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Review Article

THE DISTRIBUTION OF AYURVEDIC HEALTHCARE FACILITIES IN GORAKHPUR DISTRICT, UTTAR PRADESH: A SPATIAL ANALYSIS

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ABSTRACT

The Indian Knowledge System signifies health as a cordial relationship between mind, body, and environment, where Ayurveda is a foundation of holistic well-being. Whereas the healthcare infrastructure lacks in most of the populous states such as Uttar Pradesh. This study demonstrates the spatial distribution and its accessibility to Ayurvedic healthcare facilities in rural parts of Gorakhpur District. It has an objective of identifying the intra-district disparity in Ayurvedic healthcare availability and its accessibility in Gorakhpur district, part of eastern Uttar Pradesh. **Materials and Methods:** The study has used the data from SPIDER (Sankhyikiya Patrika Internet-Based Data Entry and Retrieval), the Ministry of AYUSH, health records from the Government of Uttar Pradesh, and the Census of India, 2011. The data have been analyzed using population-facility ratio and location quotient, and these are shown on a choropleth map using ArcGIS. **Results and Discussion:** The study shows the uneven distribution of Ayurvedic healthcare facilities in the district, which indicates the obstacle of Ayurvedic access to the desired population which further leads to a barrier in achieving the Universal Health Coverage goals. This study underscores the need for GIS-based planning, implementation and monitoring of policies focusing on rural accessibility, and awareness among the population about the importance of Ayurvedic medicines and their benefits.

INTRODUCTION

Ayurveda has its roots in the 2nd Century B.C., when it was founded by the ancient schools of *Vaisheshika,* the Hindu Philosophical teachings, and *Nyaya, the* school of logic. The Ayurveda practice is based on the knowledge of the *Vedas.* It has connected the three humors of the human body, *Pitta dosha, Kapha dosha,* and *Vata dosha*, with the five elements present in the universe, i.e., *Jala* (Water), *Teja* (Fire), *Vayu* (Air), *Prithvi* (Earth), and *Aakash* (Space or ether).[1] Presently, India has a population of about 1.38 billion, with nearly 65 percent living in rural areas. Despite more than seventy-five years of independence, rural India continues to face significant healthcare inequalities, and the condition of primary health services remains inadequate. Access to modern medical facilities in many rural regions is limited, forcing a large share of the population to depend on traditional systems of medicine. In this context, Ayurveda plays an important role in fulfilling basic healthcare needs. Its holistic approach emphasizes preventive and promotive healthcare, which can be implemented effectively using locally available resources.[2] In this context, the growing importance and modernization of AYUSH research emphasize that India possesses rich biodiversity with nearly 20,000 medicinal plant species, though only about 7,000–7,500 are commonly used in traditional medicine. The AYUSH sector is expanding rapidly due to the increasing global demand for natural, safe, and cost-effective herbal medicines. AYUSH products are gaining acceptance because they offer holistic treatment and fewer side effects compared to many synthetic drugs.[3] In this regard, the Government has initiated several steps to mainstream Ayurveda and its

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use, which are discussed further in the study. Given the widespread use of Ayurveda, spatial equity is a key issue in public health planning. Uttar Pradesh has a large population, where the accessibility of healthcare facilities influences health outcomes. The state has around 2,105 Ayurvedic dispensaries and hospitals, including facilities with 4, 15, and 25 beds, as well as those associated with teaching institutions. Despite their wide presence, government-run Ayurvedic dispensaries face significant challenges. One major issue is the limited availability of essential medicines required for treating various diseases, which restricts effective healthcare delivery. Another problem is the poor quality of medicines supplied, as reports often indicate the distribution of expired, spoiled, impure, or inappropriate drugs to patients. Such conditions may lead to undesirable health effects. Most Ayurvedic medicines supplied to these government dispensaries are manufactured in state-operated Ayurveda pharmacies.[4] Here, the study focuses on the easter district of Uttar Pradesh, Gorakhpur, and observes the current scenario of healthcare facilities.

Study Area

Gorakhpur district is located between Latitude 26° 13' N and 27° 29' N and Longitude 83° 05' E and 83° 56' E and covers an area of about 3,321. sq. km with 3106.4 sq. km rural area and 214.6 sq. km urban area. The population of the district is 4,440,895, of which rural has a population of about 3,604,766, and urban has 836,129. It is in the north-eastern "Tarai" region of the Middle Gangetic plain of the state and comprises a large stretch of the Ghaghara on its south. Gorakhpur district shares its boundary with Sant Kabir Nagar on its west, Deoria, and Kushinagar on its east, and a long area of its north-eastern and south is covered with Maharajganj and Azamgarh, respectively. Siddharth Nagar district shares the smallest boundary with the district to its north-west and Ambedkar Nagar district to the southwest. But its boundary keeps on changing due to changing course of the Ghaghara River. Indigenous communities such as the Tharu tribe possess extensive knowledge of medicinal plants used to treat various diseases. Table 1 presents the blocks, areas, population, and gender-wise population distribution. There are about 19 blocks in Gorakhpur District as per the 2011 Census.[5] Here, the block with the largest geographical area is Khajni, whereas Campierganj is the largest in terms of total population, with largest male and female populations among all the remaining blocks. To analyze the distribution of Ayurvedic healthcare facilities, this study has three objectives: to examine the spatial distribution of Ayurvedic health infrastructure, to analyze block-level disparities in facility availability, and to assess accessibility in relation to population distribution.

Table 1: Block-wise Area and Population of Gorakhpur District

Blocks	Total Geographical Area (sq.km.)	Total Population (2011)	Total Male Population (2011)	Total Female Population (2011)
Campierganj	246.39	274,914	142,919	131,995
Jungle Kaudia	227.93	235,235	121,907	113,328
Pali	143.67	144,080	73,998	70,082
Bhathat	164.63	193,535	99,438	94,097
Chargawan	146.97	186,787	97,360	89,427
Pipraich	170.12	188,645	97,118	91,527
Sahjanwa	155.51	151,488	77,425	74,063
Piprauli	155.69	183,992	94,821	89,171
Khjani	266.72	196,763	100,617	96,146
Bansgaon	164.33	176,523	89,466	87,057
Sardar Nagar	135.90	178,005	90,891	87,114
Brahmpur	220.38	193,681	97,317	96,364
Kauriram	168.50	176,345	88,131	88,214
Uruwa	180.68	202,021	101,844	100,177
Belghat	176.14	195,776	99,122	96,654
Gaugaha	223.32	185,525	92,563	92,962

Gola	251.73	167,583	83,912	83,671
Khorabar	164.48	190,891	97,826	93,065
Barhalganj	190.72	182,977	92,051	90,926
Total	3553.81	3,604,766	1,859,799	1,784,870
Source: Directorate of Census Operations, Uttar Pradesh, 2011				

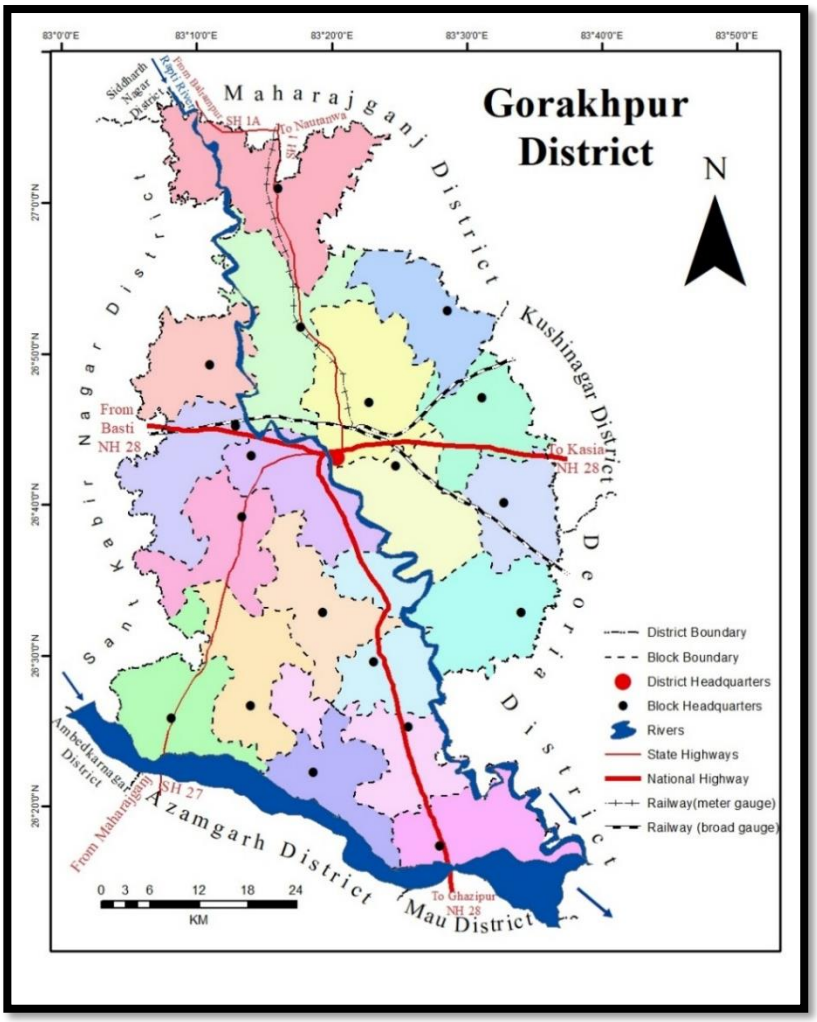

Figure 1

Institutional and Policy Framework of Ayurveda

Ayurveda is India's medical science, nearly 5,000 years old, and is considered the *Upveda* of the *Atharva Veda*. It is a combination of two words, Ayu and Veda, meaning "life science". It aims at *"Swasthasya Swasthya Rakshnam, Aturasya Vikara Prashaman,"* defined as the propagation of health and the cure of disease. There are several treatises that define Ayurveda clinicians: Charaka Samhita, Sushruta Samhita, Vagbhata Samhita, Madhava Nidana, Sharangdhara Samhita, and Bhavaprakasha Nighantu.[6] Now, to promote Ayurveda in India, the government has established various departments and launched different programs and schemes. In this respect, the first separate department of Ayurveda was started as the Indian System of Medicine in 1995 and later renamed as the Department of AYUSH.[7] Its Ministry has initiated a scheme of the National AYUSH mission, which is centrally sponsored and provides access to AYUSH services. Other central sector schemes are *Ayurgyan, Ayurswasthya,* Information, Education & Communication, Promotion of International Co-operation, Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana, Conservation development, and Sustainable management of medicinal plants. These schemes incorporate financial assistance, research, educational promotion, awareness-raising, international dissemination, and cultivation of medicinal plants.[8] To spread awareness and promote Ayurveda, there are certain institutions, namely The Central Council for Research in Ayurvedic

Sciences (CCRAS), which is an autonomous body of the Ministry of Ayush, Government of India. It formulates, coordinates, develops, and promotes research along scientific lines in Ayurvedic medicine.[9] Another is the National Commission for Indian System of Medicine (NCISM). It focuses on Ayurveda, Unani, Siddha, and Sowa-Rigpa (AUS&SR).[10]

The AYUSH Department, Uttar Pradesh, is a state-level government body established in alignment with the Government of India to mainstream the traditional health system. Under this, Ayurveda has been developing since the establishment of the Board of Indian Medicine in 1926, formed on the recommendation of the Gokaran Nath Misra Committee, 1925. Later, the U.P. Indian Medicine Act, 1939, was passed under which education and practice were regulated as a statutory framework. The Act was inactivated for a long time and reconstituted in 2011. As per the AYUSH Department of Uttar Pradesh, the state has 2 pharmacies, 05 e-libraries, 25 50-bed hospitals, 38 hostels, 1034 health wellness centers, 105 colleges & libraries, 3968 clinics, hospitals, and dispensaries, 225 yoga wellness centers. The Uttar Pradesh State AYUSH Society is implementing the central-sponsored AYUSH program at the state level. There is the Uttar Pradesh State AYUSH Society, which implements the centrally sponsored scheme of National AYUSH Mission (NAM).[11]

The district of Gorakhpur, Uttar Pradesh, is also playing its part to disseminate our traditional knowledge of Ayurveda to its population. In this respect, the Uttar Pradesh Ayush University Act, 2020, was enacted, and the Mahayogi Gorakhnath University Gorakhpur (MGUG) was established in Gorakhpur District. It provides treatment, teaching, and research in the Indian Medicine System of Ayurveda, Yoga, and Naturopathy, Unani, Siddha, and Homeopathy.[12] Then there is the Pacific College of Ayurveda and Research Center in the district, established in 2009. The All India Institute of Medical Sciences (AIIMS), Gorakhpur, is an autonomous organization under the Ministry of Health & Family Welfare, Govt. of India. It has a Department of AYUSH, which focuses on patient-centered holistic care through Ayurveda, Yoga, Naturopathy, Homeopathy, and Unani.[13]

MATERIALS AND METHODS

The study has been compiled from various sources of the Governments of Uttar Pradesh and India. The data presented in this work includes all blocks of Gorakhpur District, excluding Bharohiya, which has been inaugurated as a new block of the district. Hence, exact data on the population is not available in the Census 2011. All other data are retrieved from secondary sources on the Sankhyikiya Patrika Internet-Based Data Entry and Retrieval (SPIDER) Portal, which provides block-level data on the number of ayurvedic hospitals and dispensaries, beds, doctors, and pharmacists. Other data are from the Ministry of AYUSH, Government of Uttar Pradesh; Health Records; Census of India Population Data, 2011; and data compiled at the district and block levels. The reference year for the study is 2023-24 as per the recent updates. The analysis has been conducted using the Population–Facility Ratio, defined as population served per ayurvedic hospital/dispensary. Location Quotient (LQ) for spatial concentration, which is used for measuring and mapping the relative distribution or concentration of the facility in a sub-region compared to the region as a whole.[14] The Choropleth map was prepared in ArcGIS.

RESULTS AND DISCUSSION

In India, Ayurveda has been established over the last five decades, incorporating both historical and classical knowledge of text, and remains a time-honored traditional practice.[15] Given the role of healthcare practitioners in rural India, it is estimated in the National Sample Survey data that the density of AYUSH practitioners is about seven times higher in urban areas than in rural areas with only 0.2 practitioners available for every 10,000 population.[16] However, the Government of India is making efforts to mainstream Ayurveda, but the inadequate manpower and medicine supply hinder its effectiveness. The Ayurvedic doctors are assigned allopathic duties, restricting the use of their knowledge and providing relief to the patients.[17] Table 2 presents the infrastructure facilities and manpower at the Ayurvedic healthcare center. The numbers of hospitals /dispensaries and the number of beds remain the same from 2021 to 2024: 44 and 170, respectively. Whereas the doctors were 33 in 2021-22, decreased by 2, and then again reached 33, on the other hand, 2023-2024 was the year with the availability of pharmacists, as there were no pharmacists in the years 2021-22 and 2022-23. If we consider the block-wise availability of these facilities, it can be observed that Khajni has the most ayurvedic hospitals/dispensaries (7), followed by Barhalganj (4), Bansgaon, Uruwa, and Gaugaha with 3 hospitals/dispensaries in each block. The Khajni block has the maximum number of beds (24), doctors (4), and pharmacists (5). This number is followed by 23 beds in Barhalganj, and 12 beds each in Uruwa and Gaugaha. After Khajni, the availability of doctors is more in Bansgaon, Uruwa, and Barhalganj, with each having 3 doctors. Whereas Gaugaha has more pharmacists (3) after the Khajni block. The blocks with no ayurvedic hospital/dispensary are Pali, Chargawan, and Pipraich.[18] According to the Census of India, 2011, the highest population density is concentrated mainly

in the northern and central parts of the district, but figure 2 clearly shows that the ayurvedic centers and their facilities are concentrated mainly in the southern or northern parts of the district. Whereas the center of the district is comparatively devoid of facilities, including hospitals/dispensaries, beds, doctors, and pharmacists. This uneven distribution of population and facility distribution shows the unorganized availability of the services. The effect of this is shown in Table 3 and Figure 3.

Table 2: Block-wise Ayurvedic Facilities in the Gorakhpur District

Year/Block	Hospitals and dispensaries	Beds	Doctors	Pharmacists
2021-22	44	170	33	0
2022-23	44	170	31	0
2023-24	44	170	33	32
Campierganj	2	8	1	2
Jungle Kaudia	1	4	0	1
Pali	0	0	0	0
Bhathat	2	8	2	2
Chargawan	0	0	0	0
Pipraich	0	0	0	0
Sahjanwa	2	8	2	1
Piprauli	1	4	1	1
Khajni	7	24	4	5
Bansgaon	3	8	3	2
Sardar Nagar	2	8	1	0
Brahmpur	2	0	1	1
Kauriram	2	8	2	2
Uruwa	3	12	3	2
Belghat	2	0	2	1
Gaugaha	3	12	2	3
Gola	2	8	1	1
Khorabar	1	4	0	1
Barhalganj	4	23	3	1
Bharohiya	3	12	3	3
Total Rural	42	151	31	29
Total Urban	2	19	2	3
Source: Sankhyikiya Patrika Internet-Based Data Entry and Retrieval (SPIDER), 2023-24				

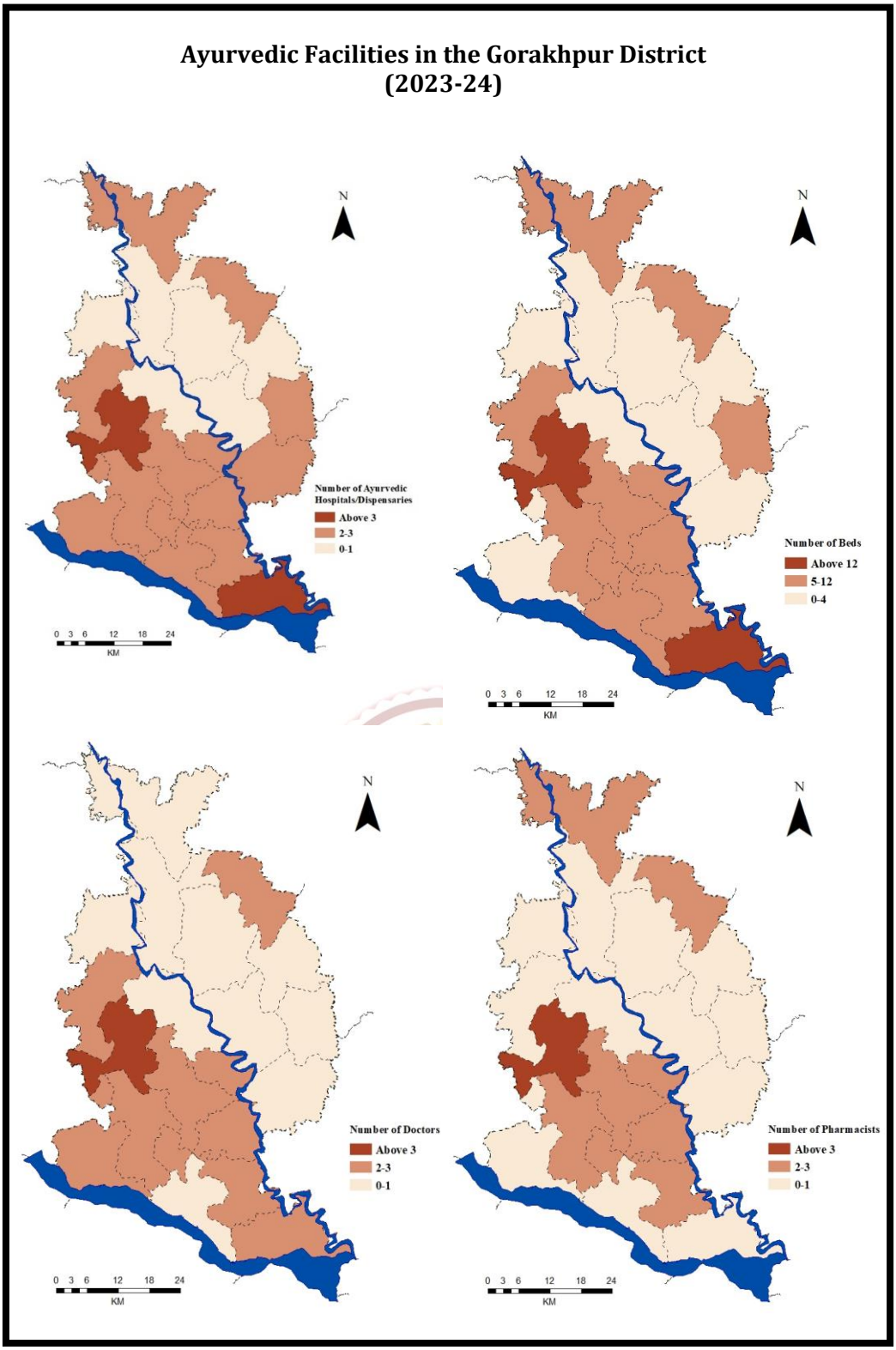
Ayurvedic Facilities in the Gorakhpur District
(2023-24)
N
Number of Ayurvedic Hospitals/Dispensaries
Above 3
2-3
0-1
0 3 6 12 18 24
KM
N
Number of Beds
Above 12
5-12
0-4
0 3 6 12 18 24
KM
N
Number of Doctors
Above 3
2-3
0-1
0 3 6 12 18 24
KM
N
Number of Pharmacists
Above 3
2-3
0-1
0 3 6 12 18 24
KM

Figure 2

The well-being of the population is defined by the availability and accessibility of healthcare infrastructure, and in India, the high mortality rate and low population growth have long been major results of inadequate healthcare facilities.[19] Here, due to inadequacy, Table 3 shows the work pressure on the available Ayurvedic healthcare centers using the population-facility ratio and location quotient. The population-facility ratio demonstrates the number of populations served by a single Ayurvedic hospital/dispensary. It is calculated as the total population of the region divided by the total number of hospitals/dispensaries. This number is highest in the Jungle Kaudia block with 235,235, which is served by one Ayurvedic center, indicating the burden on the available facility, followed by Khorabar, Piprauli, and Campierganj. However, there is no block of the district that has the appropriate number of Ayurvedic hospitals/dispensaries to serve its population, but out of the available data, Khajni block has the lowest population pressure on its Ayurvedic health centers, followed by Barhalganj and Bansgaon.

Another analysis has been done using the *Location Quotient*. It helps to identify whether the facility is overrepresented, adequately distributed, or underrepresented in a specific area.[20] It is calculated as follows:

$$LQ = \frac{\left(\frac{\text{Ayurvedic Facility in the Block}}{\text{Population of the Block}}\right)}{\left(\frac{\text{Ayurvedic facility in the District}}{\text{Population of the District}}\right)}$$

If the value of LQ is more than 1, then the block has more availability than the district's average; if it is equal to 1, then it is equal to the district average; and if less than 1, then the availability of the Ayurvedic hospitals/dispensaries in the block is less than the district's average. Therefore, Table 3 and Figure 3 demonstrate the outcome of the Location Quotient calculation. The number of Ayurvedic hospitals/ dispensaries was set at 39, as 2 were eliminated due to their concentration in urban areas, and 3 because no population data were available for the Bharohiya block. Consequently, the table indicates that the blocks of Sahjanwa (1.2), Khajni (3.3), Bansgaon (1.6), Uruwa (1.4), Gaugaha (1.5), Gola (1.1), and Barhalganj (2) have these facilities at levels above the district's average. This shows that out of the total 19 blocks, there are seven blocks that have more Ayurvedic hospitals/dispensaries than the district average. Blocks having this availability equal to the district's average are Bhathat, Sardar Nagar, and Bhrampur. The remaining nine blocks have fewer Ayurvedic hospitals/dispensaries than the district's average. Figure 3 clearly represents the Location Quotient effect and the current status of the Ayurvedic hospitals/dispensaries in the district. Therefore, the facility has not been distributed proportionally in the district. The map provides a picture of what is being done and what should be done to improve the availability and accessibility to the population, and encourages the use of Ayurveda. The uneven and insufficient distribution of Ayurvedic hospitals/dispensaries is prompting the Government to take further steps to make them available and accessible, which can lead to better promotion and utilization of our indigenous knowledge.

Table 3: Population Facility Ratio and Location Quotient of Ayurvedic Healthcare Facilities in Gorakhpur District

Blocks	Total Population (2011)	Hospitals and dispensaries	Population Facility Ratio	Location Quotient
Campierganj	274,914	2	137,457.0	0.7
Jungle Kaudia	235,235	1	235,235.0	0.4
Pali	144,080	0	-	0.0
Bhathat	193,535	2	96,767.5	1.0
Chargawan	186,787	0	-	0.0
Pipraich	188,645	0	-	0.0
Sahjanwa	151,488	2	75,744.0	1.2
Piprauli	183,992	1	183,992.0	0.5
Khajni	196,763	7	28,109.0	3.3
Bansgaon	176,523	3	58,841.0	1.6
Sardar Nagar	178,005	2	89,002.5	1.0

Brahmpur	193,681	2	96,840.50	1.0
Kaudiram	176,345	2	88,172.50	1.0
Uruwa	202,021	3	67,340.33	1.4
Belghat	195,776	2	97,888.00	0.9
Gaugaha	185,525	3	61,841.67	1.5
Gola	167,583	2	83,791.50	1.1
Khorabar	190,891	1	190,891.00	0.5
Barhalganj	182,977	4	45,744.25	2.0
Source: Analyzed by Researcher, 2026				

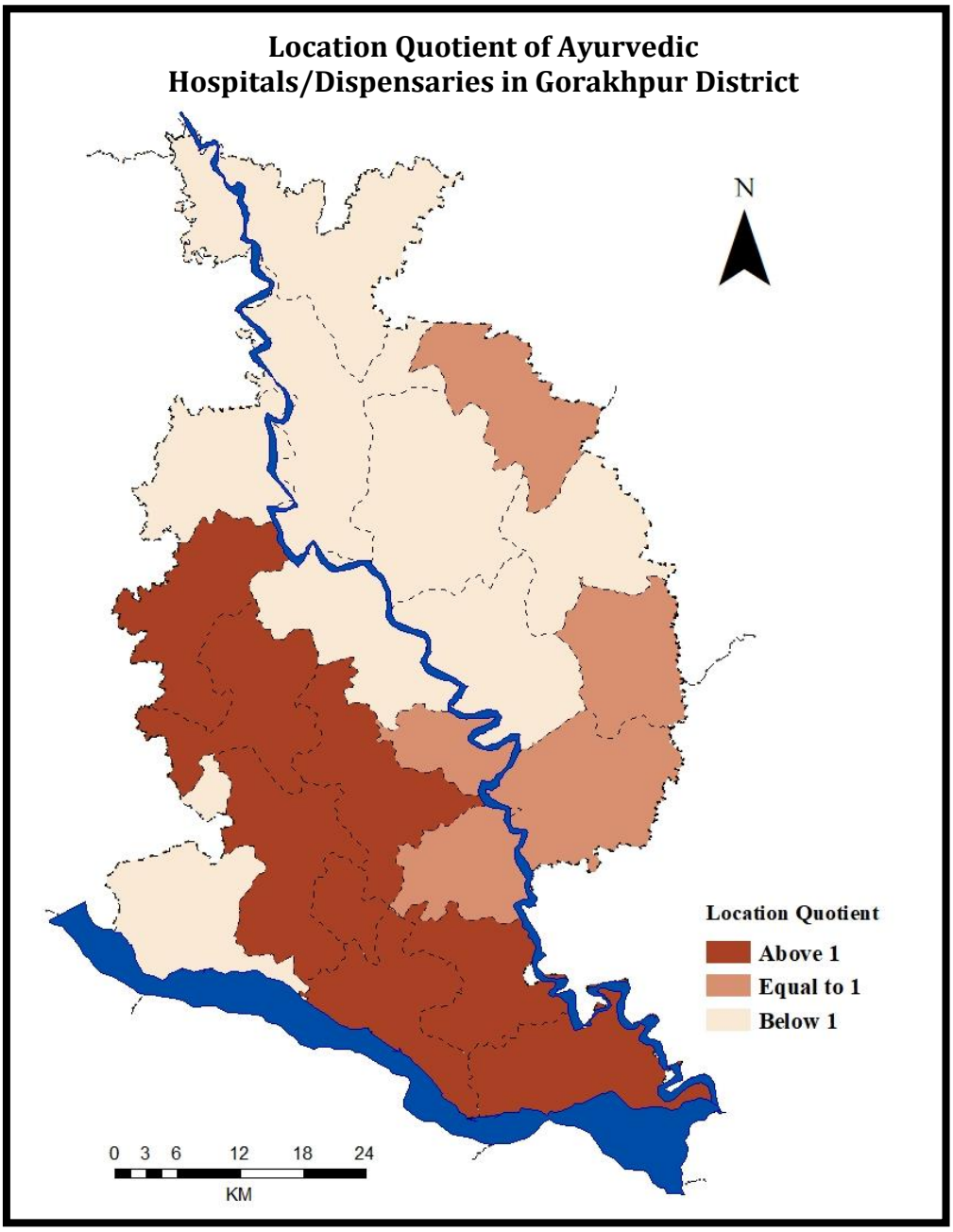

Figure 3

CONCLUSION

The paper presents the availability of Ayurvedic hospitals/dispensaries, beds, doctors, and pharmacists in each block of the Gorakhpur district during 2023-24. The population of each block is presented in Table 1. The facilities availability presented in Table 2 and Figure 2 which is further used to define the population facility ratio and location quotient calculated in Table 3. The map of location quotient is shown in Figure 3, which can help in formulating new policies and monitoring the ongoing policies and schemes by the State and Central Governments. The study defines that the center of the district has fewer of these facilities, whereas the eastern, southern, south-eastern, and western parts have them in limited numbers, and there are no Ayurvedic hospitals/dispensaries in any block that covers a population of less than 28,109, which illustrates the burden of the infrastructure and manpower. One of the major causes can be the location of Gorakhpur city in the center of the city due to which the population in and along the city gets easy access to public and private allopathic hospitals, giving a view to Government to manage this uneven distribution and promote the importance of Ayurveda in and around the city region. Therefore, the study concludes that facilities should be distributed considering the population proportion of the blocks of the district, and the number of these facilities should be increased.

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