

Prevalence of Functional Gastrointestinal Disorders in Schedule Cast Dominant Rural Population of Bhopal M.P

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Abstract— Functional gastrointestinal disorders are very common in current scenario and prevalence of functional gastrointestinal disorders [FGIDS] is very high in every group of society, psychological and social factors are also play the important role in the development of function gastrointestinal disorders. A observational study was performed to estimate the prevalence and collection of data of FGIDS in the schedule cast dominated rural area of district Bhopal M.P. and it was observed that FGIDS are found in every type of population and no specific age and profession. Some special findings of this study suggest that lower economic status is more prone to develop the FGIDS in comparative to the high or good economic conditions.

Keywords— FGIDS, Functional Gastro Intestinal Disorder, SC Dominant population of rural Bhopal. Unani Aspect of FGIDS.

I. INTRODUCTION

Functional gastrointestinal disorders are group of chronic disorders which are characterized by recurrent gastrointestinal symptoms without any specific pathology or gastrointestinal disorders without any structural and biochemical changes.[1]

Functional gastrointestinal disorders are very common in current scenario and prevalence of FGIDS is very high in every group of society. Any specific data of FGIDS are not available in the Indian reference. The pathology and pathogenesis of FGIDS is remain unclear but it observe that it's a bidirectional dysregulation of gut and brain interaction and result into visceral hypersensitivity and develop the motility disturbances, alteration of gut flora, immunity and mucosal function [2,3,6]

Psychological and social factors are also play the important role in the development of function gastrointestinal disorders [2,4]. According the available data prevalence of FGIDS about 50% in diagnosed gastrointestinal disorders. [5,6]. FGIDS are not create any life threatening conditions but they reduce the quality of life. [5,6]

Unani Aspect of Functional Disorders

Ancient Unani scholars have the sufficient knowledge about the functional disorders and they also described the functional digestive disorders in their text. In the classification of disease ancient Unani physician mentioned the detail pathophysiology of disorders. Ancient unani physician described all type of disease into three types which are,

- 1-Disease due to abnormal temperament [Amraz-e-su-e- mizaj]
- 2- Disease due to abnormal Constitutes [Amraz-e-su-e-tarkib]
- 3- Disease due to discontinuity in structure {organ,cell,cellularorganelles}[Amraz-e-tafarruk-e-itsal] [7.8]

Unani scholars described the disease of abnormal temperament [Amraz-e-su-e-mizaj] into two types, namely Su-e-mizaj sada and Sue mizaj maddi. Su-e-mizaj sada is further divide into two types, Sue mizaj sada mufrad [single and simple abnormal temperament] and Sue mizaj sada murakkab [simple compound abnormal temperament].

Ibn-e-Rushad a pioneer Unani scholar described in their text “disease of simple abnormal temperament usually occurs in simple organs” and mentioned under the heading of amraz-e-mutashabiha [8]. Unani scholars also mentioned the etiological factors of simple abnormal temperament induced diseases. Majority of Unani scholars described the etiological factors of simple abnormal temperament induced diseases into three types, Asbab-e- badiya, Asbab-e-sabiqa & Asbabe-faila

Asbab-e-badiya according Unani scholars these are the external factors that affect the body temperament and produce the disease. Asbab-e-badiya affect the human body by 1- direct (bilavasta) and 2-indirect (bilvasta)

Asbab-e- sabiqa in this heading unani scholars mentioned the predisposing factors that help in the development of simple abnormal tempraaament.in this heading unani scholars always mentioned alteration in asbab e sittazarooria(six essential factors forlife).[9]

Asbab-e-faila in this heading unani scholars mentioned of those factors where they present they shows their effect and produce the simple abnormal temperament and when they removed their effect are vanished. [7]

Objectives of the study

Present study was performed to estimate the prevalence and collection of data of functional gastrointestinal disorders [FGIDS] in the schedule cast dominated rural area of district Bhopal M.P.

II. METHODOLOGY

Present study is an observational study under the schedule cast sub plan and carried out clinical research unit Bhopal as per the direction of central council of research in Unani medicine which is the apex body for clinical research in Unani medicine under the ministry of Ayush government of India. To achieve the goal a mobile health plane was conducted in villages of schedule cast dominated population. The names of selected villages are Karondia, Agaria, Jhagariya khurd, Jharkeda, Raipur, Sukaliya, Trawli, Shaistakhedi, Kanasaiya and Guradiya village.

All villages are schedule cast population dominated and having more than 50% schedule cast population and situated in district Bhopal of M.P. state India. A team of doctors and paramedical staff had conducted the total 233 medical camp in all selected villages and total no 20138 treated in these medical camp which was further described as schedule caste 9489, schedule tribes 551 and others 10278 the study period was 1st April 2022 to 31 March 2023. During this period of study total 7282 patients treated in which 4517 are new registered and 2765 were treated as follow up patients. Newly Registered 4517 patients divided as 3986 schedule caste, 109 from schedule tribes and 3187 belongs to other community shown in figure no. 01.

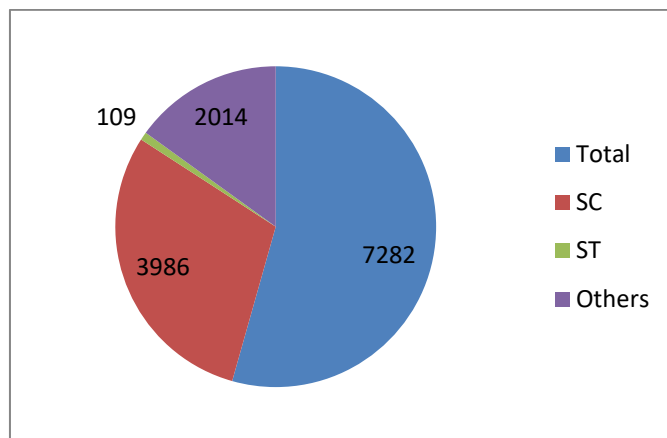


Figure No. 01, Distribution of patients according to caste.

III. OBSERVATION AND RESULT

Data collected through SCSP mobile health care programme OPD in spotted village by clinical Research Unit Bhopal under the Central Council for Research in Unani Medicine (CCRUM) Ministry of AYUSH Govt. of India from 01 April 2022 to 31 March 2023.

According the data collected the patients of various functional digestive disorders shown in table no. 01 and figure no. 01a. Majority of patient complaints of flatulence, anorexia, delayed digestion and constipation etc.

Table no. 01, Distribution of various functional digestive disorders according to gender.

S No.	NUMC	Term (Diacritical)	Short Definition	Male	Female	Grand Total	Percentage
1.	F-26	Nafkh al-Mi'da	Flatulence	309	192	501	41.40%
2.	F-15	Du'f al-Ishtihā'	Anorexia	226	193	419	34.63%
3.	F-9	Du'fal-Haḍm	Delayed digestion	48	74	122	10.08%
4.	F-94	Huṣṭ/l'tiqālal-Baṭn/ Ihtibāsal-Baṭn/ Ihtibāsal-Ṭab	Constipation	77	35	112	9.26 %
5.	F-7	Waja' al-Mi'da	Gastralgia	10	10	20	1.65%
6.	F-83	Ishāl	Diarrhoea	12	04	16	1.32%
7.	F-43	Hurqa al-Mi'da	Hyperacidity	05	03	08	0.66 %
8.	F-84	Du'f al-Am'ā'	Enteropathy	02	04	06	0.49%
9.	F-90	Maghṣ	Tenesmus	00	04	04	0.33%
10.	F-10	Fasādal-Haḍm/ Sū' al-Haḍm	Dyspepsia	01	01	02	0.16%

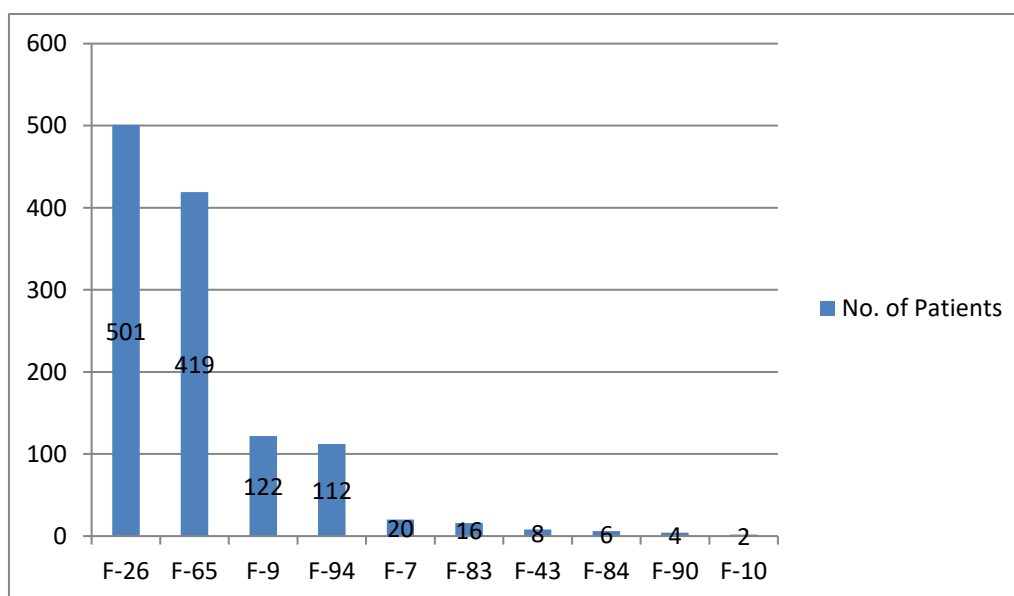


Figure no. 01a, Distribution of various functional digestive disorders according to gender.

Table & figure No. 02 Shows the gender wise distribution of FGIDS, total 1210 Patients visited for FGIDS, in which 690 are male (57.02%) and 520 are females (42.98%).

Table no. 02, Gender wise distribution of FGIDS

Total No. of Patients FGIDS = 1210		
Male	690	57.02%
Female	520	42.98%

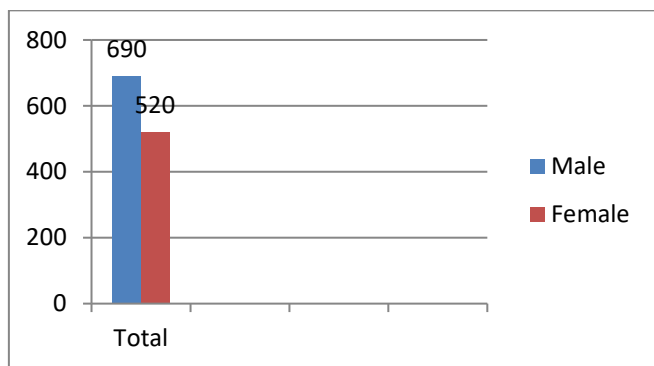


Figure No. 02, Gender wise distribution of FGIDS

Table & figure no. 03 shows the Prevalence of FGIDS according Dietary habits, while Table & figure no. 04 shows the distribution of FGIDS according Alcoholic & Non Alcoholic Nature.

Table no. 03, Distribution FGIDS according to dietary habits

Total No. of Patients = 1210		
Veg	666	55.04%
Non veg	544	44.96%

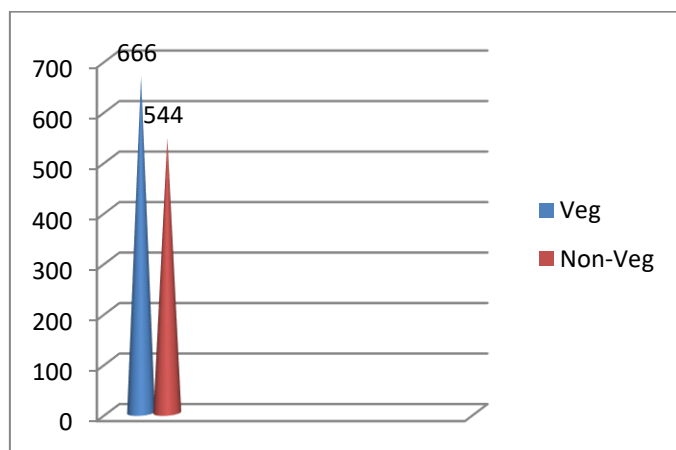


Figure No. 03, Distribution of FGIDS according to dietary habits

Table no. 04, Distribution of FGIDS according to Alcoholic and Non Alcoholic Nature

Total No. of Patients = 1210		
Alcoholic	739	61.07%
Non Alcoholic	471	38.93%

Table & figure no. 05 shows the Distribution of FGIDS According to Smoking Habits, and Table & figure no. 06 distribution of FGIDS According to Temperament.

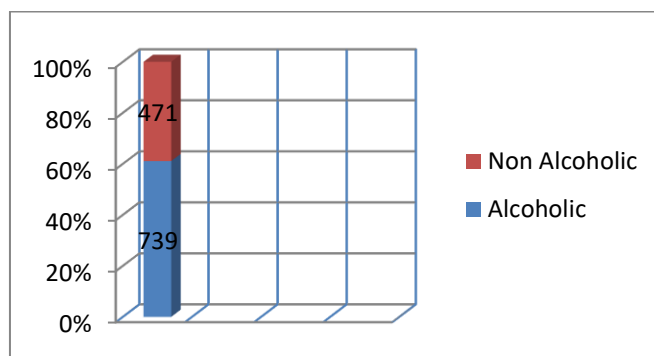


Figure no. 04, Distribution of FGIDS according to Alcoholic and Non Alcoholic Nature

Table no. 05, Distribution of FGIDS according smoking habits

Total No. of Patients = 1210		
Smoker	701	57.93%
Non Smoker	509	42.07%

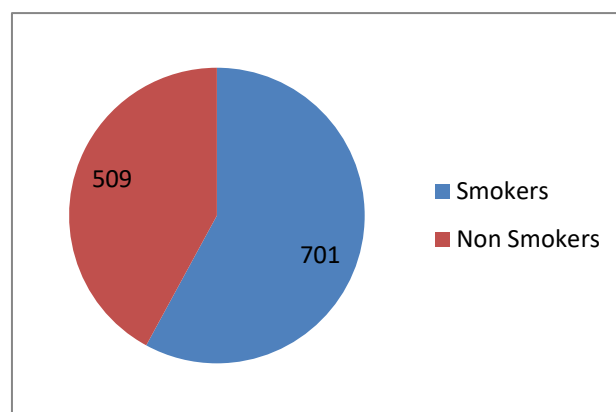


Figure no. 05, Distribution of FGIDS according smoking habits

Table no. 06, Prevalence of FGIDS according Temperament

Total No. of Patients FGIDS = 1210		
Damvi (Sanguine)	43	3.55%
Balghami (Phlegmatic)	956	79%
Sodavi (Black Billious or Melancholic)	62	5.12%
Safravi (Billious)	149	12.31%

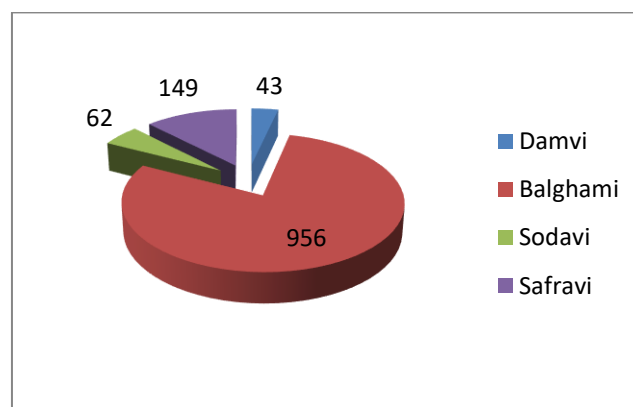


Figure no. 06, Prevalence of FGIDS according Temperament

Table & figure no. 07 Shows the Prevalence of FGIDS according working nature 417 patient belong the laborer class 34.46% 402 patient belong to housewife group 33.22% 252 patients are belong to students group 20.83% and 137 patient belong to others group 11.32%.

Table no. 07, Distribution of FGIDS according to working Nature

Total No. of Patient of FGIDS = 1210		
Profession	No.	Percentage
Laborer	417	34.46%
House wife	402	33.22%
Students	252	20.83%
Others	137	11.32%

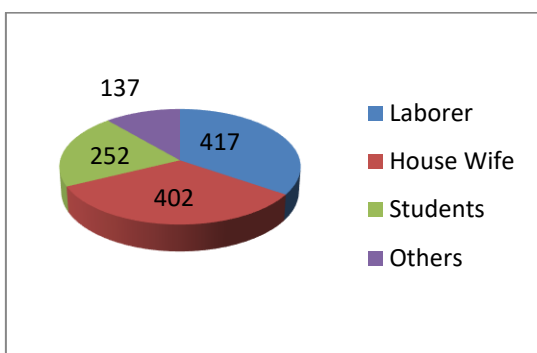


Figure no. 07, Distribution of FGIDS according to working Nature

Table & figure no. 08 shows the distribution of FGIDS According to Socio Economic Conditions, while table & figure no. 09 shows distribution of FGIDS According to Age Groups.

Table no. 08, Distribution of FGIDS According to Socio Economic Conditions

Total No. of Patient of FGIDS = 1210		
Conditions	No. of Patients	Percentage
Low	838	69.26%
Average	307	25.37%
Good	65	5.37%

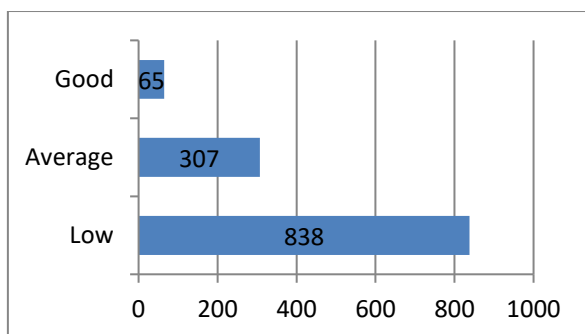


Figure no. 08, Distribution of FGIDS According to Socio Economic Conditions

Table no. 09, Distribution of FGIDS According to Age Groups

Total No. of Patient of FGIDS = 1210		
Age Group	No. of Patients	Percentage
10-20	294	24.30%
21-40	560	46.36%
41->	356	29.42%

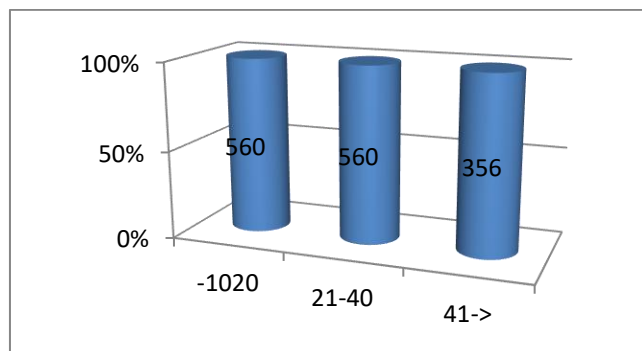


Figure no. 09, Distribution of FGIDS According to Age Groups

Table & figure no. 10 shows the distribution FGIDS According Sleeping Habits of patient visited in SCSP OPD.

Table no. 10, Distribution FGIDS According Sleeping Habits

Total No. of Patient of FGIDS = 1210		
Sleeping Habits	No. of Patients	Percentage
Good Sleep (8-10 hours)	570	47.18%
Average Sleep (6-8 hours)	304	25.12%
Disturbed Sleep (Less than six hours)	336	27.77%

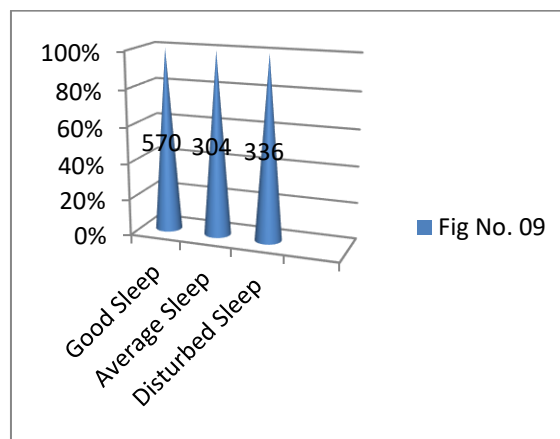


Figure no. 10, Distribution FGIDS According Sleeping Habits

IV. CONCLUSION

According the collected data this study suggests the FGIDS are found in every type of population and no specific age and profession is safe. Some special findings of this study suggest that lower economic status is more prone to develop the FGIDS in comparative to the high or good economic conditions.

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