



## HEALTH STATUS OF CERTAIN AREAS OF NEW DELHI UNDER SCSP & TSP PROGRAMME

### Unani Medicine

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### ABSTRACT

**Background:** The main objective of the paper is to analyze the status of the scheduled castes, schedule Tribe in certain areas of New Delhi with respect to health status of particular areas. This paper is based on the primary data collected through direct visits to households of scheduled castes & number of persons screened with clinical attendance under Mobile Healthcare Program of SCSP at Regional Research Institute of Unani Medicine, New Delhi during June-2021-May-2022.

### KEYWORDS

#### INTRODUCTION

Health status is a multidimensional concept, requiring multiple measurement. Several different indicators of health status are usually included in health surveys, including single summarizing measures; questions relating to disease incidence and prevalence; and questions relating to functioning (physical, cognitive, emotional, and social) or disability (Stewart and Ware, 1992). Health status is sometimes equated with having one or more physical, psychological, or mental diseases or conditions. A variety of approaches can be used to measure disease incidence and prevalence, including reporting of a diagnosis by a health-care provider, reporting of symptoms (if an appropriate symptom exists), medication use, and direct diagnostic testing.

Health is a common theme in most cultures. In fact, all communities have their concept of health, as part of their culture. Among definitions still used, probably the oldest is that health is the absence of diseases. According to WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It can be construed as a feeling of wholeness and a happy frame of mind. It is not mainly an issue of doctors, social services and hospitals but an issue of social justice and is not perceived in the same way by all members of a community including various professional groups (e.g. biomedical scientists, social science scientists, health administrators, ecologists, etc.) giving rise to confusion about the concept of health. The holistic concept recognises the strength of social, economic, political and environmental influences on health. It implies that all sectors of society have an effect on health, in particular, agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors. The emphasis is on the promotion and protection of health (1,2). The best possible ways of health promotion in this holistic system of medicine are improvement of Tabiyat (Medicatrix naturae or Immunity) by immunomodulators, restoration of balanced temperament, maintenance of balance in the quality and quantity of humours, moderation of Asbaabe Sitta Zarooriya (six essential factors for life) and adoption of Ilaj Bil Tadabeer (Regimental therapy), Munzij wa Mushil (concoctive and purgative) therapy and Ilaj bil ghiza (Dieto-therapy) (3,4)

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 for the benefit of SC and ST population, Ministry of AYUSH has initiated Mobile Health Care Program under SCSP and TSP with CCRUM an apex autonomous research organization functioning under the Ministry of AYUSH, Government of India this Council is running Mobile Health programme for the benefits of SC and ST populations. The Programme

has been extended with the name of Mobile Healthcare Programme under Schedule Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP) in various centres/institutes of CCRUM. Present data is a compilation of number of patients with different diseases details collected through household survey in the Mobile Healthcare Program under SCSP in various places of New Delhi. (5)

Scheduled Castes are notified in 36 States/UTs of India and Scheduled Tribes in 36 States/ Uts

There are altogether 1,241 individual ethnic groups, etc. notified as Scheduled Castes in different States/UTs Number of individual ethnic groups, etc. notified as Scheduled Tribes is 705 There has been some changes in the List of SCs/STs in States/ UTs during the last decade. The scheduled caste population of NCT of Delhi is 28.19 Lakhs as per the 2011 Census and States having maximum SC population are Punjab, Himachal Pradesh, west Bengal, Uttar Pradesh & Haryana. The Scheduled Castes Sub-Plan (SCSP) of 1979 mandated a planning process for the social, economic and educational development of SCs and improvement in their working and living condition. It entailed a targeted flow of funds and associated benefits from the annual plan of States and UTs in appropriate proportion to the national SC population. As much as 27 States and UTs with sizable SC population are implementing the plan (Anonymous, 2006).The strategy of SCSP envisages channelizing the flow of outlays and benefits from all the sectors of development in the Annual Plans of States/UTs and Central Ministries at least in proportion to their population both in physical and financial terms. (6)

#### METHOD:

A pre-tested questionnaire were developed for collection of primary data containing information about health status like condition of the individuals, age, gender etc administered by going house to house visits.

#### OBJECTIVES:

The main objective of the paper is the prevention, treatment, and management of illness and the preservation of health through the services offered by health care organization and professionals. It includes all the goods and services designed to promote health, including "preventive, curative and palliative interventions, whether directed to individuals or to populations covered under the programme.

#### METHODOLOGY:

This study was carried out in five SC dominated villages of New Delhi namely 1.Madanpur Khadar extension,2. Dakshinpuri,3. Nabi Kareem, 4.Sri Niwas Puri and 5.Kalyanpuri-by the CCRUM's Regional Research Institute of Unani Medicine (RRIUM), Delhi. Primarily, contact was established with the Pradhans/local leaders of all the Spots who extended a good report in reaching out to the target

population. The importance of the study was explained and a well informed consent was taken from all the subjects included in this study. A questionnaire containing Healthcare information like disease,age,gender,educational qualification and occupation etc.

**RESULT AND DISCUSSION:**

Data was obtained through the SCSIP Mobile Healthcare programme\ Opd conducted in five adopted areas by Regional Research Institute of Unani Medicine under Central Council for Research in Unani Medicine [CCRUM], Ministry of Ayush Govt of India from June 2021 to May 2022. Information regarding the age, sex, education, marital status and health status etc were collected from the total no of visits made in mobile opd during the periode of study in five adopted areas [spots] with the help of predesined screening forms.

Data were devided into two groups namely [A and B] communicable diseases [CD] is group 'A' and Non communicable diseases [NCD] is group 'B'. As we have seen in NCD group A Waja-al- zahar (Backach) and waja-al-khasran (lowbackach), female patients are more affected, whereas in Waja-al-mafasi (Polyarthritus) and ziabetus shakri (Diabetes Mellitus) male patients are more affected.

In group B [CD] Jarab[scabies] and Hikka [pruritus] are more common in males and Nazla e haad [common cld] is more common in female patients.

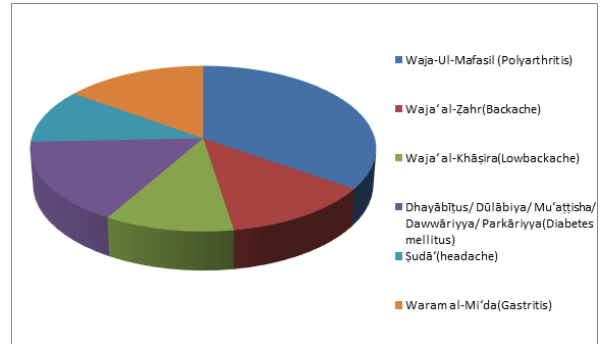
**Table No.01- Non Communicable Diseases**

| S.No  | Disease   | Duration              | Male | Female | Old-Male | Old-Female |
|-------|---|-----------------------|------|--------|----------|------------|
| 1     | Waja' al-Zahr(Backache)   | June 2021 to May 2022 | 106  | 167    | 78       | 100        |
| 2     | Waja' al-Mafaasil(Polyarthritus)  | -----                 | 290  | 271    | 180      | 178        |
| 3     | Waja' al-Khāsira(Lowbackache)   | -----                 | 90   | 136    | 66       | 93         |
| 4     | 'Irq al-Nasā(Sciatica)  | -----                 | 37   | 50     | 24       | 30         |
| 5     | Dhayābītus/Dūlābiya/Mu'aṭṭisha/Dawwāriyya/Parkāriyya(Diabetes mellitus) | -----                 | 134  | 80     | 87       | 65         |
| 6     | Ḥurqa al-Bawl(Burning micturition)                                      | -----                 | 43   | 31     | 25       | 27         |
| 7     | Bawl fi'l Farāsh(Nocturnal enuresis / bed wetting)                      | -----                 | 10   | 06     | 13       | 07         |
| 8     | Waja' al-Mi'da(Gastralgia)  | -----                 | 123  | 90     | 54       | 52         |
| 9     | Waram al-Mi'da(Gastritis)   | -----                 | 125  | 126    | 70       | 66         |
| 10    | Ḥurqa al-Mi'da(Hyperacidity)  | -----                 | 109  | 98     | 55       | 62         |
| 11    | Ṣudā'(headache)   | -----                 | 89   | 87     | 41       | 44         |
| 12    | Khadar (Numbness)   | June 2021 to May 2022 | 65   | 41     | 11       | 8          |
| Total | -----   | -----                 | 1221 | 1153   | 626      | 732        |

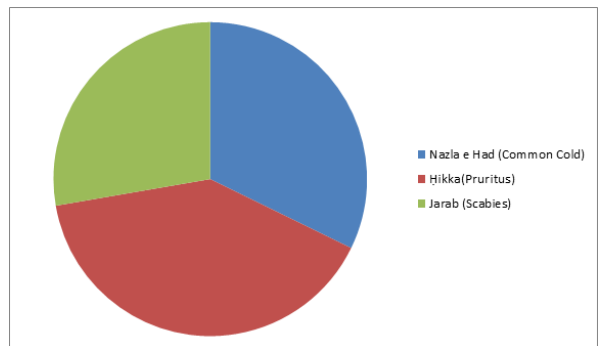
**Table No.02- Communicable Diseases**

| S.No  | Disease                   | Duration              | Male | Female | Old-Male | Old-Female |
|-------|---------------------------|-----------------------|------|--------|----------|------------|
| 1     | Jarab (Scabies)           | June 2021 to May 2022 | 92   | 69     | 51       | 40         |
| 2     | Hikka (Pruritus)          | -----                 | 133  | 99     | 55       | 40         |
| 3     | Nazla e Had (Common Cold) | June 2021 to May 2022 | 107  | 122    | 62       | 55         |
| Total | -----                     | -----                 | 332  | 290    | 168      | 135        |

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| 1 | Waja-Ul-Mafasil (Polyarthritus)   |  |  |  |  |
| 2 | Waja'al-Zahr(Backache)  |  |  |  |  |
| 3 | Waja'al-Khāsira(Lowbackache)  |  |  |  |  |
| 4 | Dhayābītus/Dūlābiya/Mu'aṭṭisha/Dawwāriyya/Parkāriyya(Diabetes mellitus) |  |  |  |  |
| 5 | Ṣudā'(headache)   |  |  |  |  |
| 6 | Waram al-Mi'da(Gastritis)   |  |  |  |  |



**Table No.0- Graph**



**Table No.02- Graph**

**CONCLUSION:**

The collected & compiled data exhibit that the majority of population that visited the OPDs belongs to SC population get benefit with the programme. Data shows that the programme is particularly successful in areas of rural Delhi. The percentage of female population who visited the OPDs is more and looking very sick, which reveals that due to the excessive burden of work & poor nutritional diet they are more susceptible to have diseases.

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