



OBSERVATIONAL STUDY OF RAKTAPRADOSHJ VIKARA AMONG MALNOURISHED REPRODUCTIVE AGE GROUP WOMEN IN TRIBAL AREA.

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ABSTRACT

Background: Globally two billion peoples are affected by various forms of malnutrition, which accounts for 11% of the global burden of disease. Despite of efforts taken in reducing malnutrition, the magnitude of malnutrition (body mass index[BMI] < 18.5kg/m²) remains high among women, between 10% and 40% in most low and middle income countries of Asia. Rakta dhatu is second in the sequence of tissue formation. Rakta dhatu is important component for sustenance of life. Hence present work is done to analyze Raktapradoshaj vikara among malnourished reproductive age group women in tribal area. **Objective :** To study Raktapradoshaj vikara among malnourished reproductive age group women. **Discussion:** An observational study was carried out among malnourished reproductive age group women at Taluka -Peth, Dist. Nasik, Maharashtra. Diagnosed malnourished reproductive age group women were selected on the basis of low BMI. Evaluation of Raktapradoshaj vikara was done by using pretested structured case record format. Data will be presented in Tabular form. **Conclusion:** Suitable conclusions will be drawn after discussing the observations.

KEYWORDS : Malnutrition, Reproductive age group women, Raktapradoshaj vikara

INTRODUCTION:-

Globally two billion peoples are affected by various forms of malnutrition, which accounts for 11% of the global burden of disease. A significant process in improving women's health was made through achieving a Millennium Development Goal for the prevention of malnutrition among many people. Better nutritional status is an important factor for both women and their children's health as well as for their family as a whole. In developing countries, malnutrition can be caused by a number of factors including poor diet, being a member of households who have food insecurity, and infections.

Despite of efforts taken in reducing malnutrition, the magnitude of malnutrition (body mass index[BMI] < 18.5kg/m²) remains high among women, between 10% and 40% in most low and middle income countries of Asia. Malnutrition increases the disposes them to have nutritional -related health problems.

Ayurveda is the life science which deals with maintenance of health and to relieve from disease state. The basic theory of Ayurveda is based on the state of equilibrium of Tridosha, Saptadhatu and trimala. Rakta dhatu is second in the sequence of tissue formation. Rakta dhatu is important component for sustenance of life. In classical text of Sushruta Samhita Acharya Sushruta stated that all dhatu are dependent for their nourishment, increment and waning on rakta dhatu. Maximum causes of disease are related to improper diet and lifestyle. These factor causes dosha dushti followed by rakta dushti manifesting into Raktapradoshaj vikara. Hence present work is done to analyze Raktapradoshaj vikara among malnourished reproductive age group women in tribal area.

AIM: -

To study Raktapradoshaj vikara among malnourished reproductive age group women in Tribal area.

OBJECTIVES-

To study Raktapradoshaj vikara among malnourished reproductive age group women.

METHODOLOGY:

Study Design & Area: A descriptive cross-sectional study was conducted in Taluka Peth Nasik District, Maharashtra.

Study Population: All reproductive age women were considered as the study population.

Sample size estimation & Sampling techniques:

A sample size was calculated by using a single proportion formula with a 95% confidence level, margin of error (0.1), Maharashtra state prevalence rate of maternal malnutrition of 33%. Therefore, the required total sample size was calculated to be 80. 80 diagnosed malnourished Reproductive age group women were selected using Simple random Technique.

Steps of data collection:

Every patient was examined clinically according to standard case record format. Prior informed written consent was taken from each and every patient. Detailed history of Malnutrition and Raktapradoshaj vikara was taken with the help of specially designed case record format.

Variables:

Dependent: Raktapradoshaj vikara.
Independent: Malnutrition.

OBSERVATION:

Table No.1: Frequency distribution according to Age

Reproductive age group women	Frequency	%
18-25	42	52.5
26-35	25	31.25
>35	13	16.25
Total	80	100

Table No.2: Frequency distribution according to BMI

BMI	Frequency	%
15-16	07	8.75
16-18.5	73	91.25
Total	80	100

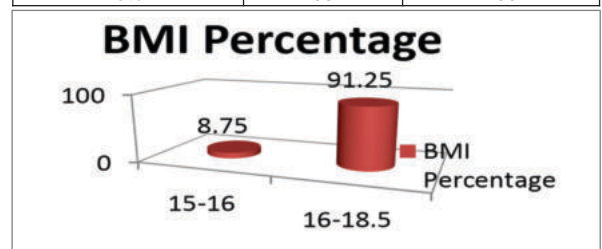


Table No.3: Frequency distribution according to Hetu of Raktapradoshaj Vikara:

Sr no.	Hetu of Raktapradoshaj vikara in Reproductive age women	Frequency	%
1	Vidahi Ahara	68	85
2	Snigdha Ahara	15	18.75
3	Drava Ahara	22	27.5
4	Ushna Ahara		
5	Bhajatam ch Atap Analau	76	95
6	Chardi Vega Pratighat	56	70
7	Bhukta diva praswapta	73	91.25
8	Sandushta bhojanat	62	77.5
9	Shrama abhigat	78	97.5
10	Santap	65	81.25

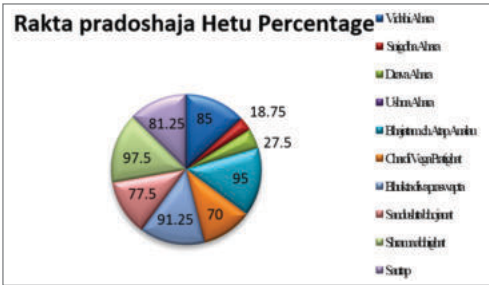
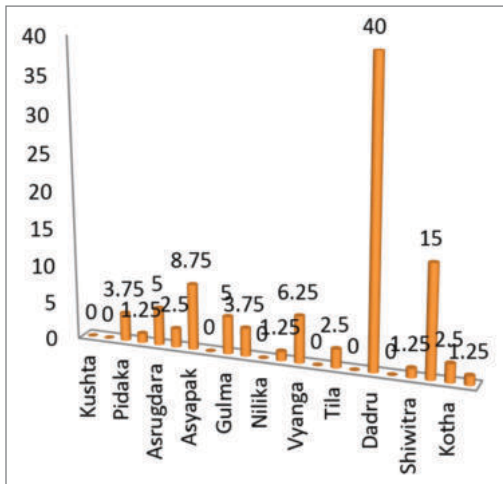


Table No.4: Frequency distribution according to Raktapradoshaj Vikara:

No.	Raktapradoshaj Vikara	Frequency	%
1	Kushta	00	00
2	Visarpa	00	00
3	Pidaka	03	3.75
4	Raktapitta	01	1.25
5	Asrugdara	04	5
6	Gudapak	02	2.5
7	Asyapak	07	8.75
8	Pleeha	00	00
9	Gulma	04	5
10	Vidradhi	03	3.75
11	Nilika	00	00
12	Kamla	01	1.25
13	Vyanga	05	6.25
14	Piplava	00	00
15	Tila	02	2.5
16	Kalka	00	00
17	Dadru	32	40
18	Charmadala	00	00
19	Shiwitra	01	1.25
20	Pama	12	15
21	Kotha	02	2.5
22	Asramandala	01	1.25



Total 80 participants responded to survey with response rate of 100%. The analysis of the demographic profiles shows maximum number (52.5%) of patients was between 18-25 years of age group. Data shows 91.25% subjects have BMI between 16-18.5. Data shows that in this study maximum 85% patients consumed Vidahi Ahara (Spicy Food), 77.5% Sandushta Bhojan (Contaminated food). Analysis on Viharaj Nidana (Etiological factors related to Lifestyle) Maximum 97.5% were suffered from shram-Abhigat (Excessive fatigue), 95% Bhajatam Atap Analau (Exposure to sunlight and heat) 91.25% patients habituated to Bhukta ch Praswapta (Day sleep after lunch) and 81.25% subjects had Santap (Excessive Heat). In this study one of the determinant factors among malnourished reproductive age group women was Raktapradoshaja vikara. Based on classic sign and symptoms of Raktapradoshaj Vikara A larger percentage of women diagnosed as Dadru (Tinea) (40%), 15% were diagnosed as Pama (scabies). 8.75% as Asyapaka (Stomatitis). 6.25% were found to have Vyanga (Melasma). Women had Gulma (Abdominal cyst). Pidaka (Acne) & Vidradhi (abscess) diagnosed among 3.75% women separately. 2.5% women diagnosed as Kotha (urticaria), Gudapak (Anal inflammation), and Tila (mole). Asramandala (reddish elevated patches on skin, Kamla (jaundice), Raktapitta (bleeding disorder), Shiwitra (vitiligo) were diagnosed in 1.25% women each.

DISCUSSION:

According to Ayurveda Rakta dhatu is important to support the body and maintain the life. Healthy Rakta dhatu maintain normal color of skin, cheerful complexion. The karma of rakta dhatu is jeevan, prana dharana. Malnutrition, Improper diet and living habits lead to vitiation of Rakta dhatu. All this causes various Raktapradoshaja vikara. The data obtained from present study indicates that majority of patients were suffering from Rakta pradoshaja vikara belongs to 18-25 yr. age group. Because in this age group they have more exposure to different etiological factors like Vidahi annapan (spicy and oily food), Ushna ahara (pungent food), Sandushta bhojana (contaminated food), shrama abhigat (excessive fatigue), Bhajatam ch atap analau (exposure to excessive sunlight and heat). Due to unhygienic lifestyle and poverty in tribal area more women were suffering from Dadru (Tinea) and pama (scabies). The higher percentage of Asyapak is observed. Drava, Ushna ahara causes vitiation of rakta dhatu and pitta dosha resulting inflammation. This etiopathology causes Asyapaka (Stomatitis) and Asrugdara (menorrhgia). The another high percentage found in reproductive age malnourished women is Vyanga (Melasma). Ushna ahara, Bhajatam ch atap (continuous exposure of sun light), shrama abhigat (excessive fatigue) vitiates rasa and rakta dhatu. This causes Vyanga (Melasma) in reproductive age malnourished women. Also Bhukta diva praswapta (day sleep after meal), Sandushta bhojanat (contaminated food), Shrama abhigat (excessive fatigue), Santap (excessive heat) are another nidana (etiology) observed in malnourished reproductive age women having rakta pradoshaja vikara.

CONCLUSION:

Dadru (tinea infection), Pama (Scabies), Asyapaka (Stomatitis) Vyanga (Melasma) are maximum observed Raktapradoshaja vikara among reproductive age group women in tribal area.

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