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Unani Health Camp: Nurturing Wellness in Maner, Patna

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Abstract **Original Research Article**

Background: Health camps are usually targeted to underprivileged people of rural places. They help in the awareness, preventive and curative services to those people. Health camps play a crucial role in enhancing individual and community well-being by providing essential medical services, especially in rural areas with limited access to healthcare. ***Methods:*** A prospective cross-sectional study was conducted during a one-day health camp in Sherpur village, Patna District, on December 13, 2022. The camp was organized by Govt. Tibbi College and Hospital, Patna, involving an interdisciplinary team. All the services including medicines, consultation charges were free of cost. All attending patients were included, with their socio-demographic and clinical data recorded. ***Results:*** The camp attended 572 patients, diagnosing 740 conditions. There were 264 (46.15%) females and 308 (53.85%) males. 547 (95.63%) patients belonged to Hindu religion, 23 (4.02%) patients belonged to Muslim religion and 02 (0.35%) patients belonged to Christian community. The most common diagnoses were related to the musculoskeletal (32.97%), respiratory (17.43%), and digestive (16.35%) systems. Other conditions included issues related to neurology, psychiatry, endocrinology, and dermatology. ***Conclusion:*** The data highlighted significant healthcare needs in the rural community and emphasizing common conditions. The camp's success underscores the necessity of regular and extended healthcare interventions in underserved areas.

Keywords: Ayush, Camp, Health, Healthcamp, Unani Medicine.

INTRODUCTION

Health camps have emerged as a vital initiative in recent years, offering a comprehensive approach to addressing the multifaceted aspects of individual and community well-being. By encouraging a sense of community and cooperation, these camps seek to enable people to actively participate in bettering their health and leading healthier lifestyles.

Health camps in rural communities are a brilliant idea that provide vital medical services to people who frequently do not have easy access to comprehensive healthcare facilities in the wide and varied terrain of global healthcare. It's common knowledge that rural communities struggle to get timely, high-quality healthcare due to a variety of problems, including a lack of adequate infrastructure, restricted transportation options, and an unequal distribution of highly qualified healthcare workers. [1-3]

To address these disparities, various governments, hospitals, and non-governmental organizations have implemented the strategy of "task-shifting," wherein healthcare tasks are delegated to less specialized workforce, often with the aid of Information and Communication Technologies (ICT). [4]

The creation of health camps is one such project that provides specialised medical knowledge to isolated and unreachable locations. This health camp is a temporary, mobile medical intervention that is intended to offer target communities with medical check-ups and drugs [5]. In a similar vein, community-based health awareness campaigns and counselling promote health utilisation at medical facilities; referrals for complex cases address and integrate health issues of minorities and indigenous people into the general health programme. A successful health camp helps improve the health state of the unreached community that lacks access to basic healthcare in addition to giving us

information about the prevalence of specific diseases in a community [6].

This health camp was conducted in Sherpur village in Maner block of Patna District which is almost 25km from Govt. Tibbi College and Hospital, Patna with a population of about 31,073 [2011 census] [7] among the local residents with the aim to cater health services to the needy. This place is far from the facilities of development and health due to lack of human resources and difficulty in access. Health camp was conducted in cooperation with health professionals of Govt. Tibbi College and Hospital, Patna and direct support from Rtn Sachchidanand and Inder Singh Higher Secondary School. Free health camps are the sole source of health care in some rural communities.

The success of health camps can be attributed to their ability to incorporate community participation, a key component of effective health promotion programs.[8]

The objective of this study was to fulfil the NCISM minimum norm, to promote the unani system of medicine & to explore and answer the health status of local population.

MATERIAL AND METHODS

It's a prospective cross-sectional study comprised of all consecutive patients attending the camp in Sherpur village in Maner block of Patna District.

This health camp was planned by the Department of Preventive and social medicine of Govt. Tibbi College and Hospital, Patna as its regular program for serving patients at their doorsteps with consultations with local health bodies, after receiving a request letter for health camp from the member of east central railway D.R.U.C.C Danapur, Rtn Sachchidanand resident of sherpur village dated on 2-12-2022. The participating team in the health camp included a Faculties and Medical officers of clinical branch, PG Scholars, Pharmacist and local health volunteers. The patients did not pay any amount of fee for consultation and medicines. Medicines were provided by Govt. Tibbi College and Hospital, Patna.

All the patients attending the free camp were taken as a case. The study period was of 01day (09:00AM-09:00PM) on 13th December 2022. No specific selection criteria were allocated. Any patient who attended the health camp and willing to participate were enrolled in the study. A brief explanation about the study was offered to the subjects and verbal consent was obtained either from them or their parents in case of disable and dependents. A continuous sequential number was given to each subject and available necessary information collected was kept confidential in a separate file. The socio demographic profile which contained name, age, sex, caste along with the basic diagnosis made was entered in a file. The clinical records of the patients were also taken into consideration during the study. The data was entered into the Microsoft excel software, version 10 and analysed using Microsoft excel software version 10.

RESULTS

The general population who attended the camp were 572 patients out of these 168 patients had co-existing diagnosis and the frequency of provisional diagnosis in 572 patients were 740. There were 264 (46.15%) females and 308 (53.85%) males. 547 (95.63%) patients belonged to Hindu religion, 23 (4.02%) patients belonged to Muslim religion and 02 (0.35%) patients belonged to Christian community. Majority of the patients belonged to the age group of 19-64 years with 359 (62.76%), followed by 137 (23.95%) between 00–18 years children, the geriatric patients were 76 (13.28%) between the age group of 65-90 years [9].

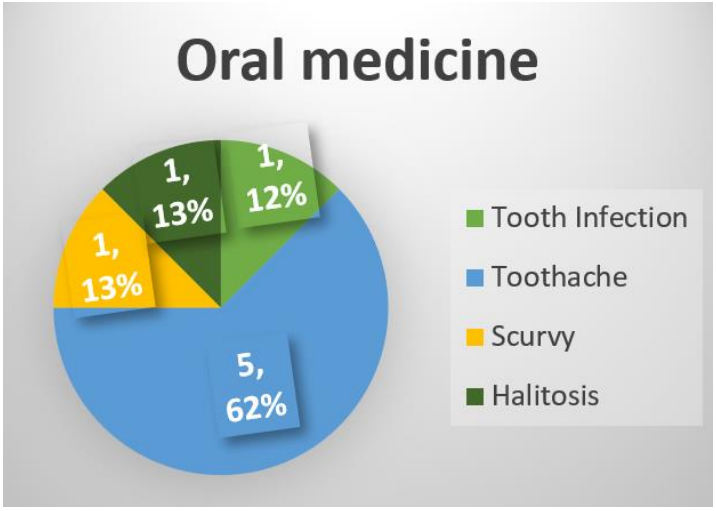

Chart 1: Provisional diagnosis of oral medicine cases(n=08)

Table 1: Frequency and Percentage of Provisional Diagnosis according to departments and System in 572 Patients

System	Cases frequency (n)	Percentage
Digestive System	121	16.35
Oral Medicine	08	1.08
Respiratory System	129	17.43
Circulatory System	34	4.59
Lymphatic System	02	0.27
Musculoskeletal System	244	32.97
Neurology & Psychiatry	31	4.19
Eye & ENT	12	1.62
Urinary System	03	0.41
Reproductive System	12	1.62
Endocrine System	44	5.95
Integumentary System	53	7.16
General Complains	47	6.35
Total number of cases	740	100.0

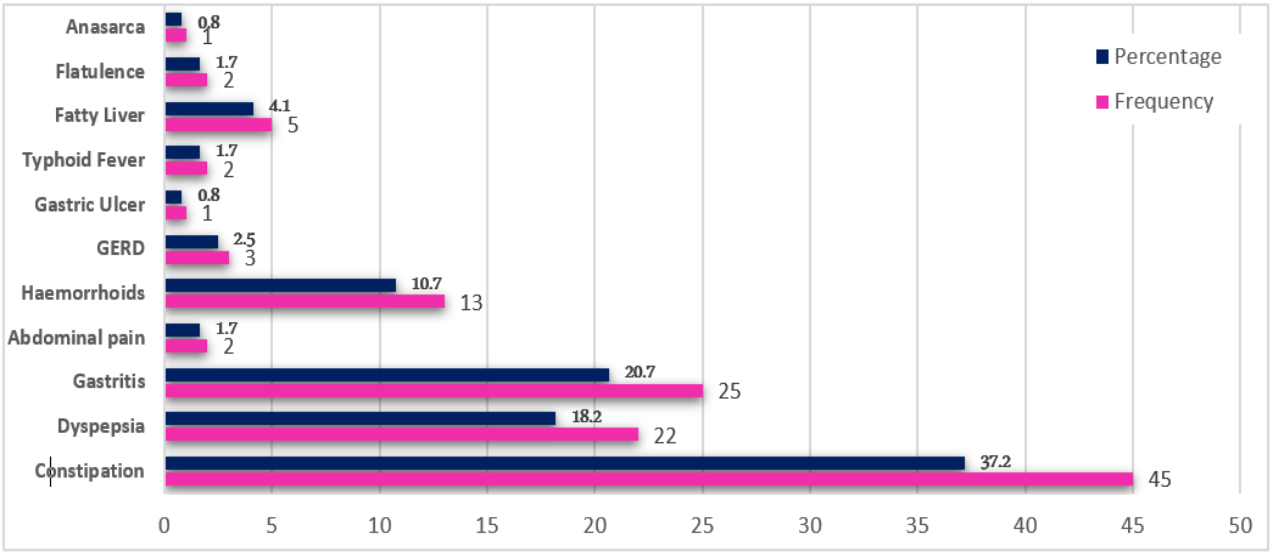

Chart 2: Provisional Diagnosis of Digestive System Disorder Cases (N=121)

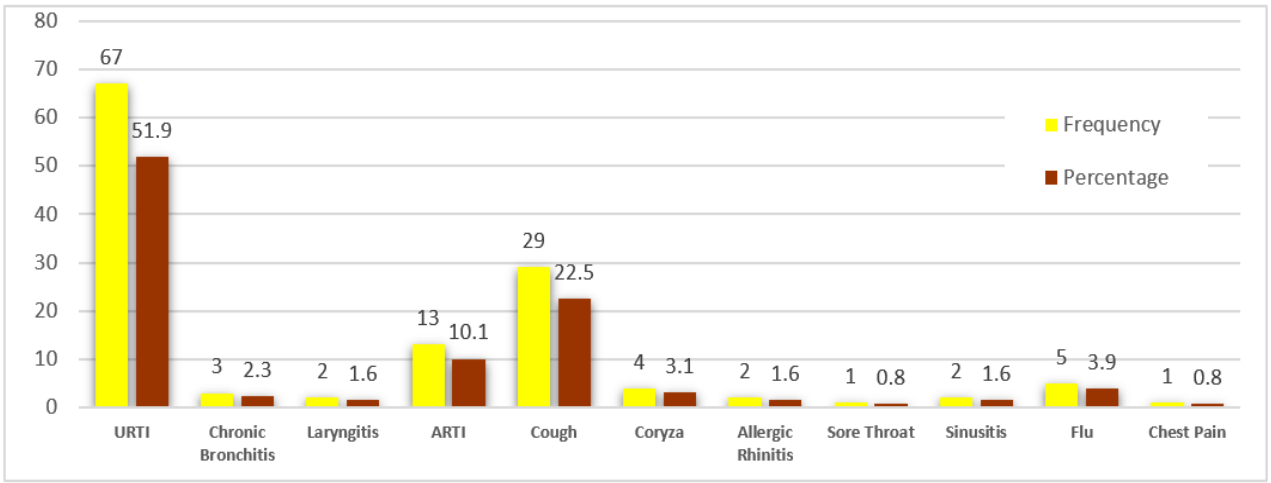

Chart 3: Provisional Diagnosis of Respiratory System Disorder Cases(N=129)

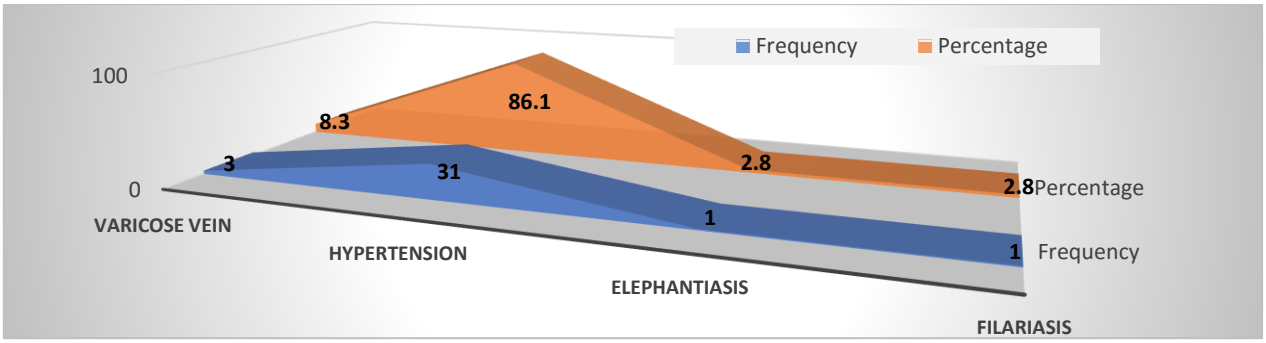

Chart 4: Provisional Diagnosis of Circulatory & Lymphatic System Disorder Cases (N=36)

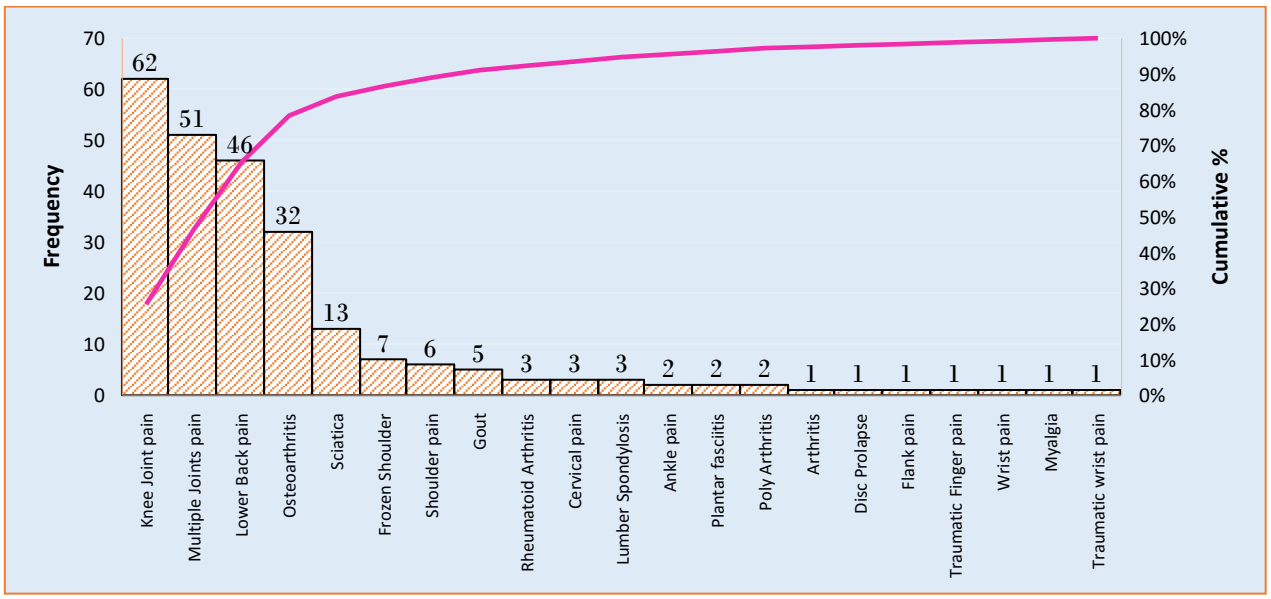

Chart 5: Provisional Diagnosis & Frequency of Musculoskeletal System Disorder Cases (N=244)

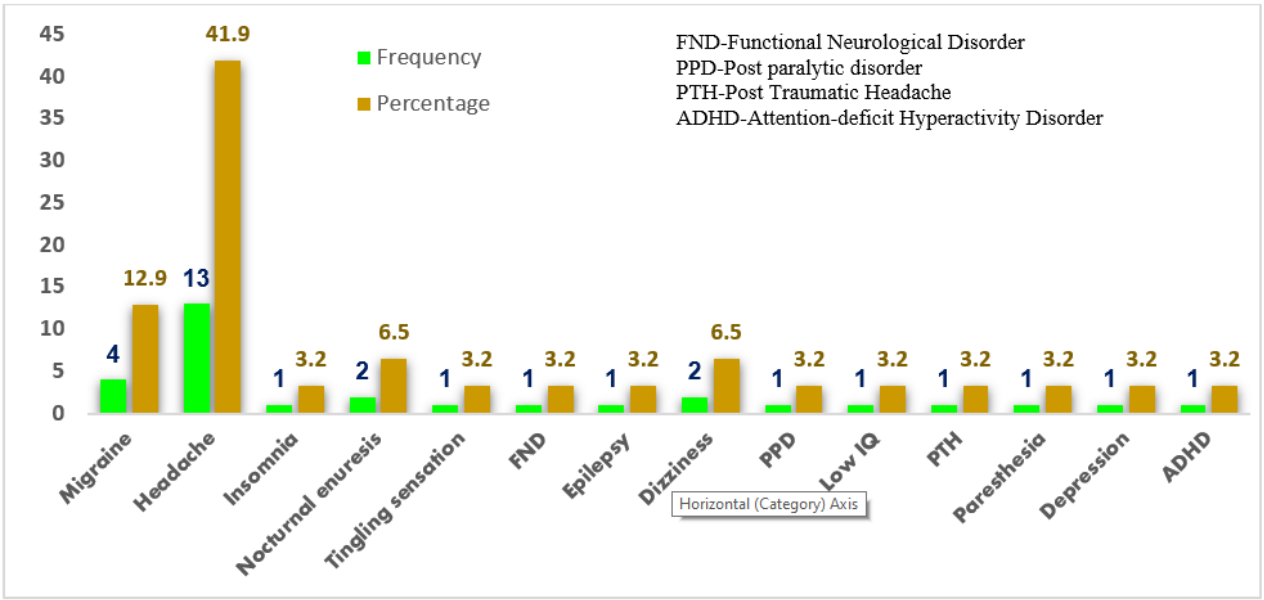

Chart 6: Provisional Diagnosis & Frequency of Neuro and Psychotic Disorder Cases(N=31)

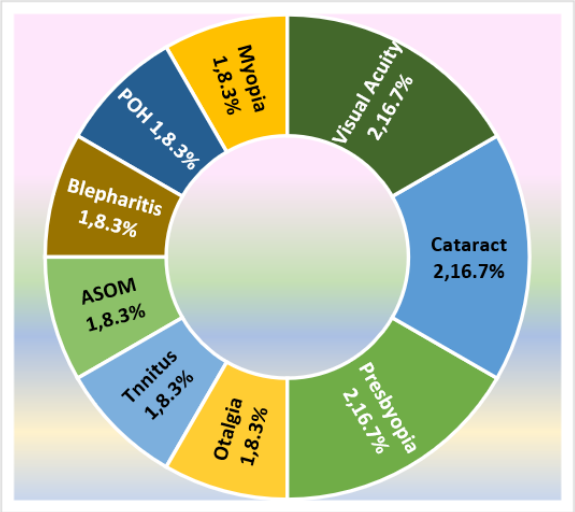

Chart 7: Provisional diagnosis & frequency of Eye and ENT disorder cases(n=3). ASOM- Acute Suppurative Otitis Media, OH- Periorbital hyperpigmentation

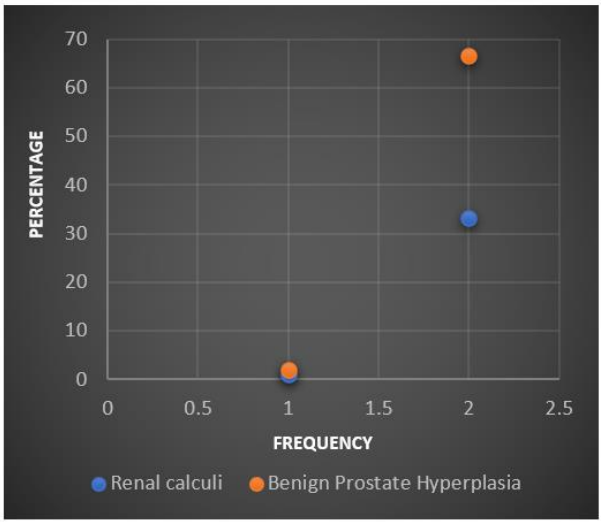

Chart 8: Provisional diagnosis & frequency of Urinary System disorder cases(n=12)

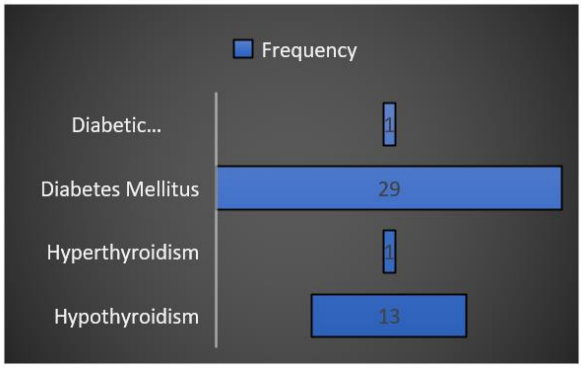

Chart 9: Provisional diagnosis & frequency of Endocrine System disorder cases(n=44)

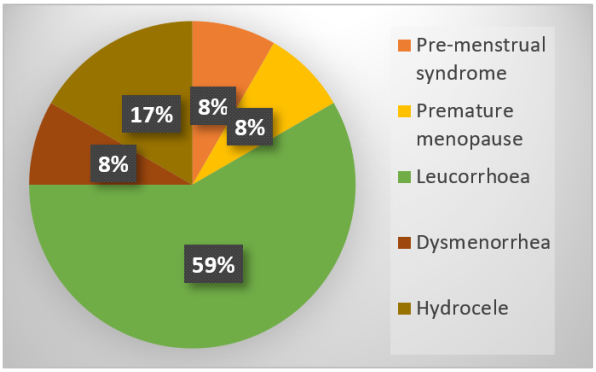

Chart 10: Provisional diagnosis & frequency of Reproductive System disorder cases(n=12)

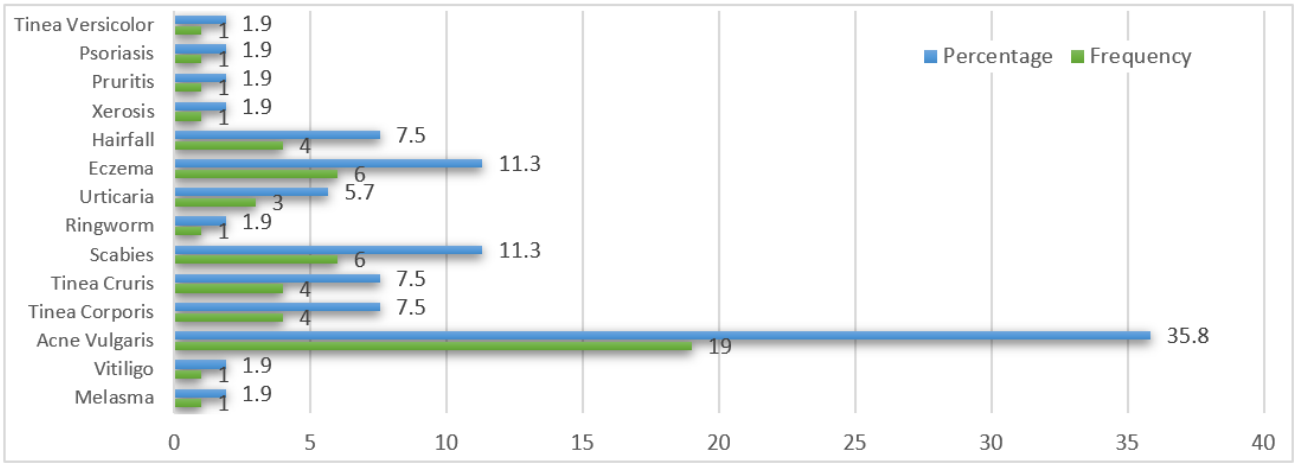

Chart 11: Provisional Diagnosis & Frequency of Integumentary System Disorder Cases (N=51)

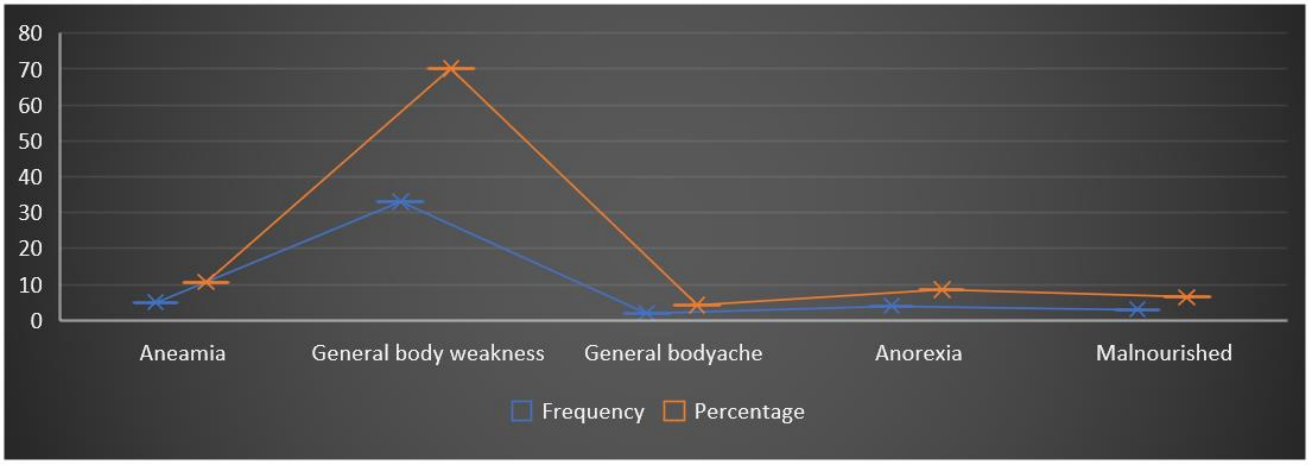

Chart 12: Provisional Diagnosis & Frequency of Internal Medicine Disorder Cases (N=47)

DISCUSSION

The medical camp had a total attendance of 572 patients, out of which 168 had co-existing diagnoses. The total frequency of provisional diagnoses among these patients was 740. The gender distribution was fairly balanced. Regarding religious affiliation, the majority of the patients, were Hindu, followed by Muslims, and 0.35% Christians. Age-wise, the largest group of patients was between 19-64 years, followed by children aged 0-18 years.

In Table-1 the data presents a breakdown of medical cases across various departments and systems. The Musculoskeletal System accounts for the highest frequency of cases with 244 instances, representing 32.97% of the total. This is very close (31.9%) to the finding of Dora S. *et al* [10] indicating a strong consensus of orthopaedic related problems within community. The Respiratory System follows, comprising 129 cases, which makes up 17.43%, very similar (14.63%) to the finding of Patil SS. *et al.*, [11]. The Digestive System is also notable, with 121 cases or 16.35%. This is very close (16.26%) to the reported of Patil SS. *et al.*, [11], indicating a consistent level of gastrointestinal disorder cases. In comparison, the Circulatory System has 34 cases, equivalent to 4.59%. Neurology & Psychiatry is recorded at 31 cases, making up 4.19%. The Endocrine System accounts for 44 cases, representing 5.95%, while General Complains covers 47 cases or 6.35%. The Integumentary System has 53 cases, constituting 7.16%. In contrast this is slightly higher (19.0%) in the finding of Dora S. *et al* [10]. Less frequently occurring categories include the Eye & ENT and the Reproductive System, each with 12 cases, representing 1.62% respectively. The Oral Medicine and the Urinary System categories have even fewer cases, with 8 and 3 cases respectively, accounting for 1.08% and 0.41%. The Lymphatic System has the lowest frequency with only 2 cases, making up just 0.27%. Overall, the total number of cases across all categories sums up to 740, with each category contributing to the total percentage distribution.

The charts (1-11) provide a detailed overview of the case frequency and percentage of various medical conditions across multiple specialties. In the field of gastroenterology, constipation is the most common issue, affecting 45 individuals and representing 37.2% of the cases. Dyspepsia and gastritis follow with 22 (18.2%) and 25 (20.7%) cases respectively. Less common conditions include abdominal pain, haemorrhoids, GERD, gastric ulcer, typhoid fever, fatty liver, flatulence, and anasarca, with frequencies ranging from 1 to 13 cases and percentages between 0.8% and 10.7%.

In dentistry, tooth infection, toothache, scurvy, and halitosis are observed. Toothache is the most prevalent, affecting 5 individuals (62.5%), while the other conditions have a frequency of 1 case each, representing 12.5%.

The pulmonology category is dominated by upper respiratory tract infections (URTI), with 67 cases (51.9%). Cough is also significant with 29 cases (22.5%). Other conditions like chronic bronchitis, laryngitis, acute respiratory tract infection (ARTI), coryza, allergic rhinitis, sore throat, sinusitis, flu, and chest pain vary in frequency from 1 to 13 cases, with percentages between 0.8% and 12.5%.

Cardiology sees hypertension as the most common issue, affecting 31 individuals (86.1%). Varicose veins follow with 3 cases (8.3%). Lymphatic filariasis and Elephantiasis each have a frequency of 1 case, representing 2.8%.

In orthopaedics, knee joint pain is the most prevalent condition, with 62 cases (25.4%). Multiple joint pain and lower back pain are also common, with 51 (20.9%) and 46 (18.9%) cases respectively. Other conditions such as osteoarthritis, sciatica, frozen shoulder, plantar fasciitis, lumbar spondylosis, and various types of pain have frequencies ranging from 1 to 32 cases and percentages between 0.4% and 13.1%.

Neurology and psychiatry show headache as the most frequent issue, with 13 cases (39.4%). Migraine follows with 4 cases (12.1%). Other conditions include nocturnal enuresis, dizziness having frequencies of 2 cases (6.5%) each, tingling sensation, insomnia, functional neurological disorder, epilepsy, post paralytic disorder, low IQ, post traumatic headache, depression and attention-deficit hyperactivity disorder, each having frequencies of 1 case, with percentages 1.9%.

Ophthalmology and ENT reveal presbyopia and cataract as the most common conditions, each with 2 cases (16.7%). Myopia, visual acuity issues, and other conditions have a frequency of 1 case each, representing 8.3%.

In urology, benign prostate hyperplasia is more frequent with 2 cases (66.7%), while renal calculi have 1 case (33.3%).

Gynaecology and obstetrics indicate that leucorrhoea is the most common condition, with 7 cases (58.3%). Dysmenorrhea, pre-menstrual syndrome, and premature menopause each have a frequency of 1 case, representing 8.3%.

Endocrinology shows a high prevalence of diabetes mellitus with 29 cases (65.9%). Hypothyroidism follows with 13 cases (29.5%). Other conditions include diabetic neuropathy and hyperthyroidism, each with a frequency of 1 case (2.3%).

Dermatology highlights acne vulgaris as the most prevalent condition, with 19 cases (35.8%). Scabies, eczema, and tinea cruris are also common, with 6 (11.3%) and 4 (7.5%) cases respectively. Other dermatological conditions like melasma, vitiligo, tinea corporis, ringworm, urticaria, hair fall, xerosis, psoriasis, tinea versicolor and pruritis have lower frequencies, with percentages between 1.9% and 7.5%.

In the General Complains category, general body weakness is highly prevalent with 33 cases (70.2%). Anaemia follows with 5 cases (10.6%). Other conditions such as general body ache, anorexia, and malnourishment have lower frequencies, with percentages between 4.3% and 8.5%.

CONCLUSION

Overall, the data provides a comprehensive overview of the prevalence of various medical conditions across multiple specialties. This information is valuable for Govt. Tibbi College and hospital Patna, healthcare providers and administration to understand the distribution of health issues currently going in that particular population and area, also help to aid in resource allocation, infrastructure, treatment planning & availability of healthcare professionals (doctors & paramedics etc) to reduce the disease burden. Also, health camps give an opportunity to understand the healthcare needs of the community served, build the healthcare provisions, and strengthen the healthcare delivery system.

LIMITATIONS

There was only one day when the camp was held. Due to the high patient flow, it's possible that important information was overlooked. It would have been preferable to undertake a proper history taking and diagnosis over the course of two or more days. Furthermore, the patients failed to bring their follow-up report from their prior hospital stay. Additionally, owing to inadequate setup, a definite diagnosis could not be performed. Finally, it should be noted that this is merely the tip of the iceberg in terms of the rural areas where people do not even receive basic medical care.

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Conflict of interest: None declared**.**

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