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AYURVEDA FOR PRIMARY HEALTHCARE NEEDS IN RURAL INDIA

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ABSTRACT

Health is the first casualty in our villages & also in bigger cities. By health in India means the basic amenities for the healthy living viz. clean drinking water, food uncontaminated & a clean environment. These criteria collectively are referred to as primary health care. The essence of Ayurveda is to preserve good health, which is every human being's birth right. Ayurveda prescribes life style changes with emphasis on tranquillity of mind that is filled with universal compassion, as an insurance against an occasional illness. The present paper discusses about integrating Ayurveda's role in fulfilling the primary healthcare needs in India

Keywords: Primary Healthcare, Ayurveda,

HEALTH CARE: By health in India means the basic amenities for the healthy living viz. clean drinking water, food uncontaminated & a clean environment. These criteria collectively are referred to as primary health care. Health is the first casualty in our villages & also in bigger cities. Whereas the later have many large & small hospitals, both in public & private sectors Indian villages of which there are more than 600 thousand lack proper facilities.Reforms in the health sector will have to address the need for increasing public spending on health care, focus on preventative health care, ensure greater access to health care by the poor, and significantly improve the productivity of public spending. Not only is public pending on health care in India too low, but its distribution across the country is very uneven. Per capita health care expenditure in the poorest state, Bihar, was Rs. 166 in 2008-09, whereas that same year it was Rs 421 in Tamil Nadu and Rs 507 in Kerala, relatively more affluent states.

Health care delivery in India today: It is believed that an important factor contributing to India‘s poor health status is low level of public spending on health, which is one of the lowest in the world. In 2007, according to WHO‘s World Health Statistics, India ranked 184 among 191 countries in terms of public expenditure on health as a percent of GDP. While public spending on health care is low, the OOP expenditure by households has been large.

Access to health care is critical to improving health status and good health is necessary for empowerment. Despite poor health indicators, government spending on health care in most low and middle-income countries is well below what is needed. A recent analysis suggests that while low-income countries need to spend $54 per capita for a basic package of health services, the average actual per capita health expenditure in these countries is only $27 (Stenberg and others, 2010). Low revenue collections, competing demands for revenues, and relatively low spending priority contribute to this insufficient spending. Consequently, limited access to public health care facilities forces people to go to private providers, resulting in

substantial out-of-pocket (OOP) spending, especially for the poor(WHO, 2004).

The health sector challenges in India, like those in other low- and middle-income countries, are formidable. Public spending on medical, public health, and family welfare in India is much below what is required. Further, the gap between the actual spending and the required amount is larger in the relatively low-income states and this results in marked inter-state inequality. The low levels of spending have had an adverse impact on the creation of a preventative health infrastructure. With over 70 percent of the spending on health being OOP, the low level of public spending and its uneven distribution have been a major cause of the immiseration of the poor.[1]

Health Care Expenditure in States: The provision of health care in India is predominantly the responsibility of state Governments. However, the ability of these governments to spend on health care, particularly the low-income states, is constrained by a number of factors. First, most of the low-expenditure states are also low-income states and have limited capacity for generating additional resources. Central transfers to these states have not been able to offset their fiscal imbalances fully, and this is mirrored in the strong correlation between per capita health spending and income levels across states. Besides, most of the existing resources of the states are used up to meet their committed liabilities toward wages, salaries, interest payments, and pensions, leaving little room for reprioritizing expenditures toward the health sector. Fiscal responsibility legislation has nowbeen enacted in all states as well, and there is very little room to increase allocations to the health sector. Since these states have some of the poorest health infrastructures, improving the level of expenditure and the state of health infrastructure in these states assumes particular importance. For these reasons, and considering the significant externality associated with the health sector, it is necessary for the central government to introduce specific-purpose transfers to these states to ensure a certain minimum standard of basic health services. At present, transfers from central government to states (specifically for health) are primarily through the NRHM, and the grants given under the program do not have any relationship with the requirements.

Future Medicare system: There is confusion in understanding the words health care & medical care. The two are not synonymous. They are complementary. Health care needs basic amenities for the people & the quick-fix medical care interventions are for minority that is ill & not fit for those who are well. The 58th session of the World Health Assembly in 2005 defined universal health care as providing ―access to key promotive, preventive, curative, and rehabilitative health interventions for all at an affordable cost‖ (World Health Assembly, 2005) &WHO (2002) document shows that if the people of the poorer nations were to get clean drinking water, it would bring down million deaths per year & half a billion serious illnesses.

Swasthasya swastha rakshanam

This the most important slogan in ayurveda & there are many methods of health promotion based on life styles changes, food habits, exercise, *yoga*, meditation & also certain herbal remedies to slow the ageing process.

The real India which is more dominated by villages needs the following simple measures to be kept healthy:

- Clean drinking water, which prevents almost 80% of gut diseases.
- Avoidance of food being contaminated.
- Three square meals a day.
- Economic empowerment to avoid the greatest stress in life, i.e. not knowing where the next meal comes from. Poverty is the mother of all illnesses.
- Avoiding cooking smoke from getting into house.
- Keep people properly informed about the immunisation facilities for their children.
- Pregnant mothers should get special attention regarding diet. Proper nutritional advice should avoid undernourishment during that crucial period in the life of the foetus.
- Compulsory breast feeding education.
- Effective education to keep tobacco & alcohol at bay aimed at the adolescents.[2]

About 10% of the illness need hi-tech modern methods for treatment; most of them are in the emergency stage. The majority of the rest of the patients could be helped by the other complementary systems of medicine like Ayurveda, yoga, homeopathy etc. We could make the best use of the later for health care delivers. Proper training is a pre-requisite for implementation of these methods. The needs of the poor should get top priority.

Integrating the benefits of Ayurveda with allied sciences: The essence of ayurveda is to preserve good health, which is every human being's birth right. Ayurveda prescribes life style changes with emphasis on tranquillity of mind that is filled with universal compassion, as an insurance against an occasional illness. Immune boosting methods are the mainstay of ayurvedic therapeutics, The *Panchakarma*- five modalities.

Dravyaguna, ayurvedic pharmaco dynamics does not deal with active principles. It deals with the whole plant extract as envisaged in the ancient texts.

Concluding remarks: The basic problem with health care delivery is the inverse care law that operates in this field. While most illnesses affect the poor & the deprived in the far off villages & inaccessible areas, most of the doctors & the star-performers crowd round large metropolitan cities. Health education of the masses is absent in areas of poverty & is totally in those places with easy access to information. The Indian health care system is characterized by low levels of public spending on healthcare; poor quality in health care services, with adverse effects on the population's health status; a lack of focus on preventative health care; and dependency of the population, particularly the poor, on private health care providers and consequently high OOP spending and immiseration. There have been some recent initiatives to augment public spending on healthcare, but these have met with only limited success. The National Rural Health Mission
(NRHM), established in 2005, and the recent introduction of *Rashtriya Swastya Bima Yojana* (RSBY) a national health insurance scheme for people below the poverty line are the two most important initiatives by the central government. In spite of the greater emphasis given by the low-income states to health care spending. The correlation coefficient between per capita expenditures and per capita GSDP was 0.7 and 0.8 respectively for 1995-96 period and 2004-05 period. It is imperative for the central government to embark on a

major expansion of health infrastructure in both rural and urban areas of the country in its 12th Plan (2012-13 to 2016-17). This calls for a significant increase in expenditure. The present hi-tech medical care delivery system is a big business. This very reason why medicine has lost heart today.

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