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REVIEW ARTICLE

Health Care seeking Trends in Ayurveda Clinical Research Facilities: A Central Council for Research in Ayurvedic Sciences Standpoint

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ABSTRACT

Background: The CCRAS carries out its research programs through its 30 peripheral institutes with the headquarters in New Delhi. Presently, 24 clinical units are providing outpatient services in addition to clinical research.

Aim: To understand the health care seeking trends among the patients attending Central Council for Research in Ayurvedic Sciences (CCRAS) clinical research establishments from 1991 to 2012.

Results: The annual reports of CCRAS from 1991 to 2012 were analyzed. A total of 107 diseases were reported in the source document, which were grouped broadly into 26 clinical categories. It was observed that out of 107 diagnosed diseases/conditions, maximum were related to digestive system followed by nervous system, integumentary system, and urogenital system. Out of total 2,386,471 new patients, maximum number of patients were suffering from osteoarthritis, followed by neurological diseases, skin diseases, cough, pyrexia, hyperacidity, rhinitis, lower backache, abdominal colic, and dyspnea.

Conclusion: Period-wise analysis of attendance of the patients to the CCRAS clinical units during the reporting period showed that there was improvement in the health care seeking behavior toward Ayurveda, which is indicated by an increase in the number of outpatient department (OPD) patients in the subsequent 5/6 years.

Clinical significance: Over the years, the number of health care seekers for Ayurveda has been rapidly increasing nationally and internationally. Scientific base of Ayurveda is also getting upgraded through research. Need of the hour is to further strengthen our health care delivery system to cater to the needy population, where Ayurveda can largely contribute.

Keywords: Ayurveda, Central Council for Research in Ayurvedic Sciences, Clinical research units, Health care seeking trends, Outpatient department.

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BACKGROUND

Ayurveda recommended a way of life to promote holistic health. It was the only means of health care in India since antiquity, till the advent for modern forms of treatment.[1] There are fundamental differences between ancient and modern medical sciences in understanding health and wellbeing, and individually they have their own strengths and challenges.[2] However, due to increased incidences of chronic lifestyle-related disease, during the last decade, the use of traditional systems has increased, due to which an integrated approach is emerging for effective health care.[3]

Ayurveda, yoga and naturopathy, Unani, siddha, and homoeopathy (AYUSH) are officially recognized and widely practiced traditional medicine system in India. Analysis of various published reports on health care seeking trends of consumers shows that the reasons for preferring AYUSH systems mainly are their (1) lesser side-effects, (2) efficacy in chronic diseases management, (3) improvement in quality of life, (4) health promotion and preventive potential, (5) ability to cope with side-effects of conventional therapies, and (6) lack of accessibility to allopathic medical services in some areas.[4-8]

The CCRAS under the Ministry of AYUSH, an apex body to Government of India, carries out its research programs through its 30 peripheral institutes with the headquarters in New Delhi. Presently, CCRAS has 24 units, which are mandated for clinical research. In these setups, all the patients attending OPD are screened for enrollment in various research projects assigned to that particular institute and rest of the excluded patients are treated in general OPD. The general and clinical information of all the patients attending the unit is documented and published in the CCRAS annual report each year. The document is a presentation of scientific analysis of

Table 1: Location of CCRAS clinical institutes in different zones of the country

Zone	*CCRAS centers*
Central zone	Regional Ayurveda Research Institute for Drug Development (RARIDD), Gwalior
Eastern zone	Regional Ayurveda Research Institute for Infectious Diseases (RARIID), Patna; Central Ayurveda Research Institute for Hepatobiliary Disorders (CARIHD), Bhubaneswar; Central Ayurveda Research Institute for Drug Development (CARIDD), Kolkata
Northeastern zone	Regional Ayurveda Research Institute (RARI), Gangtok; Regional Ayurveda Research Institute (RARI), Itanagar; Herbal Ayurveda Research Centre (HARC), Nagaland; Ayurveda Regional Institute for Gastro-Intestinal Disorders (RARIGID), Guwahati
Northern zone	Central Ayurveda Research Institute for Cardiovascular Diseases (CARICD), New Delhi; Regional Ayurveda Research Institute for Urinary Disorders (RARIUD), Jammu; Regional Ayurveda Research Institute for Nutritional Disorders (RARIND), Mandi; Central Ayurveda Research Institute for Respiratory Disorders (CARIRD), Patiala; Regional Ayurveda Research Institute for Eye Diseases (RARIED), Lucknow
Southern zone	Advanced Center for Ayurveda in Mental Health and Neurosciences (ACAMHN&S), Bengaluru; Dr. Achanta Lakshmipati Research Centre for Ayurveda (ALRCA), Chennai; Regional Ayurveda Research Institute for Lifestyle-related Disorders (RARILD), Thiruvananthapuram; Regional Research Center of Ayurveda (RRCA), Port Blair; Regional Ayurveda Research Institute for Metabolic Disorders (RARIMD), Bangaluru; Regional Ayurveda Research Institute for Skin Disorders (RARISD), Vijayawada; National Ayurveda Research Institute for Panchakarma (NARIP), Cheruthuruthy
Western zone	Regional Ayurveda Research Institute for Skin Disorders (RARISD), Ahmedabad; M.S. Regional Ayurveda Research Institute for Endocrine Disorders (RARIED), Jaipur; Raja Ramdeo Anandilal Podar Central Ayurveda Research Institute for Cancer (RRAPCARIC), Mumbai; Regional Ayurveda Research Institute for Mother and Child Health (RARIMCH), Nagpur

the available data of 6,276,578 patients during the period 1991 to 2012, attending 24 clinical research establishments of CCRAS distributed in six geographical zones of India.

AIM

To analyze the health care seeking trends among the patients attending CCRAS clinical research establishments from 1991 to 2012.

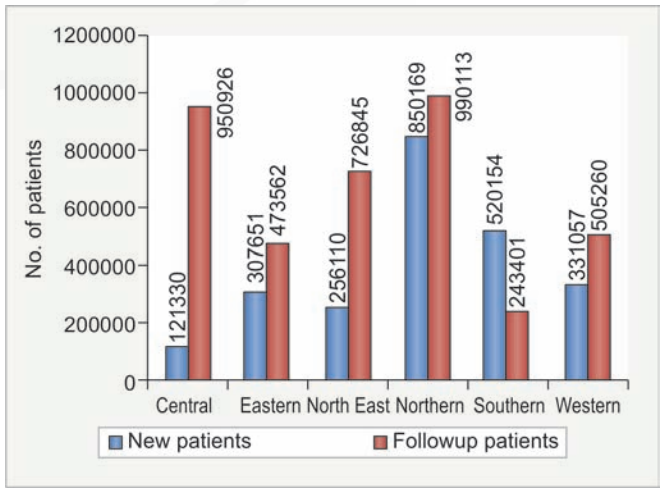
RESULTS

The demographic and epidemiological data of 24 clinical research institutes/centers/units were collated from the annual reports of CCRAS from 1991 to 2012.[9-30] The available data of 6,276,578 patients including 2,386,471 new cases and 3,890,107 follow-up cases were analyzed using Statistical Package for the Social Sciences, version 15.0.

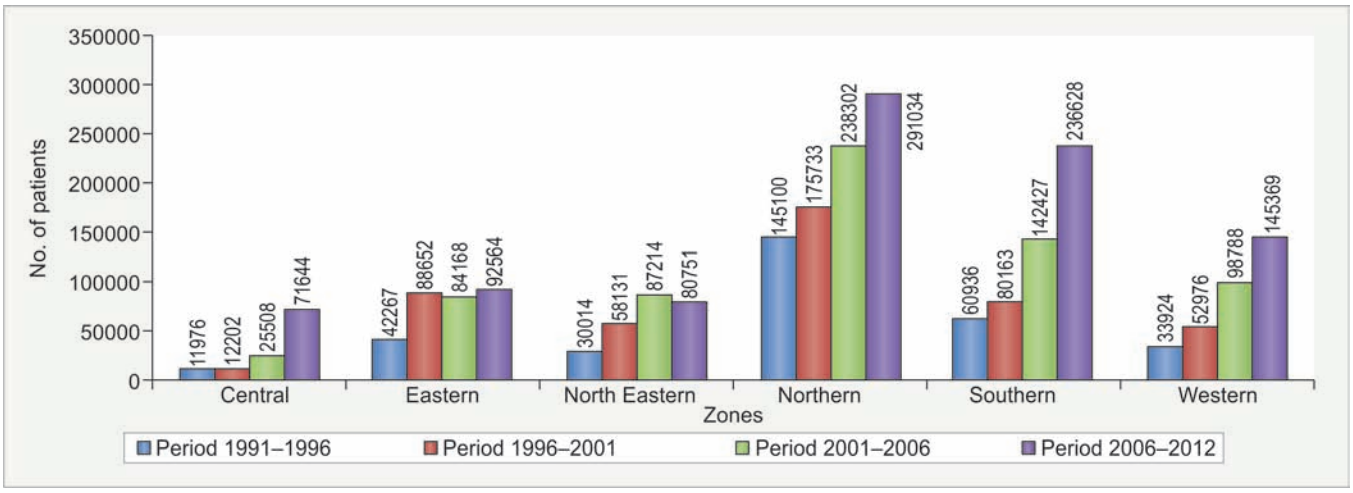
Twenty-four clinical research establishments of CCRAS were divided into six geographical zones of India: central zone, eastern zone, northeastern zone, northern zone, southern zone, and western zone (Table 1) as per http://www.mapsofindia.com. Initial analysis indicated that there was a total of 107 diseases/conditions reported by the patients. Therefore, for the convenience of analysis, the diseases reported by the patients were grouped broadly into 26 clinical categories. Later, the raw tables were generated and among them the analysis focused only on commonly reported disease entities. To study the shift in the health care seeking behavior of the patients, the years from 1991 to 2012 were divided into four blocks.

The CCRAS institutes providing clinical services were categorized based on the geographical distribution into six zones with seven institutes in the southern zone of the country, five institutes in northern zone, four institutes each in northeastern and western zone, three in eastern zone, and only one institute in central zone (Table 1).

With a cumulative figure of 6,276,578 patients (new patients as well as follow-up cases), the CCRAS peripheral institutes engaged in providing clinical services have attended to 2,386,471 new patients comprising of 50.84% males and 49.16% females, and maximum patients (35.62%) were from the northern zone during the reported period. Similarly, among 3,890,107 follow-up patients, 43.36% were males in comparison with 56.64% females with 25.45% patients from the northern zone and 24.44% patients from the central zone (Graph 1).



Graph 1: Zone-wise distribution of patients attending OPDs of CCRAS (n = 6,276,578)

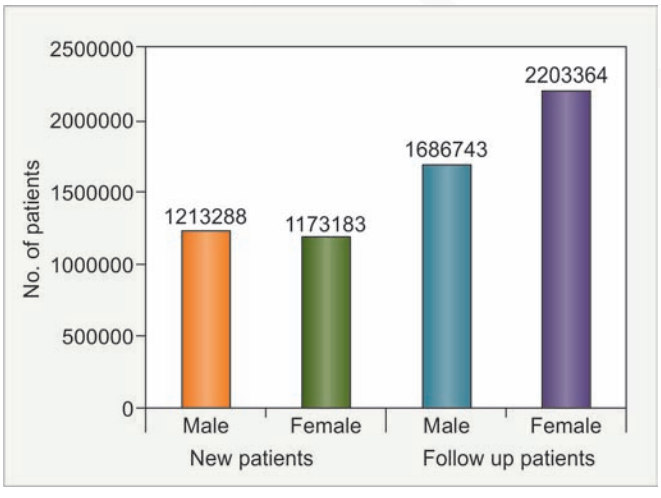


Graph 2: Zone-wise and period-wise distribution of patients attending OPDs of CCRAS (n = 6,276,578)

To study the shift in the health care seeking behavior of the patients, the years from 1991 to 2012 were divided into four blocks. Period-wise distribution during the reporting period shows that there was improvement in the health care seeking behavior toward Ayurveda, which is indicated by an increase in the number of OPD patients in the subsequent 5/6 years slab (Graph 2).

The gender-wise data analysis reflects that male and female patients attending the OPDs for the first time were almost equal. But among the follow-up cases, females outnumber males, indicating a better compliance to the medication by the females. Out of 2,386,471 new patients, 50.84% were males and 49.16% were females. Similarly, among 3,890,107 follow-up patients, 43.36% were males in comparison with 56.64% females (Graph 3).

Total 107 diseases documented among the patients visiting the CCRAS institutes were grouped broadly into 26 clinical categories for the convenience of analysis. Among them, the analysis focused on commonly reported disease entities.



Graph 3: Distribution of new and follow-up patients (n = 6,276,578)

The "others" category included mild symptoms which could not be diagnosed as a disease (Table 2).

There were an equivalent number of males (50.84%) and females (49.16%) among the new patients attending the OPDs of the CCRAS institutes during the period of reporting. Out of 2,386,471 patients, 16.17% availed Ayurveda treatment for disorders of the digestive system, whereas 15.88% patients suffering from musculoskeletal disorders availed the Ayurveda treatment. Ayurveda seems to be popular among patients suffering from the disorders of the nervous system as well as respiratory system. The impact of awareness regarding the effectiveness of *Kshara-sutra* treatment for the management of anorectal diseases is evident from the gradual increase in the number of patients attending the Ayurveda clinics during the period of reporting. Similar trend was observed among the patients suffering from skin diseases and people suffering from musculo-skeletal disorders. As evident from the figures, although slight, yet there was a gradual increase in the number of female patients availing the Ayurvedic treatment at OPDs of the CCRAS institutes (Table 3).

Out of total 2,386,471 new patients, maximum number of patients attending the CCRAS OPDs were suffering from osteoarthritis (*Sandhivata*; 9.85%). The other diseases chronologically were neurological diseases (*Vata Vyadhi*; 7.90%), followed by skin diseases (*Tvak Roga*; 7.63%), cough (*Kasa*; 5.84%), pyrexia (*Jvara*; 4.12%), hyperacidity (*Amlapitta*; 4.09%), rhinitis (*Pratishyaya*; 3.91%), lower backache (*Katigraha*; 3.70%), colic (*Shula*; 3.46%), and dyspnea (*Shvasa*; 2.25%). These are chronic and mostly lifestyle-related diseases where Ayurveda has strength in prevention, management, and rehabilitative aspects (Graph 4).

DISCUSSION

This article represents the trend of the patients seeking Ayurveda care in 24 clinical research establishments of

Table 2: Disease profile of patients visiting OPDs of CCRAS institutes

Broad area	*Specific disease (Ayurveda terminology)*
Anorectal region	Arsha, Bhagandara, Gudabhrimsha, Parikartika
Cardiovascular system	Vyanabala Vaishamya, Hridroga
Digestive system	Adhmana, Agnimandya, Ajirna, Amlapitta, Anaha, Annadrava shula, Antrapuccha shotha, Aruchi, Atisara, Chhardi, Grahani, Gulma, Hikka, Krimi, Parinama Shula, Pitta Vikara, Pravahika, Shula, Udara Roga, Udavarta, Vibandha, Yakrit Roga
Diseases of gums, teeth, and oral cavity	Danta Roga, Mukha Roga
Endocrine system	Hypo thyroidisim, Madhumeha, Medoroga, Hyper Thyroidisim
Ear, nose, and throat	Badhirya, Kantha Roga, Karna Roga, Nasa Roga, Pratishyaya, Raktapitta
Eye diseases	Abhishyanda, Netra Roga, Timira
Family planning	Family Planning
Hernia/hydrocele	Vriddhi
Inflammatory disorders	Shotha
Integumentary system hair	Khalitya, Palitya
Integumentary system nail	Nakha Roga
Integumentary system skin	Arunshika, Kitibha, Kshudra Roga, Pidika, Tvak Roga, Vicharchika, Yauvana Pidika
Lymphatic disorder	Gandamala, Shlipada
Musculoskeletal system	Amavata, Katigraha, Parshvashula, Prishtha Shula, Sandhivata, Vatarakta
Neoplasia	Arbuda, Granthi, Vidradhi
Nervous system	Apasmara, Ardhavabhedaka, Ardita, Avabahuka, Gridhrasi, Grivagraha, Pakshaghata, Shiroroga, Vata Vyadhi, Bhrama
Nutritional deficiency	Bala Shosha, Daurbalya, Jara Vikara, Pandu
Obstetrics and gynecology	Asrigdara, Rajodosha
Psychiatric disorder	Anidra, Chittodvega, Madatyaya, Manoroga
Pyrexia	Jvara
Reproductive system	Klaibya, Phiranga, Shukra dosha, Upadamsha, Vandhyatva
Respiratory system	Kasa, Rajayakshma, Shvasa, Urah Shula
Trauma	Abhighataja Vyadhi, Agnidagdha, Asthibhagna, Vrana
Urogenital system	Andakosha Shotha, Prameha, Shayya Mutrata, Vrikka Roga, Ashmari, Ashthila, Bahumutrata, Mutra Roga
Others	Miscellaneous

CCRAS distributed in six geographical zones of India. The northern zone had five CCRAS institutes, seven institutes were in the southern zone of the country, four institutes were located each in northeastern and western zone, three in eastern zone, and only one institute in central zone.

The document is a scientific analysis of available data of 6,276,578 patients (Graphs 1 and 2). The data were taken from the annual reports of CCRAS for the years 1991 to 2012.

Initial analysis indicated that there were a total of 107 diseases/conditions reported in the annual reports. Therefore, for the convenience of analysis, the diseases were grouped broadly into 26 clinical categories. Later, the raw tables were generated and among them, the analysis focused only on commonly reported disease entities.

The gender-wise data analysis reflects that male and female patients attending the OPDs for the first time are almost equal. But among the follow-up cases, females outnumber males indicating a better compliance to the medication by the females. Out of 2,386,471 new patients, 50.84% were males and 49.16% were females. Similarly, among 3,890,107 follow-up patients, 43.36% were males in comparison with 56.64% females (Graph 3). It was observed that out of 107 diagnosed diseases/disease conditions, maximum diseases were related to digestive system followed by nervous system, integumentary system, and uro-genital system. From the available data, it appears that patients having diseases related to digestive system preferred Ayurvedic treatment. It may also suggest that incidence of the disease related to digestive system were common.

Out of the total patients attending OPD, majority (16.17%) were suffering from diseases of digestive system, musculoskeletal system (15.88%), and nervous system (11.55%). It also suggested that there may be more incidence of the disease related to digestive system, musculoskeletal system, and nervous system in the population covered. It also reflected that patients having diseases related to these systems preferred Ayurvedic treatment because Ayurveda has special strength in these areas (Table 3).

Out of total 2,386,471 new patients, maximum number of patients attending the CCRAS OPDs were suffering

Table 3: Period-wise distribution of patients attending OPDs of CCRAS institutes for diseases of various systems

	Period				
Broad disease areas	*1991–1996 (n = 324,217)*	*1996–2001 (n = 467,857)*	*2001–2006 (n = 676,407)*	*2006–2012 (n = 917,990)*	*Grand total (n = 2,386,471)*
Anorectal system	1.72	1.87	2.23	3.70	2.66
Cardiovascular system	1.23	1.34	1.72	0.94	1.28
Digestive system	17.84	19.48	16.65	13.54	16.17
Diseases of gums, teeth, and oral cavity	1.16	1.46	1.30	1.14	1.25
Endocrine	1.58	0.93	0.91	1.13	1.09
Ear, nose, and throat	6.30	5.77	5.21	4.09	5.04
Eye diseases	1.39	1.08	1.26	1.16	1.20
Family planning	0.02	0.05	0.01	0.00	0.02
Hernia/hydrocele	0.06	0.11	0.05	0.07	0.07
Inflammatory	1.21	1.21	1.08	0.88	1.05
Integumentary (hair)	0.13	0.08	0.07	0.10	0.09
Integumentary (nail)	0.01	0.01	0.01	0.00	0.01
Integumentary (skin)	8.05	8.28	8.62	8.65	8.49
Lymphatic system	0.79	0.70	0.50	0.47	0.56
Musculoskeletal	10.83	13.09	15.34	19.49	15.88
Neoplasia	0.41	0.54	0.51	0.80	0.61
Nervous system	11.82	10.24	11.16	12.41	11.55
Nutritional deficiency	2.08	2.39	2.24	2.14	2.21
Obstetrics and gynecology	3.41	2.89	3.29	2.43	2.90
Psychiatry	0.25	0.33	0.43	0.49	0.41
Pyrexia	3.89	4.25	4.95	3.53	4.12
Reproductive system	0.30	0.32	0.24	0.33	0.30
Respiratory system	9.01	9.74	8.65	7.53	8.48
Trauma	1.63	1.37	1.08	0.75	1.09
Urogenital system	2.29	2.77	3.50	3.37	3.14
Others	12.60	9.72	9.00	10.86	10.35
Grand total	100.00	100.00	100.00	100.00	100.00

from osteoarthritis (*Sandhivata*; 9.85%). The other problems for which patients attended OPD were neurological diseases (*Vata Vyadhi*; 7.90%), followed by skin diseases (*Tvak Roga*; 7.63%), cough (*Kasa*; 5.84%), pyrexia (*Jvara*; 4.12%), hyperacidity (*Amlapitta*; 4.09%), rhinitis (*Pratishyaya*; 3.91%), lower backache (*Katigraha*; 3.70%), colic (*Shula*; 3.46%), and dyspnea (*Shvasa*; 2.25%). These are chronic and mostly lifestyle-related diseases where Ayurveda has strengths in prevention, management, and rehabilitative aspects (Graph 4).

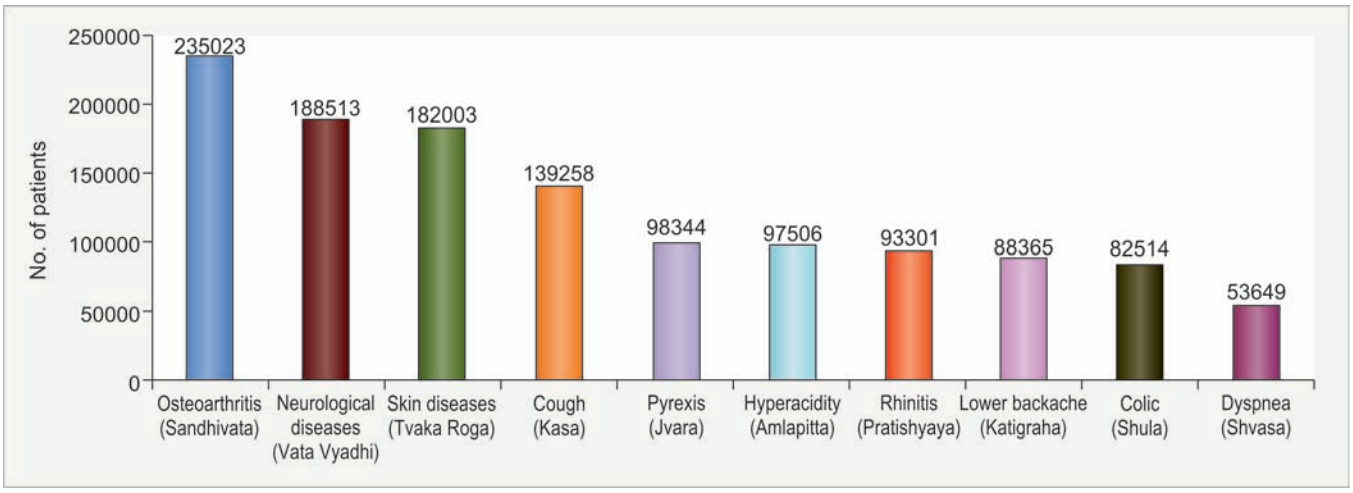
To study the shift in the health care seeking behavior of the patients, the years from 1991 to 2012 were divided into four blocks. Period-wise distribution during the reporting period shows that there was improvement in the health care seeking behavior toward Ayurveda, indicated by an increase in the number of OPD patients in the subsequent 5/6 years slab.

CONCLUSION

There is a growing recognition, nationally and internationally, of the need for incorporating the contributions of traditional systems like Ayurveda into the mainstream to fill up the gap in the existing health care delivery system. Now, with the enhanced recognition of their strengths, there is resurgence of utilization of traditional systems including Ayurveda globally. However, these figures depict only the trend and not the actual number of patients who have reported to Ayurveda clinical research centers of CCRAS during the reported period. There may be some gap in the data, as it covers a long period of time.

CLINICAL SIGNIFICANCE

The relevance of traditional medicine is seen in the context of promoting ecologically sensitive life patterns and technologies conducive to local natural conditions, their safety, efficacy, availability, and people's preferences. Keeping in mind the strength of Ayurveda approaches and gap in the existing health care system, the care-seekers should be given an informed choice. The government programs should focus on improving health care seeking behavior toward Ayurveda by adopting communication strategies. Evidence-based treatment facility should also be made available, affordable, and reachable for all.



Graph 4: Top 10 commonly presenting diseases in CCRAS OPDs (n = 6,276,578)

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हिंदी सारांश

आयुर्वेद क्लीनिकल रिसर्च सुविधा में स्वास्थ्य देखभाल की मांग की रुझान– एक सी सी आर ए एस अवलोकन

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[12]रिचा सिंघल, [13]बबीता यादव, [14]रेनू सिंह, [15]एस. के. वेदी

उद्देश्यः वर्ष 1991 से 2012 तक सीसीआरएएस चिकित्सा अनुसंधान प्रतिष्ठानों में भाग लेने वाले रोगियों में स्वास्थ्य देखभाल की प्रवृत्तियों को समझने के लिए।

भूमिकाः केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् (सीसीआरएएस), दिल्ली मुख्यालय के अधीनस्थ 30 परिधीय संस्थानों के माध्यम से अपने शोध कार्यक्रमों को चलाता है, वर्तमान में 24 चिकित्सा इकाइयों चिकित्सा अनुसंधान के अतिरिक्त बाह्य रोगी सेवाएं भी प्रदान कर रहे हैं।

परिणामः वर्ष 1991 से 2012 तक की सीसीआरएएस वार्षिक रिपोर्ट विश्लेषण के लिए लिया गया था । स्रोत दस्तावेज में कुल 107 बीमारियों की नाम सूचित किया गया था, जिन्हें 26 चिकित्सा श्रेणियों में विस्तृत रूप से समूहीकृत किया गया था। यह देखा गया था कि 107 बीमारियों परिस्थितियों में से, अधिकतम पाचन तंत्र से संबंधित थे, के बाद नर्वस सिस्टम इंटीग्रेटरी सिस्टम और यूरो–जननांग प्रणाली भी थे। कुल 2,386,471 नए रोगियों में से अधिकतम रोगियों संधिशोथ, तंत्रिका संबंधी रोग, त्वचा रोग, खाँसी, ज्वर, अम्लपित्त, नासिका प्रदाह, गृध्रसी, पेट का दर्द और साँस का रोग से पीड़ित थे।

निष्कर्षः रिपोर्टिंग अवधि के दौरान सीसीआरएएस चिकित्सीय इकाइ रोगियों की उपस्थिति का कालवार विश्लेषण से पता चला है कि आयुर्वेद के प्रति स्वास्थ्य संबंधी गतिविधि में सुधार हुआ है, जो अगले पांच छह साल के स्लैब में ओपीडी रोगियों की संख्या में वृद्धि के द्वारा दर्शाया गया है।

चिकित्सीय महत्वः वर्षों से आयुर्वेद के लिए स्वास्थ्य देखभाल करने वालों की संख्या तेजी से राष्ट्रीय और अंतरराष्ट्रीय स्तर पर बढ़ रही है। आयुर्वेद के वैज्ञानिक आधार भी अनुसंधान के माध्यम से उन्नयन हो रही है। वास्तव में जरूरत पूरा करने के लिए हमारे स्वास्थ्य देखभाल वितरण प्रणाली, जहां आयुर्वेद अधिक परिमाण में योगदान कर दे सकता है वहां और मजबूत करना जरुरी है।