Health and Food Survey of Osteoarthritis Patients Government Siddha College, Palayamkottai - A Cross – Sectional Study

Nesanthine D¹ Raja Rajeshwari A², Manoharan A³

¹PG Scholar, Department of PothuMaruthuvam, ²Lecturer, Department of NanjuMaruthuvam, ³Head and Professor Department of Pothu Maruthuvam, Government Siddha Medical College, Palayamkottai, Tirunelveli, Tamilnadu,India

ABSTRACT

Corresponding author Nesanthine D

PG Scholar, Department of Pothu Maruthuvam devadasnisha5@gmail.com **Background:** The disease Azhal Keel Vayu can be correlated with Osteoarthritis. OA is directly connected with age. It becomes more common as people get older. In ageing that may include oxidative damage, thinning of cartilage, muscle weakening and reduction. OA is higher in women than men and in woman it

increase dramatically around the time of menopause.

Methods: A Cross – sectional descriptive analysis was followed this project. Questionnaire completion times in a study of 121 subjects averaged with four months observation, and evaluations were positive regarding the instrument's length and ease of completion, and the subjects' willingness

to complete serial forms and return them by direct interview and proper investigation. OPD with symptoms of Azhal Keel Vayu. GSMC, Palayamkottai, during the period spanning from 1st June - 31st September, 2018.

Results: In this study majority of the subjects were between the age group of 45 – 55. Mean while 59- 60 % patient did not have any regular exercise in their routine life. Above 39% were obese it may cause this factor for OA. Increased intake of vatha food substances like fermented rice (Neer Aagaram) 45% unripe banana (Vaalykkai) 45%, finger millet (Ragi) 25-30%, chilled food 45%, excess gee users 35%, Timeless diet 65%, severe starvation 35%, excessive food intake 25%, potato users 15%, in

excessive sour taste preferred in food is 80%, hard work and long standing workers 60%, 45-50% of patients had a character of excessive anger, and emotional disturbances were measured.

Conclusion

According to the study in Siddha system of medicine has been described various Osteoarthritis correlated in Siddha text books. This will be beneficial role to Siddha physicians to early diagnose the disease in Siddha concept and prevent the diseases. Further literary and clinical studies are necessitating in future.

Keywords: Azhal Keel Vayu, Siddha medicine, Arthritis

INTRODUCTION

The disease AZHAL KEEL VAYU is chronic inflammatory disease in joints. It can be correlated in modern medicine is OSTEOARTHRITIS. Osteoarthritis is the degenerative joint disease involving the cartilage and its surrounding tissues. The pathologically cartilage was degrades, thinner and may even disappear altogether. It leads to joint pain and difficulty to use movement of knee joints (OA). Primary symptoms of OA include joint pain, stiffness and limitation of movement. OA is directly connected with age. It becomes more common in older. In older age may include oxidative damage, thinning of cartilage, muscle weakening and reduction. OA is higher prevalence in women than men and woman it increase dramatically around at the time of menopause.

"If (food and work are either) excessive or deficient, the three things enumerated by (medical) writers, flatulence, biliousness, and phlegm, will cause (one) disease". - Kurl -941 "Vatha represents vayu, mind, dryness, pain, flatulence, sensitiveness, lightness Peer reviewed, Open Access Journal and also air. Pitha (Azhal) represents gastric juice, bile, energy, heat, inflammation, anger and irritation, etc." -**Nooi Nadal, P.111**

According to siddha the evidence of the disease AZHAL KEEL VAYU was derived from sabapathy manuscript of book siddha maruthuvam (pothu) by including the causes of AZHAL KEEL VAYU mentioned in the types of KEEL VAYU. Osteoarthritis are most often attributed to improper diet like excessive consumption in favorable life style. Foods like un ripened banana and potato, fermented rice (Neeraagaaram), finger millet, pearl millet, foxtail millet. Exposure and rain. These colder highly to consumption of vadtha food substances produced more vayu (gastric). In the intestine and affects viyanan (which means one of the type of vatham) and Sedere in the joints and impact them.

METHODS

Questionnaire completion times in a study of 121 subjects averaged with four months observation, and evaluations were positive regarding the instrument's length and ease of completion, and the subjects' willingness to complete serial forms and www.ijrphr.com return them by direct interview and proper investigation. Reliability, factor analysis, and validity results were consistent in age, sex, and education subgroups. Satisfaction was moderately correlated with level of functions in the health status area in Tirunelveli and nearby side.

Study Population

The research work is carried out of 121 patients attending OPD with symptoms of Azhal Keel Vayu. GSMC, Palai, during the period spanning from 1st June - 31st September, 2018.

Subject Selection

A Cross – sectional descriptive study was followed this project. The population of study will be confirmed the patients who come with the symptoms of inclusion criteria in OPD/IPD at Govt. Siddha medical college and Hospital, Palayamkottai from June 2018 TO September 2018 All the records is subjected to screening test and enter in Screening Performa.

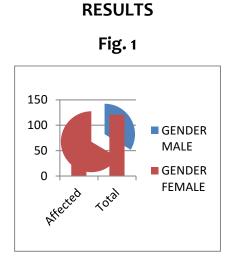
Data Collection Procedure

The information will be collected via Indepth interview by using questionnaire. Peer reviewed, Open Access Journal

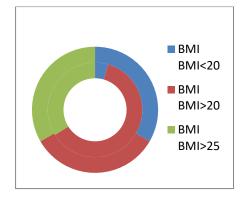
There are 26 questions are included in the questionnaire. Name, age, date of birth, sex, qualification, height, weight, BMI ratio, address, food habits like species of grains, unripe banana, potato, excessive take of food, fasting, time skipping food habit, consuming cool product, using lot of ghee in food, which kind of taste prefer, vomiting sensation, smoking habit, liquor habit, Betel leaves related information, well practices, Sleeping time, anger, fear, sleeping, travelling in two wheeler and other vehicles, travelling distance, standing for long time, exercise а practices like yoga, walking, balance diet.

Data Analysis

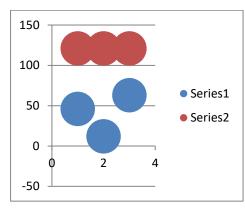
In this research, data analysis includes recording of key exposure / outcome variables: indicators to be calculated for the descriptive analysis. For an example if there is any connection between consuming alcohol and this disease? If there is any connection between sleeping time variations and this disease? If any connection with body weight and this disease, stating for a long time and this disease, If there is any connection between more air and cooling www.ijrphr.com places, If there is any connection between consuming cool food products. For those criteria were measured and analysis this project.













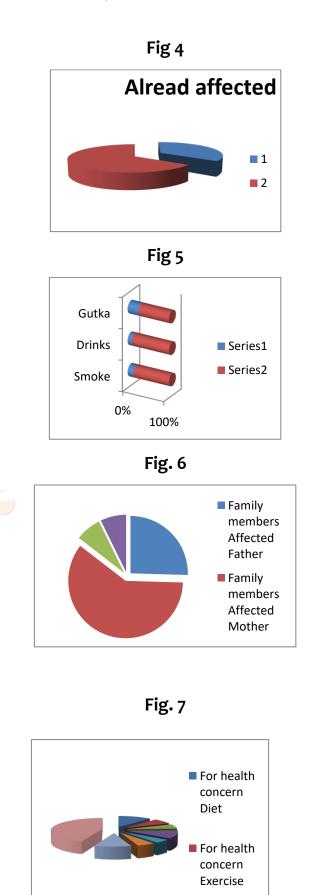
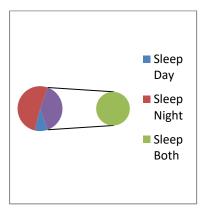
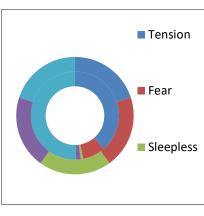


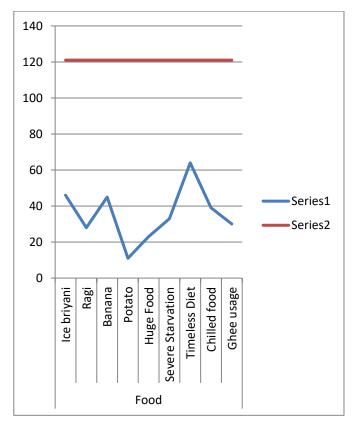
Fig. 8



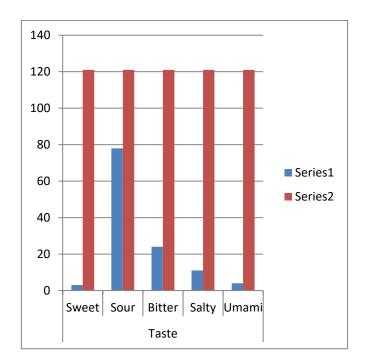












RESULTS AND DISCUSSION

The health status questionnaire with excellent measurement properties that should be useful in arthritis clinical observations and in outcomes research with few exceptions, changes in the Health Assessment Questionnaire scores were different between patients who differed in the level of change on each Regular Assessments and measures. In this study majority of the subjects were between the age group of 45 – 55. Mean while 59 – 60 % (Figure – 7) patient did not have any regular exercise in their routine life. Above 39% were obese (Figure – 2) it may cause this factor for OA.

www.ijrphr.com

In genetic aspects are more than 35% (Figure – 6) of OA factors. 50% of people suffered irregular sleeping habit. Increased intake of vatha food substances like (Figure – 10) fermented rice (Neer Aagaram) 45% unripe banana (Vaalykkai) 45%, finger millet (Ragi) 25-30%, chilled food 45%, excess gee users 35%, Timeless diet 65%, severe starvation 35%, excessive food intake 25%, potato users 15%, in excessive sour taste (Figure – 11) preferred is 80%, hard work and long in food standing workers 60%, (Figure – 9) 45-50% of patients had a character of excessive anger, and emotional disturbances were measured. (Figure – 9)

Ensuring the knowledge about various causes of Azhal Keel Vayu in patients attending OPD, GSMC, Palayamkottai.

Making awareness about causes of Azhal Keel Vayu in patients attending OPD. Make better understanding about the effect of socio economic status with Azhal Keel Vayu To educate the life style modification increasing causes of Azhal Keel Vayu.

CONCLUSION

Peer reviewed, Open Access Journal

According to the study in Siddha system of medicine has been described various Osteoarthritis correlated in Siddha text books. This will be beneficial role to Siddha physicians to early diagnose the disease in Siddha concept and prevent the diseases. Further literary and clinical studies are necessitating in future.

REFERENCES

- Epidemiology of osteoarthritis by C.Cooper, E. Denni son, M. Edwards and A. Litwic, united Kingdom.
- 2) Hutton cw. Osteoarthritis: the cause not result of joint failure? Ann Rheum Dis.1989, 48:958-961.
- Kellgren J.Lawrence J. the epidemiology of chronic Rheumatism;Atlas of standard radiographs of arthritis. Vol.2. oxford, UK : Blackwell Scientific Publications: 1963.
- 4) Yugi Vaidhya Chinthamani1st Edition ChennaiThamarai Noolagam 1998,109-110
- 5) Siddha Maruthuvam 7th edition Chennai Directorateof Indian medicine and Homeopathy, 2007, 594
- 6) Noor Nadal Noor Muthal Naadal Thirattu, Part I, Dr. M. Shanmugavelu,

www.ijrphr.com Indian Medicine and Homeopathy, Peer reviewed, Open Access Journal

Chennai – 600 106. 2009.

To cite this: **Nishanthine D, Raja Rajeshwari A, Manoharan A,** Health and food survey of Osteoarthritis patients, Government Siddha Medical College, Palayamkottai- A cross sectional Study, International Journal of Reverse Pharmacology and Health Research, 2018, 1(2): 104-110.

