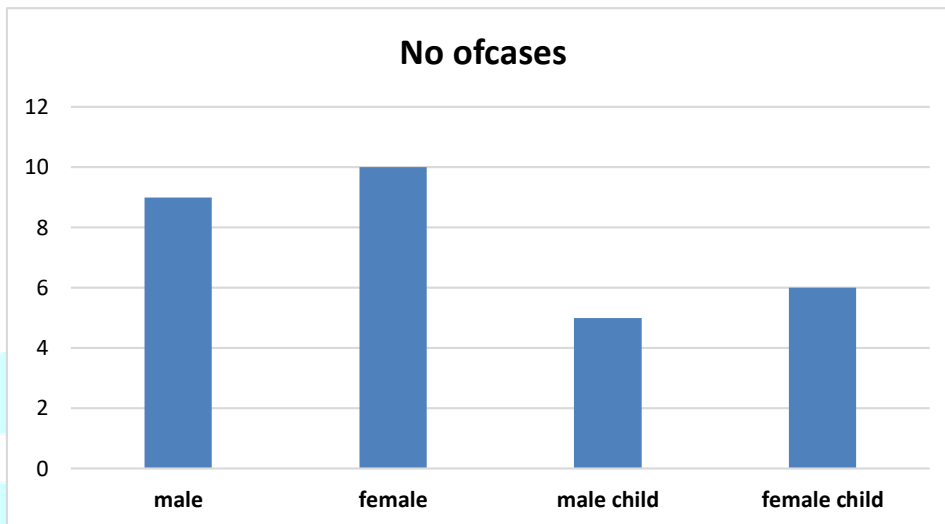
Table 1: Age wise Distribution of patients.

Age group (in years)	No of cases	(Percentage) %
0-20	12	40
21-40	9	30
41-60	8	26.7
61-80	1	3.3
81-100	0	0
Total	30	100

This table shows that 30 number of patients have suffered from this disease, whereas the maximum number of 12 patients was found in the age group of 0 – 20 years. The second group 21– 40 years which has 9 (30%). The number of patients is in the age group of 41 - 60 years i.e. 8 (26.7 %). The minimum number of patient was found in the age group of 61 – 80 years is 1 (3.3%).

Table 2: Sex wise Distribution of patients.

Sex	No of cases	Percentage (%)
Male	9	30
Female	10	33.3
Male child	5	16.7
Female child	6	20
Total	30	100



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

Table 3: Marital Status Wise Distribution of patients.

Marital status	No of cases	percentage %
Unmarried	12	40
Married	15	50
Divorce	0	0
Widow/widower	3	10
Total	30	100

This table indicates that married patients are suffering from various medical problems compared to unmarried people.

Table 5: Caste wise Distribution of patients.

Caste	No of cases	percentage%
Schedule cast	15	50
OBC	0	0
others	15	50
Total	30	100

The schedule caste population has a brutal majority over other backward classes and upper cast as 15(50%) belong to schedule caste whereas Muslims and upper caste are (50%). The other backward classes are placed in third position as they count are less.

Table no. 6: Dietary Habit wise distribution of patients

Dietary Habit	No of cases	Percentage%
Vegeterian	11	36.6
Non-vegeterian	19	63.4
Vegeterian+ egg	0	0
Total	30	100

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

Table 7: Temperament wise distribution of patients.

Temperament	No of cases	percentage%
Damwi (Sanguineous)	13	43.3
Balghami (Phlegmatic)	9	30
Safrawi (Bilious)	5	16.6
Saudawi (Melancholic)	3	10
Total	30	100

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

Table 8: Education wise distribution of patients.

Education	No of cases	Percentage (%)
Illiterate	3	10
Semi literate	3	10
Primary school	22	73.3
High school	2	6.7
Intermediate	0	0
Graduate or above	0	0
Total	30	100

The condition of education is very bad in this hamlet and illiterate people are in good numbers as they are 3 (10%) the semi-literate people are 3 (10%) while those who attended primary school are 22(73.3%). The high school are 2(6.7%) in my study intermediate pass patients are negligible in my group 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 9: Occupation wise distribution of patients.

Occupation	No of cases	Percentage%
None	2	6.8
Land holder	1	3.3
Agriculture labour	5	16.6
Unskilled labour	0	0
Skilled labour	0	0
Business	3	10
Student	11	36.6
Housewife	8	26.6
Unemployed	0	0
Total	30	100

The majority of the population is belonging to landless and agriculture labour, the business group is a meagre 10 % due to which many medical as well as social problems happen in this area.

Table 10: Addiction wise distribution of patients.

Addiction	No of cases	Percentage (%)
None	22	73.3
Tobacco	8	26.7
Smoking	0	0
Bhang	0	0
Alcohol	0	0
Total	30	100

This table showed that 22 patients are not addicted to anything but tobacco chewers found 26.7%, whereas and smokers are only 00.00 % in this study. It means that this area is not clean from the drug addiction.

CONCLUSION

The present study conducted by SCSP project at Kallapurwa (Kursi), Barabanki revealed that Su al Hadm is common in the age group of 0-40 years, female sex and patients having Damwi (Sanguineous) temperament. Further prevalence study may be conducted on large sample size.

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