



Study of Ayurvedic Dispensaries under Centrally Sponsored Schemes of AYUSH Department in Gujarat

KEYWORDS

AYUSH Department, NRHM, Ayurveda

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ABSTRACT *The episodic evidences explicitly show the miraculous effectiveness of the Indian traditional medicinal systems and practices for healthcare, consisting of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy, is well known globally. Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) has been a prowess strategy of NRHM (National Rural Healthcare Mission) to strengthen rural public healthcare services in India. In this realm, however, exists multiple dwindling problems in the arena of availability of doctors, infrastructure, better quality medicines and their procurement, etc. this research paper effulges the study conducted on the government scheme of AYUSH and delineates the problems it faces, exclusively, within the scope of Gujarat.*

INTRODUCTION

The Indian systems of medicine have age-old acceptance in the communities in India and in most places they form the first line of treatment in case of common ailments. Ayurveda, which was evolved 5000 years ago in India, continues to be practiced, where nearly 80 percent of the population uses it exclusively or combined with conventional (Western) medicine. The Ayurvedic industry has been growing steadily at 10-12 per cent annually and has now touched Rs 8,000-10,000 crore turnover combining both domestic and exports. Department of Indian Systems of Medicine and Homoeopathy (ISM&H) was created in March, 1995 and re-named as Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in November, 2003. The amount earmarked for Department of AYUSH is Rs. 1069.00 crore under Plan and Rs. 190.00 crore under Non-Plan as budgetary allocation for 2013-14 (Das, 2013).

The NRHM, which was initiated in 2005, adopted 'Mainstreaming of AYUSH' as one of its strategies to strengthen the public services. They have been a blind spot for mainstreaming public health; almost non-existent in public health literature, health systems research or teachings (Status and

role of Ayush and Local health traditions, 2010).

In Gujarat, the directorate Indian system of Medicine & Homoeopathy was shifted to Dr. Jivraj Mehta Bhavan, Gandhinagar in the year of 1983. The Gujarat government has not yet taken any concrete step to reorganize the state Ayurvedic Department into an AYUSH one thereby not withstanding repeated instructions by the Centre's AYUSH Department. The move aims to promote autonomy, research and awareness in the field of AYUSH (Ministry of health and family welfare department, 2010).

LITERATURE REVIEW

An article from the AYU journal stated that, in Ayurveda, the primary goal is to make the body strong so that it can fight disease. Essentially, modern medicine is based upon the two questions: why and how does disease occur and how can it be removed. Whereas Ayurvedic practice is based upon two opposite questions why doesn't disease occur and how can the health of an individual be protected, enhanced, and the body be rejuvenated. Thereby, modern medicine is based on offense thinking as they favor modern medicine over Ayurveda for fast relief from disease, which is better served by

its "offense strategy." Ayurveda is based on defense thinking but in order to cater to the needs of these people, the Ayurvedic community is pulling Ayurveda further and further in the direction of modern medicine, leaving Ayurveda's "defense strategy" of health management behind (Bashisht, 2011).

A research paper on "Reviving Ayurveda in Modern India" also stated that Ayurveda is gradually gaining in popularity over allopathy as consciousness among patients has increased in recent decades of the severe side effects of allopathic medicines and awareness has grown about the permanent curability from chronic diseases by Ayurvedic treatments, and this has increased the demand. However, inaccessibility of quality drugs and herbs and reliable practitioners were major setback of Ayurveda (Islam, 2009).

Another article from the AYU journal stated that Ayurveda has a lot of potential of preventing lifestyle disorders as it adopts the holistic approach of treating the patient as a whole, targeting intervention toward complete physical, psychological, and spiritual wellbeing makes this science a wonderful option in lifestyle disorders (Bashisht, 2011).

Objectives and Research methodology

The primary objective of our research is "To study the Ayurvedic dispensaries under Centrally Sponsored Scheme of AYUSH Department in Gujarat" whereas our secondary objectives are "To study the operational problems faced by Ayurvedic Dispensaries under Department of AYUSH in the state of Gujarat" and "Identify the need of up-gradation of Ayurveda Dispensaries under Department of AYUSH."

The scope of our project is limited to AYUSH - Ayurvedic dispensaries in the state of Gujarat

TABLE 1
Research Methodology

Research Design	Exploratory Research	
Research Approach	Qualitative Research	
	Expert opinion Survey	Interviews
Sampling unit	AYUSH Ayurvedic Doctors	Class 1, Class 2 and Class 3 AYUSH Officials of Gujarat
Sampling Size	26 doctors i.e. 1 doctor from each district of Gujarat	6 officials i.e. 2 officials from each class
Sampling Method	Multistage Sampling, Convenience Sampling	Convenience Sampling, Snowball Sampling

Findings

The Ayurvedic dispensary in the village is the only source of treatment available to the rural population. The average daily number of OTC patients in 34% dispensaries is between 0 to 20 patients; 54% dispensaries recorded 20 to 40 patients on an average daily basis while 12% dispensaries, showed a record of 40 to 60 patients. The number of average daily OTC patients did not permeate 60.

AYUSH cures chronic diseases like Diabetes, Asthma, Piles, Fishers, Fistulae, gynecological disorders, Psoriasis and skin disorders like Leucoderma, Urticaria. Hence, the average number of daily OPD (Out Patient Department) in 47% dispensaries was recorded 20 to 40 patients per day, 15% dispensaries noted a high record of more than 60 OPD patients.

Although only one doctor is assigned to handle a dispensary often a single doctor has to manage two or more dispensaries due to low availability of manpower. 89% dispensaries

are in dire need of staff.

The AYUSH standalone dispensaries are usually operated in a small room with least infrastructural facilities that include building and equipment's required by a doctor. 58% dispensaries require support in building construction/renovation and 65% dispensaries require equipment's.

It is mandatory for every dispensary to tabulate and record the basic demographics of the patients. These records are then forwarded to highest authority of the state, which manages AYUSH department in the state. Appreciably, 96% of the dispensaries recorded details of patients out of which only 92% forwarded it to the higher authority.

Quality of drug determines time in which a disease gets cured. There is lack of modernization in AYUSH medicines as the medicines are not in tablet or ointment form but its effectiveness still stays same. 88% of the dispensaries supplied with these medicines claim that it is of medium quality while 12% of the dispensaries mentioned it of high quality. The results were also clearly procrastinated from it – the dropout rate of patients from the treatment was only 9%.

A defined list of medicines has to be submitted to the higher authority; if the dispensary is not provided with medicines, it is provided with financial grant to acquire the medicines. 50% of the dispensaries are supplied with medicines directly according to their list out of which 44% stayed out of stock of medicines due to improper and untimely supply. 31% of the dispensaries procured it through the financial grant; these dispensaries never stay out of stock of medicines. 19% of the dispensaries procure medicines through both financial grant and AYUSH department; they often stayed out of stock of medicines. The financial grant is acquired on a monthly, quarterly or annual basis. 77% dispensaries acquire it on quarterly basis. Out of the dispensaries availing financial grant, 62% claimed that the financial grant provided to them was sufficient.

Conclusion

India has a rich culture of traditional medicines and traditional practices for health care but there is just episodic evidence that it works. AYUSH department is a system that works as evidence to this but it needs to be augmented at a greater level. To cater to that need, access to information and convenience of technology is important. There is a tyranny of numbers and distances both so physically reaching all the dispensaries is difficult but improvising standards to the extent that it reaches all the remote places in innovative ways through efficient management is salient. The budget of AYUSH department is mediocre and the allocation of funds are dislocated and disorganized. Poor budgetary planning and the complexities of the scheme have led to the huge blockage of funds. Upgrading infrastructure and ensuring adequacy of drug supplies are important for the first level of quality improvement. The effective and low cost medications provided by AYUSH are appreciable, but the problems faced by it - lack of expertise in the state, less awareness of the program, improper training to the doctors, lack of modernization in medicines, malapropos infrastructure cannot be avoided. A new arena of AYUSH department has emerged that is mainstreaming of traditional medicines, modern science and modern medicine as one – The Golden Triangle. This would not only strengthen the practice of the doctors with increased effectiveness from combined therapy, but also facilitate cross-referral for the benefit of patients. It will cater to cultural and social context and benefit local ecology. Its outcomes would help in developing integration of the systems for the community's benefit. AYUSH department needs to develop advocacy and mark its presence to increase reach with effectiveness.

REFERENCE

A.S., R. P. (2010). Status and role of Ayush and Local health traditions. New Delhi: NHSRC. | Bashisht, G. (2011). Exploring progression of Ayurveda. AYU JOURNAL, 3. | Das, s. (2013, April 8). Business standards. Retrieved from http://www.business-standard.com/article/companies/ayurvedic-manufacturers-in-gujarat-step-up-efforts-to-tap-export-market-113040800560_1.html | Islam, M. N. (2009). REVIVING AYURVEDA IN MODERN INDIA: Prospect and Challenges. International Review of Modern Sociology, 137-147. | Ministry of health and family welfare department. (2010, August 21). Retrieved from Department of AYUSH: <http://indianmedicine.nic.in/index3.asp?ssid=160&subsublinkid=29&lang=1> | |