

**PREVALENCE OF MULTIPLE DISEASES IN MAGATH AND
TARHIYA AREA OF LUCKNOW WITH SPECIAL REFERENCE TO
JARAB (SCABIES)**

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ABSTRACT

The Ministry of AYUSH decided to conduct mobile Clinical Service in the name of Schedule Caste Sub-Plan and the Central Council for Research in Unani Medicine was given the task of the program. The Central Research Institute of Unani Medicine, Lucknow started the Mobile Clinic in different villages of Lucknow. Present study conducted in Magath and Tarhiya village of Lucknow. The Tarhiya and Magath villages are dominated by schedule caste and most backwards rural areas and do not have proper medical facilities and lack of proper sanitation due to which all kind of diseases internal and

external trouble them. The skin allergies and diseases related with Fasad-al Dam are common. The SCSP has provided much need relief to the poor and helpless weaker sections of Society.

KEYWORD: Unani Medicine Fasad-al-dam (Allergy).

INTRODUCTION

The Unani & Arab physicians have described skin as the superficial part of body & divided into four types based on akhlat (humour)

1- Mizaj-e – ratab (wet)

2- Har Yabis (dry & hot)

3- Har only (hot)

4- Yabis (dry)

The colour of skin has been defined on the basis of the temperaments.

As per the standard Unani Medical Terminology Jarab is defined as, small red papules which cause severe itching. Sometimes it gets infected and form pustules. These are most commonly found in hands and between fingers but may spread to other areas of the body. It is caused by specific organism, Dud-I Jarab (animalcule) which resembles lice. For the first time they were identified by Unani Physician, Tabri. It is divided into three types as per the involvement of humours i.e. Jarab Safrawi, Sawdawi and Balghami. Its possible English equivalent is scabies.^[1]

According to Ismail Jurjani, Jarb is called kar in Persian, it occurs due to presence of putrefied blood and the natural force of body expel it to the outer part of the body.^[2]

According to Sheiq Bu Ali Sina, Wet Itching is called Jarab. It produces Damwi Madda putrified blood or yellow bile which is expected to become Sauda. It may occur from putrefied balgham Ibn e Sina has classified Jarab into two types.^[3]

1. Jarab-e-Ratab
2. Jarab-yabis

According to Ali bin Abbas Majusi (author of Kamilus Sana), Jarab are small, vesicles which are red and have itching they have fluid and sometimes do not have fluid. It start in hand and especially in Metatarsals sometime it spread in the whole body.^[4]

According to ancient Unani Physicians the causes of Jarab are as follows.^[2,3,4]

1. Watery madda without salty flow
2. Retention of Madda (matter) in one place
3. Expulsion of putrefied humours to skin
4. Lack of cleaning
5. Putrefied diet
6. Sual Hadam (Dyspepsia) or indigestion
7. Burnt yellow bile and black bile
8. Salty Balgham in blood
9. Weakness of expulsion force
10. Closure of skin pores (Masamat)

11. Excess of Madda

Line of treatment^[2,3,4]

1. Fasd (venesection)
2. Evacuation by Haleela Zard, Haleela kabili, Shahatra, Tamar Hindi
3. Tila ointment prepared from Hartal Zard
4. Expulsion of affected humours
5. Expulsion of salty balgham
6. Correction of diet
7. Avoid Sex

Systemic Treatment

Chiraita, Shahatra, Sarphooka, Mundi Ushba, (7 gm each), Unnab (5 pcs), are taken all the drugs are boiled water, strained and given with Sharbat Unnab 10 ml twice daily for at least fifteen days.^[5]

Safeda Kashghari (24 gm), Gile-e-Armani, Kafoor (12 gm) are triturated and mixed with Roghan-e-Chameli to make a thick paste for local application.^[5]

Single drugs effective in Jarab as follows

Hedtal Surkh, Murdar Sang, Khabsul fizza, Khabsul Hadeed, Keendush, Naushadar, Zarawan Taweel Seemab Roghan Zaitoon.^[3]

The Author of Akseer Azam also supports the theory of Akhlat (humour) and its purification in skin allergies and advocate same treatment. Hakeem Mohd Azam Khan a Unani physician of India describe jarab as wet itching with red color small vesicle and happens in finger of Hands and legs and sometime spread to all parts of body. He further says that this is an infectious (Mutaddi) disease and transfer from one person to the person and the itching increase in night. It may become epidemic if the air of a city is bad in quality the purified blood is responsible for happening of this problem. He described it as Fasad -e-jild caused by Fasad-e-dam purification of blood and emphasized to take restricted diet and avoid hot temperament spices as far as treatment is concerned he advised blood purifiers and evacuation of Sauda (black bile) & yellow bile, followed by local application of ointments.^[6]

As per Allopathic Medicine, Scabies is a highly contagious skin disease caused by *Sarcoptes scabiei var hominis*, a barely visible mite which is host specific to humans. Although scabies

can occur at any age, it is essentially a disease of children. The prevalence of scabies decrease with increasing age. Sometimes the disease spreads with a cyclical pattern with a gap of about 13-15 years. The source of infection is almost always another human being infected with the disease. Intimate skin to skin contact is believed to be the main possibility of transmission. Contact for 20 minutes or even less may allow the mite to transfer. The incubation period of scabies is 2-4 weeks.^[7,8]

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.^[9,10,11]

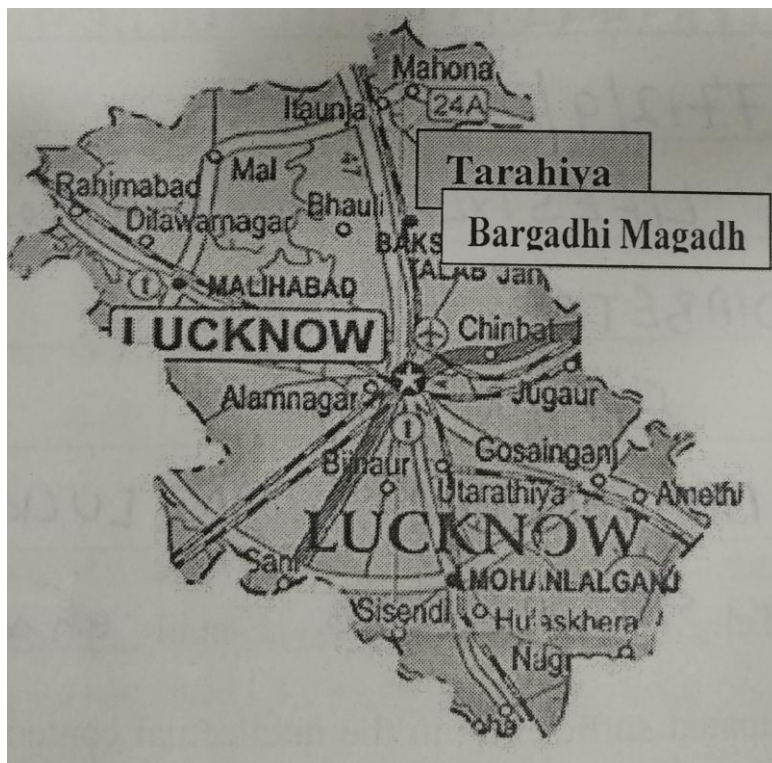
The Central Research Institute of Unani Medicine (CRIUM), Lucknow under Central Council for Research in Unani Medicine (CCRUM), New Delhi, Ministry of AYUSH, Government of India started weakly mobile clinic and series of lectures on prevailing disease in Bargadi Magath and Tarhaiya village of Lucknow and provided Medicare free of cost, as per the guidelines by Ministry of AYUSH. The details of adopted villages are as follows.

Bargadi Magath

Bargadhi Magadh is a village in Bakshi Ka Talab (BKT) block of Lucknow. Distance of Bargadhi Magadh from CRIUM, Lucknow is 18 Kms. Total population of this village is 4000 in which SC population is 2200. Total houses in this village is 650 while number of SC houses are 325. There is no Government hospital/dispensary in the village.

Tarhiya

Tarhiya is a village in BKT block of Lucknow. Distance of this village from CRIUM, Lucknow is 16 Kms, total population of village is 3800 while the SC population is 2100. There are 200 SC houses in the village. There is no Government hospital/dispensary in the village.



Tarhiya

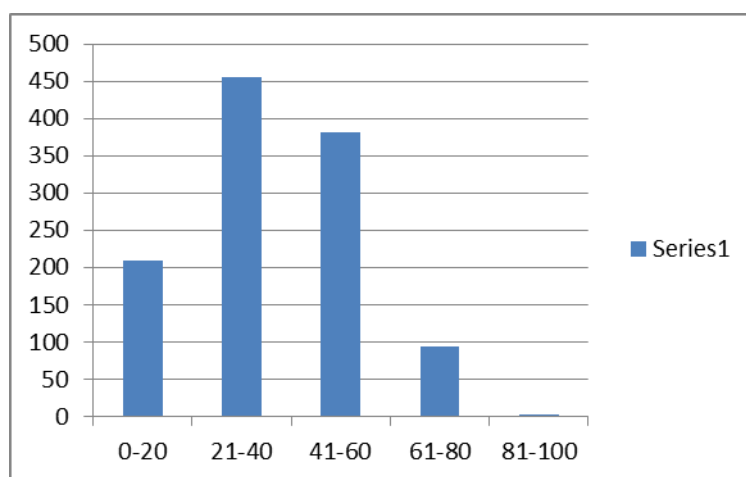
Bargadhi Magadh

MATERIAL AND METHODS

This population based study was carried out at Bargadi Magath and Tarhiya village under SCSP Mobile Healthcare Program of CRIUM, Lucknow. Research Associate posted in SCSP screened the patients and registered in different diseases. Total 1143 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 Jograjgogul, 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.^[12,13]

RESULTS AND DISCUSSION**Table 1: Age Wise Distribution of patients.**

Age Group (In years)	No. of cases	Percentage (%)
0-20	210	18.37
21-40	456	39.90
41-60	381	33.33
61-80	93	08.14
81-100	3	00.26
Total	1143	100
Mean±SD	38.18±18.03	

**Figure 1:**

The age wise distribution shows that people of 21 – 40 yrs are 456, compared to 41-60 yrs who count 381 (33.33%).the older people 61-80years are no less visible at 93 (8.14%), where as younger people 0-20 yrs stand at 210 (18.37%). This shows that middle aged people suffer from more than younger & older people.

Table 2: Sex Wise Distribution of patients.

Sex	No. of cases	Percentage (%)
Male	393	34.38
Female	610	53.37
Male Child	67	05.86
Female Child	73	6.39
Total	1143	100

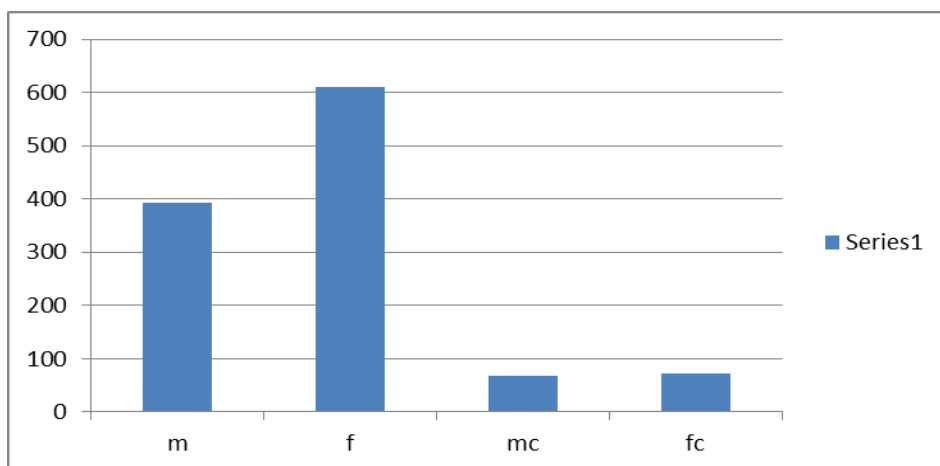


Figure 2:

This table reveal that woman suffer from medical problems more than their male counter past. The female children is higher to that of male children.

Table 3: Marital Status Wise Distribution of patients.

Marital Status	No. of cases	Percentage (%)
Unmarried	241	21.08
Married	834	72.97
Widow/Widower	67	5.86
Separated	1	00.09
Total	1143	100

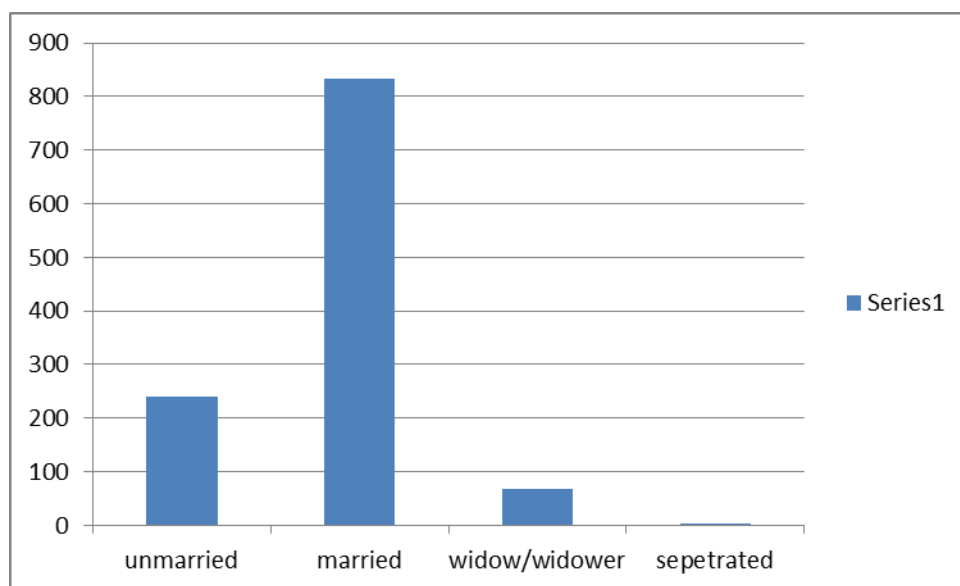


Figure 3:

As the middle aged patients are dominant to young people. The married patient are 834 (72.9%) unmarried patients are 241(21.8%), the study shows the widows & widowers also count 5.86% (67) which is a significant & important & findings in any surveys.

Table 4: Religion wise Distribution of patients.

Religion	No. of cases	Percentage (%)
Hindu	925	80.93
Muslim	217	18.98
Christian	1	00.09
Total	1143	100

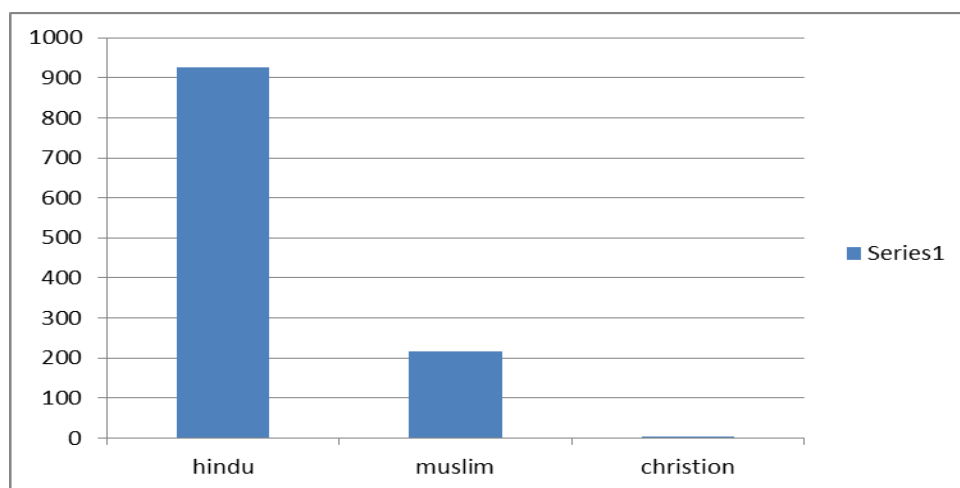


Figure 4:

The religion base survey confirms that Hindu population has crushing majority in this area & Muslims are meager at 18.98 % while the lone creation surveyed indicate the insignificance of this group.

Table 5: Caste wise Distribution of patients.

Caste	No. of cases	Percentage (%)
Schedule Cast e	592	51.79
Other Backward Class	218	19.08
Others	333	29.13
Total	1143	100

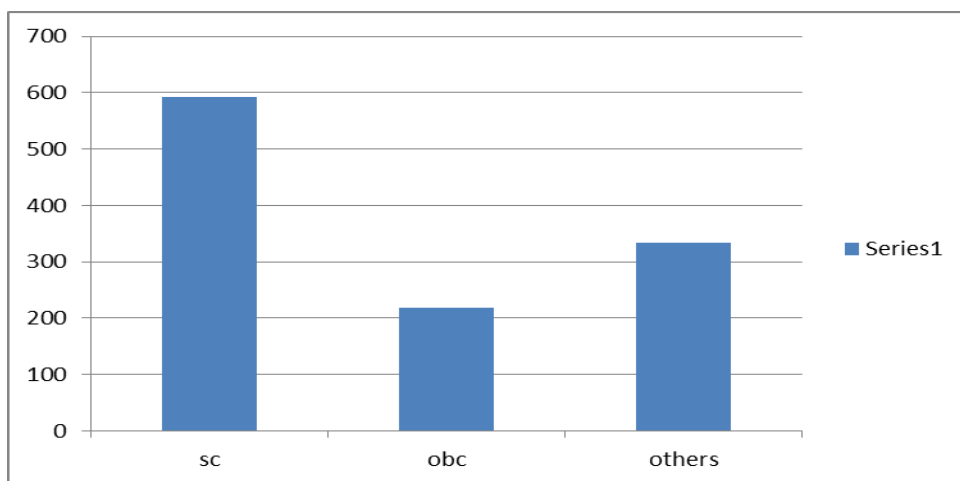


Figure 5:

This table proves that scheduled caste are predominantly in majority to other sections of society such as upper caste other backward classes.

Table 6: Education wise distribution of patients.

Education	No. of cases	Percentage (%)
Illiterate	495	43.31
Semi literate	191	16.71
Primary school	249	21.78
High school	158	13.82
intermediate	44	3.86
Graduate or above	6	00.52
Total	1143	100

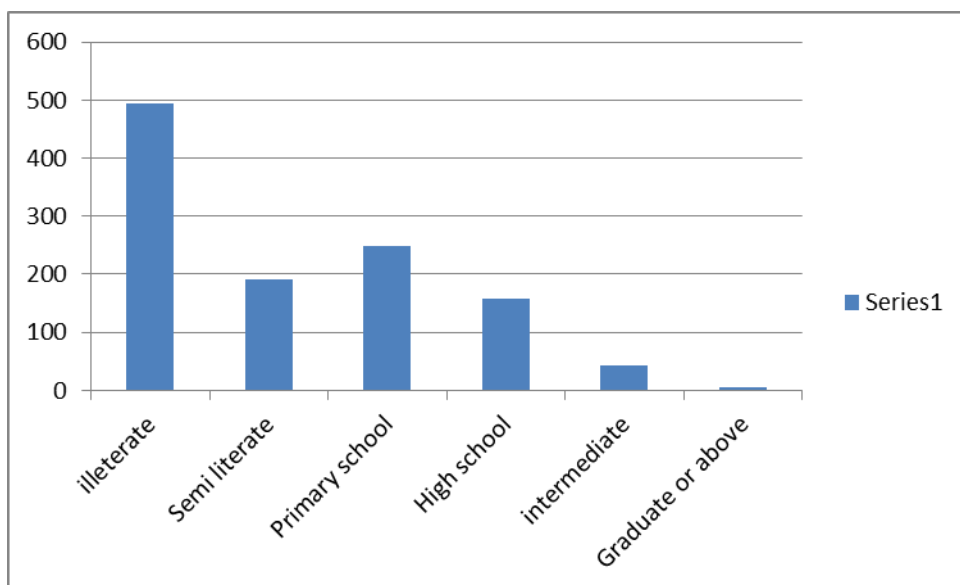


Figure 6:

This table shows that maximum people are illiterate 43.31%, semiliterate are 16.71% .There were twelfth pass patients only 3.86%. This is a pathetic educational status of education in Magath & Tarihya region.

Table 7: Mizaj wise distribution of patients.

Mizaj	No. of cases	Percentage (%)
Damvi	363	31.76
Balghami	670	58.62
Safrawi	90	7.87
Saudavi	20	1.75
Total	1143	100

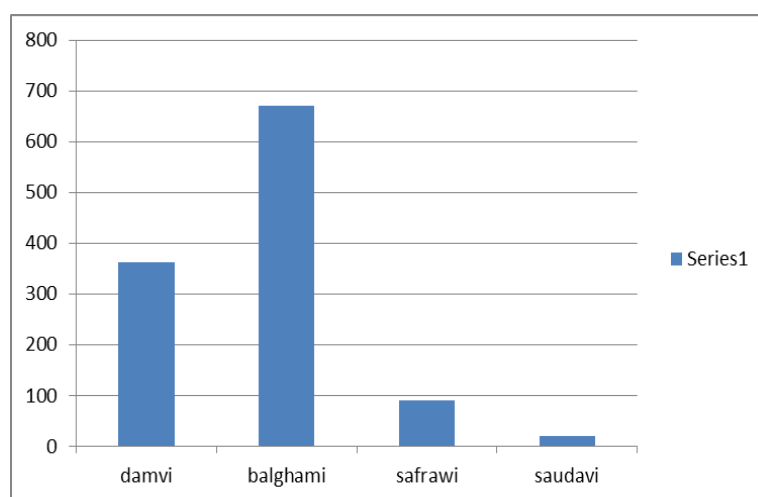


Figure 7:

The temperament wise distribution of patients shows that balghami temperament is above all other temperaments which indicate that joints problems must be dominating problem in this area followed by other problems.

Table 8: Dietary wise distribution of patients.

Diet	No. of cases	Percentage (%)
Veg	507	44.36
Non veg	476	41.64
Veg +egg	160	14.00
Total	1143	100

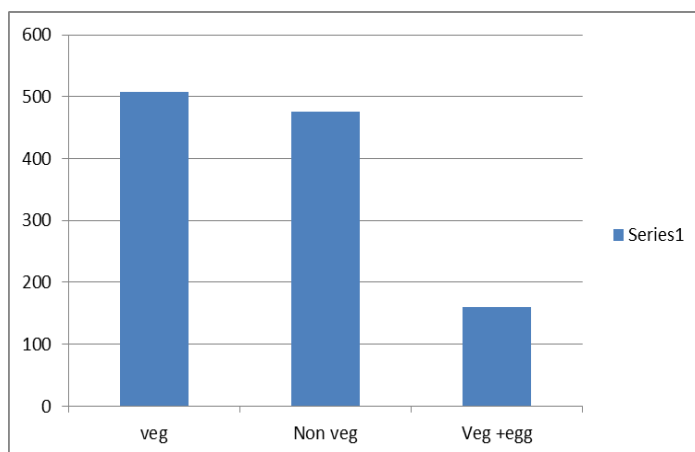


Figure 8

As it is common knowledge that Indians are increasing becoming non vegetarian we find here it true correct.

Table 9: Occupation wise distribution of patients.

Occupation	No. of cases	Percentage (%)
None	153	13.39
Land lord	14	1.22
Agriculture labour	133	11.64
Unskilled labour	23	2.01
Skill labour	21	1.84
Business	103	9.01
Student	111	9.71
Housewife	499	43.66
Unemployed	7	00.61
Retired	1	00.09
Others	78	6.82
Total	1143	100

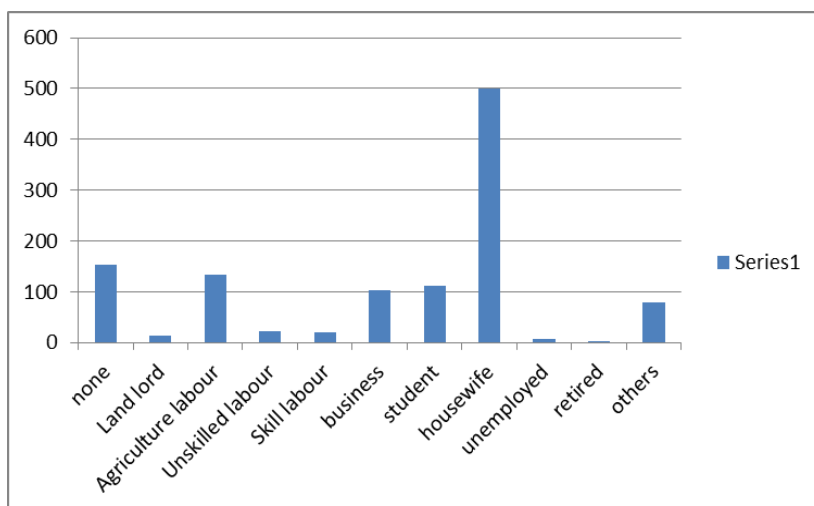


Figure 9:

The occupation wise distribution shows very pathetic condition of people in Magath & Tarihya where only 14 people are landlord & unemployed & the rest are labourers, housewives.

Table 10: Addiction wise distribution of patients.

Addiction	No. of cases	Percentage (%)
None	652	57.04
Tobacco	451	39.46
Smoking	29	2.54
Alcohol	11	0.96
Total	1143	100

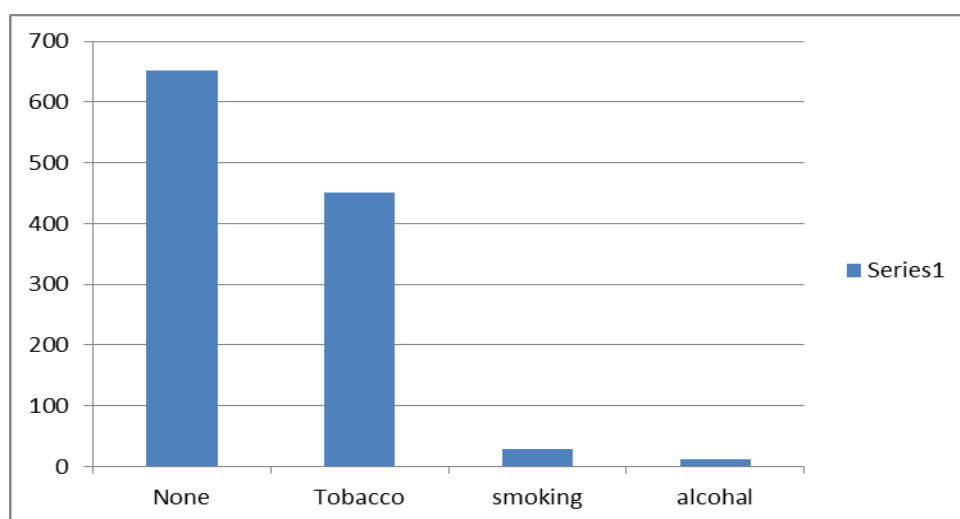


Figure 10:

A good no of people 39.46% is found tobacco chewing & some were found smoking & alcoholic where the majority of the dalit population 57.04% was found not addicted to anything.

Table 11: Most Common disease wise distribution of patients.

Diseases	No. of Patients	Percentage (%)
TahajjurMafasil	298	26.07
WajaulMafasl	168	14.70
Sue Hadm	162	14.17
Jarb	80	5.95
Sual	55	4.81
WajaulAsab	55	4.81
Humma	51	4.46
ZeequnNafas	36	3.15
Qabz	26	2.27
Bawaseer	25	2.19

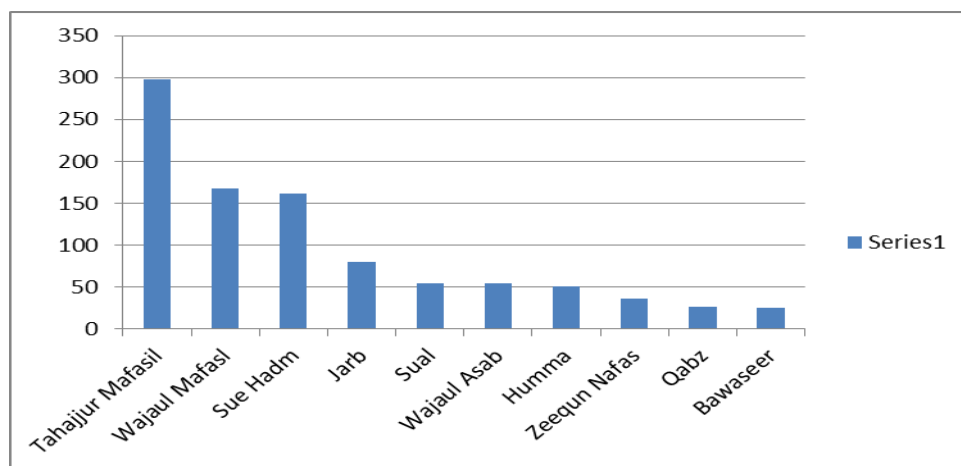


Figure 11:

This table shows that the joint problems are at 26.07% & 14.70% while all other problems including skin allergies are far behind therefore the basic theory of temperament is proved.

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

Result	Number of Patient	Percentage (%)
Relieved	764	80
Partially relieved	143	15
Not relieved	49	5
Total	956	100.00

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 Jograjogul, Majoon Suranjan and Roghan Surkh, Hab Musaffi Khoon, Marham Kharish, Hab Bawaseer Khooni, Hab Muqil, Sharbat Zoofa, Hab Hindi Zeeqi, Safoof Hazim, Arq Badiyan.^[12,13]

CONCLUSION

The scheduled carte sub plan (SCSP) has proved that weaker sections of Maghat and Tarihya have benefited from this Mobile clinic and if this clinic continues the area will become free from disease especially skin Allergies that are cause of cancer and require proper treatment sanitation and guarded diet. The Unani treatment has been successful and deserves a better reach out.

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