

Report of the Pilot project
“Managing Malnutrition & Anaemia through Home Remedies”

Implemented by

Arogya Foundation of India

Centre for Research in Home Remedies

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Data Collection & Tool kit making Supported by

Ashoka: Innovators for the Public

(Health and Nutrition Initiative)

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This Report was presented to **Padmashree.P.R.Krishnakumar**, Chairmen of Arogya Foundation of India by **Sri.Surendra Gupta**, Secretary of ARF on 5th September 2014 at Arogya Sevika Training Centre, Coimbatore, Tamilnadu.



Sri. Surendra Gupta Presenting the Copy of the Final Report



Dr.C.Satheesh Kumar talking about the Pilot Project

The Pilot Project

Arogya Foundation of India has very rich experience in the field of health care, through the regular medical camps and the health Education programs to the villagers through One Teacher School in 55,000 villages across the country. The target people are mostly Tribal & Rural Community living in the remote parts of our country. With this experience the Arogya Foundation felt for a need of an alternative model to Manage Malnutrition & Anaemia since the IFA (Iron & Folic Acid) model has huge disadvantage.

So ARF decided to try a Pilot project to Manage Malnutrition & Anaemia through Home Remedies, life style & food style changes. It was decided to try this on women between the age group of 15 to 35 in the Villages with One Teacher Schools (Ekal Vidyalaya) of Coimbatore & Nilgiris of Tamilnadu. The Pilot was conducted from January 2014 to June 2014. The whole project was technically supported by Dr.C.Satheesh Kumar, B.A.M.S., of Arogya Foundation, Dr.A.Pradeep, B.A.M.S., a senior Ayurveda Physician and Consultant representing ASHOKA and a team of experts in this field.

Padmashree.P.R.Krishnakumar, M.D of Arya Vaidya Pharmacy (Cbe) Ltd has given his overall guidance and support to this Pilot.

Health and Nutrition Initiative of Ashoka: Innovators for the Public (www.ashoka.org) supported this initiative by providing us Consultants to give technical guidance in preparing a Tool Kit and support for data Collection. (ASHOKA APP).

Prevalence of Anaemia & Malnutrition:

Anaemia is a global public health problem, as compelling and harmful as the epidemics of infectious diseases. India continues to be one of the countries with the highest prevalence of anaemic & malnourished women among developing countries. A study found that nearly 70 percent of non-pregnant women and 75 percent of pregnant women were anaemic in terms of iron-deficiency.

Nutrition plays a major role in individual's overall health. Psychological and physical health status is often dramatically impacted by the presence of malnutrition. Maternal malnutrition has been associated with an increased risk of maternal mortality and also child birth defects. Addressing the problem of malnutrition & Anaemia would lead to beneficial outcomes for women and children.

Basic Concepts of Home Remedies:

Home Remedies means using the locally available resources for Primary Health care. In India every house, there will be materials with medicinal value like Pepper, Jeeraka, Coriander etc and around the house there are many small herbs available which are also be used for primary health care.

In India Traditionally the health care has been taken care in the Home itself. The life style and food style were designed in such a way that Health of the individual is maintained normally. The Modernisation and westernisation gradually made the people forget the

Traditional health care and started depending on medicines from external sources instead of using the locally available Resources.

The ARF aims to reintroduce the Traditional Home Remedies system so that they don't have spent huge money for the primary health care and at the same time the community gets a sustainable health care system.

Project Objectives:

The Pilot project aims at providing a model for Community based Anaemia Control through the application of Home Remedies and minimum Ayurveda medicines initially. The specific objectives are

1. Assessing the effectiveness of the Home Remedies in the Rural & Tribal Women between the age group of 15 to 35 within a period of six months.
2. Testing the Hemoglobin through the cost effective method called Dr.Tall Quist method.
3. Assessing the cost effectiveness of the Traditional Home Remedies and Ayurveda Medicines on par with the Iron & Folic Acid Tablets presently used.
4. Preparing a Tool Kit which helps the Community organizations to expand and scale up the intervention across other regions.

Project Components:

The Pilot project was implemented with the following components to achieve the above mentioned objectives.

1. Evolving a system to track changes in the Hemoglobin status and behavior.
2. Behavioral Change Communication (BCC) through consumption of the Home Remedies for anaemia Control.
3. Involving the self health governance in the implementation and monitoring process.
4. Training and orientation for the Village Health workers and the master trainers for this program.

Anaemia Classification

Anaemia Intensity	Hb Level(gms/dl) (Women from 15 to 35 yrs)
Normal	Above 10 g/dl
Mild	Below 10 g/dl
Moderate	Below 8 g/dl
Severe	Below 6 g/ dl
This parameters were used by us since the testing was done by our Field Team	

The Project Area & Target Groups:

The project area was the Villages with Ekal Vidyalaya in the Mettupalayam Taluk in district of Coimbatore and Kotagiri, Coonoor, Gudalur taluks of The Nilgiris district of Tamilnadu. This includes the Irula Tribal Community, Plantation labourers (Mostly Sri Lankan Repatriates) and the SC & MBC community in the area. The project area was selected based on the reach to the Village community through the Ekal Vidyalaya (One Teacher Schools).

1011 women from these villages in the age group 15 to 35 were identified by our Field team for intervention based on the HB testing done after getting their consent.

All the women belong to the BPL category as per the Socio Economic status. They all go to work as Daily labourers in the Brick factory or in the nearby plantation.

The Intervention:

1. Training of the Master Trainers :

A team 10 worker from the ARF team was trained as master trainers. They were trained by a Team of Ayurveda Doctors and Experts in Home Remedies. They were taught on the various aspects of Anaemia and possible Home remedies, the Ayurveda medicines to be administered initially, How to test the HB levels using the Dr.Tall Quist method and how document the data using the ASHOKA APP.

2. Training of Village Health Worker :



After the training these workers identified one women (Preferably married women who is sustainable) from each village (70 women from 70 villages) and they were given five days residential training in the Training center of ARF.

3. Testing and Intervention :



The trained Women bring the Target group in a common place and the Master trainer talked about the Project and the intervention started. It was the responsibility of the Village worker to regularly interact with the Target women about the consumption of the Medicines and the usage of Home Remedies in the day to day life. The data of the testing including the Photo of the beneficiary is documented using the ASHOKA App.

4. Follow Up:

The master Trainers regularly met with the Village Health workers and motivated them to interact with the target group. Monthly meetings at the Cluster level were also organized every month for the Village workers to give orientation and Training.

5. Re Testing :

After the stipulated period the master trainer team tested the HB levels of the target group with the support of the Village Health Worker and documented for analysis.

6. Ayurveda Medicines used :

The Ayurveda Medicines used were

PUNARNAVA MONDOORAM and

THRIPHALADI CHURNAM TABLET. (Ref: Ayurveda Pharmacopeia of India)

The Dosage 1 + 2 twice daily after food for 30 days for severe cases and for 15 days for moderate cases. The Medicines were purchased from M/S. AVN Ayurveda Formulations Ltd, Madurai, Tamilnadu.

Costing and other benefits of Home Remedies and Ayurveda Medicines compared to IFA.

The cost for the Total course of 30 days for Ayurveda Medicines is just Rs.120/- only. The Home Remedies are fully locally available materials and hence no cost is involved directly. The IFA tablets needs to be consumed for more than six months and the app cost will be around Rs.3/- and hence for six months it will be Rs.500 to 600/-. At the same time the IFA has a high degree of gastric irritability and generally the women folk try to avoid consuming the tablets. (This part in explained in detail in the Tool Kit)

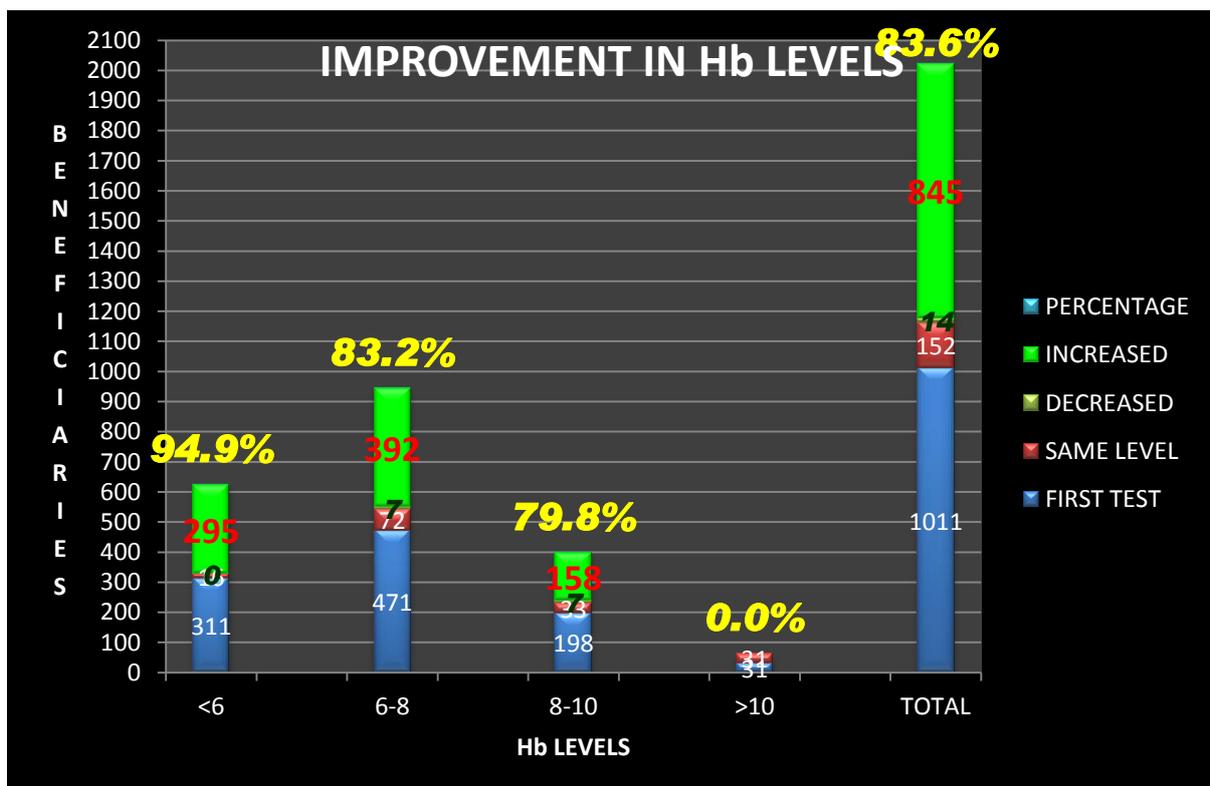
Impact Assessment:

The Impact of the Intervention was assessed by comparing the final hemoglobin level with the baseline assessment after the stipulated intervention period. The feedback about the intervention and the application of the Home Remedies and Ayurveda medicines and its consumption by the target groups, their family members, Village health workers along with the governance were received.

There was a positive attitude change among the groups about the Home Remedies and the consumption with no side effects.

The impact of the medicines within a short period was said to be the positive aspect of this intervention. The major feedback was about the effectiveness of the Home Remedies in increasing the HB level and at the same time improvement in the overall health of the individual. No side effect was reported during the entire process by any one.

The HB levels of the Irula Tribe Women found to be very low (Mostly below six). The response with the intervention was also encouraging.



Inference:

1. Anaemia Control is possible in a short span of period i.e. six months with Home Remedies and simple Ayurveda Medicines , where as the conventional IFA needs to be continued for more than one year.
- 2. The increase in the Hb level in 845 women (83.5 %) out of the 1011 women tested is a significant and remarkable achievement.**
3. The cost incurred for Home Remedies and Ayurveda Medicines is much lower than the cost of IFA available in the market.
4. Absolutely no side effects noticed during the entire process compared to the IFA.
5. The intervention reduced menstrual pain in most of the women and the overall health condition improved.
6. Though the intervention is found to be very effective, it needs to be continued through the Village health worker for sustaining the practices.

We had three Volunteers from USA who volunteered in this pilot for couple of days. Parts of their comments are given below:

Comments from Kum.Akshaya Sekhar from Los Angels / US

(akshayasekhar1@gmail.com)

(She is a College student from Los Angels of USA and wanted Volunteer for Arogya program in Coimbatore / Tamilnadu. She was part of the Arogya team from 22nd to 30th June. She stayed with our field workers and travelled many villages to conduct Anaemia intervention through Home Remedies)

I found this exposure to be unforgettable and a privilege that the Arogya house has not only been so welcoming, but allowed me to have direct involvement in the project process. My particular sector of involvement was through Arogya Foundation: **Managing Malnutrition and Anaemia through home remedies**. Over the course of my stay I travelled to several villages including Thudiyalur, Mettupalayam (Gopanari village), Boluvampatti, Sandhegoudhan Palayam, and Thenmanallur. We travelled to the local villages and administered HBT Anaemia tests between the woman and kids ranging from ages 15-35. Astonishingly, the demography of over half the population was a blood level of below 6, proving the theory that the woman and children are malnourished. Helping to change anaemia in the woman of today is more crucial than people give credit for because it not only affects the current generation, but also becomes a baseline for coming generations. I have really learned the effectiveness of home remedies in comparison to using western medicine, which I can say from personal experience, only puts a bandage on the complication and is used primarily as a temporary quick fix. I have seen that this foundation has a clear objective of creating awareness of overall healthcare activity. The overall experience for me was remarkable and gets me excited to see what more involvement I can have in this awesome foundation in hopes to help continue spread the word when I go back to the U.S.

Comments by Sri.Sumanth Iyer of Los Angeles USA on Arogya Anaemia program in Coimbatore. (sumantsiyer@gmail.com)

16,353 km by airplane, 500 km by bus, 15 km by auto-rickshaw and 2 km of walking. This was my journey from my hometown of Los Angeles to an Ekal school in Gudalur, Nilgiris district of Tamilnadu, India. Often Shrouded in forest, these are places where cell signal is a faint dream, and where the ever-reliable GPS is often incapacitated. Children walk several kilometres from their homes to these schools, with the prospect of changing their lives.

Very admirable aspect of Ekal is its desire to ensure the welfare of the villagers in addition to education. One serious problem prevalent in villages throughout India is anaemia, which is a condition that is caused by malnutrition and other vitamin deficiencies. The effects of anemia, especially in women range from fatigue and sluggishness to severe disability and even family disputes, due to an inability to perform daily tasks. Those villagers who have been identified as anaemic by Ekal volunteers are given non-invasive treatments and diet recommendations. After one month, **the haemoglobin levels and general health of villagers is generally improved greatly.** Ekal truly cares about the welfare of the villagers and takes all measures to ensure they live healthy and productive lives.