

**LOCAL SURVEY FOR AWARENESS OF HYPERACIDITY AND/OR
OTHER ASSOCIATED PROBLEMS**

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ABSTRACT

Awareness for Hyperacidity and associated problems was judged in a population of Worli area of Mumbai during a medical camp held on March 15, 2017 at the campus of M.A. Podar (Govt.) Hospital, Worli, Mumbai-18. As preparatory work, a questionnaire was designed on associated problems. Following which, a survey conducted during the medical camp was organized by the main author with the help of six post-graduate Ayurvedic scholars. The information about the camp was advertised through the distribution of banners and pamphlets in the above said area. Total 283 patients suffering from Hyperacidity and associated problems. Patients with poor digestion, IBS, Colitis etc visited this camp. They were screened by physical examination and advised related management of Ayurvedic medicines. 34.98% of the patients were suffering from poor digestion. It is essential to pass on

basic knowledge about Hyperacidity and associated problems in public for prevention and cure on a larger scale. Awareness of this will definitely get success to conquer the disease up to some extent.

KEYWORDS: Medical Camp-Hyperacidity and associated problems-Awareness-Local survey- Worli area-Mumbai.

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INTRODUCTION

Following are the definitions of terms used in this survey article:

- **Survey**

A series of questions administered to a sample of individuals in a population.

- **Hyperacidity**

Hyperacidity is a broad term characterized by retro-sternal burning discomfort, often rising up into chest and sometimes accompanied by regurgitation of acidic or bitter fluids into the throat.

- **Poor Digestion**

Poor Digestion is a broad term comes under Dyspepsia, which includes symptoms such as Discomfort, Bloating and Nausea; which mainly originates from Upper GI tract.

- **IBS**

Irritable Bowel Syndrome is characterized by recurrent abdominal pain, in association with abnormal defecation in the absence of structural abnormality of Gut.

• Colitis

Inflammation of inner lining of Colon. There are numerous causes of Colitis which includes infection, Inflammatory Bowel Disease (Crohn's disease and Ulcerative Colitis), Ischemic Colitis etc.

MATERIAL AND METHODS

In the present study, Worli area around M.A. Podar (Govt.) Hospital was surveyed. Podar Hospital is a government institution under the state of Maharashtra and is well-known in the field of Ayurvedic medicinal therapies. Area came under Worli with Slum, Slum-like and Non-slum population.

Main author (Dr. Geeta Parulkar) is a permanent full time employee at this centre. The benefits of this area for conducting this study were (a) The best community medicine infrastructure (Podar Hospital Campus) and (b) Communication with the population through Outdoor Patients Department and Indoor Patients Department directly.

LOCAL SURVEY FOR AWARENESS OF HYPERACIDITY AND / OR OTHER RELATED PROBLEMS

Under Medical Camp organized by Dr Geeta D. Parulkar Unit No.2

On 15th March 2017 attached to Ayurvedic Medicine (Kayachikitsa) Department of

M.A. Podar Hospital (Govt.), Worli, Mumbai-18

Patient's name:- _____ Reg No. _____

Address:- _____ Age:- _____ Yrs Sex:- F/M

1)	Is patient suffering from : Hyperacidity----- / Hyperacidity with other diseases-----	YES/NO
2)	Since which period : Years-----/Months-----/Days-----	YES/NO
3)	Related regions: Oesophagus -----/ Gastric region -----/ Deodenum -----/	YES/NO
4)	Whether H/o poor digestion-----/ IBS-----/ Colitis-----/ H/o Food poisoning-----	YES/NO
5)	Which medication taken herebefore? Allopathic-----/ Ayurvedic-----/ Homeopathic-----/ Mixed-----	YES/NO
6)	Whether on regular balanced diet?	YES/NO
7)	Whether taking the food in-time?	YES/NO
8)	Related investigations: X-ray-----/(Plain Abdomen/Barium Meal) USG-----/ Scan-----/ Scopy-----	YES/NO
9)	Whether aware of Ayurvedic management?	YES/NO
10)	Whether knows details about Ayurvedic Management : Panchakarmas (Body Purification Management)-----/ Shaman Chikitsa (Medicinal Drugs)-----	YES/NO

Dr Geeta D. Parulkar (Unit Incharge)

1) Dr Manjushree Kharat	2) Dr Minal Bhusewar
3) Dr Abhishek Taksale	4) Dr Ganesh Patare
5) Dr Vaishali Kokani	6) Dr Ajit Kumar Sahu

Specially Designed Questionnaire

PREPARATORY WORK

Before the actual study, main author and the co-authors with graduate degree in Ayurvedic medicine and now under the guidance of the main author as Scholars for Post-graduation in Ayurvedic medicine planned the whole project. They were already trained in collecting information using a specially designed questionnaire. It was ensured that the information collected should be relevant to Hyperacidity (Poor digestion, IBS, Colitis etc).

Data was collected by following the interview technique. The clinical and USG findings were obtained from individual case records prepared by the main author and co-authors.

PRACTICAL WORK

283 patients were screened by physical examinations and advised medicinal therapies free of cost. Podar institution management was instrumental in arranging the required infrastructure for the camp. Many reputed pharmaceutical companies participated for distribution of medicines with no cost.

INCLUSION CRITERIA

- A) Patients suffering from Hyperacidity and associated problems.
- B) Both Genders.
- C) From age group 11 years to 89 years.
- D) With/without Mild Hypertension, Mild Diabetes Mellitus, Mild Ischemic Heart Disease, Mild Anaemia etc.

EXCLUSION CRITERIA

- A) From age group below 11 yrs and above 89 years.
- B) Pregnant and Lactating mothers.
- C) Patients suffering from complications like moderate to severe Hypertension, moderate to severe Diabetes Mellitus, moderate to severe Ischemic Heart Disease, moderate to severe Hepatitis, Moderate to severe Renal Disease, moderate to severe Anaemia, Carcinomas anywhere in the body etc.

OBSERVATIONS

Table 1: Age wise distribution of patients.

Age group	11-19 years	20-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80-89 years
No. of patients	07	16	56	73	79	36	13	03

Table 2: Gender wise distribution of patients.

Gender	No. of patients	Percentage
Male	145	51.23%
Female	138	48.76%

Table 3: Education status wise distribution of patients.

Education	Male	Percentage	Female	Percentage
Below SSC	8	2.82%	27	9.54%
SSC	12	4.24%	54	19.08%
HSC	61	21.55%	38	13.42%
Graduation	54	19.08%	13	4.59%
Post-Graduation	10	3.53%	6	2.12%

Table 4: Socio-economic status wise distribution of the patients.

Class	No. of patients	Percentage
Lower middle class	178	62.89%
Middle class	77	27.20%
Upper middle class	28	9.89%

Table 5: Disease wise distribution of patients.

Disease/Complaint	No. of patients	Percentage
Poor digestion	99	34.98%
IBS	48	16.96%
Colitis	35	12.36%
With H/o Food poisoning	14	4.94%
No specific disease	87	30.74%

Table 6: Period wise distribution of disease.

Suffering period	No. of patients	Percentage
Upto 1 year	90	31.80%
Above 1 year	193	68.19%

Table 7: Related region wise distribution of disease.

Region	No. of Patients	Percentage
Oesophagus	81	28.62%
Gastric	123	43.46%
Duodenum	79	27.91%

Table 8: Medication wise distribution of patients.

Therapy	No. of patients	Percentage
Allopathic	83	29.32%
Ayurvedic	60	21.20%
Homeopathic	44	15.54%
Mixed	86	30.38%
Patients without treatment	10	3.53%

Table 9: Diet wise distribution of patients.

Diet	No. of Patients	Percentage
Regular	95	33.56%
Irregular	188	66.43%

Table 10: Related investigation wise distribution of patients.

Investigation history	No. of Patients	Percentage
X-ray	22	7.77%
USG	98	34.65%
Scan	13	4.59%
Scopy	36	12.72%
Patients without history of Investigation	114	40.28%

Table 11: Awareness wise distribution of patients.

Knowledge about Ayurvedic therapies	No. of Patients	Percentage
Panchakarma (Body Purification)	146	51.59%
Shamana (Medicinal)	137	48.40%

RESULTS

Our study was conducted among 283 patients as mentioned above. Majority of them belonged to the age group 50-59 years. 34.98% patients were suffering from Poor digestion. 62.89% patients belonged to lower middle class. 34.65% patients had carried their related USG (Abdomen and Pelvis) reports with them, while 40.28% patients had not undergone any investigation related to their disease. 51.59% patients were aware regarding Shodhan Chikitsa (Ayurvedic Panchakarma therapy).

CONCLUSION

Ayurvedic body purification management i.e. Panchakarma such as Vamana (Emesis), Virechana (Purgation), Basti (Enema), Nasya (Nasal insufflation) and Raktamokshana (Blood-letting), as well as others like Shamana (Medicinal) therapies show remarkable results in patients with Hyperacidity and associated problems. Hence, it is a great necessity to spread awareness regarding these therapies.

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