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**Medicine**

# Drug Prescription Patterns in Free Health Camp: A Retrospective Analysis of Drug Utilization

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**Abstract** **Original Research Article**

***Background:*** Health camps are mainly organised to raise awareness about the needs of those population without access to basic healthcare facilities and also offer basic medical treatments. This study set out to determine the pattern of medication prescription in a free health camp. ***Methods:*** A one-day cross-sectional descriptive study was carried out in the rural Sherpur area of Maner block of Patna district, Bihar on 13th of December 2022. This free health camp was planned to assess and measure the patterns of prescribed medicine and their distribution free of cost. Utilising a record kept at the health camp, information about the patient's demographics, the provisional diagnosis or diagnosis of their ailments and the medication they were provided was gathered. ***Results:*** The study involved total number of 572 patients overall with 740 conditions were diagnosed. The musculoskeletal (32.97%), respiratory (17.43%) and digestive system (16.35%) each accounted for the majority of diagnoses. A total of 1927 drugs were distributed, most commonly prescribed being anti-inflammatory (*Mohallil e auram*), analgesic (*Musakkin e alam*), emollient *(Mulaiyyin*), expectorant (*Munaffis e balgham*), digestive (*Hazim*) and carminative (*Kasir e riyah*) etc., like *Majoon Dabidulward, Habbe Suranjan, Majoon Jograj Gogul, Roghane Surkh, Lori cough syrup, Wheeznil syrup, Habbe Kabid Naushadri, Habbe Muqil* etc. ***Conclusion:*** Majority of the health camp attendees were suffering from musculoskeletal problems followed by respiratory and digestive problems. All the drugs distributed were mostly herbal origin followed by few mineral origins like *Mohallil e auram, Musakkin e alam, Munaffis e balgham, Mulattif e balgham, Kasir e riyah, Mulaiyyin, Hazim, Musaffi e khoon, Muqawwi e aam, Habis Qabis, Muqawwi e Jigar* etc.

**Keywords:** Unani medicine; Health camp; Musculoskeletal problems; Mohallile auram; Musakkine alam; Sherpur.



## INTRODUCTION

Health care is a fundamental human right, but its accessibility to Indian individuals is hindered by inadequate infrastructure, lack of trained medical professionals, and a scarcity of basic medications.[1]

In developing nations, health camp or outreach clinics are an effective way to provide basic and essential healthcare services to the underprivileged population, where free drug distribution, health consultations and health awareness for the public is created. It is also a prime medium to propagate about the health services one is providing. Health camps, also known as *swàsthya shivir*, are either mobile or stationary short-term medical treatments that typically last one to three days for the target community. These days, people are more aware through various available means and want to be healthy and are becoming health conscious. Unfortunately, the low economic population is unable to access healthcare facilities for treatment because of a lack of resources, education, appropriate transportation, and challenging distance to travel. Camp locations are usually chosen based on public demand and easily accessible to the location and also considering the maximum coverage of the population so that people get benefitted, it can include specific rural communities, privileged population, schools, universities, orphanages etc. [2-4]

The organisation of health camps is a viable and effective approach utilized by governmental and non-governmental bodies to provide basic and essential

medical facilities like screening, health status monitoring, free consultation and drugs distribution as well as promoting awareness about the importance of being healthy for self and for the development of the nation. The main goal and range of a health camp involve spreading awareness about healthcare services in the area, advocating for healthcare, early identification and screening for diseases, reaching out to underserved communities, and raising awareness about different diseases. Health camps' success can be linked to its potential to include community involvement which is crucial to successful efforts to promote and prevent health. [5-6]

The aim and objective of the health camp was to examine the health status of the particular population and also to make aware about Unani system of medicine as well as service being offered at Government Tibbi College & Hospital, Patna.

## METHODOLOGY

A cross-sectional descriptive study was carried out with 572 participants who attended a free health camp in the rural Sherpur area of Maner block of Patna district, Bihar on 13th of December 2022. Proposal of organising Health Camp from Sachidanand ji of Sherpur village was received to the Principal of Govt. Tibbi College & Hospital, Patna on 02.12.2022. Department of Preventive and Social Medicine, GTCH planned and monitored this one-day free health Camp under the guidance of Dr. Md Tanwir Alam and Dr. Md. Fakhrul Haque. A team of total 10 PG doctors, 2 Associate Professors, a medical officer and 3 technical staffs to assist the camp were selected. Pre-Camp announcement and advertisement was done in the nearby area through Loud speaker to increase the reach of the camp. The camp was volunteered by the few local residents and Sachidanand ji of the Sherpur to manage and control the patients crowd, also they helped the patients to guide in the camp area. All the management and supports were provided by Sachidanand ji in the Camp site. A list of total 30 *Unani* compound formulations were sponsored by Government Tibbi College & Hospital, Patna to dispense in the camp as per doctor's prescription. The duration of camp was from 9:00 AM to 9:00 PM.

Patients who attended the free health camp were registered in college registration register at the registration counter, making sure that each patient only registered once and their verbal informed consent was obtained priority. A register was kept to document the patients' basic personal data, including name, age, sex, religion, address, marital status, occupation, and purpose for attending. Subsequently patients were guided by the volunteer to reach doctor. This camp has a special area for female patients who has gynaecological problems and this section was run by the female Doctors only. Doctors present in the camp were from department of Medicine, Skin and Cosmetology, Gynaecology, Community medicine, Pharmacology including a medical officer and 3 technical staffs from the College Hospital and few local volunteers. While consultation, disease diagnosis or provisional diagnosis were written in the prescription, if necessary, dietary advice was also given to the needy patient and address of Government Tibbi college were dictated to the needy so that they can continue with the treatment if required at free of cost. After consultation the patients were guided to reach at the drugs distribution counter.

**Fig.1: - Doctors prescribing medicines to patient after consultation at the camp**

**Fig.2: - Dedicated Gynaecological consultation arranged for female patients**

**Fig.3: - Group photo with Doctors, Local leaders and School staff**

All the records were collected and the data were entered in the Microsoft office 15. Further Disease diagnosis or provisional diagnosis and treatment data were tabulated and analysed.

## RESULTS AND OBSERVATION

**Table 1: Prevalent health problems observed and drugs prescribed**

| S.No. | Speciality | Provisional Diagnosis | No. (n) | % | Drug Prescribed |
|---|---|---|---|---|---|
| 1 | Orthopaedic/ Musculoskeletal | Arthritis | 1 | 0.4 | *Habbe Suranjan, Habbe Asgand, Roghane Surkh, Majoon Chobchini, Majoon Jograj Gugul, Habbe Kabid Naushadri, Majoon Dabidulward, Habbe Muqil* |
| | | Disc Prolapse | 1 | 0.4 | |
| | | Flank pain | 1 | 0.4 | |
| | | TFP* | 1 | 0.4 | |
| | | Wrist pain | 1 | 0.4 | |
| | | Myalgia | 1 | 0.4 | |
| | | TWP* | 1 | 0.4 | |
| | | Ankle pain | 2 | 0.84 | |
| | | Plantar fasciitis | 2 | 0.81 | |
| | | Poly Arthritis | 2 | 0.81 | |
| | | Rheumatoid Arthritis | 3 | 1.22 | |

| | | | | | |
|---|---|---|---|---|---|
| | | Cervical pain | 3 | 1.22 | |
| | | Lumbar Spondylitis | 3 | 1.22 | |
| | | Gout | 5 | 2.04 | |
| | | Shoulder pain | 6 | 2.45 | |
| | | Frozen Shoulder | 7 | 2.86 | |
| | | Sciatica | 13 | 5.32 | |
| | | Osteoarthritis | 32 | 13.11 | |
| | | Low Back pain | 46 | 18.85 | |
| | | Multiple Joint pain | 51 | 20.9 | |
| | | Knee Joint pain | 62 | 25.4 | |
| | Total | **244 (32.97%)** | | | |
| 2 | Pulmonology/ Respiratory | Sore Throat | 1 | 0.77 | *Lauq Katan, Lauq Sapistan, Sharbat Toot Siyah, Lori Cough Syrup, Itrifal Ustukhudoos, Wheeznil Syrup, Habbe Bukhar* |
| | | Chest Pain | 1 | 0.77 | |
| | | Laryngitis | 2 | 1.55 | |
| | | Allergic Rhinitis | 2 | 1.55 | |
| | | Sinusitis | 2 | 1.55 | |
| | | Chronic Bronchitis | 3 | 2.32 | |
| | | Coryza | 4 | 3.1 | |
| | | Flu | 5 | 3.87 | |
| | | ARTI* | 13 | 10.07 | |
| | | Cough | 29 | 22.48 | |
| | | URTI* | 67 | 51.93 | |
| | Total | **129 (17.43 %)** | | | |
| 3 | Gastroenterology/ Digestive | Gastric Ulcer | 1 | 0.82 | *Habbe Kabid Naushadri, Itrifal Muqil Mulaiyyin, Majoon Dabidulward, Jawarish Pudina Vilayati, Habbe Bukhar, Habbe Bawasir Badi, Habbe Bawasir Khooni* |
| | | Anasarca | 1 | 0.82 | |
| | | Abdominal pain | 2 | 1.65 | |
| | | Typhoid Fever | 2 | 1.65 | |
| | | Flatus | 2 | 1.65 | |
| | | GERD* | 3 | 2.47 | |
| | | Fatty Liver | 5 | 4.13 | |
| | | Haemorrhoids | 13 | 10.74 | |
| | | Dyspepsia | 22 | 18.18 | |
| | | Gastritis | 25 | 20.66 | |
| | | Constipation | 45 | 37.19 | |
| | Total | **121 (16.35%)** | | | |
| 4 | Dermatology | Melasma | 1 | 1.88 | *Majoon Ushba, Hemoclin Syrup, Majoon Dabidulward, Habbe Kabid Naushadri, Clove oil, Cahaya Cream, Itrifal Shahatra, Benazir Hair Oil, Itrifal Ustukhudoos, Majoon Musaffi Khoon* |
| | | Vitiligo | 1 | 1.88 | |
| | | Ringworm | 1 | 1.88 | |
| | | Xerosis | 1 | 1.88 | |
| | | Pruritus | 1 | 1.88 | |
| | | Psoriasis | 1 | 1.88 | |
| | | Tinea versicolor | 1 | 1.88 | |
| | | Urticaria | 3 | 5.66 | |
| | | Tinea Corporis | 4 | 7.54 | |
| | | Tinea Cruris | 4 | 7.54 | |
| | | Hair fall | 4 | 7.54 | |
| | | Scabies | 6 | 11.32 | |
| | | Eczema | 6 | 11.32 | |
| | | Acne Vulgaris | 19 | 35.84 | |
| | Total | **53 (7.16 %)** | | | |
| 5 | General Complaints | General body ache | 2 | 4.25 | *Majoon Aradkhurma, Majoon Falasfa, Habbe Kabid Naushadri, Habbe Suranjan, Roghane Surkh* |
| | | Malnourished | 3 | 6.28 | |
| | | Anorexia | 4 | 8.51 | |
| | | Anaemia | 5 | 10.63 | |
| | | General body weakness | 33 | 70.21 | |
| | Total | **47 (6.35%)** | | | |
| 6 | Endocrinology | Diabetic Neuropathy | 1 | 2.27 | |

| | | | | | |
|---|---|---|---|---|---|
| | | Hyperthyroidism | 1 | 2.27 | *Habbe Kabid Naushadri, Majoon Aradkhurma, Habbe Asgand, Majoon Ushba* |
| | | Hypothyroidism | 13 | 29.54 | |
| | | Diabetes Mellitus | 29 | 65.90 | |
| | Total | **44 (5.94 %)** | | | |
| 7 | Circulatory | Filariasis & Elephantiasis | 2 | 5.54 | *Majoon Dabidulward, Itrifal Shahatra, Majoon Musaffi Khoon* |
| | | Varicose vein | 3 | 8.33 | |
| | | Hypertension | 31 | 86.11 | |
| | Total | **36 (4.86%)** | | | |
| 8 | Neurology | Insomnia | 1 | 3.44 | *Itrifal Ustukhudoos, Majoon Aradkhurma, Majoon Falasfa, Benazir hair oil, Habbe Suranjan, Habbe Asgand, Majoon Jograj Gugul, Roghane Surkh* |
| | | Tingling sensation | 1 | 3.44 | |
| | | FND* | 1 | 3.44 | |
| | | Epilepsy | 1 | 3.44 | |
| | | Post paralytic disorder | 1 | 3.44 | |
| | | Low IQ | 1 | 3.44 | |
| | | PTH* | 1 | 3.44 | |
| | | Paraesthesia | 1 | 3.44 | |
| | | Nocturnal enuresis | 2 | 6.89 | |
| | | Dizziness | 2 | 6.89 | |
| | | Migraine | 4 | 13.79 | |
| | | Headache | 13 | 44.82 | |
| | Total | **29 (3.91%)** | | | |
| 9 | Dentistry | Tooth Infection | 1 | 12.5 | *Clove Oil, Syrup Hemoclin, Majoon Dabidulward, Habbe Suranjan* |
| | | Scurvy | 1 | 12.5 | |
| | | Halitosis | 1 | 12.5 | |
| | | Toothache | 5 | 62.5 | |
| | Total | **8 (1.08%)** | | | |
| 10 | Reproductive | Pre-menstrual syndrome | 1 | 8.33 | *Habbe Asgand, Hemoclin Syrup, Majoon Dabidulward, Majoon Aradkhurma, Majoon Mochras, Habbe Kabid Naushadri* |
| | | Premature menopause | 1 | 8.33 | |
| | | Dysmenorrhea | 1 | 8.33 | |
| | | Hydrocele | 2 | 16.66 | |
| | | Leucorrhoea | 7 | 58.33 | |
| | Total | **12 (1.62 %)** | | | |
| 11 | Ophthalmology | Myopia | 1 | 11.11 | *Majoon Falasfa, Majoon Dabidulward* |
| | | Periorbital hyperpig. | 1 | 11.11 | |
| | | Blepharitis | 1 | 11.11 | |
| | | Presbyopia | 2 | 22.22 | |
| | | Cataract | 2 | 22.22 | |
| | | Visual Acuity | 2 | 22.22 | |
| | Total | **9 (1.21 %)** | | | |
| 12 | ENT | ASOM* | 1 | 33.33 | *Majoon Dabidulward, Majoon Ushba, Habbe Asgand, Majoon Falasfa* |
| | | Tinnitus | 1 | 33.33 | |
| | | Otalgia | 1 | 33.33 | |
| | Total | **3 (0.4 %)** | | | |
| 13 | Urology | Renal calculi | 1 | 33.33 | *Majoon Chobchini, Majoon Dabidulward, Majoon Ushba* |
| | | BPH* | 2 | 66.66 | |
| | Total | **3 (0.4 %)** | | | |
| 14 | Psychiatry | Depression | 1 | 50 | *Majoon Falasfa, Habbe Asgand* |
| | | ADHD* | 1 | 50 | |
| | Total | **2 (0.27 %)** | | | |

*TFP (Traumatic Finger Pain), TWP (Traumatic Wrist Pain), ARTI (Acute Respiratory Tract Infection), URTI (Upper Respiratory Tract Infection), GERD (Gastroesophageal Reflux Disease), FND (Functional Neurological Disorder), PTH (Post Traumatic Headache), ASOM (Acute Suppurative Otitis Media), BPH (Benign Prostatic Hyperplasia), ADHD (Attention Deficit Hyperactivity Disorder)

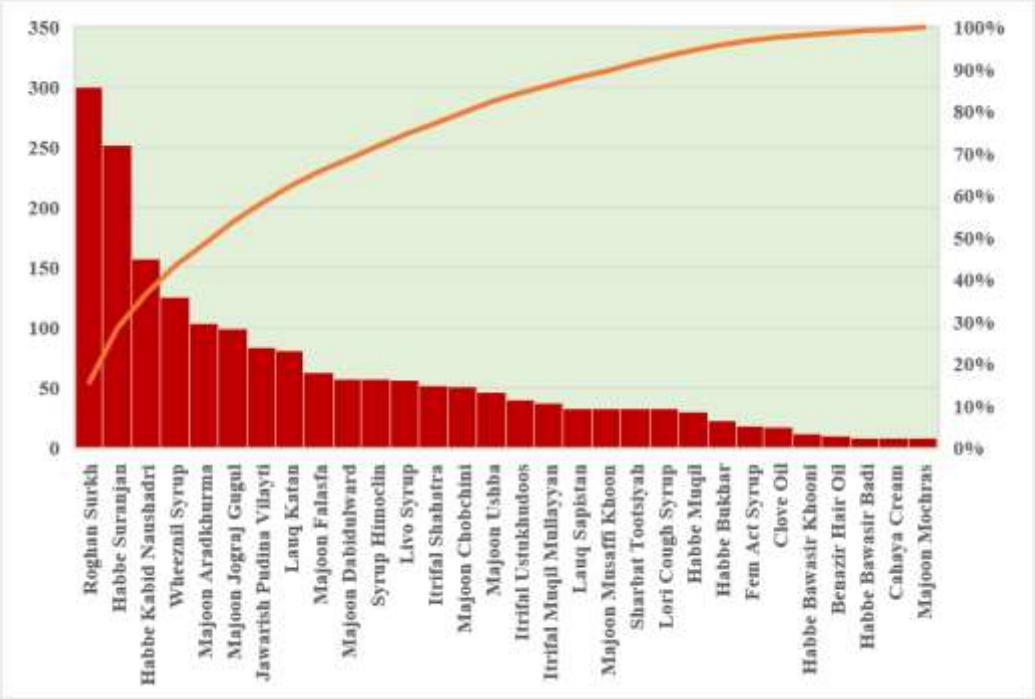


**Chart 01: Total number of medicines prescribed (n=1927)**

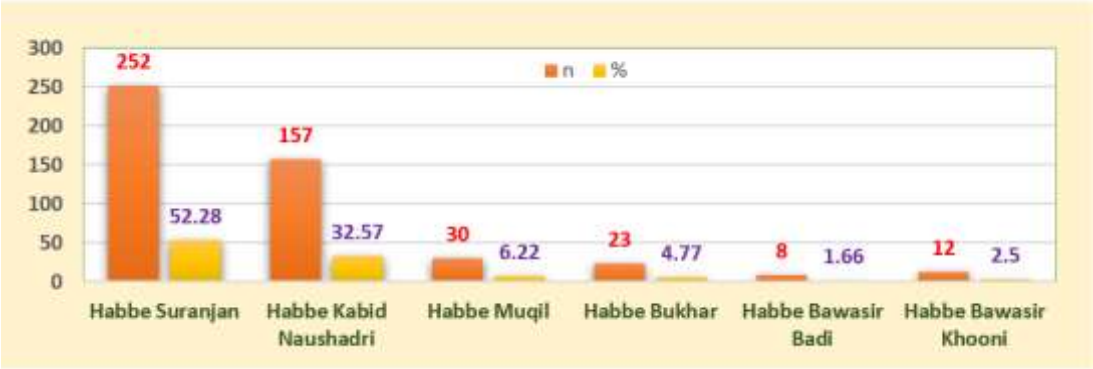


**Chart 02: Prescription of Solid form of drugs (*Tablet*/*Habb*) (n=482, %=25.01)**

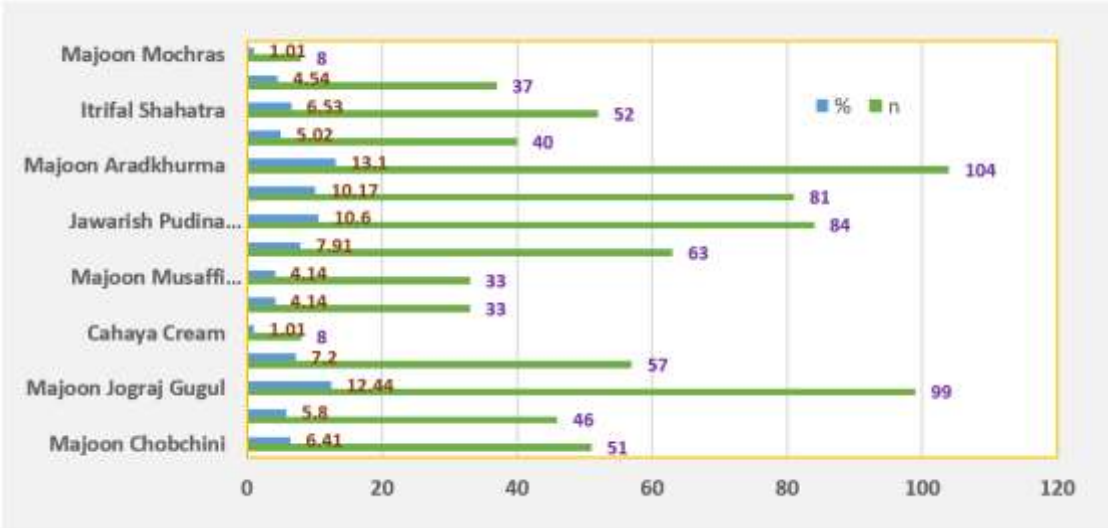


**Chart 03: Prescription of Semi-solid form of drugs (*Majoon, Itrifal, Lauq, Jawarish, Cream*) (n=796, %=41.31)**

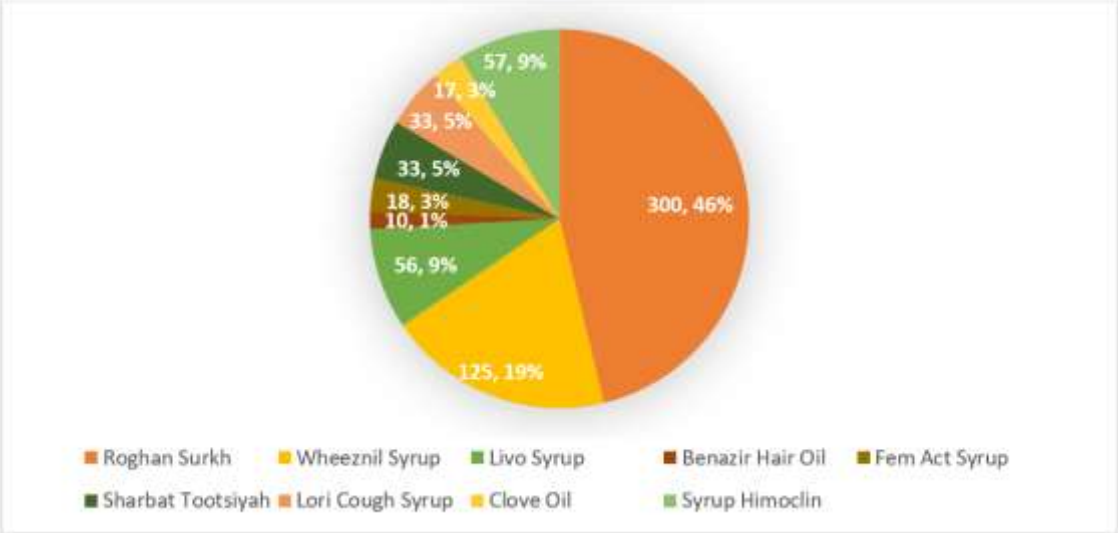


**Chart 04: Prescription of Liquid form of drugs (*Oil/Roghan, Syrup/Sharbat*) (n=649, %=33.67)**

## DISCUSSION

The purpose of the current study was to determine the range of drugs prescribed in the camp, so that proper planning and assessment may be done in future. Among attendees, there were 308 male patients (53.85%) followed by 264 female (46.15%). Most patients (547 or 95.63%) were from Hindu community, while 23 (4.02%) were Muslim and 2 (0.35%) were Christian. The majority of patients (359, 62.76%) were between 19 and 64 years old. Children aged 0 to 18 years accounts for 137 patients (23.95%) and elderly patients aged 65 to 90 years were 76 in number (13.28%). [7]

A total number of 572 patients took consultation for different health problems by the expert doctors. Approximately 30% i.e. 168 of the patients had co-morbidities and also been examined for those problems and provided necessary advice and medicines as per requirement. Combinedly, there were frequency of 740 provisional diagnoses. The range of problems seen in various specialities and the *Unani* treatments commonly suggested for them are both comprehensive by this observational dataset.

In Table 1, all the diseases are categorised according to their speciality and the *Unani* formulation prescribed. Here according to their prevalence, it is discussed.

**Musculoskeletal Disorders (32.97%)**

Orthopaedic complaints were the most commonly reported, comprising 244 patients (32.97%). The most prevalent conditions included knee joint pain (25.4%), multiple joint pain (20.9%) and low back pain (18.85%). Other conditions such as osteoarthritis, sciatica and frozen shoulder were also observed. The *Unani* medications prescribed frequency in this camp were *Habbe Suranjan, Majoon Chobchini, Majoon Jograj Gugul* and *Roghane Surkh*, targeting inflammation, pain relief and joint strengthening. This trend suggests a significant burden of musculoskeletal disorders, possibly due to aging, sedentary lifestyles or occupational hazards. The reason for prescribing above formulation is due to its anti-inflammatory property (*Mohallil e auram*), analgesic (*Musakkin e alam*). [8-11] The above leading drugs are popular and widely prescribed for Musculoskeletal disorders specifically Neck, Back, Knee & MJP at every *Unani* clinic/OPD in the country, this data proves so.

**Pulmonological Conditions (17.43%)**

Pulmonology ranked second in terms of patient volume with 129 patients (17.43%). Upper Respiratory Tract Infections (URTI) constituted more than half the cases (51.93%), followed by cough (22.48%) and Acute Respiratory tract infection (ARTI, 10.07%). *Lauq Katan, Sharbat Toot Siyah, Itrifal Ustukhudoos* and *Habbe Bukhar* were common *Unani* formulations that were in accordance with traditional approaches for treating respiratory congestion and mucosal irritation. The high prevalence suggests that external factors or seasonal variations could have an impact on respiratory health. These formulations are effective due to its anti-inflammatory, expectorant (*Munaffis e balgham*), resolvent (*Mulattif e balgham)* and Antipyretic (*Dafe Humma*) property etc. [8-11] The prescription pattern of *Unani* medicines across OPD services and into the health camp was found similar, this was possible because it is evidence based.

**Gastrointestinal Disorders (16.35%)**

Gastrointestinal disorders affected 121 patients (16.35%), primarily with constipation (37.19%), gastritis (20.66%) and dyspepsia (18.18%). Frequently used *Unani* preparations included *Itrifal Muqil Mulaiyyin, Majoon Dabidulward, Jawarish Pudina Vilayati* and *Habbe Bawasir*. These formulations are effective due to its carminative (*Kasir e riyah*), digestive (*Hazim*), stomachic (*Muqawwi e meda*), liver tonic (*Muqawwi e*

*jigar*), hepatoprotective, laxative (*Mulaiyyin*) property. [8-11] The predominance of these conditions suggests altered dietary patterns, stress and digestive inefficiencies in the population. The similar medicine prescription could be seen in Gastrointestinal OPD as these medicines enhance secretion of digestive juices, strengthens liver, stomach, also aid and promotes digestion, improves bile secretion ultimately gently removes constipation.

**Dermatological Disorders (7.16%)**

Among 53 patients (7.16%), the most common issues were acne vulgaris (35.84%), eczema (11.32%) and scabies (11.32%). Other concerns included tinea infections, urticaria and melasma. *Unani* drugs such as *Majoon Ushba, Itrifal Shahatra, Majoon Dabidulward* and *Hemoclin Syrup* were often administered for detoxification (*Musaffi e khoon*), normalization of liver functions (*Moaddil e jigar*) and skin nourishment (*Mughaziye jild*). [8-11] The findings highlight the rising trend of dermatological issues, possibly due to poor hygiene, altered dietary pattern, allergens and hormonal factors.

**General Complaints (6.35%)**

General symptoms like generalized weakness (70.21%), anaemia (10.63%) and anorexia (8.51%) affected 47 patients (6.35%). *Muqawwi e aam, Moallid e dam, Muqqawi e jigar* formulations like *Majoon Aradkhurma, Habbe Kabid Naushadri* were widely prescribed, emphasizing a holistic approach to boost general vitality and hematinic status. [8, 11]

**Endocrinology (5.94%)**

A significant number of endocrine disorders (44 patients; 5.94%) were identified, dominated by diabetes mellitus (65.9%) and hypothyroidism (29.54%). *Unani* medicines such as *Habbe Kabid Naushadri, Majoon Aradkhurma* and *Majoon Ushba* were utilized for metabolic regulation, indicating their perceived efficacy in managing chronic endocrine disorders. [8-11]

**Circulatory System Disorders (4.86%)**

Among 36 patients (4.86%), hypertension (86.11%) was the most prevalent, followed by rare cases of varicose veins, filariasis and elephantiasis. *Unani* formulation which has Diuretic (*Mudir*), Vasodilator (*Mufatteh urooq*), Exhilarant (*Mufarreh qalb*), Cardio tonic (*Muqawwi e qalb*) drugs were prescribed.

In Urogenital system, total 15 cases reported contributing 2.02% of the total health problems. Leucorrhoea was the most prevalent condition seen in gynaecology and obstetrics with 7 cases (46.66%) followed by 2 cases of hydrocele and benign prostate hyperplasia each contributing 13.33% of total urogenital cases. Premenstrual syndrome, early menopause, dysmenorrhea and renal calculi each have a frequency of 1 case, or 6.66%. *Habbe Asgand, Hemoclin Syrup, Majoon Dabidulward, Majoon Aradkhurma, Majoon Mochras, Habbe Kabid Naushadri* etc were prescribed due to its holistic approach of treatment. [8,11]

In ENT and Ophthalmology, 2 cases each of visual acuity, cataract and presbyopia contributing 13.33%. 1 case per condition i.e. 6.66% is associated with myopia, blepharitis, tinnitus, otalgia and periorbital hyperpigmentation. *Majoon Falasfa, Cahaya cream, Majoon Dabidulward, Habbe Asgand* etc were given for the above problems. [8-11]

In Integumentary system, 19 cases (35.8%) consulted for acne vulgaris which is the most common disorder found in skin disorder. While scabies, eczema had 6 cases (11.3%) and 4 (7.5%) cases of tinea cruris, corporis and hair fall each. The frequency of other dermatological problem ranges from 1.9% to 7.5%. These conditions include melasma, vitiligo, ringworm, urticaria, xerosis, psoriasis, tinea versicolor, and pruritic. *Majoon Ushba, Hemoclin Syrup, Majoon Dabidulward, Habbe Kabid Naushadri, Clove oil, Cahaya Cream, Itrifal Shahatra, Benazir Hair Oil, Itrifal Ustukhudoos, Majoon Musaffi Khoon* were prescribed. [8-11]

**The chart 1**

**Chart 1** includes a total of 30 types of Unani formulation, with a combined quantity of 1927 units. Among these, *Roghane Surkh* accounts for 300 units and *Habbe Suranjan* accounts for 252 units. These two medicines alone represent a significant portion of the total, indicating their higher usage compared to the others. *Roghane Surkh* makes up approximately 15.6% of the total. This medicine is commonly used for conditions involving inflammation, pain and joint-related disorders. Its high quantity suggests that such complaints were frequently encountered among the patients and because of its benefit, it was preferred by the Doctors for its effectiveness in managing musculoskeletal issues. Second one is *Habbe Suranjan*, with 252 units, constitutes around 13.1% of the total. This medicine is mainly prescribed for different types of arthritis and joint pain. Its substantial share indicates a considerable prevalence of arthritis-related conditions in the patient population.

Together, these two medicines account for 552 units, which is approximately 28.6% of the total 1927 units. This indicates that nearly one-third of the total medicines used were either *Roghane Surkh* or *Habbe Suranjan*, highlighting a possible trend of musculoskeletal or inflammatory ailments being predominant among the patients.

**Chart 2**

**Chart 2** has solid forms of drugs like *Habbe suranjan, Habbe Kabid Naushadri, Habbe Muqil* etc. A total number of 482 packs/ boxes (25.01%) of various *Habb* dispensed contributing 25.01% of total dispensed

drugs. Among solid form, *Habbe suranjan* was the most given i.e.252 box (52.28%) followed by *Habbe Kabid Naushadri* 157 box (32.57%) and so on.

**Chart 3**

**Chart 3** are plotted for semi-solid drugs dispensed in the camp, a total number of 796 boxes/ packs (41.31%) of the total dispensed drugs in the form of *Majoon, Jawarish, Itrifal, Lauq* etc were distributed for various ailments. In this category, *Majoon Aradkhurma* and *Majoon Jograj Gugul* was the most prescribed drugs in the camp counted as 104 (13.1%) and 99 (12.44%) respectively.

In **chart 4**, liquid form of drugs is depicted as *Roghan* (Oil), Syrup *(Sharbat), Sharbat* and Oil. A total 649 (33.6%) bottles were distributed in the camp for multidimensional aspect of health problems. *Roghane Surkh* was the most prescribed drugs i.e. 300 bottles (46.22%) in the camp followed by wheeznil cough syrup 125 bottles (19.26%) and so on.

## CONCLUSION

Health camps help to improve the health status of the marginalised population of any community through awareness programs, free health examination and drugs distribution at community level to encourage health utilization at health institution like HWCs, APHCs, PHCs, CHCs, District Hospitals and medical college. The data offers a thorough summary of the frequency and prevalence of different medical conditions in the general population. This is important for understanding how health issues are currently distributed throughout that population area and kind of medicine required specifically. While planning a health camp this précised data shall surely help to customise and plan relevant drugs/categories required in a free health camp. This piece of information may be used to draw kind attention of the Government to develop infrastructure, treatment planning, resource allocation, and the availability of medical professionals (paramedics, doctors etc.) to lower the burden of disease. Ultimately this will lead to decrease the patient's burden in the medical college and unnecessary expenses bear by the low- or middle-income family.

## LIMITATIONS

In some cases, Patients were diagnosed without laboratory facility and treated with limited number of drugs. Treatment could be better if a greater number of *Unani* formulations were available there. This free health camp could be better if it would be for at least 3 days. Due to over patient's flow, history taking process was disturbed and hindered, some necessary and useful drugs and facility along with few more human resources specifically health professionals/ doctors were required to make of qualitative.

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