

**PREVALENCE OF MULTIPLE DISEASES IN KALLUPURWA (KURSI)
AREA OF BARABANKI (UP) WITH SPECIAL REFERENCE TO SUAL
(COUGH)**

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ABSTRACT

Sual (Cough) is the disease related to lung and its bronchi. The Unani System of Medicine is very rich in describing the causes and providing its treatment through natural herbs and shrubs found in almost all countries occur in the world. The ancient literature of Unani Medicine reveals that disease was discussed by ancient physicians right from Hippocrates, Galen, Bols, Discarides down to Ibn e Masiva, Zakariya Razi, Rabban Tabri, Ismail Jurjani and the same has been treated by Indian physicians of Unani Medicine such as Hakeem Mohd Akbar Arzani, Hakeem Shareef Khan and Hakeem Mohd Ajmal Khan who is

the father of Research for all Indian system of Medicine in modern India. Various drugs like Zoofa, Mulethi, Aroosa, Munaqqa, Parsiyaonsha, Irsa and Banfsha etc has been found very effective in the treatment of different types of Sual. The use of Ustukhuddoos, Bozidan, Gauzaban, Tukhm e Khatmi, Unnab, Sapistan etc have been found very effective in the treatment of almost all diseases of the lungs and bronchi. Sinusitis which has become a prominent problem. Now a days Bronchial Asthma is also treated with these drugs. SCSP programme has provided a chance to the village of Kallupurwa (Kursi), Barabanki to get the benefit of treatment of cough with Habb e Surfa, Sharbat Zoofa, Sharbat Sadar and it has been found that these drugs are very effective and useful in the treatment of all kinds of cough.

KEYWORDS: Sual, Lungs, Kallupurwa.

INTRODUCTION

As per Standard Unani Medical Terminology Sual o Surfa is actually a reflex action of the body to get rid of some irritative substance from the respiratory air passage. According to the presence of humour it can be divided into Damwi (sanguineous), Balghami (phlegmatic), Safrawi (bilious) and Sawdawi (melanotic). Its possible English equivalent is cough/bronchitis.^[1]

In Kitabul Fakhir Zakariya Razi writes^[2]

Raazi said cough is due to something in lung and it required to be expelled. It may be pure blood or putrefied humorus or hot fluid descending from head. It may be fluid of lung or its dryness. The inflammation may be Damvi, hot or cold balgham or hard. It may happen due to putrefied humour and begin after cold. If something descends and pain is in the chest it is dry cough. It increases in night and after sleep.

The cough may be due to soft inflammation in lungs or hot inflammation and its sign is difficulty in breathing and the colour of the patient will become the reddish. The pulse is large and fasad (venesection) is its treatment. Sometime it is due to soft balghami inflammation and its symptoms are severe cough with redness of face. Sometime hard inflammation in lungs causes the disease and it is dry cough. Sometime an ulcer in lungs causes the cough and its symptoms are expulsion of blood or pus from lungs. Pleurisy and accompanies with fever. The cold air also may cause cough, sometime altered cold temperament cause the cough.

Ibne Hubal Baghdadi in Kitabul Mukhtarat fit tib writes, the movement to expel any painful thing from lung is called cough. That thing may be putrefied balgham or fluid which descends from brain to chest sometime it may be pus blood or lungs fluid sometime warme har in brain or chest Damvi, Safravi, Balghami or hard inflammation or ulcer cause the disease. It may be due to cold in chest or Sue Mizaj (Altered temperament) or accompanies the other organ problem like enlargement of liver and spleen.^[3]

In Kitabut Taisir Ibn-e-Zuhr writes^[4]

The descendance of Nazla from head to lungs creates cough. Ibn e Zohr describe the difficulty in the supply of oxygen as important cause of cough (sual)

He mentioned all those causes which have been mentioned by other physicians.

Sheikh Bu Ali Ibn e Sina says^[5]

Cough (Sual) is a movement through which the nature (body) expels the painful thing from lung sometime the cough is produced due to complicity of another organ. It may be covered by cold air, cold water or cold diet or cold medicine, dust or anything which harden the vessels of lungs. The putrefaction of humour Balgham, Safra, Sauda or dam also cause the cough. The inflammation in diaphragm or obstruction in lungs or bronchi. It may occur with fever or inflammation in liver. Spleen heats up and causes fever it is called Humma Muharriqa (Hyperpyrexia).

In Tibb e Akbar Hakeem Akbar Arzani writes^[6]

Cough (sual) is called surfa in persian. It is the movement of lung and bronchi

The causes of cough (sual) are four

- 1-Altered temperament (Sue Mizaj) it may be sada or maddi.
- 2-Internal ulcers in lungs.
- 3-Sudden entry of external thing like dust, smoke or eating bitter thing
- 4-The breathing organs are safe but due to inflammation in neighbouring organs like liver or spleen cough may occur.

In Tarjuma Shrah Asbab, Hakeem Kabeeruddin writes^[7]

Cough is the movement of chest and lungs that expel the pain from lungs and its neighbouring organs like liver, spleen, diaphragm, muscles of chest.

In Zakheera Khuwarzam Shahi, Hakeem Jurjani has said, the principle in this matter is that cough is either due to altered temperament or maddi (material), he also agrees with other physicians on causes, signs & symptoms & treatment of the diseases.^[8]

In Akseer Azam, Hakeem Mohd Azam khan expresses his agreement on causes & treatment of cough with Ismaeel Jurjani and described the wet cough when Madda (Balgham, Sauda) goes out and dry cough occur when Madda is not present. He further says that excess cold & heat in lungs produce cough.^[9]

In Firdous al hikmat, Rabban Tabri suggests the treatment based on temperament like balghami, safravi, saudavi. The concept of fluid (rutubat) & dryness (yaboosat) is also present, one observation is unique in this book as the writer suggests that sometime the chest is small & create cough.^[10]

In Kamilus Sana, Ali bin Abbas Majoosi writes^[11]

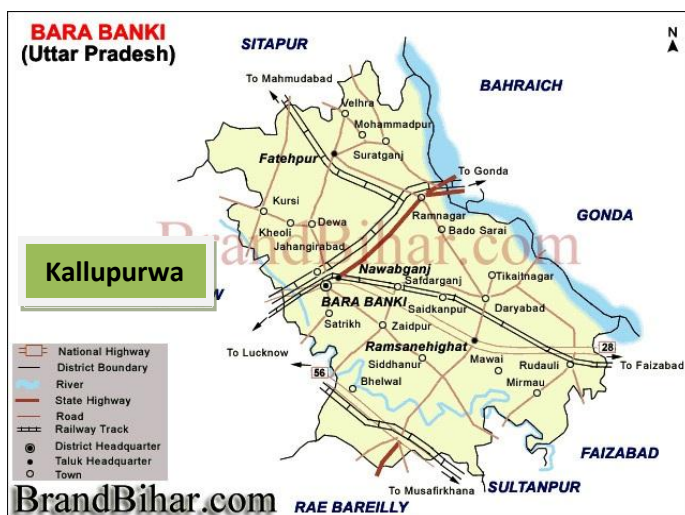
The cough is caused by dryness of bronchi it may be treated with nutritious diet & drugs like Khameera Banafsha, Raughan Badaam. If cough is due to heat & fever is present then fasd is advised & Khameera Banafsha is given orally & bitter diet is restricted, dust & smog also to be avoided. The cough may also start from cold air.

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.^[12,13,14]

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 Kallapurwa (Kursi) village of Barabanki and provided Medicare free of cost, as per the guidelines by Ministry of AYUSH. The details of adopted village are as follows.

Kallapurwa (Kursi)

Kallapurwa (Kursi) is a village in district Barabanki. Distance of Kallapurwa from CRIUM, Lucknow is 18 Kms. Total population of this village is 10,000 in which SC population is 8000. Total houses in this village are 2000 while number of SC houses are 1800. There is one Primary Health centre (PHC) in the village.



Map of Kallapurwa (Kursi)

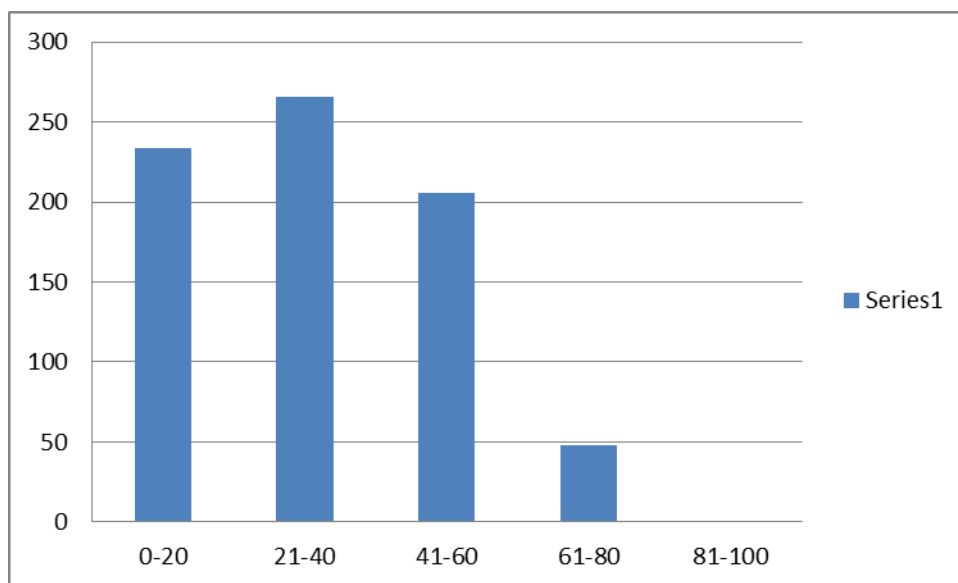
MATERIAL AND METHODS

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. Total 755 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, Sharbat Zoofa, Hab Surfa etc were given to different diseases patients.^[15,16]

RESULTS AND DISCUSSION

Table 1: Age wise Distribution of patients.

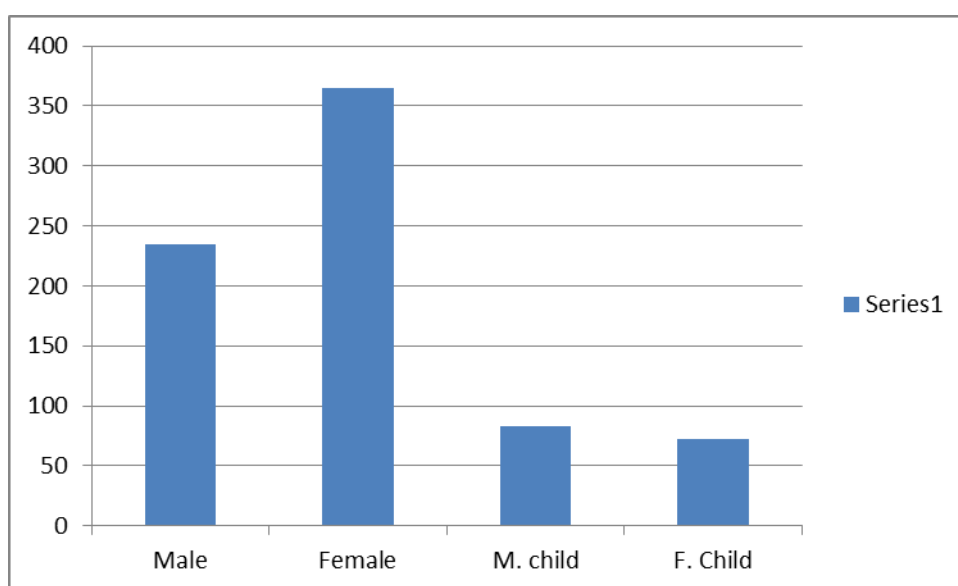
Age Group (In years)	No. of cases	Percentage (%)
0-20	234	30.99
21-40	266	35.24
41-60	206	27.28
61-80	48	06.36
81-100	01	00.13
Total	755	100
Mean±SD	33.67±18.86	



This table shows that good number of patients have suffered from diseases i.e. 266 (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 234 (30.99%). The surprising number of patients is in the age group of 41 - 60 years i.e. 206 (27.28 %).

Table 2: Sex Wise Distribution of patients.

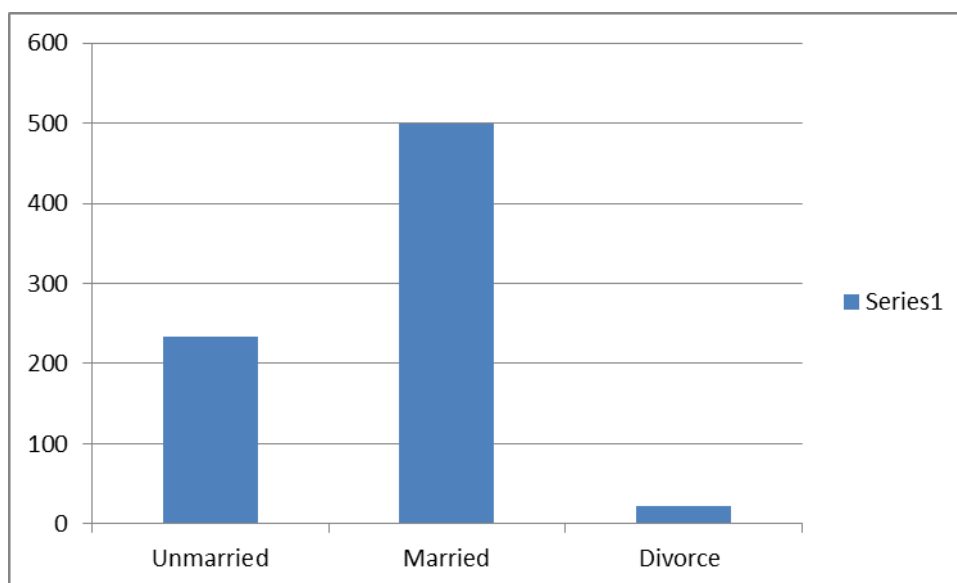
Sex	No. of cases	Percentage (%)
Male	235	31.13
Female	365	48.34
M. child	83	10.99
F. Child	72	09.54
Total (%)	755	100



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: Marital Status Wise Distribution of patients.

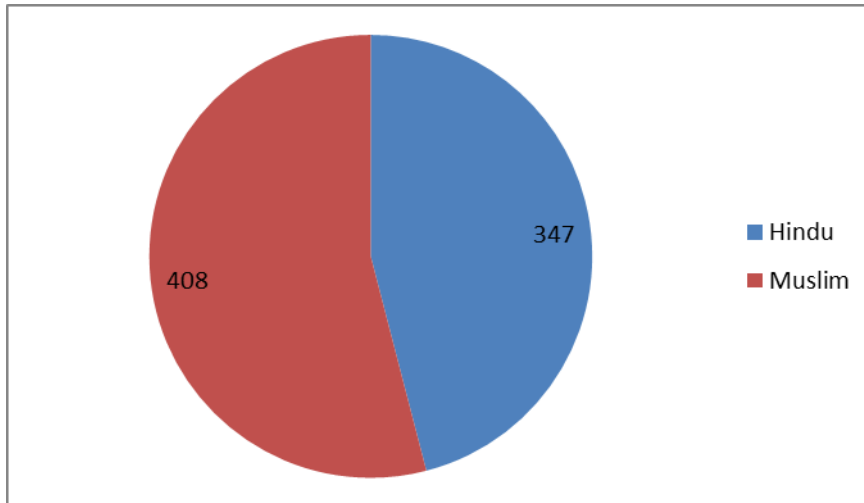
Sex	No. of cases	Percentage (%)
Unmarried	233	30.86
Married	500	66.23
Divorce	22	02.91
Total (%)	755	100



This table indicate that married patients are suffering from various medical problems compared to unmarried people. This shows that above 20 people are not taking care of themselves due to illiteracy or poverty.

Table 4: Religion wise Distribution of patients.

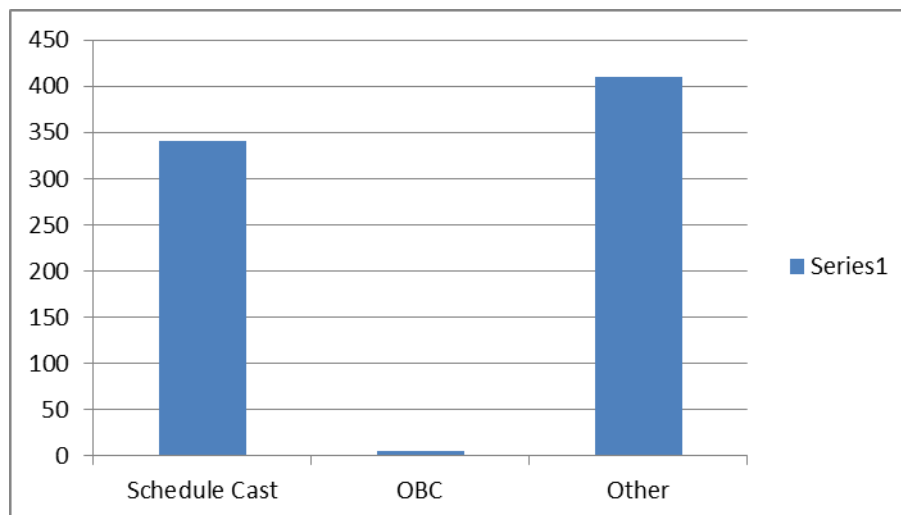
Sex	No. of cases	Percentage (%)
Hindu	347	45.96
Muslim	408	54.04
Total (%)	755	100



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: Caste wise Distribution of patients.

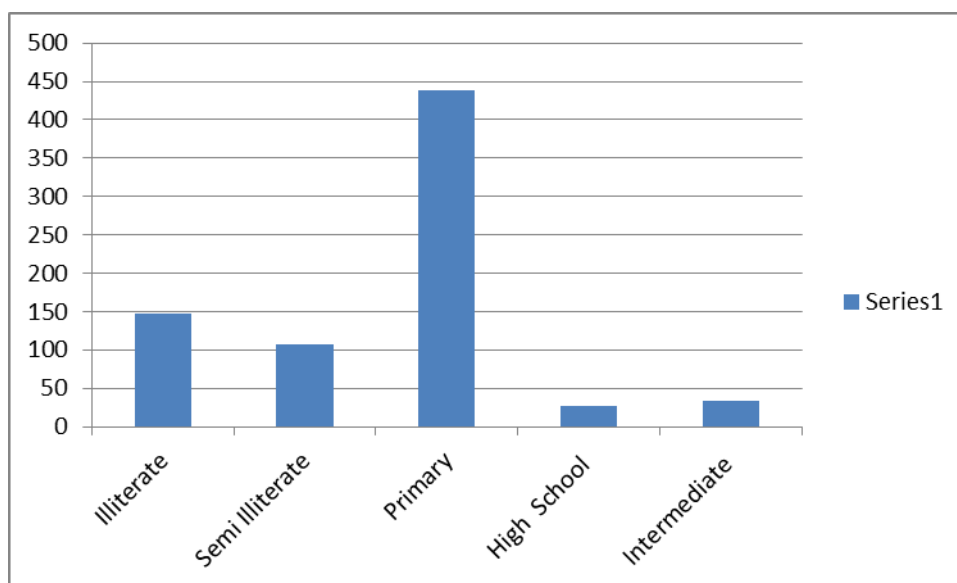
Caste	No. of cases	Percentage (%)
Schedule Cast	340	45.03
OBC	05	00.66
Other	410	54.31
Total (%)	755	100



The schedule caste population has a brutal majority over other backward classes and upper cast as 340 (45.03%) belong to schedule caste whereas Muslims and upper caset are 54.31% 410. The other backward classes are placed in third position as they count for 05 (00.66%).

Table 6: Education wise distribution of patients.

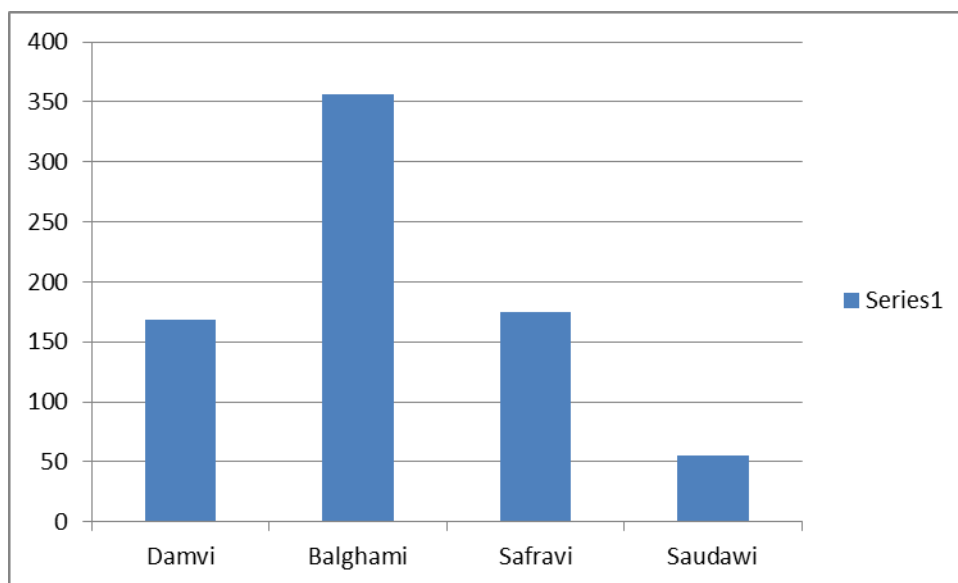
Education	No. Of cases	Percentage (%)
Illiterate	148	19.60
Semi Illiterate	107	14.17
Primary	439	58.15
High School	27	03.58
Intermediate	34	04.50
Total	755	100



The condition of education is very bad in this hamlet and illiterate people are in good numbers as they are 148 (19.60%) the semi-literate people are 107 (14.17%) while those who attended primary school are at the third place i.e. 439 (58.15%). The high school and intermediate pass patients are only 8% 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: Temperament wise distribution of patients.

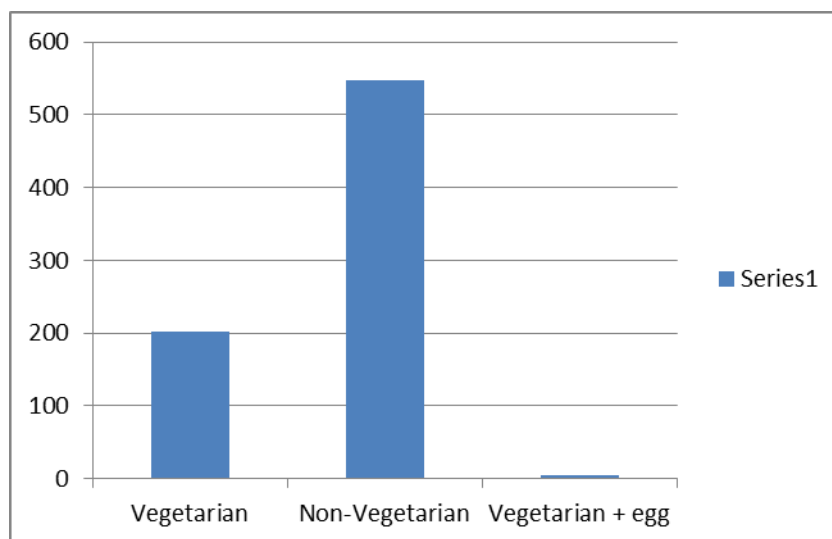
Temperament	No. of cases	Percentage (%)
Damvi	169	22.38
Balghami	356	47.16
Safravi	175	23.18
Saudawi	55	07.28
Total	755	100



The balghami temperament is the dominant temperament in this area whereas damvi temperament is second largest group as Safravi is the third and saudawi is the minority group.

Table 8: Dietary wise distribution of patients.

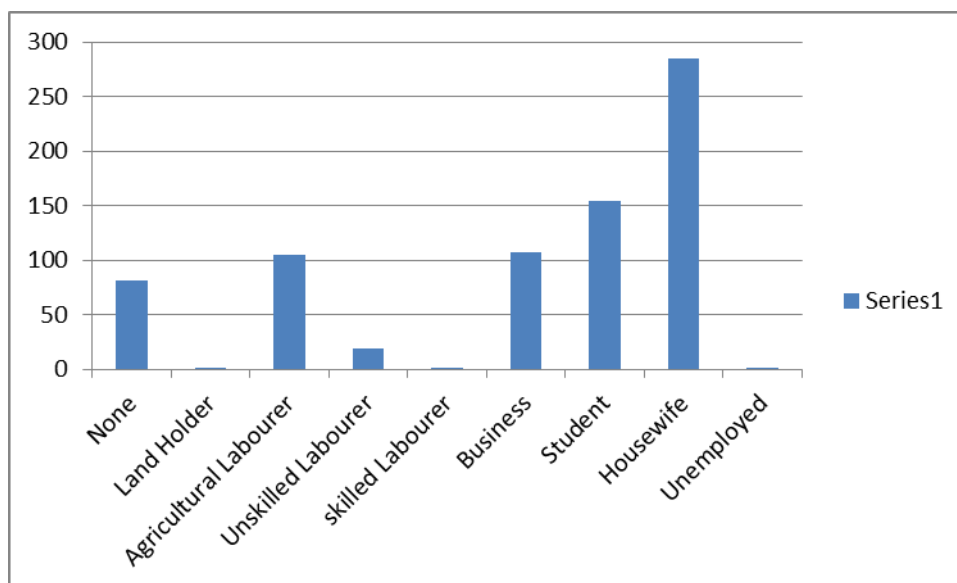
Dietary Habits	No. of cases	Percentage (%)
Vegetarian	203	26.89
Non-Vegetarian	548	72.58
Vegetarian + egg	04	00.53
Total (%)	755	100



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 9: Occupation wise distribution of patients.

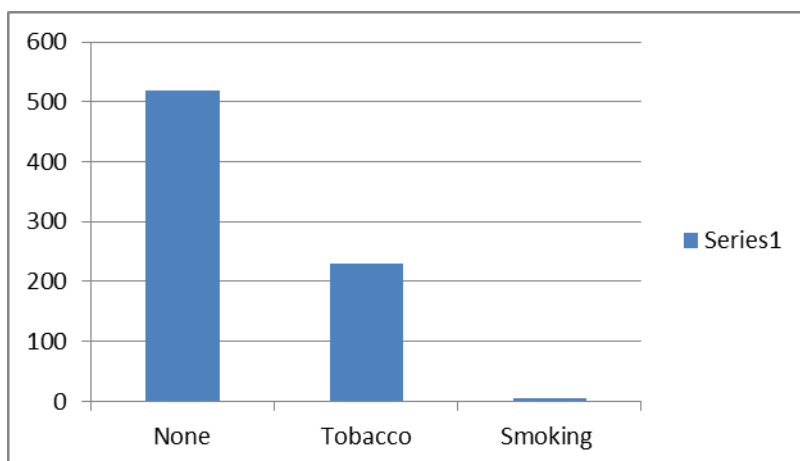
Occupation	No. of cases	Percentage (%)
None	81	10.73
Land Holder	02	00.26
Agricultural Labourer	105	13.91
Unskilled Labourer	19	02.52
skilled Labourer	01	00.13
Business	107	14.17
Student	154	20.40
Housewife	285	37.75
Unemployed	01	00.13
Total	755	100



The majority of the population is belonging to landless and agriculture labourers, the business group is a meagre 2.61 % due to which many medical as well as social problems happen in this area.

Table 10: Addiction wise distribution of patients.

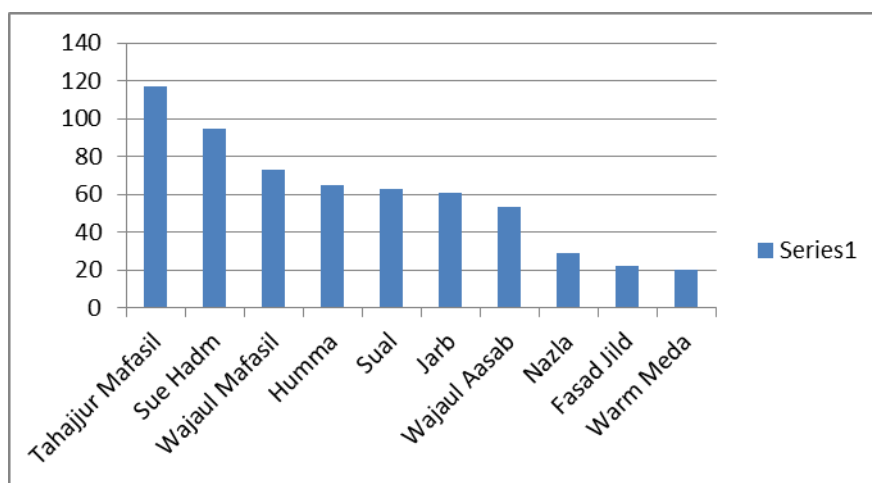
Addiction	No. of cases	Percentage (%)
None	519	68.75
Tobacco	230	30.46
Smoking	06	00.79
Total	755	100



This table shows that 519 patients are not addicted to anything but tobacco chewers found 30.46% , whereas and smokers are only 00.79 % this mean that this area is not clean from the drug addiction.

Table 11: Most Common disease wise distribution of patients.

Disease	No. of Patients	Percentage (%)
Tahajjur Mafasil (Osteoarthritis)	117	15.50
Sue Hadm (Dyspepsia)	95	12.58
Wajaul Mafasil (Rheumatoid Arthritis)	73	09.67
Humma (Fever)	65	08.61
Sual (Cough)	63	08.34
Jarab (Scabies)	61	08.08
Wajaul Aasab (Neuralgia)	53	07.02
Nazla (Common Cold)	29	03.84
Fasad Jild (Skin problems)	22	02.91
Warm Meda (Gastritis)	20	02.65



The joints disease at 117 (15.50%) (TahajjurMafasil) and 73 (09.67%) WajaulMafasil leads the tally while sual stand for 63 (8.61 %) has significant presence that shows the aria 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	448	74.92
Partially relief	119	19.90
No relief	31	5.18
Total	598	100.00

Out of 598 patients of different common diseases (Osteoarthritis, Rheumatoid Arthritis, Scabies, Cough, Dyspepsia, Fever, Bronchial Asthma, Constipation, Neuralgia), 448 (74.92%) patients got complete relief, 119 (19.90%) patients got partially relief and 31 (5.18%) 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 Hab Mubarak, Hab Hudar, Majoon Jograjgogul, 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 present study conducted by SCSP project at Kallapurwa (Kursi), Barabanki revealed that Unani drugs Hab Surfa, Sharbat Zoofa, and Sharbat Sadar are very useful in the treatment of Sual and it may be recommended for validation of these drugs on scientific line at different institutes of the CCRUM, New Delhi.

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