



Discussion Kernel

Quality of Ayurvedic health care delivery in provinces of India: Lessons from essential drugs availability at State run Ayurveda dispensaries



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ABSTRACT

Quality of health care delivery primarily depends upon the availability of resources in terms of manpower, infrastructure and material. Ayurveda has beautifully embodied this concern as *chikitsa chatuspad* (four essentials of health care delivery). In the absence of any one of these, the quality of health care is bound to be jeopardized. The concept of essentials in health care is commonly utilized to analyze the level of quality of service offered at a health care unit. Ayurveda, despite being the pioneer in terms of setting standards of health care delivery in its own time, remained away from such checks in contemporary practices. We have considered here the availability of drugs from Essential Drug List (EDL) of Ayurveda as one of the most basic requirement to assure a quality based health care. The same therefore could have been considered as a parameter of quality check. We have critically analyzed the availability of EDL drugs at State run Ayurveda dispensaries in Uttar Pradesh and found soaring gaps between the recommendations and the actual availability. The study reveals that a large scale ground work is required primarily to identify the drug needs and subsequently to evolve a mechanism ensuring an uninterrupted supply of drugs at primary and secondary care settings in Ayurveda.

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1. Introduction

Health care delivery depends upon three closely interrelated factors- infrastructure, clinician and patient. Quality of health care delivery therefore can be viewed from the perspectives of services, outcomes and resource stewardship [1].

In a competitive environment, the quality of the delivered health care services with a focus upon ultimate outcome within a cost contained frame, is what all health organizations are envisaging for. Measuring quality of services delivered therefore, is a priority to those who wish to become leaders in their segments. In government sector, measuring the quality of the services delivered gives a direct feedback to know if the policies are being implemented in their right perspectives and if they are able to deliver what they intend to.

India, by virtue of its pluralistic health care model, has diverse health care facilities belonging to multiple systems, and operational categories. Besides the organized health care sector, a substantial amount of this care also comes under the unorganized sector. Besides conventional care, Indian pluralistic model allows many alternative

health care systems to play their respective roles in the net health care. Indian health care seekers utilize their own logic in choosing a health care system or a service provider suiting to their own set of problems [2]. Out of these logics, one strong logic observed ubiquitously is the availability of drugs in the health care facility to be dispensed to end users either for free or at a subsidized cost. Cost of the medicine happened to be one major component of net health care cost in India. Health care therefore is largely considered as a draining affair for common Indian middle and lower middle class folks particular to rural area [3]. Taking a major step in this direction, Indian National Health Policy 2017 prioritizes to provide universal access to free drugs, diagnostics and other essential components of health care in India [4].

2. Essential drug listing: importance in health care monitoring

Essential drugs (ED) are the drugs which are *prima facie* important for offering care to common health problems particular to a population in a specific geographical area [5]. ED can be common for a large population on the basis of the shared health issues or can be specific to the localized health needs limited to a particular area. Such essential drugs by and large cater to the needs

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related to the prominent disease burdens. On the basis of their importance, such drugs are carefully screened, identified, listed (known as Essential Drug List or EDL) and monitored for their cost, efficacy and safety to ensure maximum benefits to the subjected population. The idea of ED therefore is to provide optimal care in most conditions pertinent to a geographical location in a quality bound, accessible and affordable manner.

Based upon the ED listings, a crosscheck of prescriptions generated in the hospitals is usually done to monitor the prescription adherence to EDL. Availability of ED in a health care facility assures the provision of optimal, affordable and accessible health care to its dependent population in terms of drugs. It is for this reason, such availability is considered a critically important parameter to measure the quality of total health care delivered at a facility [6]. This is also considered an important point in determining drug use indicators identified by WHO [7].

Seeing the conceptual importance of essential drugs, WHO initially launched its Essential Medicines List (EML) in 1977 and is consistently improving it through the process of discussions among the stakeholders. The EML is being updated every two years since its launch in 1977. The currently available 20th WHO EML and the 6th WHO Essential Medicines List for Children (EMLc) are updated in March 2017 [8]. Much research has been done globally in conformance of using the essential drugs in prescribing as a parameter to identify the level of care offered at a given health care facility.

2.1. Essential Drug Listing in India: Steps taken in AYUSH

Working on similar lines, in India, National List of Essential Medicines (NLEM) was prepared firstly in 1996 by Central Drug Standard Control Organization (CDSCO). The list was subsequently revised in 2003, 2011 and 2015 respectively [9]. Exercise to identify essential drugs in Ayurveda in India took place soon after the same exercise was carried out for modern medicine. First EDL of Ayurveda, Siddha and Unani (EDL-ASU) was published by Department of AYUSH, Govt. of India in year 2000. This was subsequently revised in 2013 and the same is being currently used [10].

2nd version of the EDL-ASU was partially improved over the previous one in containing 277 drugs divided in 21 categories. Reviews of EDL-ASU 2013 have pointed out certain areas of concerns like – absence of therapeutic area based categorization; missing of many common formulations from the list, absence of an alphabetical index of all the medicines, syntax, formatting and spelling errors. These concerns have partially diluted the usefulness of the EDL-ASU 2013 as a reference document [5]. The biggest limitation in EDL-ASU however, was found to be the absence of drug categorization into core and complimentary drugs as it is done in WHO EML. By understanding the core and complimentary medicines or the essential drugs as a whole, it is largely agreed that these medicines are required to remain essentially available in a hospital to assure optimal care.

3. Availability of essential drugs at State run Ayurveda dispensaries: the cause of concern

Despite a clear understanding about the need of drugs from EDL in a health care unit, it is hardly seen in practice in AYUSH. A pertinent example to this may be seen at most State run Ayurveda dispensaries and teaching hospitals in India finding them being devoid of many ED needed to deliver the effective care to their patients. As a result, the patients, who initially arrive at Ayurveda dispensaries in hope of better care, not otherwise available at

conventional health care centers, return home in dismay with broken hope and reduced belief in system due to non-availability of drugs at the health care facility.

3.1. Availability of Ayurveda essential drugs at State run dispensaries in Uttar Pradesh

Uttar Pradesh has 2105 Ayurvedic dispensaries/hospitals in the form of 4 bed, 15 bed and 25 bed dispensaries in addition to hospitals associated with teaching institutions [11]. State run Ayurveda dispensaries in Uttar Pradesh face two pertinent problems. The first of them is the unavailability of most of the medicines which are needed to be prescribed by a physician (and dispensed at the dispensary) in a particular disease condition. The other is the poor quality of medicine dispensed. It is not uncommon to see the dispensing of spoiled, expired, inadequate, inappropriate and impure medications to the patients in a State run Ayurvedic dispensary having a possibility of leading to potentially undesired effects or adversities [12]. Availability of drugs in State run Ayurveda dispensaries is severely scarce here. Ayurvedic medicines supplied to State run dispensaries in Uttar Pradesh are manufactured at State Ayurveda pharmacies. A sanctioned list of 50 Ayurvedic drugs (10 for emergency conditions and 40 for general conditions) are found approved to be manufactured at this pharmacy (Table 1). This list of possible essential medicines of Ayurveda in UP was prepared in 1999 and is in use for about two decades without being revised. This list, when compared with the current EDL-ASU listing of the drugs, revealed a gross difference between the two. Only 13.71% (38 in number) of the drugs from EDL-ASU were able to find a place in State EDLA (Table 2). Out of 21 categories of medicines recommended in EDL-ASU, 7 categories of drugs comprising of 46 drugs were altogether missing in the State EDLA. These missing categories were subsequently identified as *arka*; *avaleha*, *paka or khanda*; *ghrita*; *varti*, *anjana and netra bindu*; *satva*; *mandur* and; *lauha*. Highest similarities among EDL-ASU and State EDLA were found in categories like *bhasma* (50%), *parpati*

Table 1
Ayurvedic drugs listed under EDLA, Uttar Pradesh.

Drugs listed for emergency conditions	<i>Abhraka bhasma</i> ; <i>Vanga bhasma</i> ; <i>Karpur bati</i> ; <i>Prabhakar bati</i> ; <i>Karpurasava</i> ; <i>Ahiphenasava</i> ; <i>Shirah shuladi hara lepa</i> ; <i>Mukta pshti</i> ; <i>Yogendra rasa</i> ; <i>Siddha maker dhwa</i>
Drugs listed for ordinary conditions	<i>Sudarshan churna</i> ; <i>Nimbadi churna</i> ; <i>Haritaki churna</i> ; <i>Amalki churna</i> ; <i>Pippali churna</i> ; <i>Bilvaadi churna</i> ; <i>Baal chaturbhadra churna</i> ; <i>Pushyanug churna</i> ; <i>Arjun twak churna</i> ; <i>Som churna</i> ; <i>Chitrakaadi bati</i> ; <i>Sanjeevani bati</i> ; <i>Malaria sanhar bati</i> ; <i>Yogaraja guggulu</i> ; <i>Rajah pravartini bati</i> ; <i>Arogya vardhini</i> ; <i>Chandra prabha vati</i> ; <i>Godanti bhasma</i> ; <i>Mandur bhasma</i> ; <i>Shankha bhasma</i> ; <i>Tribhuvan kirti rasa</i> ; <i>Kaphaketu rasa</i> ; <i>Ashoka rishta</i> ; <i>Arjuna rishta</i> ; <i>Kutaja rishta</i> ; <i>Panchaguna tail</i> ; <i>Raasnadi kwath</i> ; <i>Pathyadi kwath</i> ; <i>Phala trikadi kwath</i> ; <i>Jatamamsyadi kwath</i> ; <i>Yavakshar</i> ; <i>Shweta parpati</i> ; <i>Shu. Swarna gairik</i> ; <i>Shu. Gandhaka</i> ; <i>Shu. Kupila</i> ; <i>Shu. Tankana</i> ; <i>Shu. Nrusara</i> ; <i>Shu. Sphatika</i> ; <i>Taalisaadi churna</i> ; <i>Dashamula kwath</i>

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