Research Oriented Public Health Care Services
(SRP Series-1)

Health related Demography in Ahmedabad District- Gujarat

SWASTHYA RAKSHAN PROGRAMME (2016–2017)

TECHNICAL REPORT

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
Ministry of AYUSH, Government of India
New Delhi - 110058

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Disease prevalence & Health related Demography in Ahmedabad District- Gujarat

TECHNICAL REPORT

SWASTHYA RAKSHAN PROGRAMME

2016 - 2017

PARTICIPATING INSTITUTE

REGIONAL AYURVEDA RESEARCH INSTITUTE FOR SKIN DISORDERS

AHMADABAD, GUJARAT - 380016

SRP TEAM MEMBERS

Dr. G. Babu, Assistant Director Incharge (Oct, 2015- April, 2016)
Dr. P.V.V. Prasad, Assistant Director Incharge (May, 2016- March, 2017)
Dr Anu Bhatnagar, Research Officer
Dr. Deepthee G.N, Research Officer
Dr. Rohit K.S., Research Officer

TECHNICAL ASSISTANCE

Dr. Aaditya Shah, Research Officer
Dr Annam Venkatalaxmi, Junior Research Fellow
Dr. Bharat Hadiya, Junior Research Fellow
Ms. Neetu Shivhare, Data Entry Operator
Ms. Tanya Oberoi, Data Entry Operator
Mr. Mahesh Patil, Multi-Tasking Attendant

PREFACE

The *'Swasthya Raksha Programme'* was launched by the Ministry of AYUSH with the aim to promote health and health education in villages. The programme is linked with 'Swaccha Bharat Mission' the flagship programme of the Government of India.

The purpose of *Swasthya Raksha Programmeis* not only to collect vital statistical data of population of the selected area through health survey but also to educate people about importance of cleanliness, sanitation and hygiene. Therefore, CCRAS decided to implement this programme by extending health care services along with survey. A special team was constituted for educating people about sanitation & hygiene and convincing them to provide the data and assessment of health status.

During the documentation of Socio-demographic profile; information related to dietary habits, hygiene conditions, lifestyle etc. was also documented. Data related to nature and frequency of prevalent diseases was collected. For extending health services, OPDs were organized for the neglected population of covered area. Health awareness camps conducted at various schools, health centers, community centers, etc. Door to door surveys were done to create awareness. Awareness about cleanliness of domestic surroundings and environment including propagation of knowledge regarding prevention of diseases and propagation of Ayurvedic concept of Pathya-Apathya was done.

The 'Technical Report' is expected to be of immense benefit for the young scientists to understand the health statistics and ground reality of the people of these areas. This will also help to know the disease prevalence of selected areas of Ahmedabad District and to make suitable planning for its population.

Prof. Vaidya K.S. Dhiman
Director General
Central Council for Research in Ayurvedic Sciences

PROLOGUE

Central Council for Research in Ayurvedic Sciences is providing its services in various Research Oriented Public Health Care Services through its Units/Centres across the country.

'Swasthya Rakshan Program' was also launched by Ministry of AYUSH in October 2015 to promote health and health education in villages. The main objective of the program is to take care of the health of the people in villages and also to promote knowledge and awareness about health all around. Swasthya Rakshan Program (SRP) is successfully running through 21 units/centers of CCRAS.

This book gives a quintessence of various activities and work done through this program in Ahmadabad, Gujarat. This publication will certainly help in understanding the importance of Ayurveda in Public Health and how SRP program is successfully implementing it among masses.

Dr. N. Srikanth
Deputy Director General
Central Council for Research in Ayurvedic Sciences

ACKNOWLEDGEMENT

The successful implementation of SRP is the cumulative effort of officers and employees of CCRAS. However, special thanks is due to the SRP survey team who conducted the survey tirelessly in various areas and convinced people to get benefitted from Ayurveda and collected household information.

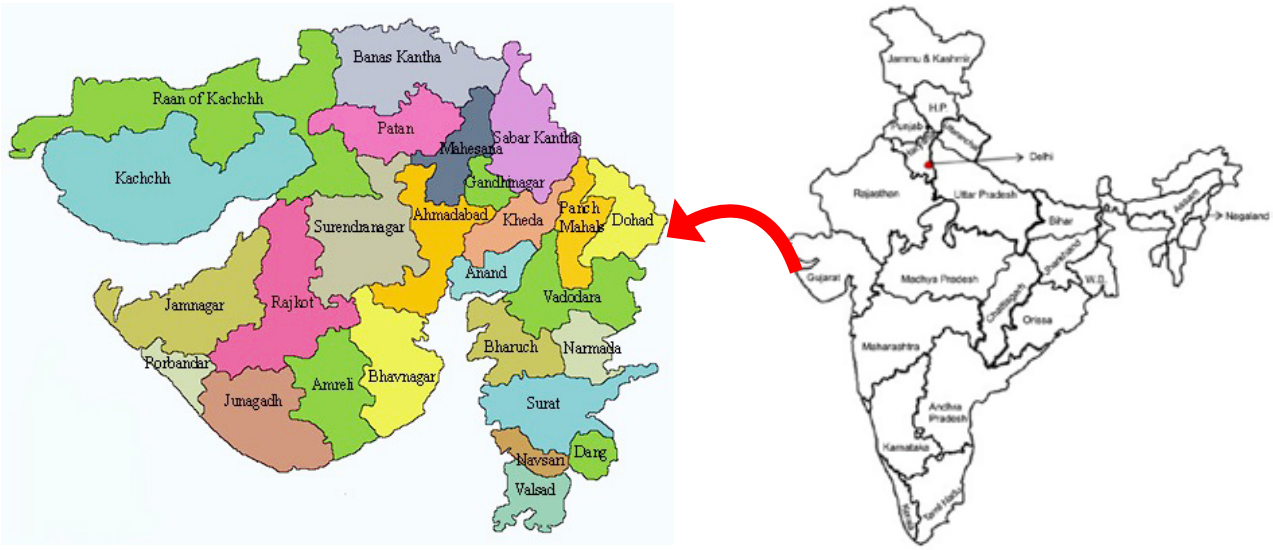
We are also thankful to Corporations for extending their cooperation and efficient support to the visiting team and to provide appropriate facilities. A special thanks to the public of these villages/ areas for their co-operation also.

A sincere thanks is due to the Director General for his constant inspiration and guidance to undertake this programme to write a report on 'Disease prevalence & Health related Demography in Ahmedabad District- Gujarat'.

SRP Team
RARISD, Ahmedabad

OVERVIEW

Gujarat: *The Land of the Legends*, stands bordered by Pakistan and Rajasthan in the north east, Madhya Pradesh in the east, and Maharashtra and the Union territories of Diu, Daman, Dadra and Nagar Haveli in the south. The Arabian Sea borders the state both to the west and the south west. The State took its name from the Gujjars, who ruled the area during the 700's and 800's. Stone Age settlements around Sabarmati and Mahi rivers indicate the same time as that of the Indus Valley Civilization while Harappan centres are also found at Lothal, Rampur, Amri and other places. Rock Inscriptions in the Girnar Hills show that the Maurya Emperor Ashoka, extended his domain into Gujarat in about 250 BC. With its fall, the control of the region came under the Sakas or Scythians. During the 900's the Solanki Dynasty came to power and Gujarat reached its greatest extent. Then, it was followed by a long period of Muslim rule. Ahmed I, the first independent Muslim ruler of Gujarat, found Ahmedabad in 1411. The Mughal Emperor Akbar conquered Malwa and Gujarat in 1570s. The British East India Company set its first footsteps in Surat in 1818 and the State came in control of their rule. Gujarat was divided into princely states. After the Indian Independence in 1947, all of Gujarat except Saurashtra and Kutchh became part of Bombay State until May 1, 1960, when the Government split Bombay state into the States of Maharashtra and Gujarat.



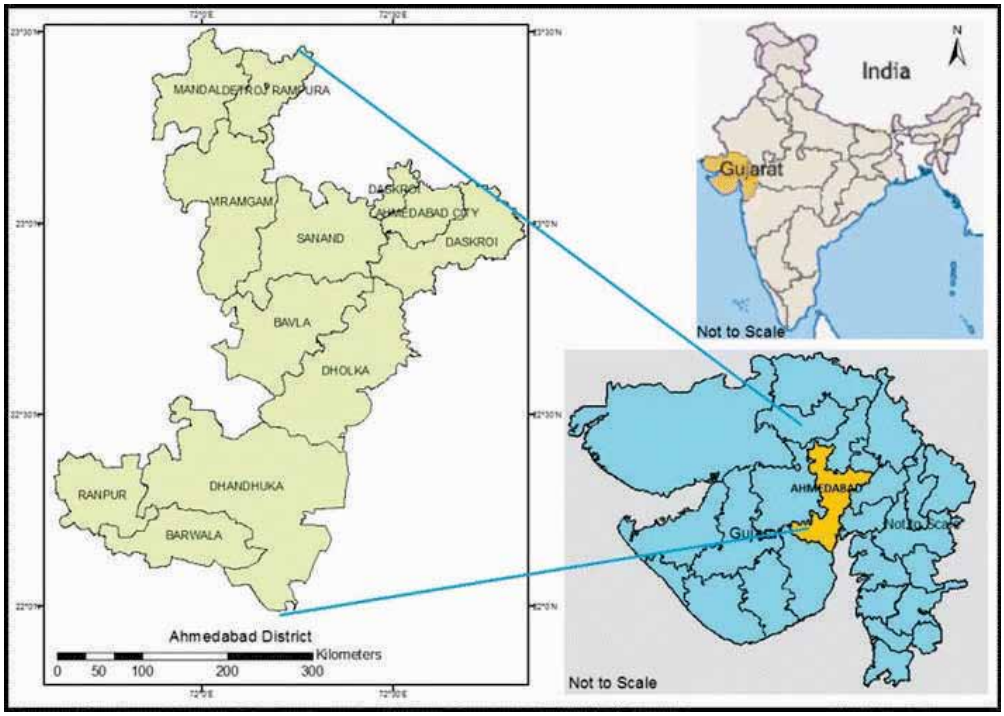
Ahmadabad became the chief city of the new State and housed the State Government Offices. They remained there until they were transferred to Gandhinagar in 1970. Gujarat Population Census Data shows that it has Total Population of 6.03 Crore which is approximately 4.99% of the total Indian Population. Literacy rate in Gujarat has seen upward trend and is 79.31% as per 2011 population census. Of that, male literacy stands at 87.23% while female literacy is at 70.73%. Urban Population of the State is 42.6%, which used to be at 37.4% in 2001. Rural population in the state in 2011 fell to 57.4% from 62.6% in 2001. Ahmedabad is the most populated district in the State, with 7.20 million people, up by 11.94% from 2001, followed by Surat with 6.07 million people, up by 10.07%, as per Gujarat's Directorate of census operations.

AHMADABAD:

Ahmadabad is the largest city in Gujarat. Ahmadabad district is situated in central Gujarat and lies between 22°0' and 23°35' North latitudes and 71°42' and 72°50' east longitudes. The length of this territory from north to south is about 169.0 km and from east to west, about 125.9 km. It is bounded in the north by Mahesana district and north-east by the Gandhinagar district and south by the Kheda and Anand districts and the Gulf of Khambhat. The western side of the district is bounded by the Bhavnagar and Surendranagar districts. The total area of Ahmadabad district is 8,107.00 sq. km. The district has been divided into 14 talukas include 556 villages, 1 corporation, 1 cantonment area and 7 municipalities, with population density of 890 persons per sq. km against the density of 308 of the Gujarat state. The rank of this district is 8th in comparison to other districts of the state.

Distribution of Population in Rural and Urban Areas:

According to 2011 Census, the total population of Ahmadabad district is 72,14,225 comprising 37,88,051 males and 34,26,174 females. This population of the district forms 11.9 percent of the State population and ranks 1st among the districts. Out of the total population of the district 16.0% live in the rural areas while 84.0% live in urban areas. Rural population of the district is distributed among 11 talukas and urban population is spread over in 14 towns. The total urban population in the district is 60,63,047 persons comprising 31,92,468 males and 28,70,579 females. The total rural population in this district comes to a total of 11,51,178 persons comprising 5,95,583 males and 5,55,595 females. Out of 512 villages in the district 506 are inhabited while six villages are uninhabited._



Growth Rate: The decadal growth rates for the rural and urban areas of the district are -0.2 and 30.0 percent respectively. The growth rate of rural population is very slow in the district due to urbanization. The highest growth of urban population in terms of percentage has taken place in Sanand taluka where 195.8 percent of growth is witnessed while Ahmadabad City taluka has registered a growth of 55,85,528 people during the decade registering growth of 23.07 percent.

Population Density: The density of population in Ahmadabad district is 890 persons per sq.km against the State average of 308 persons. At taluka level, the density of population varies from 82 persons in Dhandhuka taluka to 11,771 persons per sq. km in Ahmadabad City taluka. In rural areas, the density of population works out to be 160 persons per sq. km, while in urban areas it comes to be 6,587 persons per sq. km.

Sex Ratio: There are 904 females for every 1,000 males in Ahmadabad district. The sex ratio for rural and urban areas of the district is 933 and 899 respectively, showing the higher sex ratio in rural areas. The urban areas of Sanand have the lowest sex ratio of 897 females per 1,000 males in the district as a whole. The sex ratio for the children of 0-6 years of age is 857 for the district. In rural areas this ratio is 894 while in urban areas the sex ratio of child population is 848 females per 1,000 males.

Literacy rate: A person who can read and write in any language with understanding is taken as literate in census. All children of age below 7 years are treated as illiterates. As per 2011 Census, Ahmadabad district reported 5,435,760 persons with literates constituting 85.3 percent of the total population. The proportion of male and female literates in the district is 90.7 percent and 79.4 percent respectively. The literacy rate of males is higher than that of females. The difference of male and female literacy rate is 11.3 percent points in the district.

The literacy rates of rural and urban areas are 71.0 and 87.9 percent respectively. The proportion of male and female literates in rural area is 82.9 and 58.4 percent. In urban areas this proportion is 92.2 and 83.3 percent. The difference between male and female literacy rates in urban areas is 8.9 percentage points against 24.5 percentage points in rural areas. It is thus clear that females are better educated in urban areas than their counterparts in rural areas.

Religion: Religion forms an integral part of Indian Social system. For an Indian, it is a way of life rather presenting the same in its reports. Since the 1951 census the data on religion has been presented for 6 major religion viz. Hindus, Muslims Christians, Sikhs, Jain and Buddhists. Besides, the minor religions have been classified under the category of 'Other'.

It is observed that at state level 88.57 percent of populations are followers of Hindu religion, whereas in Ahmadabad district they constitute 83.8 percent of the population. In Gujarat state 9.67 percent of population follows Muslim religion whereas 12.2 percent of population follows Muslim religion in Ahmadabad district. The population of Jains in the state is 0.96 percent, whereas in Ahmadabad district, it is 2.9 percent. The population of Christians in the state is 0.52 percent, whereas in Ahmadabad district, it is 0.7 percent. The population of Sikhs in the state is 0.10 percent, whereas in Ahmadabad district, it is 0.2 percent. In Ahmadabad district, proportionately, the percentage of Hindu, Muslim, Christian, Sikh, Buddhist and Jain population in urban areas is more than that in rural areas.

Scheduled Castes and Scheduled Tribes: The Statement below gives the decadal growth rate of Scheduled Castes population and Scheduled Tribes population during 2001-2011 which are 22.35 percent and 53.59 percent respectively. Minus decadal variation in Schedule Castes may be due to migration of people from those castes. As this caste people are labourers and so migration may be possible due to their employment reasons in the survey year. As per census-2011, out of the total population of 7,59,483 Scheduled Castes in Ahmadabad District 1,18,502 live in rural area and the remaining 6,40,981 belong to urban area. Of the total Scheduled Tribes population, 16,749 live in rural area while 72,389 live in urban area.

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SUMMARY

Swasthya Rakshan Programme is initiative of the Ministry of AYUSH in connection with Swachh Bharat Mission implemented through Research Councils in October 2015. Ayurveda, the holistic health care system emphasizes preventive & curative aspects of health. Ayurveda focuses on healthy living by dietetics, routine activities; personal & social hygiene, moral conduct etc. and plays an important role in prevention & control of diseases. Swasthya Rakshan Programme was aimed to outreach heath care services through its 21 peripheral research institute rendering clinical services. Regional Ayurveda Research Institute for Skin Disorders, Ahmedabad is one among them, to create awareness of cleanliness & relationship between cleanliness and good health.

Honorable Prime Minister of India launched Swachh Bharat Mission on 02nd October, 2014 in order to expedite efforts towards achieving universal cleanliness. The mission has laid a clear roadmap for improving the level of cleanliness in the country with efficient to create a Swachh Bharat by 2019, 150th birth year of Mahatma Gandhi. 'Swastha Bharat' with relation to 'Swachh Bharat' is a core project of Ministry of AYUSH. Swastha Bharat was taken by CCRAS which is the largest network of research oriented hospitals in India as 'Swasthya Rakshan Programme' with an aim to survey & create awareness of basic health amenities for the betterment of society from its grass root level.

The present study was conducted in Ahmedabad district. District occupies the first position in the State in terms of density and number of households. Through Swasthya Rakshan Programme' it was proposed to adopt 5 nearby areas /large colonies/ villages to carry out the programme. The programme commenced w.e.f 14th March 2016. Initially 5 urban colonies near to the institute viz. Chandkheda, Thakkar Nagar, Saijpur Bogha, Kuber Nagar and Adhinath Nagar were identified with the help of local authorities, ward councilors, and on the bases of approachability and feasibility from the part of patients arriving at the OPD. This programme was aimed to do a survey of health standards of residents in above said areas of Ahmedabad city and prevalence of diseases among them according to their living condition, food habit, lifestyle, education, occupation, and socio-economic status.

BACKGROUND:

Ayurveda the holistic health care system emphasizes preventive & curative aspects of health. Ayurveda focuses on healthy living by dietetics, routine activities, personnel & Social hygiene & Moral conduct etc. Ayurveda plays an important role in prevention and control of diseases providing health care services.

The Ministry of AYUSH has taken forward by initiating "SWASTHYA RAKSHAN PROGRAMME (SRP)", launched in October, 2015, so as to educate, protect and promote health for preventing, identifying and treating the disease related to poor hygiene and sanitation. The programme was initiated through Central Council for Research in Ayurvedic Science (CCRAS). In compliance, the CCRAS, New Delhi implemented through its 21 peripheral institutes. It was proposed to adopt nearby under developed areas as it target villages to carry out the programme. Accordingly, Swasthya Rakshan Programme was conducted by R.A.R.I.S.D in five areas (large colonies) within the radius of 15 KM from the Institute. These colonies were selected on the basis of census 2011 within the radius of 15 km from the Institute. The demography of these areas; followed by people's life styles, food habits, common addictive behaviors, current health status and hygienic conditions, incidence/prevalence of diseases identified and the response of Ayurvedic treatment measures have been collected and displayed. The awareness about the health- hygiene, importance of Swachh Bharat Mission in preventing health related issues and the concept of SRP was detailed to people of these colonies at the camp sites and nearby educational Institutes.

AIMS AND OBJECTIVES OF THE PROGRAMME:

1. To organize Swasthya Parikshan OPD's, Swasthya parikshana camps, health/hygiene awareness programme.
2. Awareness about cleanliness of domestic surroundings and environment.
3. Provide medical aid /incidents support in the adopted colonies/villages.
4. Distribution of IEC material among the masses in local language Malayalam and English/ Hindi.
5. Documentation of demographic information, food habits, hygiene conditions, seasons, life style etc;
6. Incidence/prevalence of diseases and their relation to the incidence of disease.
7. Assessment of health status and propagation of Ayurvedic concept of Pathya-Apathya and extension of health care services.
8. Documentation of the data generated by health survey.

METHODOLOGY:

The Central Council for Research in Ayurvedic Sciences (CCRAS), an autonomous body under the Ministry of AYUSH, Government of India is the apex body for the development

and promotion of research on scientific lines in Ayurveda. The Central Council for Research in Ayurvedic Sciences (CCRAS) had allotted 'Swasthya Rakshan Programme' to Regional Ayurveda Research Institute for Skin Disorders (RARISD), Asarwa, Ahmedabad vide letter no. 62-20/2015- CCRAS/ Admn./ SRP /Ahmedabad/ 871, dated 01.10.2015. The programme was commenced with effect from 14th March, 2016 and was initially for a period of one year, which was further extended. As per the instructions, for the smooth completion of the programme, a separate cell was setup. A research officer was given the charge as Programme Officer to monitor the programme under the supervision of Institute In-Charge. A Senior Research Fellow, MTS and DEO were recruited on contract basis for the conduction of Programme.

The medicines for the project were purchased from Indian Medicines Pharmaceutical Corporation Ltd (Govt. of India Enterprise). A vehicle was hired from SK tours and travelling company, Ahmedabad. Five areas (large colonies) near to Regional Ayurveda Research Institute for Skin Disorders (RARISD) viz Chandkheda, Thakkar Nagar, Saijpur Bogha, Kuber Nagar and Adhinath Nagar were selected for conducting the programme. The Institute in-charge along with the Programme officer had consulted the local officials of these sites and explained the programme. The areas were finalized on mainly with the help of local authorities, ward councilors and on the basis of distance to proposed area from the institute. A detailed action plan of the programme was presented before the authority and their consent was taken. Weekly tours were conducted by the recruited manpower to these selected areas, which include providing health care services to the needy, school awareness programme, public awareness programme, health and sanitation/ hygiene awareness camps with subsequent follow ups at the identified centers at these areas. Prior to such camps, propagation of the objectives, schedule and activities of the programme was done through with the help of local authorities, ward councilors. In a selected area of the target site, visits were made by the S.R.P team. After the stipulated number of visits to the selected areas, patients were informed to visit our institute for further follow up and other health related checkups with the help of health cards issued to them. Since March, 2016, a total of 251 visits made covering large number of population, and provided medical aid for 14233 patients including new and old patients.

INAUGURATION OF SRP- 2016-17

STUDY AT A GLANCE:

This study was conducted for a total duration of 12 months from March, 2016 to March, 2017. Five areas namely, Chandkheda, Thakkar Nagar, Saijpur Bogha, Kuber Nagar and Adhinath Nagar were covered in this duration. A total of 251 visits were made to these areas for survey of the households. Along with this, total 14233 patients were treated, of which 4835 were new patients and 9398 were in follow-ups. **(Table 1)**

Among all these tours, 50 tours were conducted in Chandkheda, 48 were conducted in Thakkar Nagar, 59 were conducted in Sajipur Bogha, 43 were conducted in Kuber Nagar, 51 were conducted in Adinath Nagar. Total 2441 patients were treated in Chandkheda, 2828 in Thakkar Nagar, 3399 in Saijpur Bogha, 2440 in Kuber Nagar and 3125 in Adinath Nagar. **(Table 2 & 3; Graph 1)**

Out of 4835 patients, 1890 patients were checked for random blood sugar, 1148 patients for Hb, 1054 patients for ESR and 466 patients were checked for urine routine investigation. **(Table 4; Graph 2)**

The data of disease prevalence shows that most prevalent diseases were Sandhishula (12.43%) and Vatavyadhi (8.37%). Other than these, out of total patients, 6.32% patients were suffering from Sandhivata, 5.48% with Tvaka Roga, 5.17% with Kasa, 4.75% with Amlapitta, 4.32% with Koshthabaddhata, 4.13% with Prameha, 3.45% with Katishula, 3.41% with Jvara, 2.95% with Pratishyaya, 2.60% with Udarshula, 2.44% with Shirahshula, 2.15% with Arsha and 2.06% were suffering from Pradara. Rest all the diseases together comprised only 29.90% of the total patients enrolled. **(Table 5; Graph 3)**

DEMOGRAPHIC AND CLINICAL OBSERVATIONS:

Area/ Colony wise demographic details

CHANDKHEDA

The name of this urban area selected is Chandkheda, Dist. Ahmedabad. Distance of this area from the institute is around 12 Kms. Population according to latest census is approximately 96,266. Some of the main localities of Gujarat Housing Board are Durga Chowk, Bauchar Chowk, Laxmi Nagar, Gayatri Nagar, Mutera Village etc. Language spoken is mainly Gujarati followed by Hindi. Most of the population is involved in Private /Government Jobs. Few people are in small scale businesses. Males in this area are usually addicted to smoking and chewing tobacco. The people are middle class having small houses (pakka) of their own or on rented accommodation. All houses have electricity and sanitation facilities with tap water sources. Most of the roads are pakka. Transportation facilities are mainly through AMTS (Ahmedabad Municipal Transport Services) and autorikshaws followed by private vehicles. The area is not having industries in its vicinity. For education, schools and colleges are fairly available. Medical facilities are mostly provided through private clinics. There is one big community health centre and 03 private hospitals. Anganwadi is situated at the distance of 2 kms from this area. Common vegetables like onion, tomato and seasonal fruits etc are abundantly available in the local market places. Most of the population is using LPG for cooking purpose.

THAKKAR NAGAR

The Thakkar Nagar is situated near to Krushnakali Mata Mandir, Dist. Ahmedabad. Distance of this area from the institute is 11 Kms. Population according to latest census (2011) is 1, 37,446 (one lakh thirty seven thousand four hundred forty six).Some of the main localities are shyamdham soc, kalyan chock, yogeshwer residency etc. Language spoken is mainly Gujarati followed by Hindi. Most of the population is involved in Private /Government Jobs. Few people are in small scale businesses. The people are middle class having small houses (pakka) of their own or on rented accommodation. All houses have electricity and sanitation facilities with tap water sources. Most of the roads are pakka. For education, schools are fairly available. Medical facilities are mostly provided through private clinics. There are private hospitals. Anganwadi is situated at the distance of 2kms from this area. Common vegetables like onion, tomato and seasonal fruits etc are abundantly available in the local market places. Most of the population is using LPG for cooking purposes.

SAIJPUR BOGHA

The area is located at the distance of 08 kms from our Institute in East direction. Some of the main nearby localities are Gayatri Society, New Krishna Kunj Society, Ramdev Society, Shakti Park and Greevan Society. Population is around 89,953 (eighty nine thousand nine hundred fifty three). Gujarati is usually the spoken language followed by Hindi. The people belong to middle class having mostly houses of their own or on rented accommodation. Most of the population is

involved in businesses followed by private/ govt. jobs. Private schools for providing education facilities to the residents are present in this area. All houses have electricity and sanitation facilities with tap water sources. Mostly people are living in pakka type houses and also have pakka roads and pathways. Medical facilities are mostly provided through one large govt. hospital viz Civil Hospital which is located at the distance of 5 kms. There are 3 large private hospitals namely Anand Surgical, Kakadia and Star Hospital within the distance of 2-3 kms. Anganwadi is situated at the distance of 1 km from this area. Good market places are located nearby where all types of vegetables & fruits are easily available. Most of the population is using LPG for cooking purpose.

KUBER NAGAR

The name of this urban area selected is Kuber Nagar near Sachidanand Colony, Dist. Ahmedabad. Distance of this area from the institute is 11 Kms. Population according to latest census is 1,04,358 (one lakh four thousand three hundred fifty-eight). Some of the main localities are Shradhnand Society, Kismat Nagar, Savitri Nagar, Vidya Nagar, Jayanti Bhai Ki Chali etc. Language spoken is mainly Gujarati followed by Hindi. Most of the population is involved in Government / Private Jobs. Few people are in small scale businesses. Males in this area are usually addicted to smoking and chewing tobacco. The people are middle class having small houses of their own or on rented accommodation. All houses have electricity and sanitation facilities with tap water sources. Most of the roads are pakka. Transportation facilities are mainly through AMTS (Ahmedabad Municipal Corporation Services) and autorikshaws followed by private vehicles. For education, schools and colleges are fairly available. Medical facilities are mostly provided through private clinics. There is only one private hospitals viz. Rameshawar Hospital. Anganwadi is situated at the distance of 3kms from this area. Common vegetables like onion, tomato and seasonal fruits are abundantly available in the local market places. Most of the population is using LPG for cooking purpose.

ADHINATH NAGAR

The name of this urban area selected is Adhinath Nagar, Dist. Ahmedabad. Distance of this area from the institute is 15 Kms. Population according to latest census is 1,37,543 (one lakh thirty-seven thousand five hundred forty-three). Language spoken is mainly Gujarati and Hindi. The people are middle class having small houses (pakka) of their own or on rented accommodation. Most of the population is involved in Private / Government Jobs. Few people are involved in small scale businesses. All houses have electricity and sanitation facilities with tap water sources. Most of the roads are pakka. Transportation facilities are mainly through AMTS (Ahmadabad Municipal Corporation Services) and autorikshows followed by private vehicles. The area is having steel plant industries in its vicinity. For education facilities schools and colleges are fairly available. Medical facilities are mostly provided through two large hospitals in the area. Anganwadi is situated at the distance of 2.5 Kms from this area. 1-2 market places are located nearby where all types of vegetables & seasonal fruits etc are abundantly available. Most of the population is using LPG for cooking purpose.

REGISTRATION OF PARTICIPANTS

View of camp at Kuber Nagar

View of camp at Thakkar Nagar

View of camp at Saijpur Bogha

PHYSICIANS DURING THE CAMPS

View of camp at Adhinath Nagar

View of camp at Chandkheda Nagar

CLINICAL OBSERVATIONS

(Data collected from all 5 surveyed areas/ colonies)

Out of the 4835 population covered, maximum number of female patients 66.02% (3192) and male patients 33.98% (1643) were observed. As per age group distribution maximum patients attended camps were 19.1% (926) from the age group 46-55 years, 18.08% (874) from the age group 56-65 years, and 17.84% (863) from the age group 36-45 years. Minimum patients were 1.4% (71) from the age group 0-5 years. **(Table 6; Graph 4)**

Out of 1643 male patients, 6 were divorced, 14 widowed, 426 unmarried and 1197 married. And amongst 3192 female patients, 17 were divorced, 304 widowed, 398 unmarried and 2473 married. **(Table 7; Graph 5)**

As per Census-2011, a person at the age 7 years and above who can both read and write with understanding in any language is taken as literate. A person who can only read but cannot write is not literate. It is not necessary that to be considered as literate, a person should have received any formal education or passed any minimum educational standard. Literacy could also have been achieved through adult literacy classes or through any non-formal educational system. People who are blind and can read in Braille are treated as literates.

In the present study, out of total 4835 patients, maximum patients were having primary education 30.21% (1461), whereas 23.61% (1142) were having high school education and 18.80% (909) were illiterate. **(Table 8; Graph 6)**

Out of the total patients treated maximum no. of patients were housewives 52.60% (2543) and 14.52% were students, 10.77% retired, 9.95% skilled labours, 4.15% were in business, 2.54% were doing lower duties and 4.07% were having no occupation and were depending on others for living. **(Table 9; Graph 7)**

Out of the total new patients treated, maximum families 73.31% (3545) were under the category of monthly income above 5000 rupees. Only 1.67% patients were having income Rs. 1000 or below per month. **(Table 10; Graph 8)**

Out of the total population covered maximum number of patients were vegetarians 80.23% (3879) where as non-vegetarians were 18.78% (908). Out of the total patients 5.56% (269) were consuming fish and 13.22% (639) were consuming flesh of animals and 0.99% (48) were consuming eggs along with vegetarian diet. **(Table 11; Graph 9)**

Out of the total population covered, maximum patients were consuming Wheat 65.36% (3160) followed by Rice 24.55% (1187), Maize 0.82% (40), Barley 2.36% (114), Millets 0.52% (25), pulses 6.39% (309) in their diet. **(Table 12; Graph 10)**

Out of the total population covered patients who were taking the particular sweet taste food items were 72.60% (3510) followed by Sour 15.80% (764), Salty 7.97% (385), Pungent 0.08% (04) and Bitter 3.55% (172) in their diet. **(Table 13; Graph 11)**

Out of the total patients treated in all 5 colonies, 18.80% peoples were found illiterate, 9.20% people were Semi-literate, 30.21% educated up to primary school, 23.61% up to high school, 11.41% intermediate and 6.74% were found with higher/technical education. Most of the patients were having education up to Primary level. This may reflect that most of the patients were from below high school level therefore it may be inferred that people who were less in education came to camps for treatment. **(Table 14; Graph 12)**

Out of the total new patients treated, majority of peoples were informed non-addicted 89.84% as compared to addicted people 10.16%. Addiction was found in majority of High school level patients and most of them were addicted to tobacco, second most addiction was found to be smoking and few of them were addicted to alcohol and snuff. **(Table 15; Graph 13)**

Religion wise distribution shows that out of new 4835 enrolled patients, 4833 were Hindus, only 1 Muslim patient and 1 Jain was enrolled. **(Table 16; Graph 14)**

Out of 4835 new patients, the most prevalent diseases were Sandhishula (12.43%) and Vatavyadhi (8.37%). Other than these, 6.32% patients were suffering from Sandhivata, 5.48% with Tvaka Roga, 5.17% with Kasa, 4.75% with Amlapitta, 4.32% with Koshthabaddhata, 4.13% with Prameha, 3.45% with Katishula, 3.41% with Jvara, 2.95% with Pratishyaya, 2.60% with Udarshula, 2.44% with Shirahshula, 2.15% with Arsha and 2.06% were suffering from Pradara. Rest all the diseases together comprised only 29.90% of the total patients enrolled. **(Table 17; Graph 15)**

The data of relief shows that the 30.92% patients were received complete relief in symptoms whereas 31.23% showed marked relief, and 37.58% moderate relief. Only 0.26% patients claimed no relief. This shows the acceptance and effectiveness of the treatment. **(Table 18; Graph 16)**

Out of the total population covered, data was collected from 3726 number of houses. Facilities available in these houses were observed as follows:

As per the Census Handbook, Pucca Houses, the walls and roof of which are made of permanent materials. The material of walls can be any one from the following, namely, Stones (duly packed with lime or cement mortar), G.I/metal/ asbestos sheets, Burnt bricks, Cement bricks, Concrete. Roof may be made of from any one of the following materials, namely, Machine-made tiles, Cement tiles, Burnt bricks, Cement bricks, Stone, Slate, G.I/Metal/Asbestos sheets, Concrete. Such houses are treated as **Pucca** house. And houses in which both walls and roof are made of materials, which have to be replaced frequently. Walls may be made from any one of the following temporary materials, namely, grass, Unburnt bricks, bamboos, mud, grass, reeds, thatch, plastic /polythene, loosed packed stone, etc. Such houses are treated as **Kuchcha** house. During the house hold survey, it was found that most of the houses 99.06% were pucca type and only 0.94% were kuchcha type. All the houses 100% (3726) were having electricity and tap water supply. 96.94% (3612) houses were using LPG for cooking purpose while 0.45% (17) were using woods, 0.02% (1) were using stove/kerosene and 3.51% (131) were using coals. Every house in each area had an electricity supply and every house had a tap water supply. Almost 96.94% of the total houses in all 5 areas were using gas as cooking fuel, while only 0.45% used wood, 3.51% used Coal and only 0.026% were using other means like stove. The people in

40.52% (1510) houses were using cycles where as 55.37% (2063) were having two-wheelers, 3.08% (115) were having auto-rikshaw and same is the percentage in case of car. The 87.41% houses (3257) were having colour television with 80.24% (2990) having Cable/Dish connections. 91.51% (3410) houses were having cots while, 86.15% (3210) were having mats 78.74% (2934) were having chairs and 39.96 % (1489) were having Sofas. Animal shades outside the house were found to be 0.16% (6), inside the house were found to be 0.83% (31) and away from the house were found to be 1.34% (50). Animal shades were present in total 87 houses. Out of these, 35.63% were present in house, 6.89% were present outside the house whereas 57.47% were present away from house. Sanitation facilities inside the house were noted as 99.65 % (3713) out of which 99.68 % (3701) were as pucca type and 0.32% (12) were of kuchcha type, 0.13% (5) of the total houses were having latrines outside the house and 0.21% (8) houses were having no facilities and were using open fields or public toilets. Only 4.56% (170) houses were having AC, 52.84% (1969) houses were having refrigerators, 9.4% (350) were having coolers and 81.02% (3019) were having mobile phones. **(Table 19; Graph 17-26)**

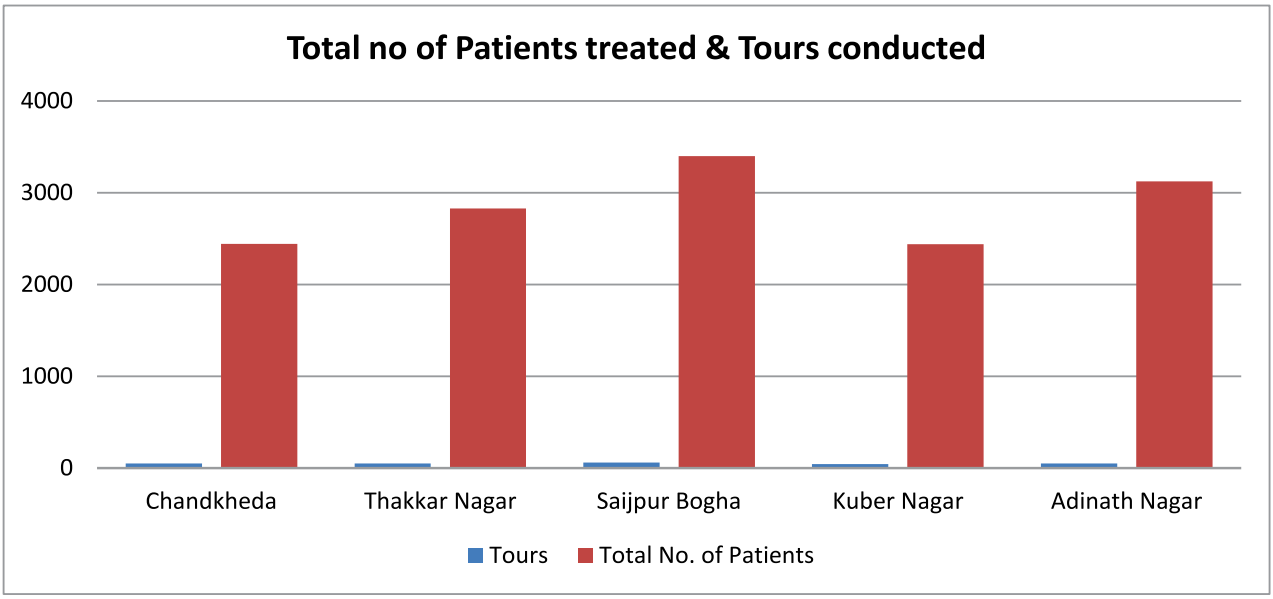
TABLES AND GRAPHS

Table-1: Study Summary

S. No.	Details	
1	Duration of Study	March, 2016 - March, 2017
2	Colonies/ area covered	5
3	Total visits made	251
4	Total number of patients treated	14233 (4835 new + 9398 old patients)

Table-2: -Total Number of patients treated in all colonies/ areas

S. No.	Name of Colonies allocated	Name of area under selected large Colonies covered/surveyed	No. of tours conducted	Total patients treated (New and follow-up)
1.	**Chandkheda**	Durga Chowk, Laxmi Nagar, Gyatri Nagar, Khodiyal Chowk	50	2441
2.	**Thakkar Nagar**	Shyamdham Society, Yogeshawer Residency, Kalyan Nagar	48	2828
3.	**Saijpur Bogha**	New Krishnakunj Society, Gayatri Nagar, Prem Nagar	59	3399
4.	**Kuber Nagar**	Sachidanand Society, Kismat Nagar, Ashok Sharma ki Chaali	43	2440
5.	**Adhinath Nagar**	Bhavik Nagar, Nehal Park Society, Manilaxmi Nagar	51	3125
		Total	**251**	**14233**



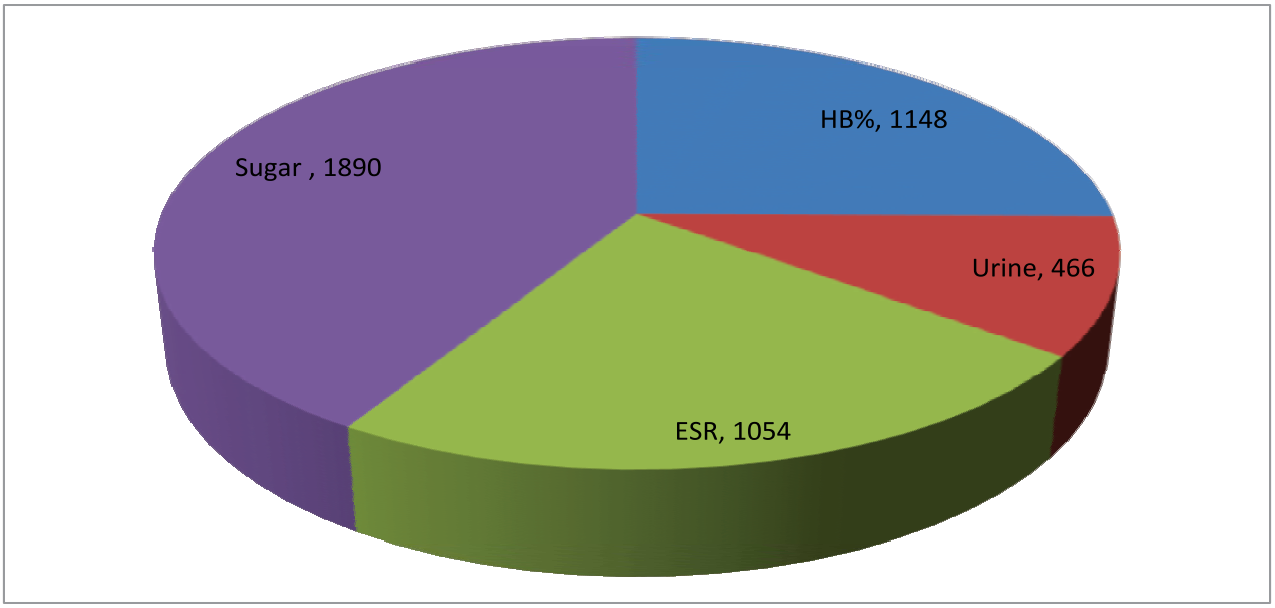
Graph-1: Total Number of patients treated in all colonies/ areas

Table-3: Statement of Colonies/ Areas covered

S. No.	Name of Colonies	Patients Treated														
		New						Old (Follow-up)						Total		Grand Total
		Adult		Child		Total		Adult		Child		Total				
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	(M+F)
1.	Chand-kheda	252	502	53	31	305	533	640	933	20	10	660	943	965	1476	2441
2.	Thakkar Nagar	321	570	28	16	349	586	828	997	41	27	869	1024	1218	1610	2828
3.	Saijpur Bogha	325	688	43	39	368	727	800	1434	36	34	836	1468	1204	2195	3399
4.	Kuber Nagar	231	636	47	35	278	671	325	1100	37	29	362	1129	640	1800	2440
5.	Adhinath Nagar	285	641	58	34	343	675	545	1467	40	55	585	1522	928	2197	3125
Total		**1414**	**3037**	**229**	**155**	**1643**	**3192**	**3138**	**5931**	**174**	**155**	**3312**	**6086**	**4955**	**9278**	**14233**

Table-4: Statement of investigations carried out

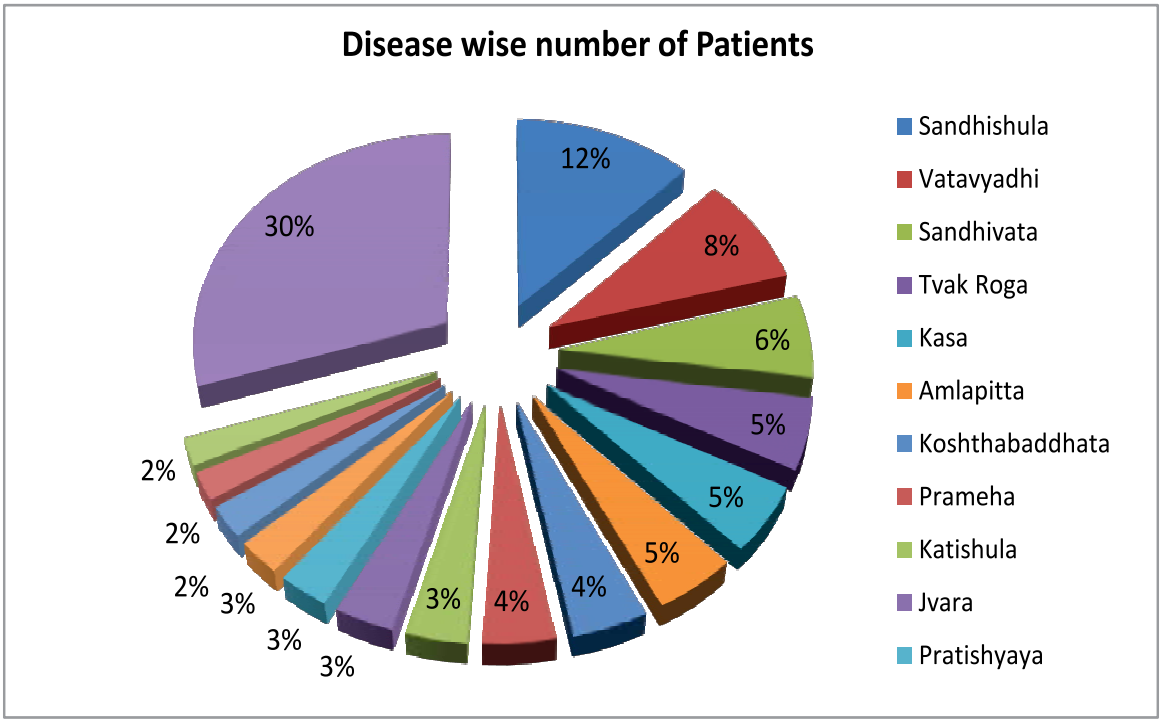
S. No.	Investigations carried out	
	Type of investigations	No. of investigations carried out
1.	Blood (Hb)	1148
2.	Urine	466
3.	Stool	-
4.	Others (Specify)-ESR	1054
5.	Blood Sugar Test (random)	1890



Graph- 2: Investigations carried out

Table-5: Most prevalent Diseases according to the number of patients

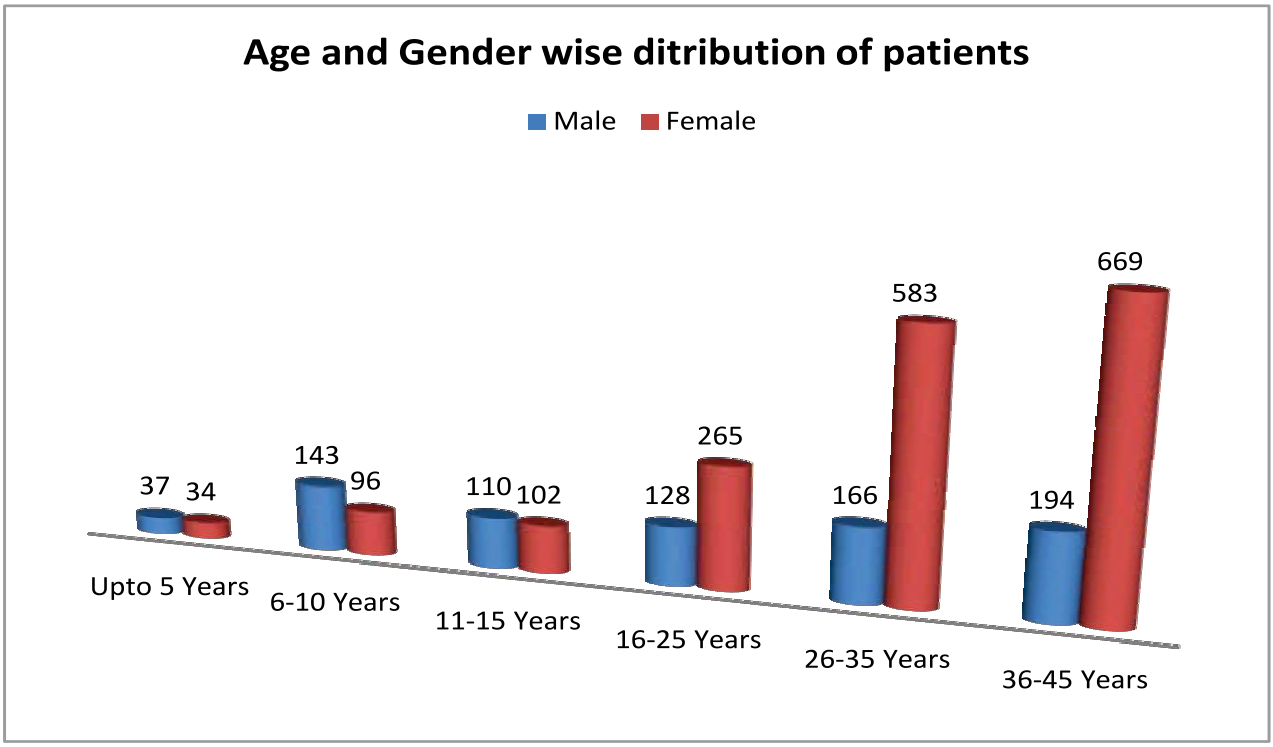
S. No.	NAMC Code	Diseases	Short Definition	No. of patients from Maximum to Minimum
1.	SAT-D.4721	Sandhishula	Joint pain	**601**
2.	AA	Vatavyadhi	Disorder due to vata dosha	**405**
3.	AAE-16	Sandhivata	Osteo-arthritis	**306**
4.	SAT-D.3748	Tvak Roga	Skin disorders	**265**
5.	EA-3	Kasa	Cough/tusis	**250**
6.	EB-4	Amlapitta	hyperacidity	**230**
7.	AAC-12.4	Kosthabaddhata	Vibandh/simple constipation	**209**
8.	EF-2	Prameha	DM	**200**
9.	SAT-D.1898	Katishula	Low back pain	**167**
10.	EC-3	Jvara	Fever/pyrexia	**165**
11.	I-1	Pratishyaya	rhinitis	**143**
12.	EB-10	Udarashula	Abdominal pain	**126**
13.	F	Shirahshula	Headache/cephalgia/cephalalgia	**118**
14.	EE-3	Arsha	hemorrhoids	**104**
15.	EL-5	Pradara	leucorrhoea	**100**
16.		All Others		**1446**



Graph-3: Most prevalent Diseases according to the number of patients

Table-6: Age and Gender wise distribution of new patients

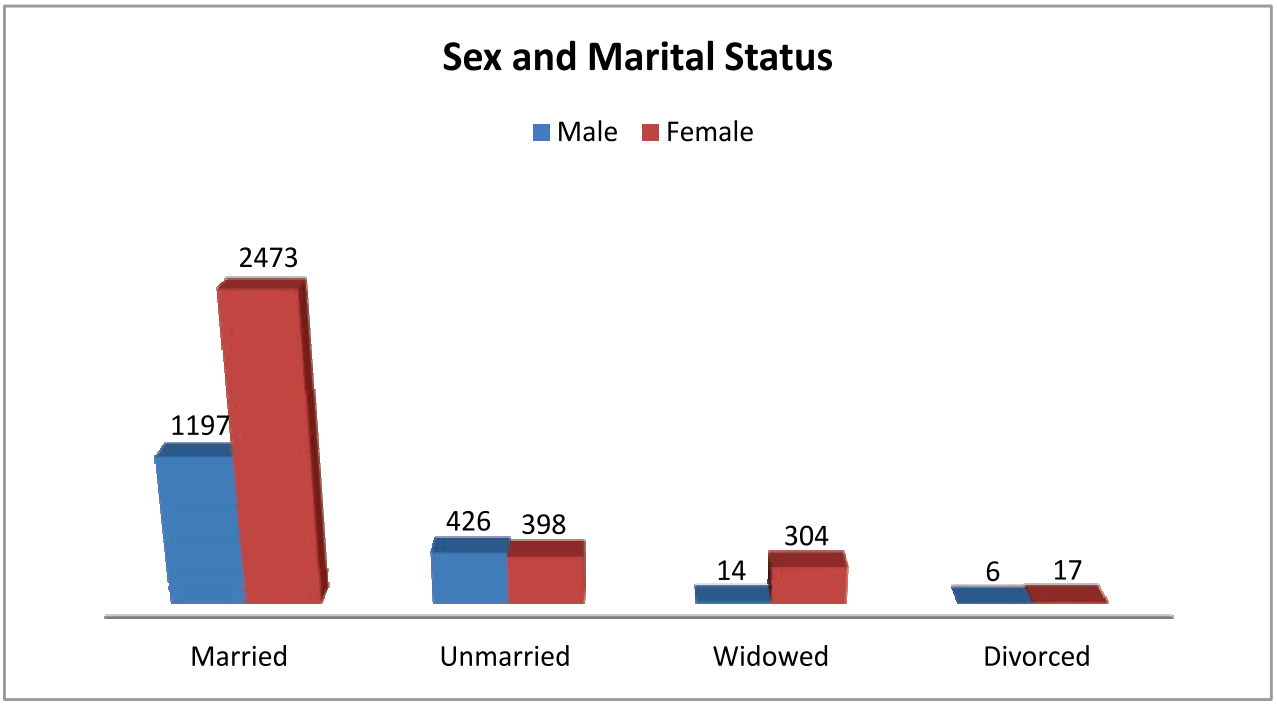
Age Group (years)	Sex			Total
	Male	Female	Others	
Up to 5	37	34	-	**71**
6-10	143	96	-	**239**
11-15	110	102	-	**212**
16-25	128	265	-	**393**
26-35	166	583	-	**749**
36-45	194	669	-	**863**
46-55	235	691	-	**926**
56-65	351	523	-	**874**
66 & above	279	229	-	**508**
Total	**1643**	**3192**	-	**4835**



Graph-4: Age and Gender wise distribution of new patients

Table-7: Age, Gender and Marital Status wise distribution of new patients

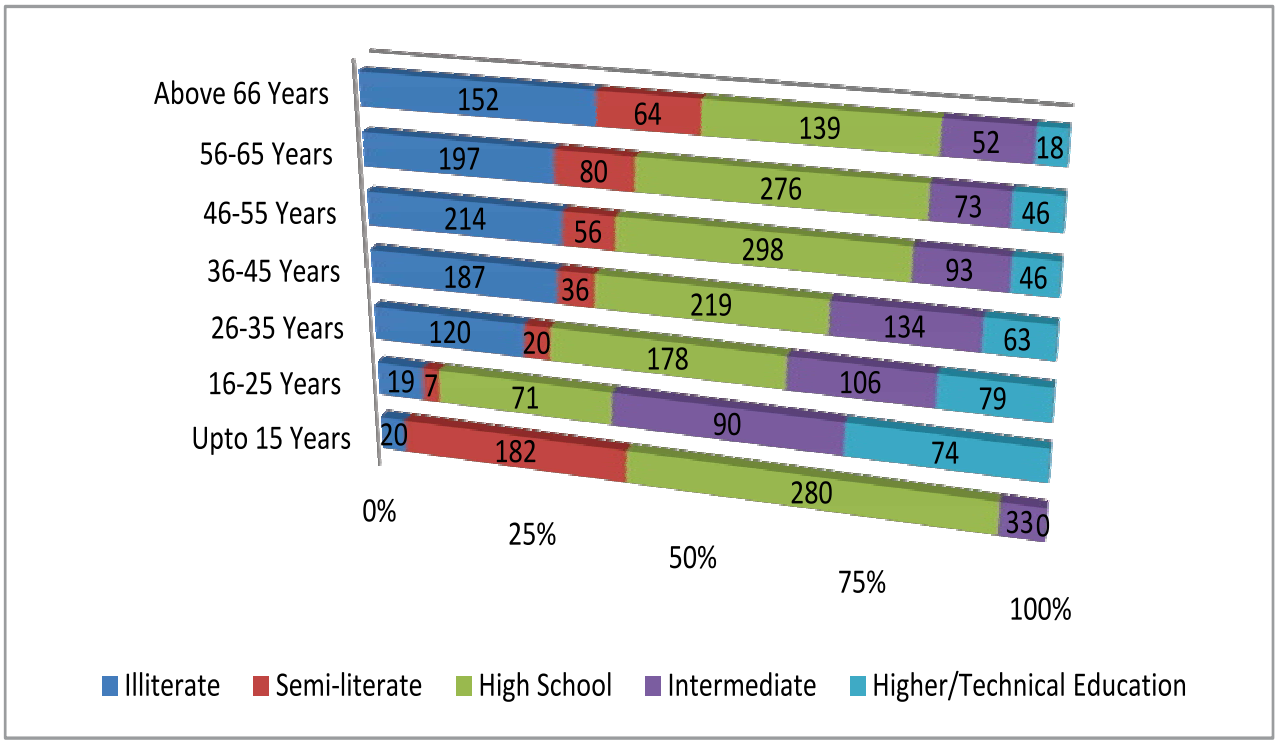
Age Group (years)	Sex & Marital Status											
	Married		Unmarried		Widowed		Divorced		Separated		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Up to 15	-	-	290	232	-	-	-	-	-	-	290	232
16-25	11	122	117	143	-	-	-	-	-	-	128	265
26-35	154	559	12	13	-	8	-	3	-	-	166	583
36-45	192	643	2	3	-	23	-	-	-	-	194	669
46-55	231	630	4	6	-	54	-	1	-	-	235	691
56-65	345	407	1	1	4	107	1	8	-	-	351	523
66 & above	264	112	-	-	10	112	5	5	-	-	279	229
Total	**1197**	**2473**	**426**	**398**	**14**	**304**	**6**	**17**	-	-	**1643**	**3192**



Graph-5: Gender and Marital Status wise distribution of new patients

Table-8: Age and Educational Status of new patients

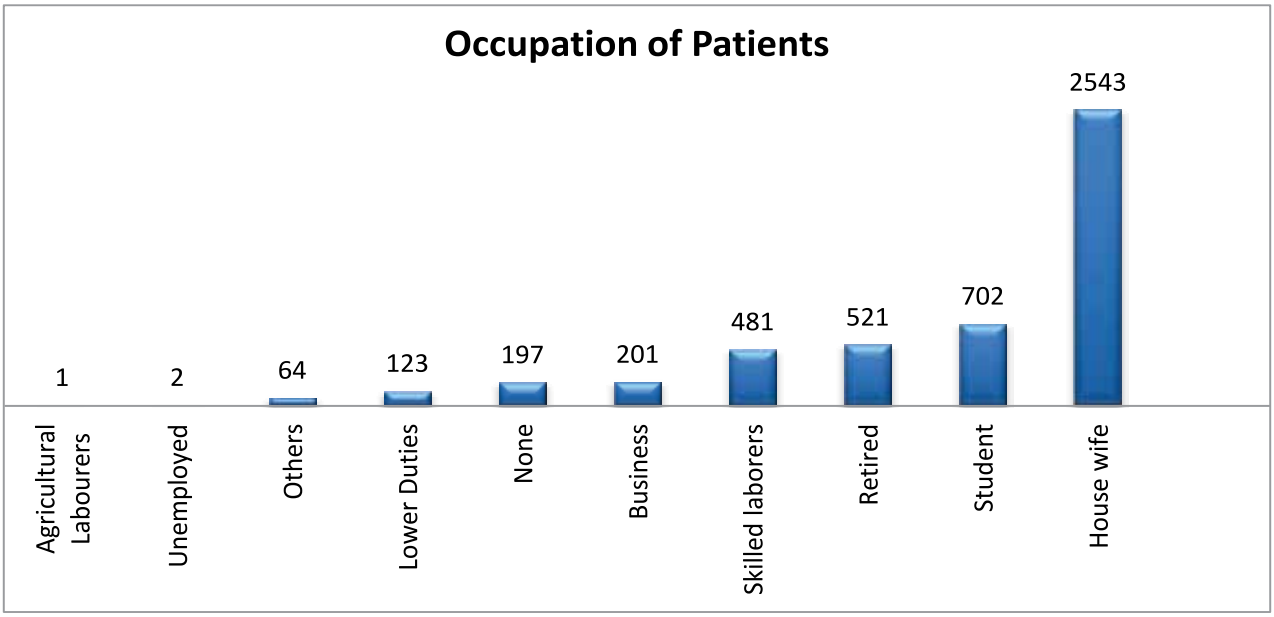
Age Group (years)	Educational Status							
	None	Illiterate	Semi-literate	Primary School	High School	Inter-mediate	Higher or Tech. Edu.	Total
Up to 15	-	20	182	280	-	33	-	**515**
16-25	-	19	7	71	130	90	74	**391**
26-35	-	120	20	178	252	106	79	**755**
36 – 45	-	187	36	219	217	134	63	**856**
46 – 55	-	214	56	298	216	93	46	**923**
56 – 65	-	197	80	276	197	73	46	**869**
Above 66	-	152	64	139	97	52	18	**522**
TOTAL	-	**909**	**445**	**1461**	**1142**	**552**	**326**	**4835**



Graph-6: Age and Educational Status of new patients

Table-9: Occupation wise distribution of new patients

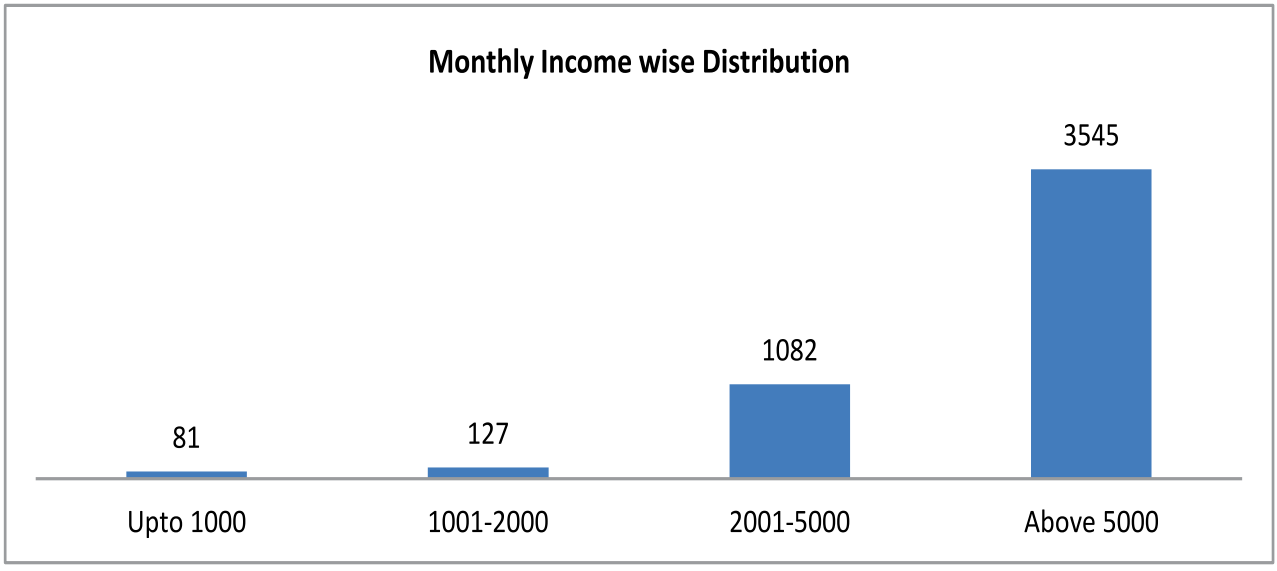
S. No.	Occupation	Number of patients	N (%)
1.	Agricultural Laborers	**1**	(0.02%)
2.	Unemployed	**2**	(0.04%)
3.	Others	**64**	(1.32%)
4.	Lower duties	**123**	(2.54%)
5.	None	**197**	(4.07%)
6.	Business	**201**	(4.15%)
7.	Skilled laborers	**481**	(9.95%)
8.	Retired	**521**	(10.77%)
9.	Student	**702**	(14.52%)
10.	House wife	**2543**	(52.60%)
TOTAL		**4835**	(100%)



Graph-7: Occupation of patients

Table-10: Distribution of new patients according to Monthly income of the Family

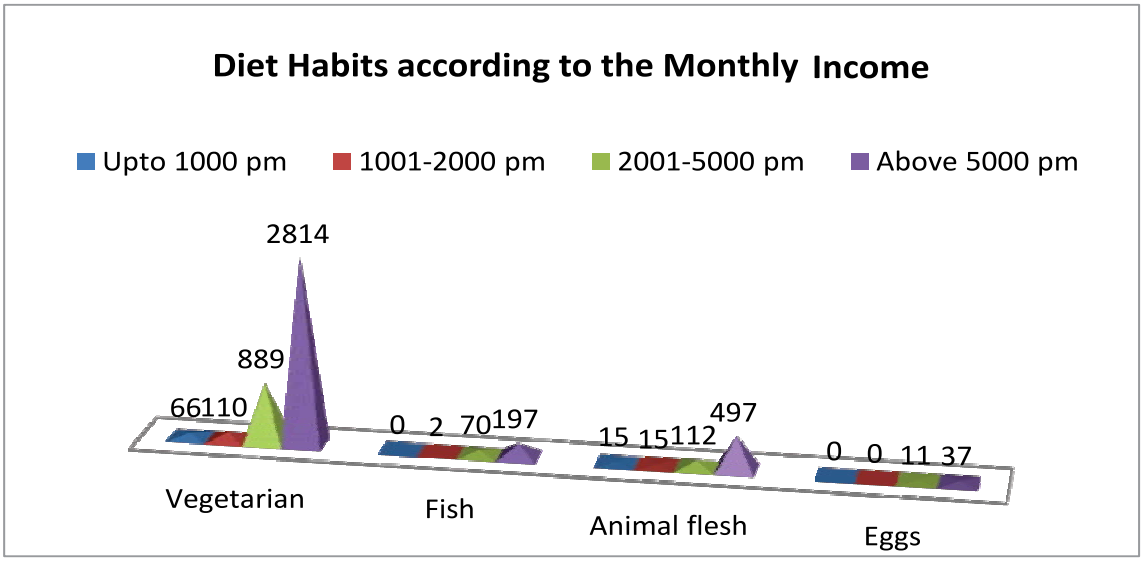
S. No	Monthly Income of Family in Rupees	No. of patients
1.	Up to 1000	**81**
2.	1001-2000	**127**
3.	2001-5000	**1082**
4.	Above 5000	**3545**
Total		**4835**



Graph-8: Distribution of patients according to monthly income

Table-11: Distribution of new patients according to preferential diet habits

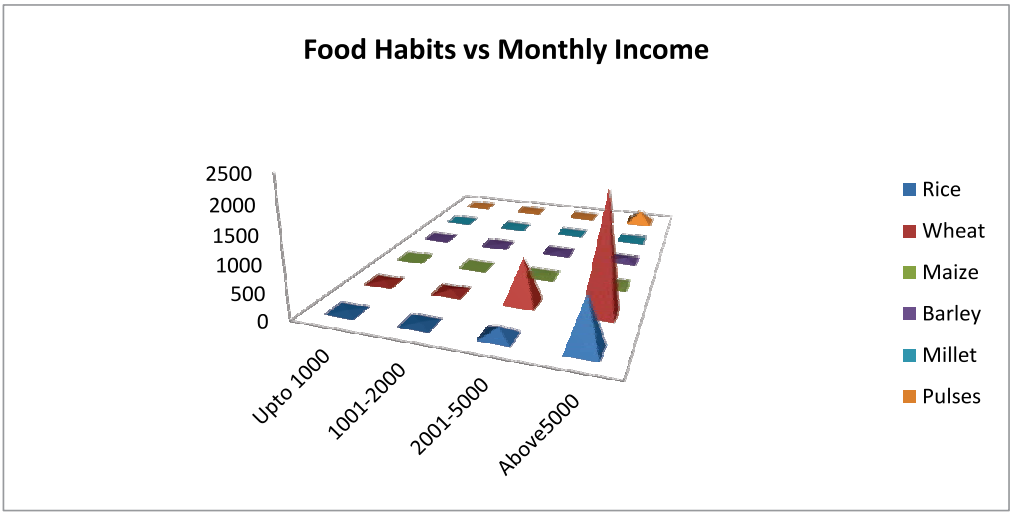
Income per capita month	Diet Habits				Total
	Vegetarian	Non –veg.		Vegetarian and/ or eggs	
		Fish	Chicken /mutton/pork/beef/ or any other animal's flesh		
Up to 1000	66	0	15	0	**81**
1001-2000	110	2	15	0	**127**
2001-5000	909	0	162	11	**1082**
Above 5000	2836	209	463	37	**3545**
Total	**3879**	**269**	**639**	**48**	**4835**
Preference of diet-Vegetarian					



Graph-9: Dietary habits of patients

Table-12: Distribution of new patients according to preferential Food Habits

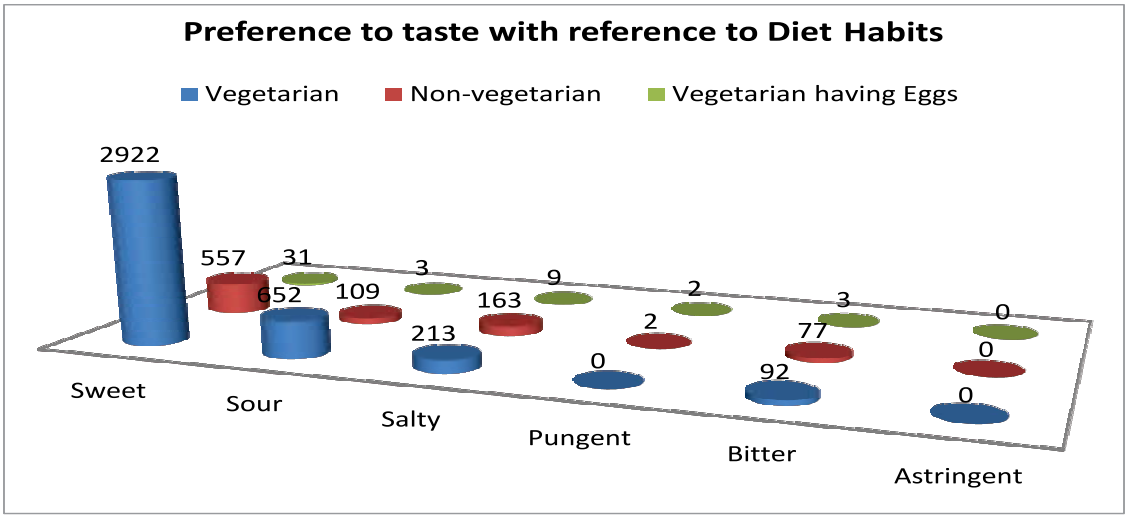
Income per capita month	Food Habits						
	Rice	Wheat	Maize	Barley	Millet	Pulses	Other
Upto 1000	19	41	0	11	0	10	0
1001-2000	22	59	3	18	6	19	0
2001-5000	179	846	11	26	9	11	0
Above 5000	967	2214	26	59	10	269	0
Total	**1187**	**3160**	**40**	**114**	**25**	**309**	**0**



Graph-10: Preferential Food Habits of patients

Table-13: Preference to particular taste of new patients

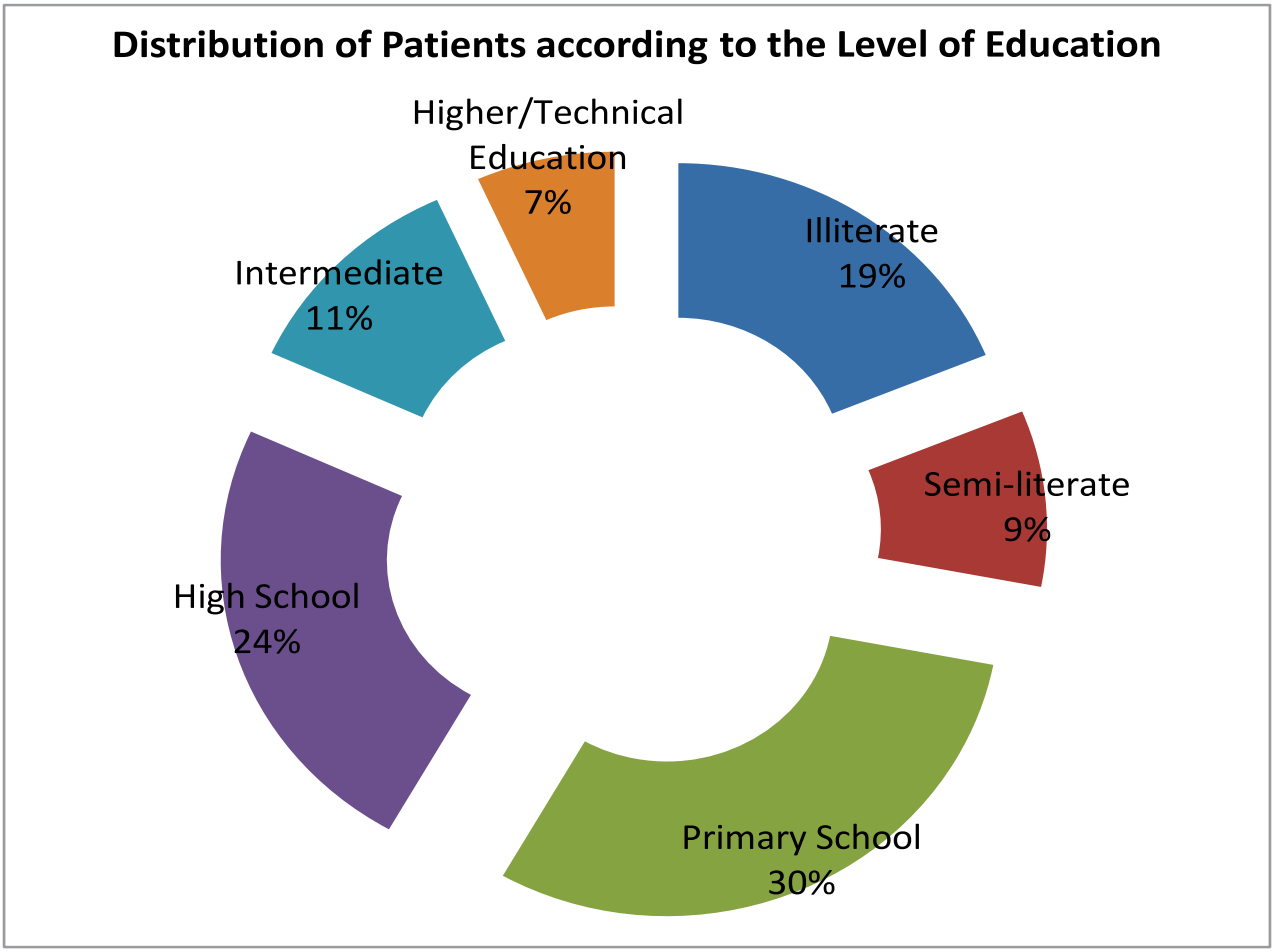
Preference to Particular taste	Diet			Total
	Vegetarian	Non-vegetarian	Veg. with Eggs	
None	-	-	-	**-**
Sweet	2922	557	31	**3510**
Sour	652	109	03	**764**
Salty	213	163	09	**385**
Pungent	-	02	02	**04**
Bitter	92	77	03	**172**
Astringent	-	-	-	**-**
Total	**3879**	**908**	**48**	**4835**



Graph-11: Preference of patients to particular taste

Table-14: Distribution of new patients by level of education

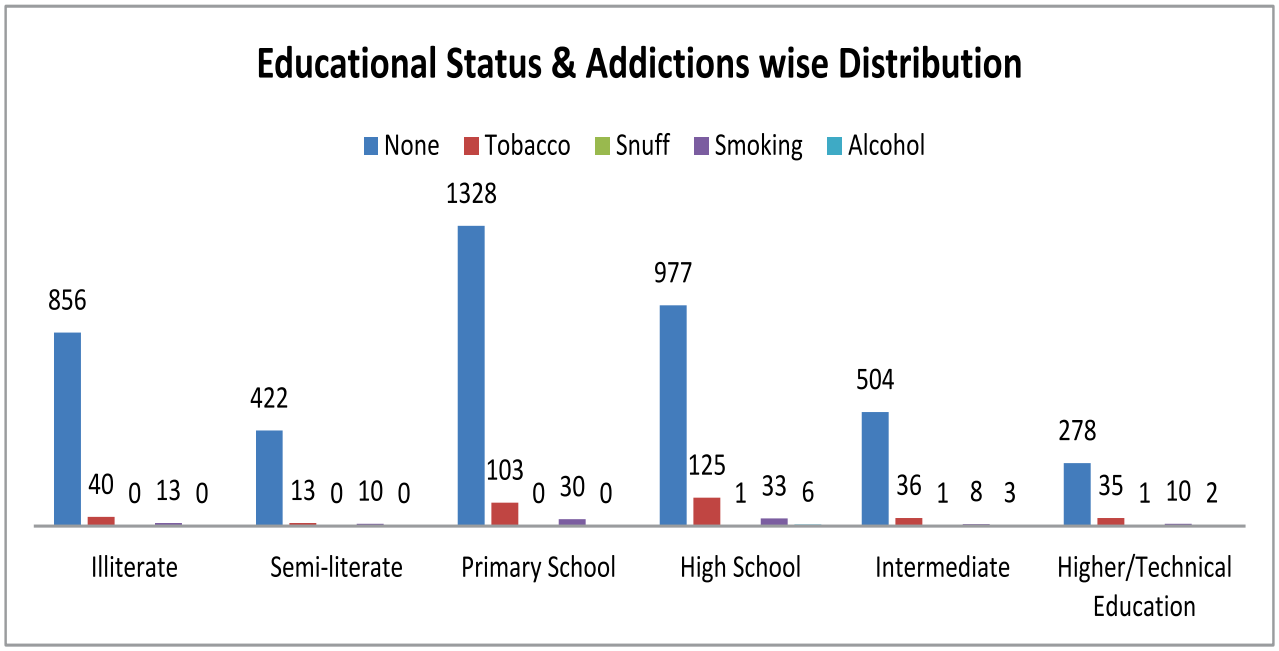
S. No.	Level of Education	Number of persons (Total)
1.	Illiterate	**909**
2.	Semi- literate	**445**
3.	Primary School	**1461**
4.	High School	**1142**
5.	Intermediate	**552**
6.	Higher or Technical Education	**326**
7.	None	-
Total		**4835**



Graph-12: Distribution of new patients by level of education

Table-15: Educational status and addictions wise distribution of new patients

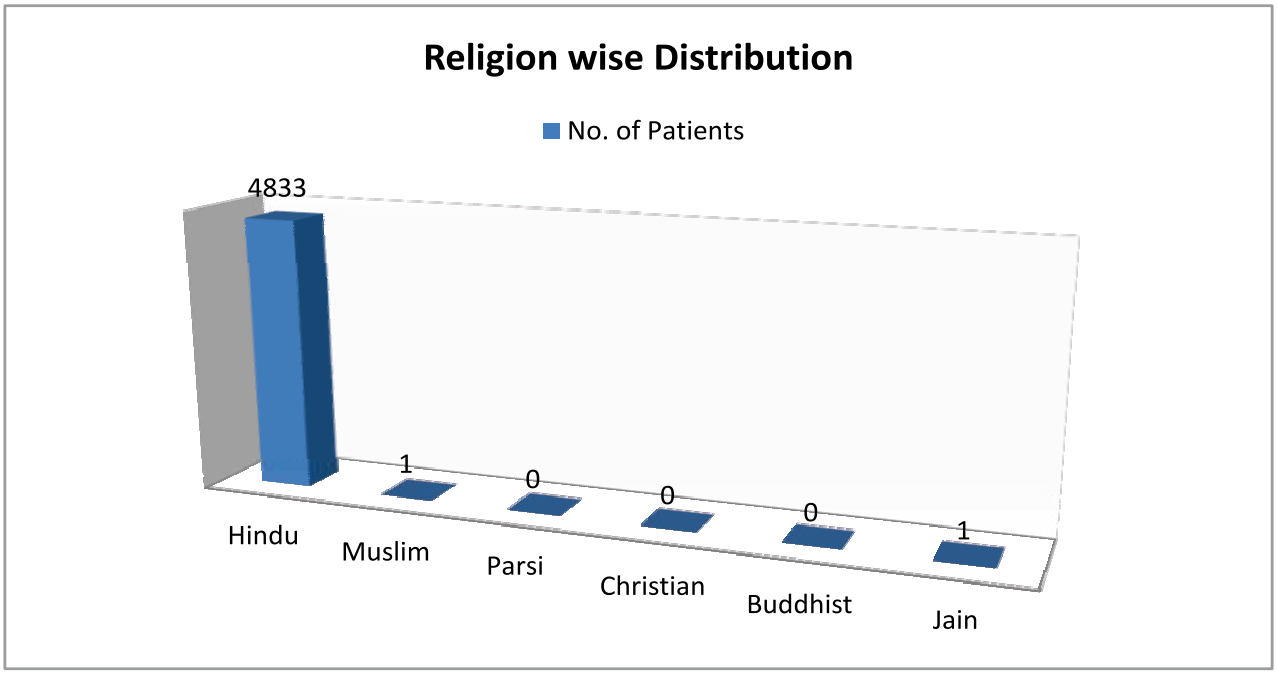
Educational Status	Addictions									TO-TAL
	None	To-bacco	Snuff	Smok-ing	Bhang	Ganja	Alco-hol	Opium	Others	
Illiterate	856	40	-	13	-	-	-	-	-	**909**
Semi-literate	422	13	-	10	-	-	-	-	-	**445**
Primary School	1328	103	-	30	-	-	-	-	-	**1461**
High School	977	125	1	33	-	-	6	-	-	**1142**
Intermediate	504	36	1	8	-	-	3	-	-	**552**
Higher or Tech. Education	278	35	1	10	-	-	2	-	-	**326**
TOTAL	**4365**	**352**	**3**	**104**	-	-	**11**	-	-	**4835**



Graph-13: Education and addictions wise distribution of new patients

Table-16: Religion wise distribution of new patients

S. No.	Religion	Number of cases	N (%)
01.	Hindu	**4833**	(99.96%)
02.	Muslim	**1**	(0.02%)
03.	Parsi	-	-
04.	Christian	-	-
05.	Buddhist	-	-
06.	Other (Specify)	**1 (Jain)**	(0.02%)
TOTAL		**4835**	(100%)

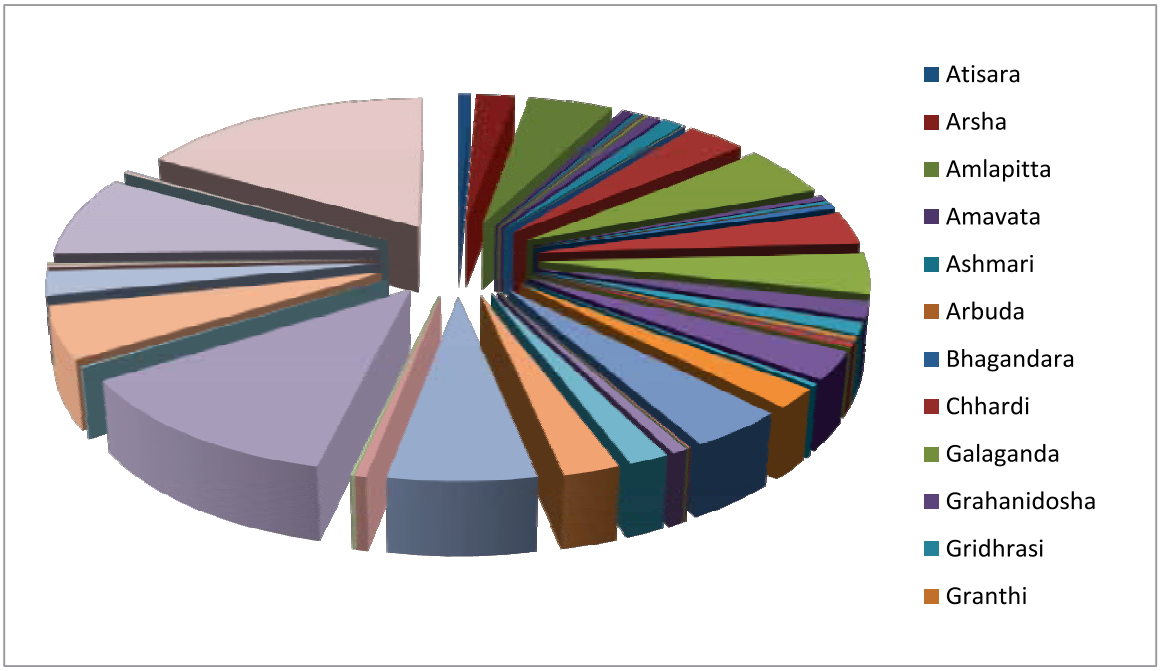


Graph-14: **Religion wise distribution of new patients**

Table-17: Diseases for which the all patients were treated (new and follow up)

S. No.	NAMC Code & Definition of disease conditions found in the areas		Disease	No. of patients attended										Grand Total
				New				Old				Total		
	Code	Definition of disease	Ayurvedic terms	Adult		Child		Adult		Child				
				M	F	M	F	M	F	M	F	M	F	M+F
01	EB-2	Diarrhoea	Atisara	15	11	2	2	11	25	-	4	28	42	**70**
02	EE-2	Haemorrhoids	Arsha	49	55	-	-	100	188	-	-	149	243	**392**
03	EB-4	Hyperacidity	Amlapitta	82	146	1	1	243	298	-	1	326	446	**772**
04	EC-6	Rheumatism due to ama	Amavata	4	24	-	-	6	88	-	-	10	112	**122**
05	EJ-2	Lithiasis/ urolithiasis/ neph-rolithiasis	Ashmari	11	4	-	-	6	1	-	-	17	5	**22**
06	EE-2	Tumor	Arbuda	-	1	-	-	-	2	-	-	-	3	**3**
07	ED-16	Fistula-in-ano	Bhagandara	4	1	-	-	6	-	-	-	10	1	**11**
08	EB-6	Vomiting/emesis	Chhardi	-	2	-	1	-	-	-	-	-	3	**3**
09	GF-19	Goiter	Galaganda	2	6	-	-	-	14	-	-	2	20	**22**
10	EB-7	Disorders of lower gastro-intestinal tract	Grahanidosha	17	17	-	-	18	41	-	-	35	58	**93**
11	AAC-20	Sciatica	Gridhrasi	3	52	-	-	14	134	1	-	18	186	**204**
12	EE-4	Cyst	Granthi	-	2	1	-	-	-	2	-	3	2	**5**
13	EC-2	Heart disease	Hrud Roga	1	-	-	-	1	-	-	-	2	-	**2**
14	EC-3	Fever/pyrexia	Jvara	39	98	21	7	36	122	11	12	107	239	**346**
15	EA-3	Cough/tusis	Kasa	63	117	41	29	112	222	36	22	252	390	**642**
16	N	Worm infestation	Krimi	-	-	11	11	-	1	7	4	18	16	**34**
17	J	Ear diseases	Karna Roga	6	9	1	1	6	18	-	-	13	28	**41**
18	ED-3	Jaundice	Kamala	1	-	-	-	-	-	-	-	1	-	**1**
19	ED-2.2	Pruritis	Kandu	6	16	1	1	2	23	-	1	9	41	**50**
20	SAT-D.1898	Low back pain	Katishula	35	132	-	-	60	249	-	-	95	381	**476**
21	AAC-12.4	Vibandh/simple constipation	Kostha Baddhata	82	123	1	3	166	235	1	6	250	367	**617**
22	ED-4	Integumentary disease	Kushtha	37	41	5	1	71	94	1	-	114	136	**250**
23	G	Disorders of oral cavity	Mukharoga	18	34	3	3	31	35	9	4	61	76	**137**
24	EJ-4	Dysuria	Mutra Kriccha	10	9	-	-	26	18	-	2	36	29	**65**

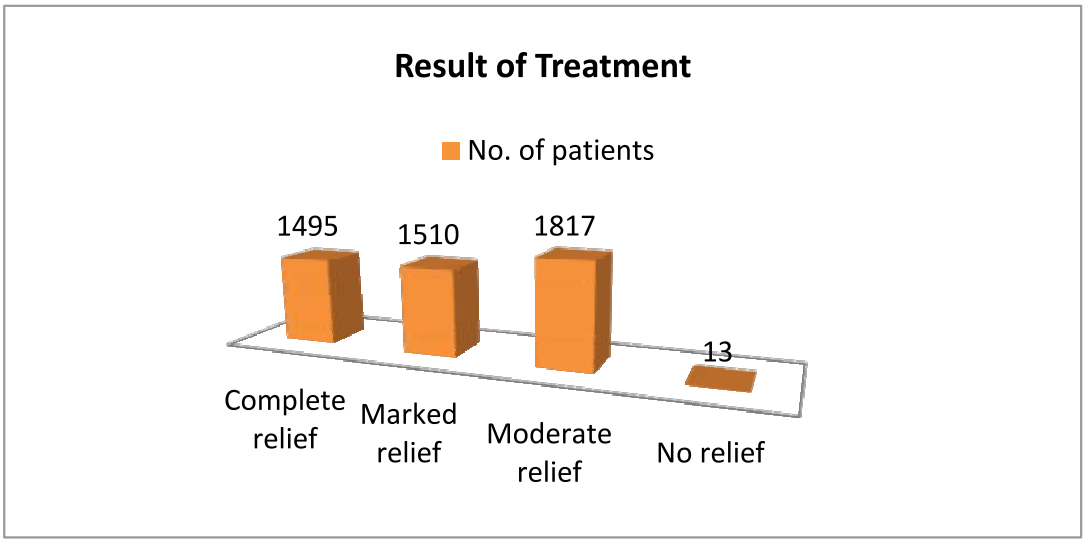
S. No.	NAMC Code & Definition of disease conditions found in the areas		Disease	No. of patients attended										Grand Total
				New				Old				Total		
	Code	Definition of disease	Ayurvedic terms	Adult		Child		Adult		Child				
				M	F	M	F	M	F	M	F	M	F	M+F
25	SAT-D.5848	Mental disorders	Manasavyadhi	1	2	-	1	3	3	-	-	4	6	**10**
26	H	Ophthalmic/eye diseases	NetraRoga	9	9	3	1	3	8	4	-	19	18	**37**
27	I	Nose diseases	NasaRoga	1	-	1	-	2	-	-	-	4	-	**4**
28	I-1	Rhinitis	Pratishayaya	47	56	22	18	54	43	13	20	136	137	**273**
29	EC-5	Anaemia	Pandu	1	13	-	-	-	14	-	-	1	27	**28**
30	EL-5	Leucorrhoea	Pradara	-	100	-	-	-	145	-	-	-	245	**245**
31	EF-2	DM	Prameha	89	111	-	-	447	319	-	-	536	430	**966**
32	AAC-24	Hemiplegia/hemiparesis	Pakshaghata	3	1	-	-	35	8	-	-	38	9	**47**
33	B1	Consumption	Rajayakshma	1	-	-	-	5	-	-	-	6	-	**6**
34	EL-3	Menstrual disorders	Rajodosha	-	31	-	2	1	37	-	-	1	70	**71**
35	EA-4	Dyspnoea	Shwasa	46	36	1	-	107	102	-	-	154	138	**292**
36	F	Headache/cephalgia/cephalalgia	Shirah Shula	19	95	1	3	19	166	-	6	39	270	**309**
37	AAE-16	Osteo - arthritis	Sandhi Vata	92	214	-	-	211	528	-	-	303	742	**1045**
38	EK-3	Oedema /inflamation	Shotha	4	18	2	-	2	53	-	-	8	71	**79**
39	ED-5	Vitiligo/leucoderma	Shwitra	-	4	-	1	-	2	-	-	-	7	**7**
40	SAT-D.4721	Joint pain	Sandhi Shula	126	474	1	-	386	1068	-	-	513	1542	**2055**
41	ED-14	Urticaria with vata predominance	Shita Pitta	1	4	-	1	-	3	-	-	1	8	**9**
42	SAT-D.3748	Skin disorders	Tvak Roga	80	151	22	12	143	149	13	12	258	324	**582**
43	EB-10	Abdominal pain	Udara Shula	34	67	15	10	70	89	30	6	149	172	**321**
44	SAT-D.1687	Chest pain	Urah Shula	3	6	-	-	23	18	1	-	27	24	**51**
45	K	Wounds	Vrana	4	2	3	-	-	2	2	-	9	4	**13**
46	AA	Disorders due to vata dosh	Vata Vyadhi	108	295	1	1	164	496	26	-	299	792	**1091**
47	ED-8	Rheumatism due to rakta	Vata Rakta	1	1	-	-	4	1	-	-	5	2	**7**
48	ED-9	Abscess	Vidradhi	1	1	1	2	1	2	-	5	3	10	**13**
49	EL-2	Gynaecological disorders	Yoni Vyapad	-	3	-	-	-	2	-	-	-	5	**5**
50			Others	258	442	68	43	550	835	44	49	920	1369	**2289**
			Total	**1414**	**3037**	**229**	**155**	**3138**	**5931**	**174**	**155**	**4955**	**9278**	**14233**



Graph-15: Diseases for which the new patients were treated

Table-18: Statement of result of treatment as per gradation:

Sr. No.	Result of treatment	No. of patients
1	Complete relief	1495
2	Marked relief	1510
3	Moderate relief	1817
4	No relief	13
	Total	**4835**

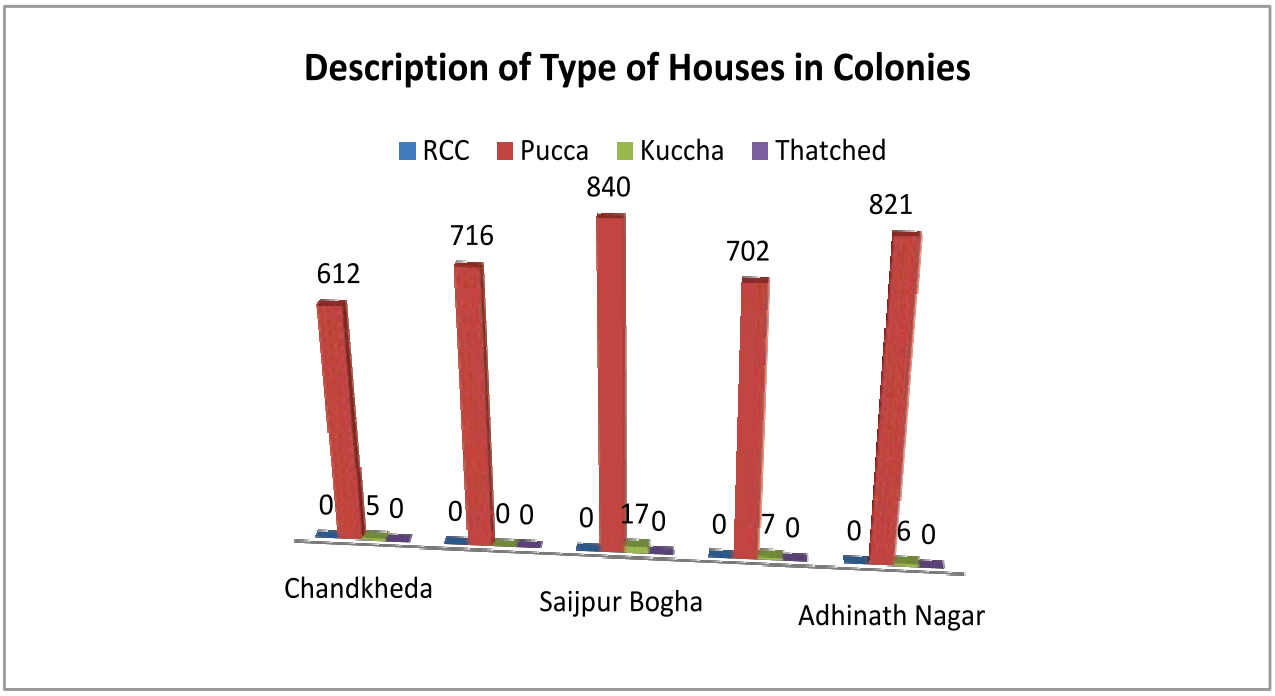


Graph-16: Result of treatment

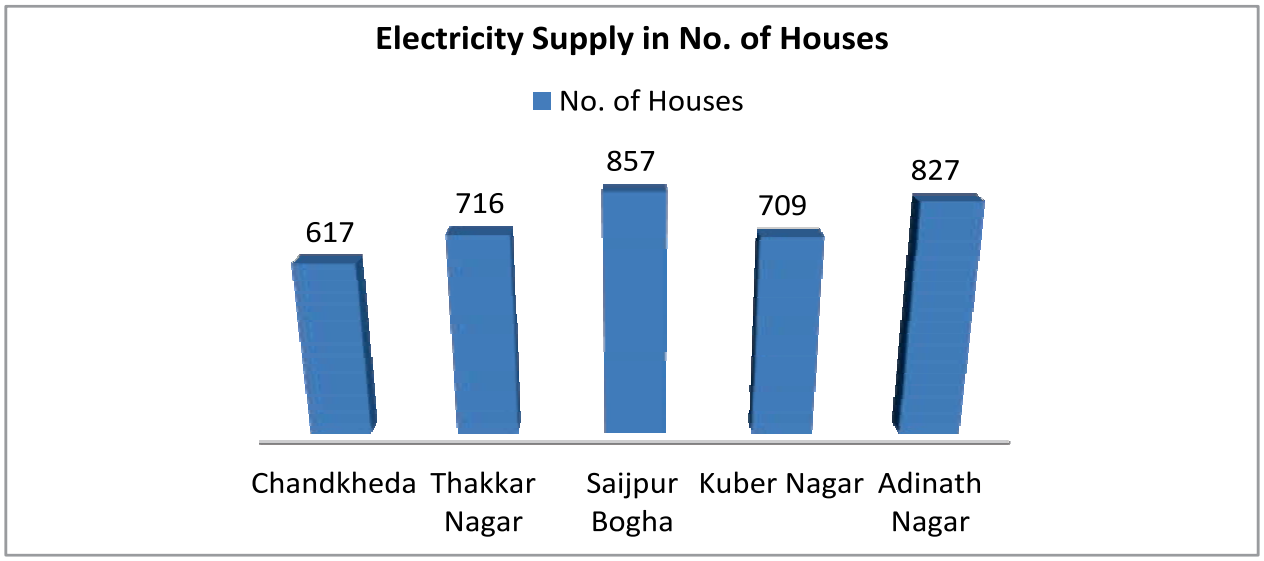
Table-19: Details of Households (all selected five colonies/ areas): Total Houses covered in survey- 3726

Sl. No.	Facility	Items	Name of area & availability of items					Total
			Chand-kheda	Thakkar Nagar	Saijpur Bogha	Kuber Nagar	Adhinath Nagar	
1	Type of House	RCC total no.	0	0	0	0	0	**0**
		Pucca total no.	612	716	840	702	821	**3691**
		Kaccha total no.	5	0	17	7	6	**35**
		Thatched total no.	0	0		0	0	**0**
2	Electricity		617	716	857	709	827	**3726**
3	Water	Tap	617	716	857	709	827	**3726**
		Well	0	0	0	0	0	**0**
		Hand pump	0	0	0	0	0	**0**
		Tap water	0	0	0	0	0	**0**
		River	0	0	0	0	0	**0**
		Stream	0	0	0	0	0	**0**
		Others	0	0	0	0	0	**0**
4	Cooking (Purpose)	Gas	600	709	824	689	790	**3612**
		Wood	7	0	3	3	4	**17**
		Coal	10	7	30	51	33	**131**
		Other (Stove)	0	0	0	1	0	**1**
5	Vehicle	Cycle	191	299	331	375	314	**1510**
		Two Wheeler	403	479	414	276	491	**2063**
		Car	18	30	28	5	34	**115**
		Other (Auto)	35	1	29	24	26	**115**
6	Amusement	TV- Colour	506	698	702	656	695	**3257**
		TV- Black & White	0	0	0	0	0	**0**
		VCD/DVD	0	0	0	0	0	**0**
		Cable Connection/Dish	418	656	656	585	675	**2990**
		Radio	0	0	0	0	0	**0**
		Tape recorder	0	0	0	0	0	**0**
7	Furniture	Cots	518	716	705	702	769	**3410**
		Mats	475	696	712	659	668	**3210**
		Chairs	451	688	695	598	502	**2934**
		Sofa	250	256	412	202	369	**1489**
8	Animal Shades	In-house	2	5	20	0	4	**31**
		Outside of the house	6	0	0	0	0	**6**
		Away from the house	29	1	13	4	3	**50**
9	Sanitation facilities	**In-house**	617	**716**	857	709	827	**3713**
		Pucca	602	715	851	707	826	**3701**
		Kaccha	2	1	6	2	1	**12**
		Outside of the house	5	0	0	0	0	**5**
		No facilities/ Open fields	8	0	0	0	0	**8**

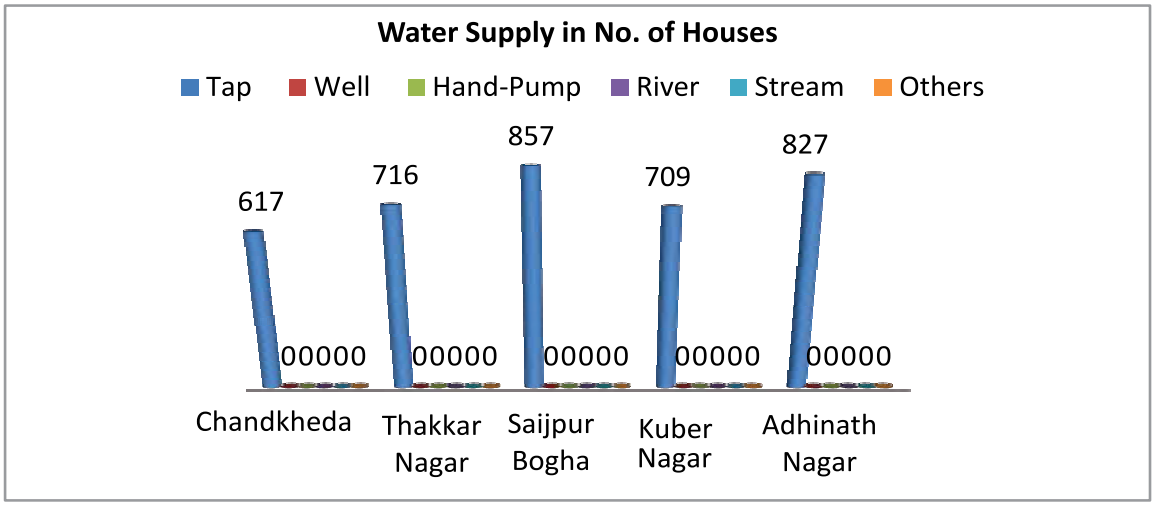
Sl. No.	Facility	Items	Name of area & availability of items					Total
			Chand-kheda	Thakkar Nagar	Saijpur Bogha	Kuber Nagar	Adhinath Nagar	
10	Other signifi-cant House-hold Goods if any	AC,	AC-19	AC-38	AC-46	AC-27	AC-40	**AC-170**
		Refrigerator(R), Cooler(C),	R-330	R-517	R-373	R-285	R-464	**R-1969**
			C-68	C-34	C-78	C-79	C-91	**C-350**
		Mobile, etc	M-495	M-696	M-695	M-521	M-612	**M-3019**



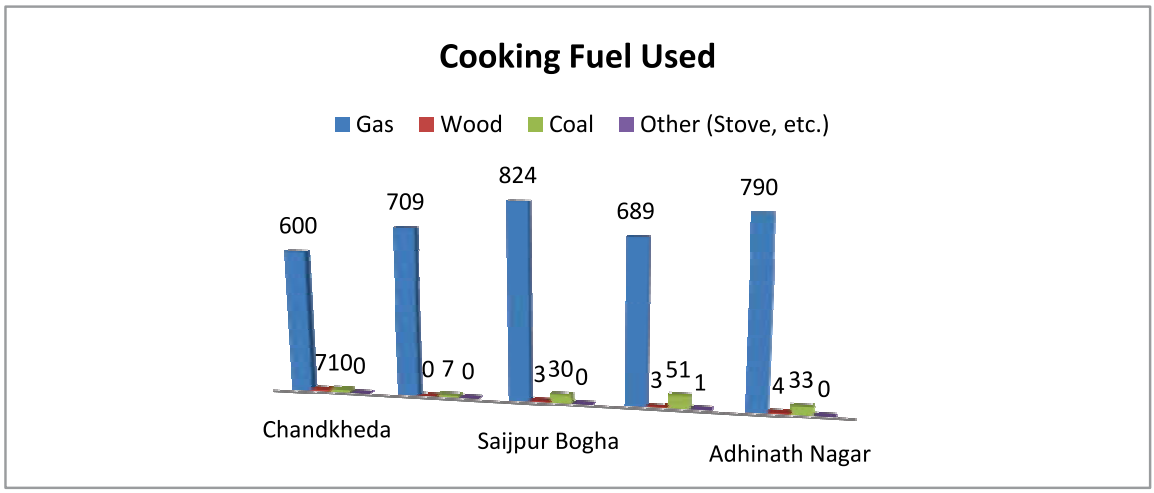
Graph-17 (Type of Houses in selected Colonies)



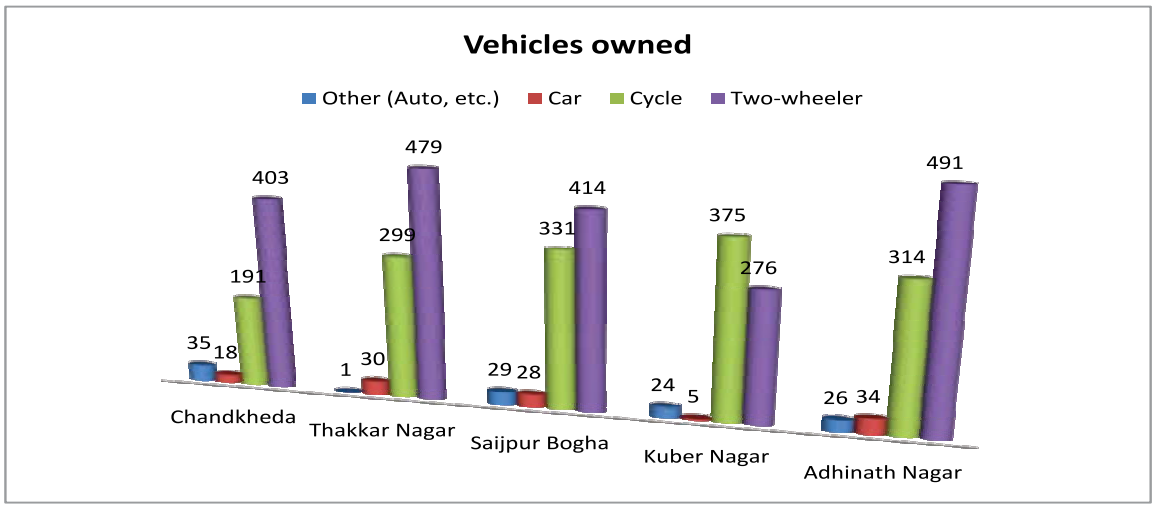
Graph-18 (Supply of Electricity in Houses)



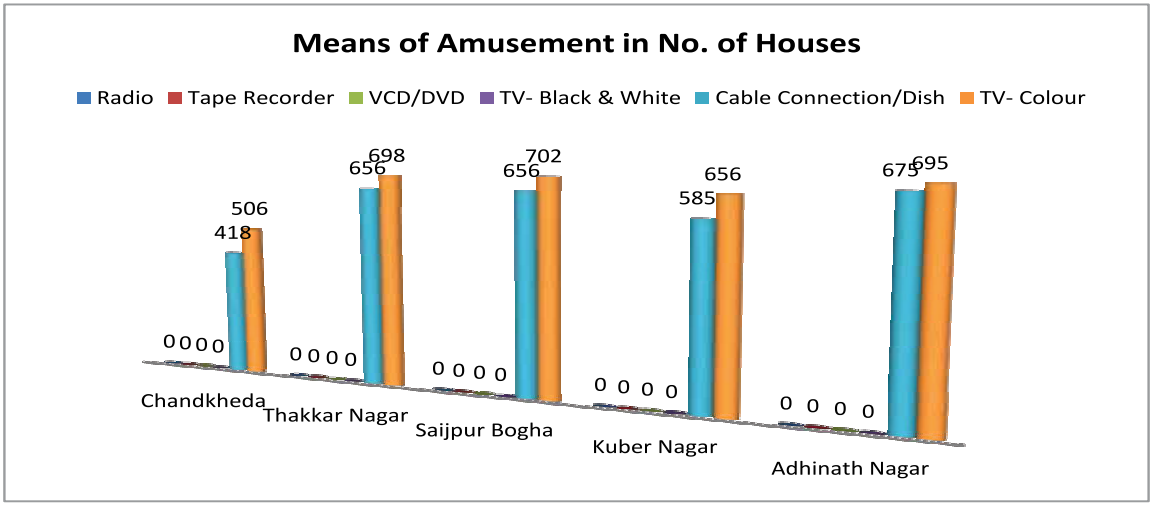
Graph-19 (Supply of water in Houses)



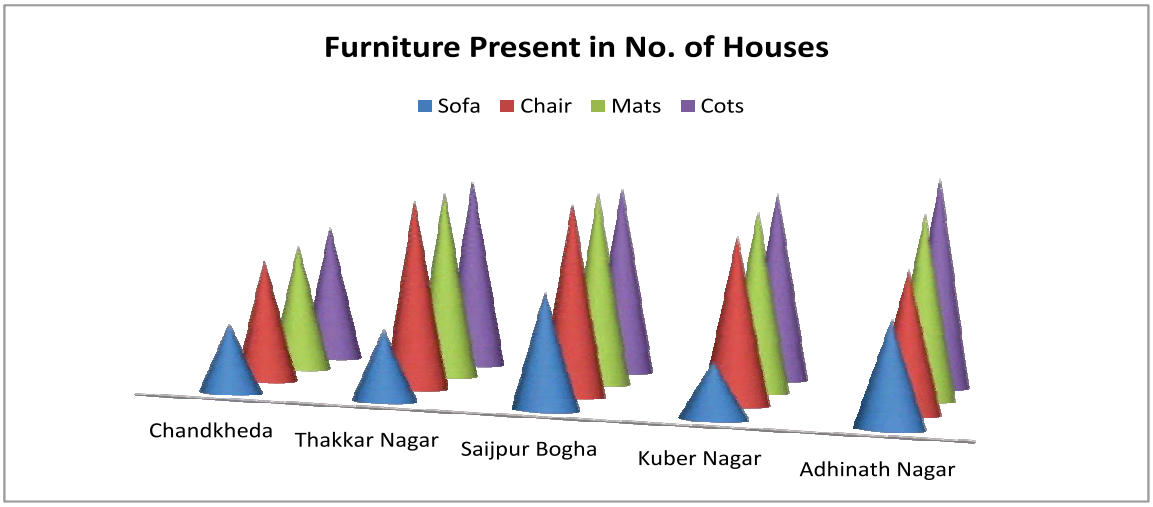
Graph-20 (Availability of cooking fuel in Houses)



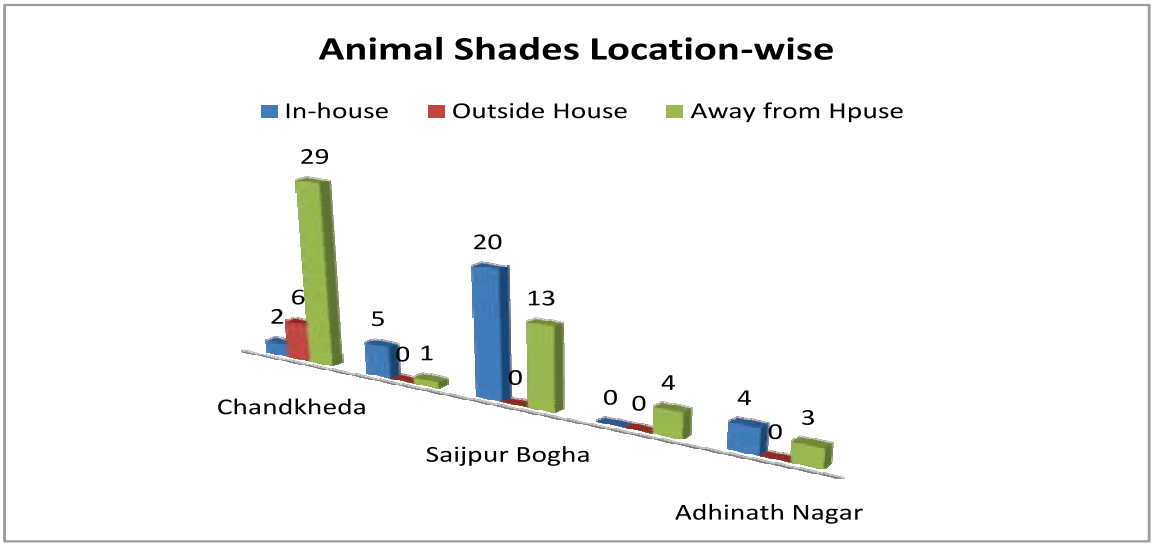
Graph-21 (Availability of vehicles in Houses)



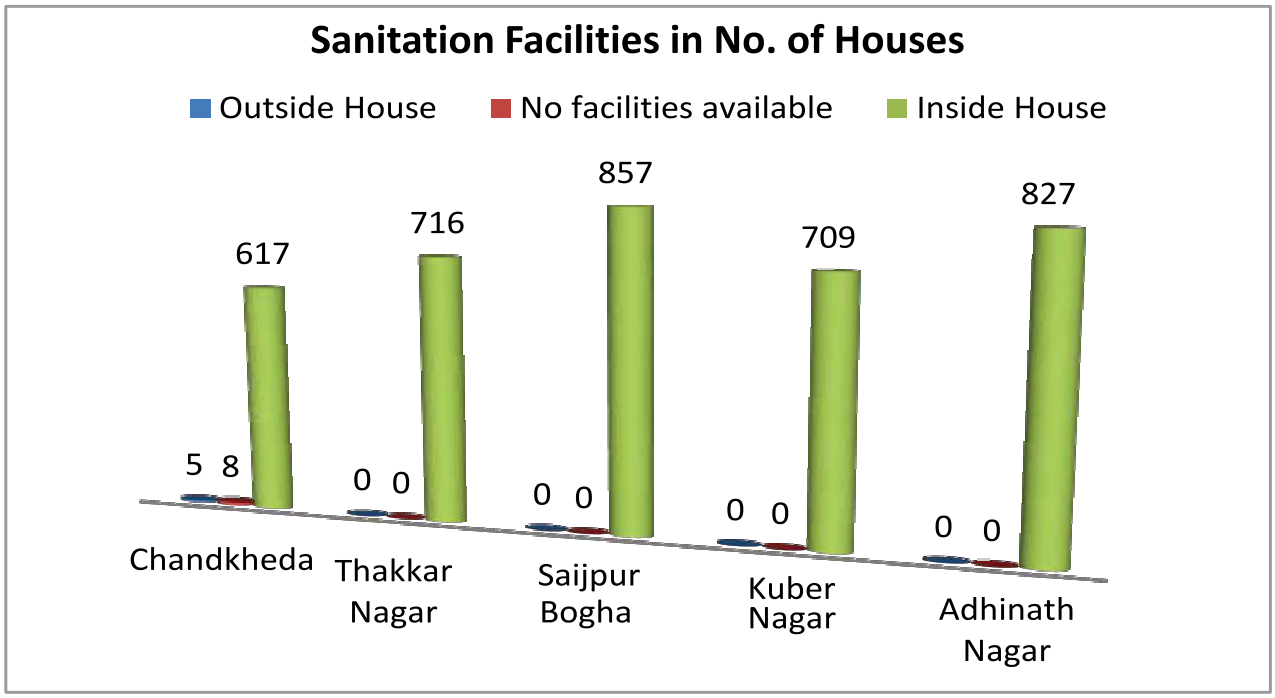
Graph-22 (Availability of means of amusement in Houses)



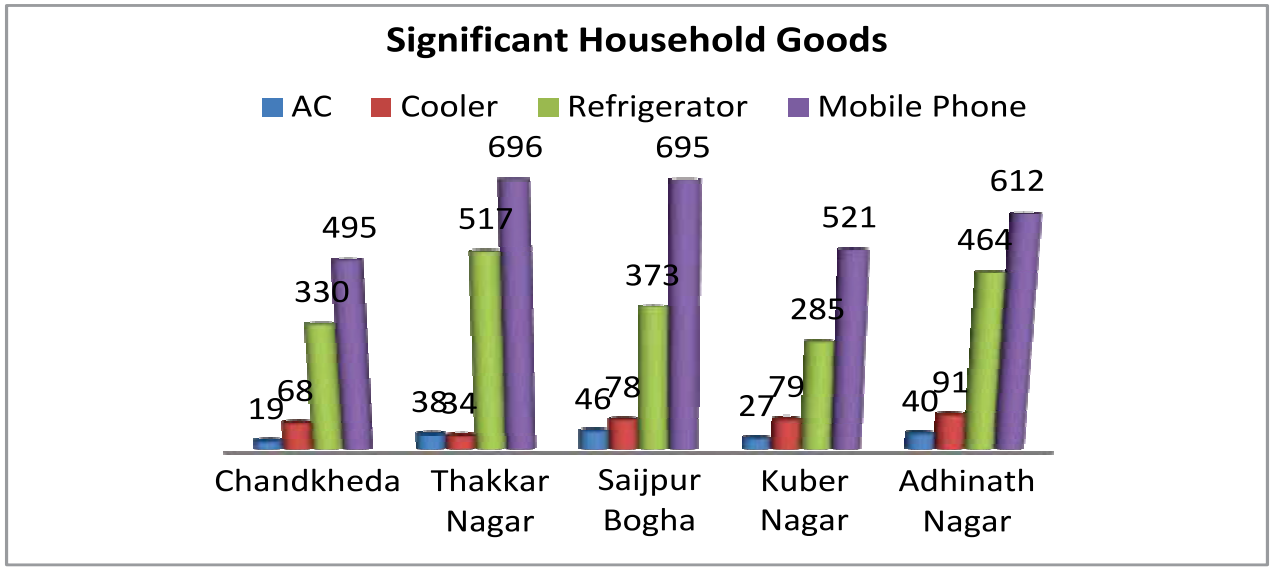
Graph-23 (Availability of furniture in Houses)



Graph-24 (Availability of Animal shades in Houses)



Graph-25 (Availability of Sanitation facilities in Houses)



Graph-26 (Availability of other Household goods)

BLOOD SAMPLE COLLECTION

View of camp at Thakkar Nagar

View of camp at Kuber Nagar

View of camp at Saijpur Bogha

DISTRIBUTION OF MEDICINE

View of camp at Saijpur Bogha

View of camp at Thakkar Nagar

View of camp at Kuber Nagar

DISTRIBUTION OF I.E.C. MATERIAL

View of camp at Thakkar Nagar

View of camp at Adhinath Nagar

View of camp at Adhinath Nagar

DISCUSSION:

As the preventive aspect in health associated issues is gaining prominence these days, it is high time to adopt Ayurvedic concepts to be healthy which contribute remarkably towards the preventive arena of health. Hence, CCRAS through its peripheral centers is reaching out to the public, to create an awareness regarding health and methods to prevent diseases through proper education as well as appropriate and timely intervention through Ayurveda.

SRP was planned with five areas which were selected based on approachability and feasibility from the part of patients arriving at the OPD. The selected areas as a whole were the ones which received the basic needs of food, shelter and sanitation fairly sufficient enough for a lower middle class society (with monthly income more than 5000 Rs/-). Electricity and tap water connection were readily available to 100% of the selected population. Regarding literacy and accountability, most of the population (30.21%) had only primary level educational status and only 23.6% had high school or technical education. Hence, regarding educating the population about the preventive health domains has to be rigorously monitored and reviewed. Source of communication should be fairly good with the concerned population for any further clarity and feedbacks as 81.02% had mobile phones.

Programme findings revealed that the most prevalent diseases in the concerned population were 'Sandhishula', followed by 'Vatavyadhi' and 'Sandhivata' respectively. The least prevalent disease was Grahani. As per age group distribution, maximum patients were belonging to age group of 46-55 years, followed by age group of 56-65 years. In case of gender, females were more sufferers compared to males. In this area, affected people were belonging to middle age group followed by old age group. It may be due to because of faulty lifestyle and dietary habits, the prevalence of these diseases were found in middle age group. The old age (more than 60 years) is Vata Prakopa Kala and beginning of the ageing process and degenerative changes. This leads to Kshaya of Sharira Bala and all the Dhatus which results in Vata Prakopa. Thus, the prevalence of Sandhishula & Vatavyadhi increases in this senile age group as provocated Vata acts as a predisposing factor. The textual screening also verifies the above observation, asserting that, "Age is probably the risk factor for diseases."

The marital status wise distribution shows that, maximum patients were married but it cannot be said that married persons are more prone to these diseases because in this survey, maximum patients were above the age of 18 and 18 yrs onward which is a common age for marriage. The Educational status of this area shows that most of patients had primary education level followed by high school education, this observation indicates education is necessary for healthy life because education increases awareness about healthy lifestyle and people with less education usually lack the knowledge of maintaining sound health. Maximum patients were vegetarian which indicates craving for veg food is more here. It may be due to general religious principle of Hindu religion especially because maximum patients were Hindu. Many patients were taking wheat followed by rice and pulses in their diet. This food is good or excellent source of dietary fiber but many studies shows people who eat lots of white rice may significantly raise their risk of developing type 2 diabetes. Maximum patients in this area were taking Madhura Rasatmaka

Ahara (Sweet food items) which shows the risk of developing type 2 diabetes and in this survey 4.13% patient were already suffered from Prameha (type 2 diabetes). The awareness about prevention of future disease development and information about Dinacharya, Ritucharya and Sadvritta was given during survey. Maximum patients were not addicted to any addiction but some patients were addicted to tobacco, having educational status of High school level. People with less education usually lack the knowledge of maintaining sound health but still we can't say that there is a relationship between addiction and the level of one's education.

Coming to the disease etiology, life style disorders contributed to most of the disease load. The reason for this observation might be due to the reason that more than half of the population comprises of housewives. In this modern era, due to excessive consumption of faulty dietary habits, faulty lifestyle and chronic stress play a significant role in causation of lifestyle disorders. And direct communication from them reveals the fact that their life styles are absurd in the sense of food intake, sleep and exercises. Also, most of them were taking day sleep.

The documented data of percentage relief of the symptoms reveals that 30.92% of the population experiences complete relief and 31.23% got marked relief. Moderate relief was observed in 37.58%. This data is somewhat evenly distributed. Here, researcher - patient communication, patient compliance, family issues, etc. has to be thoroughly considered.

The lab investigations viz. Hb assessment, ESR estimation, blood sugar analysis and urinology were conducted. These parameters reveal the basic health status and helps to rule out the presence of certain common afflictions. Hence these were included in the SRP plan.

Conclusion:

In pursuance to the Ministry of AYUSH, Government of India and linked up with Swacch Bharat Mission on the preventive health domain, Swasthya Rakshan Programme (SRP) was initiated by CCRAS in various states via its peripheral centers. This was carried over by varied names viz. Swasthya Parirakshan camps, health hygiene awareness program and likewise. SRP has been conducted in 5 large areas of Ahmedabad district during the year 2016-17. A Research Officer along with a dedicated team executed and monitored the programme in the selected areas. The prime objective of SRP was to conduct Swasthya Rakshan OPDs, Swasthya Parirakshan Camps and awareness programmes for health/ hygiene. It also aimed at promoting awareness about cleanliness of domestic surroundings and environment. It also determined to provide medical aid / incidental support.

Along with the above stated primary objectives; documentation of demographic information, food habits, hygiene conditions, seasons and lifestyle, notification of incidences/ prevalence of diseases along with assessment of current health status and propagation of Ayurvedic concept of Pathya-Apathya were also carried over. Also the health care services were extended to the concerned individuals. A total of 4835 patients visited our OPD from 3726 households. Among the 15 prevalent diseases the most prevalent one was Sandhishula i.e. 16.23% (601) and the least prevalent disease was Grahanidosha i.e. 0.91% (34). Most of the prevalent diseases responded well to Ayurvedic treatment. With the Ayurvedic management 30.92% individuals got complete relief within the prescribed time and 31.23% got marked relief. 37.58% got moderate relief whereas 0.26% of the affected community didn't get any relief.

Through SRP, researchers could directly convey certain essential health issues and relevant health awareness tips along with practical preventive aspects of sanitation & hygiene at OPD level. The importance of Pathya- Apathya was also conveyed to the concerned participants. This shall help them in receiving better health care services as well as apt and appropriate health care at the needed hour. Also the collected data shall provide a better understanding of the locality and thus will help in all future health endeavors.

ACKNOWLEDGEMENT:

1. http://www.censusindia.gov.in/2011census/dchb/DCHB_A/24/2407_PART_A_DCHB_AHMADABAD.pdf (Accessed on 15th November, 2018)
2. https://gujaratindia.gov.in/about-gujarat/gujarat-at-glance.htm (Accessed on 20th November, 2018)
3. https://www.gujarattourism.com/ (Accessed on 26th November, 2018)
4. http://censusgujarat.gov.in/AboutUs.htm (Accessed on 30th November, 2018)
5. http://www.onefivenine.com/india/villag/state/gujarat (Accessed on 7th August, 2017)
6. https://link.springer.com/article/10.1007/s12665-017-6761 (Accessed on 9th September, 2017)
7. City Profile: Ahmedabad by Darshini Mahadevia, Renu Desai and Suchita Vyas, September 2014, Centre for Urban Equity (CUE), CEPT University, Ahmedabad, Available from https://counterview.org/2014/10/11
8. Aggarwal N, Raveendran A, Khandelwal N, Sen RK, Thakur JS, Dhaliwal LK, Singla V, Manoharan SR. Prevalence and related risk factors of osteoporosis in peri-and postmenopausal Indian Women. J Mid-life Health 2011; 2:81-5.
9. Environmental monitoring and assessment, 162(1-4)113-21, Feb 2009. (Accessed on 14th May, 2018)
10. Hu EA, Pan A, Malik V, Sun Q. White rice consumption and risk of type 2 diabetes: meta-analysis and systematic review. BMJ 2012;344:e1454.

AWARENESS PROGRAMME AT SCHOOLS - SRP

At Excellent School, Saijpur Bogha

At Shalin School, Naroda

At Sheth R. Agrawal School, Adinathnagar

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
Ministry of AYUSH, Government of India
Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan
No. 61-65, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi-110058
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