Abstract

Rural urban divide in increasing due to unsuccessful planning-implementation by administrators causing significant rural migration in different parts of India, as a consequence to poverty, unemployment, infrastructural lacuna with attitudinal changes. To obtain a total picture a sample profile from each zone namely Narsinghpur (Cuttack, Orissa, Eastern India) Kamrej (Surat, Gujarat, Western India), Malerkotla (Sangrur, Punjab, Northern India), Amaravathi (Guntur, Andhra Pradesh, Southern India) and Pakyong (Gangtok, East Sikkim, North East India) revealed increased migrational stress, as being evident through their biochemical and psychosocial profile in comparison to rural populace. This leads to increased prevalence of metabolic disorders. Stress related imbalance in hypothalamic- pituitary axis may further complicate life style disorders. Of all the groups we concentrated on the migrant group of Sikkim as ANOVA showed maximum response in that group. Brisk walking experimentation done at 6km/hr/day helped in reduction of stress.. We found that a high prevalence of anxiety disorders (AN) and hypertension (HTN) in Sikkim and on close inspection of hospital records, a comparatively higher prevalence of osteoarthritis (OA) there (>60 yr). People above 60 yr had already relocated themselves overcoming the migrational stress and thus giving a hint to what may happen as an after-effect of migrational stress. Based on initial higher prevalence of AN, HTN and OA in above 60 populace at Sikkim, we made a detailed study to indicate the exact prevalence. Our study revealed prevalence of AN 17.22%, HTN15%, and knee joint OA 13.33% in aged Sikkimese populace. This study also indicated increased arterial stiffness in Sikkimese populace compared with migrants from plain land of India residing in Sikkim for years. Well developed and well accepted traditional therapies and management modalities in Sikkim showed acceptable effectiveness of garlic extract tablet in HTN, fresh ginger in OA and transcendental meditation (TM) in AN in comparison to existing globally practised evidence based therapies. OA being difficult to cure and requires daily oral therapy of oxaceprol (the standard drug being used), we explored alternate route of administration through intra-articular injection in rabbit model following experimental protocol with promising result for further research.