



GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI

SURVEY ON AYUSH IN DELHI : 2022-23

Fact Sheet

**Based
on
NSS 79th ROUND SURVEY
(July 2022-June 2023)**

STATE SAMPLE

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Date



MESSAGE

I am pleased to present the report titled 'Survey on AYUSH in Delhi 2022-23' prepared by the Directorate of Economics & Statistics, Govt. of NCT of Delhi as per the methodology of the National Statistical Office (NSO), Ministry of Statistics & Programme Implementation (MoSPI), Govt. of India. All the estimates presented in the report are based on the State Sample (Delhi) data collected through the Schedule AYUSH 2022-23: "Survey on AYUSH" during the period July 2022 to June 2023.

AYUSH is the acronym of the medical systems that are being practiced in India such as Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy. These systems are based on definite medical philosophies and represent a way of healthy living with established concepts on prevention of diseases and promotion of health.

The first exclusive All-India survey on "AYUSH" was conducted by the National Sample Survey Office (NSSO) during July 2022 to June 2023 as a part of 79th Round of National Sample Survey (NSS).

I commend the efforts of the team of the Directorate of Economics & Statistics, Govt. of NCT of Delhi for preparing of this Report. I hope that this report will serve as a valuable tool for the planners, policy makers & researchers.

Constructive comments and suggestions, if any, for improving the future publications are welcome.



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FOREWORD

The present report titled “Survey on AYUSH in Delhi” is brought out by the Directorate of Economics & Statistics, Govt. of NCT of Delhi on the basis of State Sample data collected in NSS 79th Round during the period July 2022 to June 2023. All the estimates presented in the report titled ‘Survey on AYUSH in Delhi’ are based on the State Sample data collected through the Schedule AYUSH 2022-23: “Survey on AYUSH”.

AYUSH systems of medicine include Indian systems of medicine (Ayurveda, Unani, Siddha, Sowa-Rigpa/Amchi, Yoga & Naturopathy and Homoeopathy). These systems are being practiced in the country with diverse preferences of people and infrastructural facilities.

The Ministry of AYUSH has taken a number of initiatives to popularize AYUSH as a well-defined system of alternative medicine and this necessitated the need for having a baseline database covering various aspects of AYUSH.

Accordingly, the Ministry of Statistics & Programme Implementation (MoSPI), Govt. of India has conducted the survey on AYUSH at All-India level. This survey is the first survey of its kind. The main objective of this survey is to get an idea about the awareness and penetration of AYUSH systems of medicine in Indian population.

I appreciate the sincere efforts made by the team of this Directorate in collecting, validating & preparing of this report. I also extend my gratitude to the Ministry of Statistics & Programme Implementation, Govt. of India for providing their technical guidance and extending continued support.

This publication may be supportive to the researchers, policy makers & other stakeholders.

December, 2025
Delhi

(AZIMUL HAQUE)
SECRETARY (PLANNING)

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निदेशक एवं मुख्य रजिस्ट्रार
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DIRECTOR & CHIEF REGISTRAR



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Date



PREFACE

The present report titled “Survey on AYUSH in Delhi” is brought out by this Directorate on the basis of State Sample data collected in NSS 79th Round. The field work of 79th round of the State Sample Survey was carried out during the period July 2022 to June 2023.

All the parameters presented in the report titled ‘Survey on AYUSH in Delhi 2022-23’ are based on the State Sample data collected through the Schedule AYUSH 2022-23: “Survey on AYUSH”. The main objective of this survey is to get an idea about the awareness and penetration of AYUSH systems of medicine. The information was gathered on awareness of AYUSH system, treatment taken under Ayurveda, Yoga, Unani, Siddha, Sowa-Rigpa, & Naturopathy and Homoeopathy, usage of AYUSH in pre-natal & post-natal care, awareness & knowledge about the medicinal plants, home remedies & folk-medicines and reasons of using/not using AYUSH.

The field work was carried out by the Socio-Economic Unit and the data processing was done by the EDP Cell. The present report in the form of Fact Sheet is prepared by the Data Processing & Analysis Unit of this directorate.

I would also like to appreciate the sincere efforts done especially by the field functionaries who collected the information even in adverse conditions. This Directorate is gratified to the households of Delhi for extending their active co-operation to the field staff even in the post COVID era where the outlooks of the people have changed in interacting with outsiders. This Directorate is also thankful to the National Statistical Office (NSO), Ministry of Statistics & Programme Implementation (MoSPI), Govt. of India for providing their technical guidance.

It is expected that this document may be found useful by the planners, policy makers & researchers. I welcome continued suggestions and feedback from the research community, policymakers and all relevant stakeholders for improvement of future version of the report.

December, 2025
Delhi

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DIRECTOR

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Abbreviations

AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
NSS	National Sample Survey
NSO	National Statistical Office
MoSPI	Ministry of Statistics & Programme Implementation
GoI	Govt. of India
FSUs	First Stage Units
SUs	Sub Units
USU	Ultimate Stage Unit
SRSWOR	Simple Random Sampling without Replacement
UFS	Urban Frame Survey
SSS	Second Stage Strata
UMPCE	Usual Monthly Per Capita Consumption Expenditure)
HCE	Household consumer expenditure
CAPI	Computer assisted Personal Interview
PAPI	Pen and Paper assisted Personal Interview
ASHA	Accredited Social Health Activist
AWW	Anganwadi worker
HSC	Health Sub-Centre
ANM	Auxiliary Nurse Midwives
PHC	Primary Health Centre
CHC	Community Health Centre
IP	Informal Health Provider
NGO	Non-Governmental Organisation
NFEC	Non-formal Education Courses
TLC	Total Literacy Campaign
AEC	Adult Education Centres
Estd.	Estimated

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Executive Summary

Executive Summary

Findings of Survey on AYUSH in Delhi:

A. Awareness about medicinal plants, home remedies, folk medicines or local health traditions

- i. About 57.5% households in Delhi (53.1% of households in rural Delhi and about 57.6% of the households in urban Delhi) have at least one member aware about any of medicinal plants, home medicines or about folk medicine or local health tradition.
- ii. About 54.1% households in Delhi (51.2% of households in rural Delhi and about 54.1% of the households in urban Delhi) have at least one member aware about any of medicinal plants.
- iii. About 54.8% households in Delhi (51.9% of households in rural Delhi and about 54.9% of the households in urban Delhi) have at least one member aware about home remedies.
- iv. About 6.6% households in Delhi (8.7% of households in rural Delhi and about 6.5% of the households in urban Delhi) have at least one member aware about folk medicine or local health tradition.

B. Knowledge about medicinal plants, home remedies, folk medicines or local health traditions

- i. About 56.7% households in Delhi (52.5% of households in rural Delhi and about 56.8% of the households in urban Delhi) have at least one member has knowledge about any of medicinal plants, home medicines or about folk medicine or local health tradition.
- ii. About 52.0% households in Delhi (49.8% of households in rural Delhi and about 52.1% of the households in urban Delhi) have at least one member has knowledge about any of medicinal plants.
- iii. About 53.8% households in Delhi (50.0% of households in rural Delhi and about 53.9% of the households in urban Delhi) have at least one member has knowledge about home remedies.
- iv. About 4.8% households in Delhi (6.5% of households in rural Delhi and about 4.8% of the households in urban Delhi) have at least one member has knowledge about folk medicine or local health tradition.

C. Usage of AYUSH for prevention or treatment of ailments

- i. Around 46% estimated households used Ayush for prevention or treatment of ailments in the past 365 days.
- ii. Out of the persons who have used AYUSH, about 77.64% persons used Ayurveda, 25.0% persons used Homoeopathic and 13.78% practiced Yoga system of medicine followed by Unani (2.44%), Siddha (0.10%), Naturopathy (0.05%) & Sowa-Rigpa (0.02%) in Delhi.

- iii. Ayurveda is the most commonly used system across both rural and urban areas for treatment.

D. Average Expenditure on non-hospitalised treatment

- i. An average expenditure of Rs. 1600.68 (Rs. 1558.20 for rural and Rs. 1601.55 for urban) was incurred by per household on non-hospitalized treatment using AYUSH.

E. Practice of Yoga

- i. About 21.8% households (20.2% rural and 21.9% urban) reported at least one member of the household practicing yoga in Delhi.

F. Type of Treatment

- i. Out of the persons who used AYUSH, 25.8% persons have used AYUSH for Rejuvenation (Wellness/Preventive), 51.9% persons have used AYUSH for Therapeutic (Curative) and 21.5% persons have used AYSUH for Rejuvenation & Therapeutic purpose during the period of last 365 days from the date of survey.
- ii. Ayush was predominantly used for Therapeutic followed by Rejuvenation and preventive measures.

G. Usage of AYUSH by pregnant woman for pre-natal/post-natal care

- i. About 34.6% pregnant women used AYUSH for pre-natal care while 44.9% pregnant women used AYUSH for post-natal care.
- ii. Average expenditure of Rs. 1471.99 was incurred per pregnant woman on pre-natal care and Average expenditure of Rs. 693.82 was incurred per pregnant woman on post-natal care in Delhi.
- iii. About 23 % pregnant women received the pre-natal care and about 25% pregnant women received post-natal care from private practitioners/Vaidya/hakim/siddha/homoeopaths.

H. Reasons for using AYUSH System of Medicine

Out of the households who used AYUSH:

- i. 9 out of 10 households believe that AYUSH medicines are effective
- ii. 7 out of 10 households believe that side effects are negligible/less
- iii. 6 out of 10 households used AYUSH because of
 - a. availability of Individualized personal care in AYUSH, or
 - b. the fact that AYUSH Strengthens and revitalizes body
- iv. 5 out of 10 households have

- a. Faith/belief in AYUSH, or
- b. Previous experience of self/others

v. 4 out of 10 households use AYUSH because

- a. Ensures overall well-being/complete cure, or
- b. Well-known to local people, or
- c. AYUSH medicines are inexpensive

vi. 3 out of 10 households use AYUSH because of the tradition/culture of using AYUSH

vii. 2 out of 10 households use AYUSH

- a. To reduce side effects, or
- b. For any other reason

viii. 1 out of 10 households use AYUSH because of the belief that

- a. the raw materials are easily available, or
- b. Expensive allopathic medicines, or
- c. Permanent cure may not be available

I. Reasons for not using AYUSH System of Medicine

Out of the households who have not used AYUSH:

- i. 58.7% households have reported that the need for using AYUSH did not arise.
- ii. 43.2% households have reported that they were not aware about the effectiveness of AYUSH system of medicine.
- iii. 6.7% households have reported that they are not aware about any system of medicines.

Volume I

CHAPTER I

Introduction

Introduction

The National Sample Survey Office (NSSO), Ministry of Statistics and Programme Implementation (MOSPI), Govt. of India (GoI) is being conducting nationwide large scale sample surveys, since its inception in 1950, employing scientific sampling methods, to generate data and statistical indicators on diverse socio-economic aspects.

AYUSH is the acronym of the medical systems that are being practiced in India such as Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy. These systems are based on definite medical philosophies and represent a way of healthy living with established concepts on prevention of diseases and promotion of health.

An attempt was made earlier in the survey of Household Consumer Expenditure of NSS 68th round (2011-12) to collect some information on awareness and uses of AYUSH system of medicines by the households. In addition, information on AYUSH medicines used by the patients for in-patient and out-patient treatments and by pregnant women for pre-natal & post-natal care was collected in the survey of Household Social Consumption: Health of NSS 75th round (2017-18).

However, no separate survey on AYUSH has been conducted so far. The 79th round NSS covered the first ever all-India survey on AYUSH. The survey on AYUSH will be undertaken simultaneously with CAMS. This survey gathered information for development of the following broad indicators:

- Percentage of population aware of AYUSH system,
- Percentage of population hospitalized for taking AYUSH treatment during last 365 days,
- Ailment/disease for which hospitalization is made,
- The system(s) of AYUSH (namely, Ayurveda, Unani, Siddha, Sowa-Rigpa, Yoga & Naturopathy and Homeopathy) used for taking treatment on hospitalization,

- Expenditure incurred on AYUSH medicines/treatment for hospitalization during last 365 days,
- Percentage of population taken treatment using AYUSH medicines as an outpatient during last 365 days,
- Usage of AYUSH medicines for pre-natal and post-natal care.

Objective of the survey

The main objective of this survey is to get an idea about the awareness and penetration of AYUSH systems of medicine in Indian population.

About the survey

Total 180 FSUs (136 urban FSUs + 44 rural FSUs) were allotted for Delhi State Sample for AYUSH survey by MoSPI, GoI.

CHAPTER II

Concepts & Definitions

Concepts & Definitions

2. Important concepts and definitions used in this survey are explained below:

2.1 Population coverage: The following rules regarding the population covered were remembered in listing of households and persons:

- i. Under-trial prisoners in jails and indoor patients of hospitals, nursing homes etc., are excluded, but residential staff therein was listed while listing was done in such institutions. The persons of the first category are considered as members of their parent households and are counted there. Convicted prisoners undergoing sentence are remained outside the coverage of the survey.
- ii. Floating population, i.e., persons without any normal residence are not listed. But households residing in open space, roadside shelter, under a bridge, etc., more or less regularly in the same place, are listed.
- iii. Neither the foreign nationals nor their domestic servants are listed, if by definition the latter belong to the foreign national's household. If, however, a foreign national becomes an Indian citizen for all practical purposes, he or she is covered.
- iv. Persons residing in barracks of military and paramilitary forces (like police, BSF, etc.) are kept outside the survey coverage due to difficulty in conduct of survey therein. However, civilian population residing in their neighbourhood, including the family quarters of service personnel, are covered.
- v. Orphanages, rescue homes, ashrams and vagrant houses are outside the survey coverage. However, the residential staffs of these institutions are listed. People staying in old age homes are covered in the survey.

2.2 House: Every structure, tent, shelter, etc. is a house irrespective of its use. It may be used for residential or non-residential purpose or both or even may be vacant.

2.3 Household: A group of persons normally living together and taking food from a common kitchen constitutes a household. It includes temporary stay-aways (those whose total period of absence from the household is expected to be less than 6 months during the survey period) but exclude temporary visitors and guests (expected total period of stay less than 6 months during the survey period). Even though the determination of the actual composition of a household left to the judgement of the head of the household, the following procedure was adopted as guidelines.

- ❖ Each inmate (including residential staff) of a hostel, mess, hotel, boarding and lodging house, etc., constitutes a single-member household. If, however, a group of persons among them normally pool their income for spending, they together are treated as forming a single household.
- ❖ In deciding the composition of a household, more emphasis was placed on 'normally living together' than on 'ordinarily taking food from a common kitchen'. In case the place of residence of a person is different from the place of boarding, he or she is treated as a member of the household with whom he or she resides.
- ❖ A resident employee, or domestic servant, or a paying guest (but not just a tenant in the household) is considered as a member of the household with whom he or she resides even though he or she is not a member of the same family.
- ❖ When a person sleeps in one place (say, in a shop or a room in another house because of space shortage) but usually takes food with his or her family, he or she should be treated not as a single member household but as a member of the household in which other members of his or her family stay.
- ❖ If a member of a family (say, a son or a daughter of the head of the family) stays elsewhere (say, in hostel for studies or for any other reason), he/she is not considered as a member of his/her parent's household. However, he/she is listed as a single member household if the hostel is listed.

2.4 Household size: The number of members of a household is its size.

2.5 Household's usual monthly consumer expenditure (Rs.): This information was collected to classify the households into different UMPCE (Usual Monthly Per Capita Consumption Expenditure) classes. Household consumer expenditure (HCE) is the sum total of monetary values of all goods and services consumed (out of purchase or procured otherwise) by the household on domestic account (i.e. all expenditures excluding those for entrepreneurial purposes) during a reference period. Procedure for deciding consumption of goods and services by a household is same as that followed in Consumer Expenditure Survey of NSS. Unusual expenditures, such as expenditure on social ceremonies, capitation fee, hospitalization, etc., are to be excluded for deriving usual monthly consumer expenditure of the household. Further, all types of transfer payments made such as gifts given to beggar, income tax paid, if any, was not covered under consumer expenditure. However, expenditure on household durable goods is to be included.

2.5.1 Household's usual monthly consumer expenditure was derived through the following items:

- i. Usual consumer expenditure in a month for household purposes out of purchase (including online purchase) of goods and services excluding items like clothing, footwear (A)
- ii. Imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc.(B)
- iii. Imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C)
- iv. Expenditure on purchase of items like clothing, footwear, etc. during last 365 days (D)
- v. Expenditure on purchase of household durables like bedstead, furniture, vehicles, TV, fridge, fans, cooler, AC, mobile, computer, kitchen equipment, etc. during last 365 days (E)

Thus, UMPCE is derived in whole number of rupees rounded to the nearest rupee as $\{A+B+C+(D+E)/12\}$.

(i) Usual consumer expenditure in a month for household purposes out of purchase (including online purchase) of goods and services excluding items like clothing, footwear (A):

Regular monthly expenditure incurred by the household for purchase (including online purchase) of goods and services for household purposes was included here whereas expenses on items like clothing, footwear and purchase of durable goods were excluded from the coverage of this item. Further, cash remittances were not reported under this item.

(ii) Imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc.(B):

There are some households, especially in rural areas, who used (i.e., consumed) items of household consumer goods like rice, cereals, pulses, vegetables, milk, firewood & chips, cow dung etc., from home grown stock on a regular basis. For households who used items of household consumer goods from home grown stock on regular basis, the imputed value of such usual consumption in a month at ex farm/ex factory price was recorded here.

(iii) Imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C):

There are some households who regularly consume goods and services that are received in exchange of goods and services provided by them. For wage salaried employees, such services received could be perquisites like free electricity, free telephone services, free medical services, etc. For agricultural labourers, such goods and services received could be food-grains, vegetables, meals etc., as payment for wages in kind. In some cases it may also happen that household regularly consumes goods and services received as gifts or obtained through free collection. For households who regularly consume goods and services received as (1) wages in kind, (2) in exchange of goods provided by them, (3) as gifts or (4) obtained through free collection, etc., the imputed value of such usual consumption in a month at local retail prices were recorded here. Mid-day meals received by household members also was considered for making entries against this item.

Points to remember:

- ❖ For households who regularly consume goods and services received as wages in kind, in exchange of goods provided by them, as gifts or obtained through free collection etc.; the imputed value of such usual consumption in a month at local retail prices was recorded.
- ❖ Goods and services received as gifts or obtained through free collection or allotted by Government (e.g. fund allotted for students in Government sponsored school) which are regular in nature were only considered for reporting.
- ❖ If goods and services received at subsidised rates, local retail price was imputed.
- ❖ Rent of leased out land received in kind, and consumed by the household, was considered and imputed value of good received was recorded.

(iv) Expenditure on purchase of items like clothing, footwear, etc. during last 365 days (D):

Expenditure on purchase of items like clothing, footwear, etc., which generally are not purchased on a regular basis during the last 365 days were recorded here.

(v) Expenditure on purchase of household durables like bedstead, furniture, vehicles, TV, fridge, fans, cooler, AC, mobile, computer, kitchen equipment, etc. during last 365 days (E):

Expenditure incurred by the household during the last 365 days for purchase (including online purchase) of household durable goods like bedstead, furniture, vehicles, TV sets, fridge, fans cooler, AC, mobile phones, computers, kitchen equipment, etc., were recorded here. Expenditure for construction of household durable goods was considered for reporting in this item.

Points to remember:

- ❖ If a household purchases a car or any other durable goods on hire purchase basis, the actual amount paid, which may include down payment and/or payment of instalments during the reference period was recorded irrespective of whether the such durable goods was purchased during the reference period.
- ❖ If a car or any other durable goods is purchased during last 365 days by taking loan from bank and instalments are being paid to the bank as repayment of loan, the full purchase amount of such durable goods was considered and reported instead of the amount of instalments paid during the last 365 days.
- ❖ Cost of repair/servicing of vehicle was considered for reporting in this item.
- ❖ Major repairs/construction of durable goods which intends to increase the life of the durable goods was considered for reporting in this item.
- ❖ Minor repair of the durable goods or minor repair made for the purpose of beautification of house/flat was considered for reporting in this item.

Special procedure for expense on tuition fees, hostel room charges and hostel mess charges:

- ❖ If these expenses are incurred with a monthly periodicity, they were naturally come under 'A'. But if they are incurred semester-wise, or quarterly or annually, the average expenditure per month was calculated and included in 'A'.
- ❖ In case of hostel students, these expenditures accounted in the student's household and not in the 'parent' household. This is because rent and tuition fees regularly paid by a household (parent household) for a member of another household (usually a hostel student) were covered by the Use Approach.
- ❖ For simplicity, the above procedure was followed for tuition fees paid for non-hostel students as well. That is, if tuition fees was not paid monthly and therefore not reported in 'A', the monthly average over a year was included in 'A'.

Points to remember:

- ❖ Amount spent for purchase of flats/houses were not considered for calculating UMPCE excluded as it was treated as an investment/capital expenditure.
- ❖ Expenditure incurred for regular medical treatment or diagnosis (e.g. dialysis for kidney impairment, chemotherapy/radiology for cancer) were considered for calculating UMPCE. However, any expenditure on hospitalisation, not of regular nature, was excluded.

- ❖ Expenditure incurred for payment of insurance premium, was excluded as it was essentially a transfer payment and all types of transfer payments were outside the purview of consumer expenditure.

2.6 Hospitalization: Hospitalization means admission as in-patient- for treatment of ailment or injury, or for childbirth – to any medical institution. Further, childbirths sometimes take place in Health Sub-Centres; such cases of delivery will not be considered as hospitalization. Surgeries undergone in temporary camps set up for treatment of ailments, such as eye camps, will also be treated as cases of hospitalization.

2.7 Medical Institution: Medical institution here refers to any institution having provision for admission of sick persons as in-patients for treatment as well as providing treatment to a person as out-patient-all Primary Health Centres. Community Health Centres, all public/government hospitals (district hospitals/state general hospitals/medical college hospitals etc.) and all private hospitals (run by charitable organisations or NGOs or trusts, private nursing home, day care centre, private medical college and hospital, super-speciality hospital, etc.) comes under this.

Explanations of Associated Terms with medical institution

- ❖ **ASHA (Accredited Social Health Activist):** ASHAs are the local women trained to act as health educators and promoters in their communities. There is one ASHA for every 1000 population. Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning (e.g. usage of condoms, IUDs, surgical sterilization), treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation. They have a drug kit- which has tablets like paracetamol, anti-malarials, oral contraceptives, co-trimoxazole (an antibiotic), ORS packets etc.
- ❖ **AWW (Anganwadi worker):** These are the staff of the Anganwadi centre in the village. There is one Anganwadi centre for every 1000 population. These centres provide supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-up and referral services. They are provided with a drug kit and may give tablets for about 1 to 3 children a day.
- ❖ **Dispensary:** 'Dispensary' is the consulting place/chamber, which does not generally have facilities for treatment of in-patients. A dispensary is a public institution that dispenses medicine or medical aids or an office in a hospital, school or other institution from which medical supplies, preparations, and treatments are dispensed. Hospitals without bed may be treated as Dispensaries.
- ❖ **HSC (Health Sub-Centre):** This is the most peripheral facility in the primary health care system. There is one sub-centre for every 3000 population in hilly/tribal/difficult areas and 5000 population in plains. Each Sub-Centre is staffed by one or two Auxiliary Nurse Midwives (ANM) { An ANM is a nurse,

usually with 18 months training, who is expected to provide a range of services as required in a health sub-centre. In some States the post is called village health nurse, or junior public health nurse}. No doctor is posted in such Sub-Centre. The main task of these ANM (as perceived) is to provide immunization to children and antenatal care. Some sub-centres also conduct normal delivery but have no beds and the sub-centre is not considered as an institution with in-patients. They perform some outpatient care largely in the form of treatment for basic illness. Any treatment taken from ANM during her visit to the village can be considered as treatment taken at sub-centre.

- ❖ **PHC (Primary Health Centre):** PHC is the first contact point between a village community and the medical officer. It has a medical officer (MBBS or AYUSH doctors) and other paramedical staff. It is run by the Government and usually has in-patient and out-patient facilities including ante-natal check-ups and deliveries. They usually have 4-6 beds to conduct delivery. They may or may not have facilities for in-patient treatment. There is one PHC for every 30000 population in the plains and for every 20000 populations in hilly/tribal/difficult areas. The terms 'additional PHC', 'mini-PHC' and 'New PHC' are considered synonymous to 'PHC'. PHCs in Bihar and Uttar Pradesh are the equivalent to CHCs in other States that their area of coverage is a block and may even have 30 beds. Their equivalent of a PHC in these States is called an additional PHC.
- ❖ **CHC(Community Health Centre):** CHC is usually located at block/division or taluk level and serves as a referral centre for PHCs. It is to be staffed by medical specialists and medical officers and AYUSH doctors-but in practice there are usually only medical officers. It always has provision for in-patients and 10 to 30 beds. It usually has an OT, X-Ray, Labour Room and Laboratory facilities including out-patient facilities.
- ❖ **Government/Public Hospital:** All other government hospitals, including district hospitals in the district headquarters town (which acts as referral site for all the CHCs and PHCs and sub-centres), government medical college hospitals, ESI hospitals, other government hospitals like maternity hospitals, cancer hospitals, TB or leprosy hospitals, railway hospitals, etc. run by the government will come under the category of 'gov./public hospital'.
- ❖ **Charitable/NGO/Trust run hospital:** Some hospitals which are run by presumable NGO/religious or other trust with a basic motive to offer health facility at a lower cost. Some examples are Sri Sathya Sai Central Trust. The CMC hospitals of Vellore and Chandigarh, which are voluntary non-profit organisation. Medical services offered by Ramkrishna Mission with 15 major hospitals, 125 dispensaries and 60 mobile dispensaries etc.
- ❖ **Private Hospitals, private clinic:** Hospital/nursing home/day care centre apart from Government or Charitable organizations with facilities for in-patient treatment will be called a private hospital. A private clinic has facilities for construction with private doctor(s) but no in-patient facility.
- ❖ **Informal Health Provider (IP):** Informal Health Provider is a heterogeneous group of providers of informal health facilities with different type of training, regulatory frameworks, and services provided as follows:

The set of definitional criteria include:

- **Training:** IPs include those who have not received formally recognized training with a defined curriculum from an institution (I.e. government, NGO, or academic institution). IPs, however, typically have some level of informal training through apprenticeships, seminars, workshops etc. and are typically not mandated by any formal institution.
- **Payment:** IPs collect payment from patients served, not from institutions. One notable exception to this criterion involves NGO or other sponsored voucher programs, where informal providers exchange services or goods for payment from a sponsoring body in the form of reimbursement vouchers. Payment is usually, but not always, un-documented and tendered in cash. IPs are mainly entrepreneurs.
- **Registration and regulation:** IPs are not typically registered with any government regulatory body and operate outside of the purview of regulation, registration, or oversight by the government or other institutions.
- **Professional affiliation:** IP professional associations, if they exist, are primarily focussed on networking and business activities and conduct minimal self-regulation.

Thus, in general, IP may be defined as a variety of health service providers who are untrained and work outside regulatory frameworks.

2.8 Highest Level of Education

Highest level of education successfully completed by the household member (and not the education level of currently attending, if the household member is currently attending education) was ascertained.

A person is considered as literate if he/she can read and write a simple message in any language with understanding. Persons who are not able to read and write a simple message with understanding in at least one language are considered as not literate.

2.9 AYUSH SYSTEMS OF MEDICINE:

Ayush systems of medicine include Indian systems of medicine (Ayurveda, Unani, Siddha, Sowa-Rigpa/Amchi, Yoga & Naturopathy and Homoeopathy). These systems are being practiced in the country with diverse preferences of people and infrastructural facilities.

2.10 AYURVEDA

‘Ayurveda’ literally means ‘Science of Life’. Ayurveda is evolved from the various Vedic hymns rooted in the fundamental philosophies about life, disease and health.

Ayurveda treatment is based more on the prevention process. Ayurvedic treatment focuses more on bringing a balance in the health of an individual rather than treating the disease. By promoting the overall health, Ayurveda indirectly prevents the disease and cures the sickness. An Ayurvedic health system is a holistic approach which involves a variety of measures that can be taken by an individual prior to the onset of any disease. This can be achieved by using ayurvedic medicines, suitable diet, activity and regimen for restoring the balance. Moreover, this process helps in strengthening the mechanism of the human body to prevent the recurrence of the disease.

Some popular Ayurvedic medicines used in India to cure the illness or for prevention are as follows:

- ❖ For cough and cold: Kadha-Kwatha/kasayam e.g., Kadha (decoction) of TulsiPatra, Adarakh (Ginger), Mulethi (Licorice), Kali Mirch (black pepper), Lavanga (cloves), pippali (long pepper), and honey etc., and Herbal Tea.
- ❖ For Fever: Herbal juices, e.g. juice of Aloe Vera (Gvarpatha/Gheekumari) leaves, Neem leaves and bark, Tulsi Patra, Kvatha or Giloy (Guduch) stem, Chirayata.
- ❖ For Stomach and digestion related problems: Trifalachurna, Hingwashtak churna, Lavanbhaskar Churna, Drakshasava, Hing (Asafoetida), Jeera (Cumin), Pudina (Mint), Saindha Namaka (Pink salt), Ajwain (Carom seeds), Shuthi (Dry ginger).
- ❖ As a tonic (for energy): Chyavanprash and Ashwagandha.
- ❖ For Striog: Supari Pak, Ashokarishta, Dashmoolarishta.
- ❖ For Indigestion: Hing (Asafoetida) kigoli, Ajwain (Carom seeds), Saunf (fennel seeds).
- ❖ For Constipation: Isabgol, Harde, Gulkand and Trifala Churna.
- ❖ For Body Pain: Guggle Goli, Narayan Tail, Balm.
- ❖ For joint pain and swelling/Gathiya: Guggula ki goli like Yogaraja Guggula, Haldi (Turmeric powder), Methi beej (fenugreek seeds), Sahajan (Moringa) kephool and patra, Lahasun (garlic).
- ❖ For Children: Bal Ghutti/Mugli Ghutti/Janam Ghutti.
- ❖ For Hair Oil: Bhringraj Oil, Brahmi Amla Oil.
- ❖ For the purpose of soothing the body, tiredness, general weakness, body ache, joint pain, stiffness: massage with various oils like Tilka Oil, Mahanarayan Oil.
- ❖ For minor injuries: Haldi powder with milk and local application with oil/ghee, leaves of Erand (erandi).
- ❖ For minor eye problems: Gulab Jala.
- ❖ Toothache: Oil of Cloves (Laung oil).
- ❖ Earache: luke warm Sarasonka Tail processed with Lahasuna.
- ❖ For diabetes: juice of Karela (bitter gourd), powder of Jamun (black plum) seeds, Methi (fenugreek seeds), Haldi (Turmeric), Amala (Indian gooseberry) fruit, Neem leaves.
- ❖ For skin diseases: oil of neem seeds, Karpur (Camphor) or/and Gandhaka powder mixed with oil of coconut or sarson (mustard).

Panchkarma massage and body massage with oils are very popular practices of Ayurveda for joint pains and promotional health.

Ayurvedic medicines now-a-days are often available in the form of capsules, tablets, syrups, powders and many new forms.

2.11 YOGA

Yoga is a discipline that dates back to thousands of years and is regarded as one of the best practices known to calm the inner self. It refers to traditional physical and mental disciplines originating in India. It is about the union of a person's own consciousness and the universal consciousness. It is a healing system of theory and practice. It is a combination of breathing exercises, physical postures, and meditation that has been practiced for more than 5,000 years as part of healthy lifestyle and has become part of our spiritual heritage. The practice aims to attain self-realization, by improving the inherent power of an individual in a balanced way. The main objectives of Yoga are health, happiness, harmony, spiritual quest, personality development etc. The components of Yoga are Yama, Niyama, Pratyahara, Dharana, Asana, Pranayama, Dhyana and Samadhi. These components bring about physical discipline, help in the regulation of breath, restraining the sense organs, and promote contemplation and meditation. These techniques play an important role in the prevention of diseases such as psychosomatic disorders and promote overall health.

Some popular Yoga Aasans used by common people are as follows:

- ❖ For diabetes, stress management: Pranayam, shavasan, ardhamatsyendra aasana.
- ❖ For pain, to regulate blood circulation: Different body postures of Yoga.
- ❖ For Psychosomatic Disorders: Yogic Relaxation techniques, kriyas like trataka.
- ❖ For Digestive Disorders: Pavan muktasana, Vajrasana and Kriyas like Dhauti, Kunjal, Agnisara.
- ❖ Shatkarma (Six cleansing procedures): Kapalabhati, Neti, Dhouti.
- ❖ Asana (psycho-physical postures): Padmasana, Shavasana.
- ❖ Pranayama (Controlled and regulated breathing): Nadishodhana pranayama, Sitali Pranayama, Bharamari pranayama.
- ❖ Bandha & Mudra (Neuromuscular locks and gestures): Jalandharabandha and Uddiyana bandha.
- ❖ Dhyana (Meditation).
- ❖ Mithhara (Yogic Diet).

2.12 NATUROPATHY

Naturopathy is the most ancient health care mechanism that amalgamates modern scientific knowledge with traditional and natural forms of medicine. Relying on the healing power of nature, Naturopathy stimulates the human body's ability to heal itself. Naturopathic philosophy favours a holistic approach without the use of

surgery and drugs and emphasizes the use of natural elements (air, water, heat, sunshine) and physical means (massage, water treatment etc.) to treat illness. It refers to methods of treating diseases using natural therapeutics viz. Water therapy (Hydrotherapy), Colour therapy (chromotherapy), Fasting therapy, Mud therapy, Magnet therapy and food therapy to assist the natural healing process. It is the science of disease diagnosis, treatment, and cure using natural therapies including dietetics, botanical medicine, fasting, exercise, lifestyle counselling, detoxification and chelation, clinical nutrition, hydrotherapy, naturopathic manipulation, spiritual healing, environmental assessment, health promotion, and disease prevention.

Some popular Naturopathy treatments used by common people for illness or prevention are as follows:

- ❖ For skin disease : Mud bath, Sun bath.
- ❖ For pain and tension: Massage therapy.
- ❖ For chronic ailments like Diabetes, Hypertension: Hydrotherapy like Hip bath, Spinal bath, Diet Therapy.
- ❖ For acute diseases like Fever: Fasting, Enema, Cold packs, Cold Compress.

2.13 UNANI

Unani is a comprehensive medical system that deals with the treatment of various states of health and ailments. Desi medicines prescribed by Hakims are called Unani medicines. It focuses on promotive, curative, preventive, and rehabilitative healthcare. The diagnosis and treatment of this system of medicine are based on various holistics concepts and scientific principles of health and healing. In the Unani system of medicine, the temperament of an individual plays an important role. In the diagnosis and treatment of the Unani system, temperament acts as the base. The classification and evaluation of various temperaments are based on the amalgamation of four humors in the blood in different quantities that are: phlegm, blood, black bile, and yellow bile. Humors are the fluids in the human body that performs the function of maintaining moisture in different organs of the human body. Any imbalance in the equilibrium of humor causes disease, which can be treated with medication and consuming a balanced diet. In this system, a lot of importance is given to the diet and state of digestion of an individual for both health and disease.

Some popular Unani medicines to cure the illness or for prevention care/self-medication are as follows:

- ❖ For cough and cold: Joshanda (Kaadha) made of Adrak (Ginger), Kali mirch (black pepper), Mulethi (Licoric), Unnab (Jujube berries/Indian plum).
- ❖ For stomach-ache: Arak Saunf (fennel seeds), Arak Ajawin (fenugreek seeds).
- ❖ For cough: Sharbat zuffa, Sualin tablet, Lauq-e-Sapistan (Lasode ki chatni).
- ❖ For skin problem (blood purification): Safi, Khoonsafa, Arq-e-Shatra & Chiraita.

- ❖ General tonic: Halwa-e-gheekawar, Cinkara, Roghan-e-Badam.
- ❖ Brain tonic: Khamira-e-Gaozaban, Dimagheen.
- ❖ Liver diseases (Jaundice): Arq-e-Mako, Arq-e-Kasni
- ❖ Digestive problems: Habb-e-Kabid, Jawarish-e-Jalinos.
- ❖ Constipation: Qurs-e-Mulliyan, ItrifalZamani.
- ❖ Fever: Sharbat Khaksi (KhubKalan), Giloy, Tabasheer.

2.14 SIDDHA

Siddha is one of the ancient systems of medicine in India which has a close association with Dravidian culture. Siddha Medicine is a traditional medicine having its roots in Tamil Nadu, India. Siddha Medicine focuses on making the human body perfect and varies hugely from the other conservative forms of medicine. The fundamental and applied principles and doctrines of the Siddha system emphasizes on the patient's age, sex, race, habits, mental framework, habitat, diet, appetite, physical condition, physiological constitution of the diseases for its treatment, environment which is individualistic in nature. Diagnosis of the diseases is done through examination of pulse, urine, eyes, study of voice, colour of body, tongue and status of the digestion of individual patients. This system is very effective for women during pre-natal and post-natal care and also for menstrual issues. The Siddha System is also effective in treating the chronic cases of liver, anemia, rheumatic issues, bleeding piles, prostate enlargement, peptic ulcer, and skin disorders specifically Psoriasis. The Siddha medicines containing mercury, lead, silver, sulphur, and arsenic are found to be very effective in curing a number of infectious disorders as well as venereal disorders. This system has unique treasure for conversion of metals and minerals as drugs without any side effects.

Some popular Siddha medicines to cure the illness or for prevention care/self-medication are as follows:

- ❖ Kudiner
- ❖ For Fever: Nilavembu Kudiner, Thirikadugu Churnam.
- ❖ For Headache & sinusitis: Neerkoavaimathirai (External use).
- ❖ For Stomach and digestion-related problems: Elathi Churnam, Ashtathi churnam, Thiripala Churnam.
- ❖ As a Tonic (for energy): Thetrankottailegium, Amulkkaralegium.
- ❖ For Women (menstrual problem): Venpoosanilegium, venpoosaninei, katrazhaiilagam.
- ❖ For Body pain: Amukkarachooranam, karpoorathythylam (external use), vathakesarithylam (external use).
- ❖ For Joint Pain: Pindathylam, Vizhamuttythylam.
- ❖ For Constipation: Thiripala Churanam, Nilavagai Churanam.
- ❖ For Diarrhea: Thayirchunti Churnam.
- ❖ For Children: Urai Mathirai, Omathener, vallarinei.
- ❖ For Hair Oil: Neeli Bringathythylam, Kerisalaithylam.
- ❖ For Body massage: Asaithailam, vathakesarithylam.
- ❖ For Head massage: Chukkuthylam & Arakkuthylam.

2.15 SOWA-RIGPA/AMCHI

Sowa-Rigpa is a system of medicine that is one of the oldest medical traditions across the world. The term Sowa-Rigpa means Knowledge of Healing and derives its meaning from the Bhoti Language. This system was reinforced in the Trans-Himalayan region and is popular in the Himalayan societies such as Ladakh, Himachal Pradesh (Spiti and Lahoul), Jammu and Kashmir, West Bengal (Darjeeling), Arunachal Pradesh, and Sikkim. Sowa-Rigpa has been recognized and promoted by the Government of India as a traditional medical system. Sowa-Rigpa is perceived to be similar to Ayurvedic Philosophy. Many medicines of the Indian-origin such as Ashwagandha, Guggulu, Triphala, Ashok, Haridra, etc. are used in the Sowa-Rigpa system for treatment purposes. The system of Sowa-Rigpa emphasizes the importance of the cosmological elements in the formation of the human body, the nature of disorders and remedial measures.

2.16 HOMOEOPATHY

Homoeopathy was invented over 200 years ago by a German physician, Dr. Samuel Hahnemann, who, after observing many natural phenomena, became convinced that a substance which could cause a disease-like state could also cure a similar condition. The word 'Homoeopathy' means 'similar sufferings' and the system of Homoeopathy is based on 'let likes be treated by likes'. The common man understands that the sweet white pills which are dispensed in small globule form contain homoeopathic medicines. Homoeopathy is a system of medicine that uses highly diluted doses from the plant, mineral and animal kingdoms to stimulate natural defences in the body. Oral homoeopathic medicine is available in many forms, including the traditional homoeopathic pellets (balls), liquid dilution, tablets (lactose-based) and mother tincture. Homoeopathic medicines do not have any toxic or poisonous side effects. It is a very economic system of medicine.

Therapies which were not considered in AYUSH system for the purpose of this survey are:

- ❖ Acupuncture, Aromatherapy, Astrology, Atlas Orthogonal, Auricular Therapy, Alexander Technique, Autogenic Training, Anthroposophical Medicine, Auto-Urine Therapy.
- ❖ Biofeedback, Bach Flower Remedies.
- ❖ Cellular Therapy, Chelation Therapy, Chemotherapy, Chinese (Oriental) Medicine, Colonics, Counselling/Psychotherapy, Craniosacral Therapy.
- ❖ Dance/Movement Therapies, Dentistry, Dowsing.
- ❖ Ear Candling, Electropathy.
- ❖ Feng Shui, Feldenkrais Method, Flower Essences.
- ❖ Gem Therapy.
- ❖ Holotropic, Heliotherapy (use of positive effects of the sun in boosting the immune system), Hypnotherapy.

- ❖ Kinesiology.
- ❖ Lymph Drainage Therapy.
- ❖ Native American Herbology, Network Chiropractic.
- ❖ Pyramid Healing.
- ❖ Radiesthesia, Radionics, Reconstructive Therapy/Prolo therapy, Reiki, Rolfing, Reflexology.
- ❖ Shiatsu, Sound Therapy.

It may be noted that treatments or use of materials for beauty care or routine personal care and use of substances for flavouring of food or as mouth fresheners were considered if it is used with specific intention and knowledge about effects otherwise, were excluded from the coverage of this survey.

2.17a Aware of AYUSH:

A person may be considered as 'Aware of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy (AYUSH):

- ❖ If he/she is/was engaged by profession to AYUSH healthcare centres/service providers in any one of the category: Registered Medical Practitioner, Unregistered Medical Practitioner, Midwife, Masseurs, Pharmacists, Yoga instructor, Panchakarma Therapists, Cupping Therapists etc. or involved in production/manufacturing of AYUSH medicines.
- ❖ If he/she has taken treatment using the AYUSH system of medicine anytime.
- ❖ If he/she is/was aware about medicinal plants or plants having medicinal value, home remedies or traditional practices/folk practices for treatment or prevention.
- ❖ If he/she has heard about any of the AYUSH system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) from family, friends, medical practitioner, Media (TV, radio, hoardings, newspapers & magazines, internet-Facebook/WhatsApp/Twitter/IEC material through outreach camps, surveys of organizations, etc.), Research Articles/Medical news-letter/text books etc.

2.17b Use of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines refers to the use/adoption of one or more of the system(s) of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi and Homoeopathy for treatment/cure of diseases/ailments or for prevention of diseases/ailments on the advice of a medical practitioner/instructor.

This will also include home based remedies/traditional recipes/self-medication/self-treatment used by a member of the household knowing the preventive/therapeutic effects or beneficial effects of the treatment/medication.

Examples:

- ❖ Use of home remedies on need basis at home e.g. AYUSH kadha for cough cold fever, mulethi for cough, ajwain for indigestion problem etc.
- ❖ Use of medicinal plants for prophylaxis like Giloy, Ashwagandha, Chyavanprash for immunity.
- ❖ Use of traditional practices/folk practices for certain ailments-bone setting, poisoning, burns etc.
- ❖ Use of AYUSH interventions from certified practitioners, authentic advisories, guidelines, experts, beneficiaries etc.

2.18 Profiles of various medical practitioner/Instructor:

- ❖ **Registered Medical Practitioner (AYUSH):** Registered Medical Practitioner (RMP) in AYUSH is defined as a person who is permitted to practice medicine after registration in State Medical Register of Indian Medicine or Homoeopathy or the Central Register Indian Medicine or Homoeopathy.
- ❖ **Unregistered Medical Practitioner (AYUSH):** Unregistered Medical Practitioner is defined as a person who practice AYUSH systems of medicine without any registration from any medical council. A practitioner may be a Doctor/Vaidya/Hakim/Siddha Vaidya/Homoeopath and they do not necessarily refer to those holding recognised degrees/diplomas. They may be having traditional knowledge through family members/ancestors such practitioners are called unregistered practitioner.
- ❖ **Midwife:** Midwife is a qualified person in AYUSH System who professionally deals with Pregnancy, Delivery and the Post-partum period of women, as well as the Neo-natal Care.
- ❖ **Pharmacists:** Pharmacists are qualified health care professionals in AYUSH System who dispense prescribed drugs, ensure drug doses and monitor drug interactions; counsel patients regarding the drug efficacy and safe & appropriate usage.
- ❖ **Masseurs:** Masseurs are trained and licensed health care professional in AYUSH System who practices manual hands-on massage on the Soft body tissues which includes muscle, connective tissue, tendons, and ligaments, administer the Panchkarma/Thokkanam/Ilij-bid-Tadbir procedures for preventive, curative, promotive, rehabilitative and palliative care and for the general wellness of the subject.
- ❖ **Yoga Instructor:** A Yoga Instructor is a trained and certified yoga teacher who demonstrates and imparts training on Yoga.
- ❖ **Panchakarma Therapist:** Panchakarma is a unique therapeutic procedure for the radical elimination of disease-causing-factors and to maintain the

equilibrium of doshas. The panchakarma therapy minimises the chances of recurrence of the diseases and promotes positive health by rejuvenating the vital body systems. A Panchakarma Therapist is a trained health care professional who practices Panchakarma Therapy.

- ❖ **Cupping Therapist:** Hijama (cupping therapy) is an important method of treatment in the non-drug regimental therapies of Unani medicine. Hijama is a mode of treatment, which is carried out by creating partial vacuum in the cupping glasses, placed on the body surface by means of fire or suction, in order to evacuate morbid material. A skilled person performing the same is a cupping therapist.

Note on uses of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicine:

- ❖ Some traditional Indian medicinal food form part of the ordinary diet of many families. For example, ginger, turmeric, cinnamon, pepper etc. (ingredients of ayurvedic remedies for cough and cold) are used as spices in many households and neem leaves are fried and eaten with rice by many people. Such cases are not considered as use of AYUSH. However, if the same has been used as preventive/therapeutic care then it is considered as use of AYUSH.
- ❖ Further, Rejuvenative massage, pizhichil are done in certain seasons as a part of prevention measures and that should be considered as 'use' of AYUSH. However, use of traditional medicinal plants and practices (such as massage with body oils) for enjoyment was not considered as 'use' of AYUSH.
- ❖ If some medicines/jadi-booti is provided or advised by saint/baba then it was considered as use of AYUSH, however, if a person is practising jadu-mantar and provided the treatment to the patient using jadu-mantar, then it was not considered as use of AYUSH.
- ❖ Yoga practiced deliberately and voluntarily under the supervision of yoga instructor/trainer or advised by the medical practitioner was considered. If a person is practicing yoga at home after knowing the yogic postures and its effects then he/she was considered as practicing yoga.
- ❖ Also, in case of Yoga and Naturopathy, a person reported as he/she practiced yogic postures or naturopathic procedures for only a few days, it was not considered as 'use' of Yoga or Naturopathy.

2.18.1 Duration of using AYUSH system of medicine

The total duration of using AYUSH system of medicines was recorded after considering all the period for which a person has used AYUSH system of medicines for hospitalize and/or non-hospitalized treatment as well as used for preventive

care or self-medication purpose during the period of last 365 days. For example, a person may use the medicines irregularly and have it in a gap of few days/months, when suffers from any ailment. In such cases, the period was recorded after combining all those period in which a member has taken the AYUSH medicines during the last 365 days.

If a particular member of the household has used AYUSH medicine any time during the last 365 days, even if a part of the duration falls outside the reference period, total duration was recorded. Therefore, the total duration of using AYUSH system of medicines by a particular member of the household may go beyond a year.

2.19 Types of treatment

Treatment taken before hospitalization & after discharge from hospital was not considered as hospitalized treatment and thus reported against non-hospitalized treatment.

Type of treatment taken

- ❖ **Rejuvenation (Wellness/Preventive):** The measures and modalities aimed at health promotion and specific disease prevention which includes advocacy of healthy lifestyle viz., Dinacharya (daily regimen), Ritucharya (seasonal regimen) such as panchakarma procedures which are done season-wise in healthy individuals as preventive measure, use of Rasayana medicines (Chyavanaprasha, Giloy, Ashwagandha, Amla, Triphla, Brahmi etc.)
- ❖ **Therapeutic (Curative):** The measures/modalities undertaken by the AYUSH physician with an intension to cure the diseases. This may include diet, lifestyle modification, herbal, herbometalo-mineral drugs, procedures like panchakarma, regimental therapy etc.
- ❖ **Complimentary or integrative (as add on to conventional allopathic treatment):** The measures/modalities undertaken by the AYUSH physician in the disease management as co-administration along with other system of medicine (Allopathy) with a complementary, curative and palliative intent. For example, in case of certain diseases like diabetes, blood pressure, heart disease, arthritis, thyroid, cancer etc. AYUSH medicines are taken alongside modern (allopathic) medicines.

2.20 Reasons for not using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicine were also recorded such as :

- ❖ Need did not arise.
- ❖ Not aware about any system under AYUSH/effectiveness of AYUSH system of medicine.
- ❖ Hospital/dispensary/PHCs/CHCs are not available/not aware of such facilities for AYUSH
- ❖ Doctors/Vaidya/Hakim/Siddha Maruthuva/Homoeopaths are not available.
- ❖ Medicines are not available/accessible.
- ❖ Medicines/treatments are expensive.
- ❖ Not reimbursed by insurance company.
- ❖ Medicines have side effects/very slow effect.
- ❖ Needs to follow strict diet and lifestyle restrictions.
- ❖ Faith in allopathy.
- ❖ Any other reason.

2.21 LIST OF SOME AILMENTS AND THEIR SYMPTOMS

Disease of	Symptoms
Musculoskeletal system	Swelling and pain in the joint/muscles (arthritis) Spine disc problem
Nervous system	Migraine, persistent severe headache with or without vomiting Persistent convulsions Paralysis of one or more limbs Parkinson's Addictions
Integumentary system	Eczema Psoriasis (skin infection) Ring worm (dermatophyte) Cold sores impetigo
Geriatric problems	Osteoporosis Prostate Dementia

	Bladder control problem Delirium
Respiratory system	Frequent cough & cold or cough with sputum/with blood Asthma Allergies
ENT & ophthalmic	Sinusitis (sinus infection) Dry eye Glaucoma Refractive error, Cataract Amblyopia Sore throat, hoarseness of voice, discharge from the ear, ringing in the ear, pain in the ear, impaired hearing (inability to hear well but not deafness) Redness and irritation, pain in the eye, discharge from the eye, blurred vision and double vision
Dental problems	Toothache, bleeding/swelling/discharge from the gums, ulcers in the mouth/tongue Caries/Cavities Gingivitis (gum disease)
Gastrointestinal system	Colitis Constipation Hyperacidity Irritable bowel syndrome Worms Passing blood in motion Vomiting/blood in vomit Persistent abdominal pain Incontinence in motion Diarrhea/Dysentery
Anorectal	Piles Fistula Fissure in ano
Female reproductive system	Infertility Menstruation problems Leucorrhoea Endometriosis Uterine fibroids Interstitial Cystitis
Paediatrics	Immunity & memory boosting
Genito-urinary system	Male infertility Urinary tract infections Renal stones Difficulty in passing urine Blood stained urine Colicky pain with difficulty in urination Incontinence of urine
Hepato-billary system	Jaundice Gall stones Nausea & vomiting Abdominal pain

Cardiovascular system	Anaemia Hypertension Heart disease Breathlessness on exertion and even at rest Recurrent chest pain
Psychiatric	Stress Anxiety Depression Mental disorder
Cosmetics	Recurrent rashes Skin problems Hair care/problem
Acute conditions	Pain Fever, vomiting Loose motions
Others	Childbirth Bone setting Bites Burn Wounds Poisoning injuries

2.22 WORKING DEFINITION OF AILMENTS

The working definition of the some of the diseases/ailments are given below:

Code	Reported diagnosis and/or main symptom	Working Definition
01	Musculoskeletal system	
	Swelling and pain in the joint/muscles (arthritis)	Disorders of Joints and bones: Reported diagnosis or any arthritis or bone disease OR Pain/swelling/stiffness of any joint, or pain, deformities, or pus from any bone-excluding due to injury
02	Spine disc problem	Back pain, increased back pain when repetitively bending or with prolonged sitting, increased back pain with coughing, sneezing, laughing or straining pain, numbness or pins-and-needles radiating into an arm or leg if a disc has caused irritation of a nearby nerve
	Nervous system	
	Migraine, Persistent severe headache with or without vomiting	Migraine is a headache that can cause severe throbbing pain or a pulsing sensation, usually on one side of the head. It's often accompanied by nausea, vomiting and extreme sensitivity to light and sound
	Persistent convulsions	Convulsion is a medical condition where body muscles contract and relax rapidly and repeatedly, resulting in uncontrolled shaking. Convulsions can happen to a specific part of a person's body or may affect their whole body

	Paralysis of one or more limbs	Reported diagnosis OR loss of strength and control over a muscle or group of muscles in a part of the body
	Parkinson's	Reported diagnosis OR having brain disorder which leads to shaking, stiffness and difficulty with walking, balance and coordination. Its symptoms occur because of low dopamine levels in the brain
	Addictions	Addiction is 'a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviours that become compulsive and often continue despite harmful consequences.
03	Integumentary system	
	Eczema	Reported diagnosis OR having an allergic reaction which manifests as dry, itchy patches of skin that resemble rashes. It may be accompanied by swelling of the skin, flaking, and in severe cases, bleeding. It is broadly applied to a range of persistent skin problems
	Psoriasis (Skin infection)	Reported diagnosis OR Psoriasis is a skin disease that causes red, itchy scaly patches, most commonly on the knees, elbows, trunk and scalp. Psoriasis is a common, long-term (chronic) disease. It tends to go through cycles, flaring for a few weeks or months, then subsiding for a while or going into remission
	Ringworm (dermatophyte)	Ringworm, also known as dermatophytosis, dermatophyte infection, or tinea, is a fungal infection of the skin
	Cold sores	Cold sores are red, fluid-filled blisters that form near the mouth or on other areas of the face. In rare cases, cold sores may appear on the fingers, nose, or inside the mouth. They're usually clumped together in patches
	Impetigo	Impetigo is a mild infection that can occur anywhere on the body. It most often affects exposed skin, such as around the nose and mouth or on the arms or legs. Its symptoms include red, itchy sores that break open and leak a clear fluid or pus for a few days
04	Geriatric problems	
	Osteoporosis	Osteoporosis: Reported diagnosis OR having condition characterized by a decrease in the density of bone, decreasing its strength and resulting in fragile bones and increases risk of fractures
	Prostate	Reported diagnosis OR having symptoms of a prostate problem may include problems with urinating and bladder control. Frequent pain or stiffness in lower back, hips, pelvic or rectal area, or upper thighs are also its signs.
	Dementia	Reported diagnosis OR having symptom-usually of a chronic or progressive nature-in which there is deterioration in cognitive function. It affects memory,

		thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Dementia results from a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke
	Bladder control problem	Bladder control problems affect the way a person holds or releases urine. A person has urinary incontinence (UI) when urine leaks accidentally
	Delirium	Reported diagnosis OR having an abrupt change in the mental state that causes mental confusion and emotional disruption. It makes it difficult to think, remember, sleep, pay attention and more
05	Respiratory system	
	Frequent cough & cold or Cough with sputum/with blood	Lower respiratory infections/Chronic obstructive pulmonary disease: acute or chronic-Reported diagnosis OR cough as the main symptom, with or without fever, with or without sputum and blood in it, with or without marked breathlessness. Exclude those where there is reported diagnosis of TB
	Bronchial Asthma	Bronchial Asthma: Reported diagnosis OR chronic, recurrent episodes of difficulty in breathing as main symptom usually with wheezing with or without cough and usually normal or minimal problems between episodes
	Allergies	Allergies, also known as allergic diseases, are a number of conditions caused by hypersensitivity or the immune system of typically harmless substances in the environment. These diseases include hay fever, food allergies, atopic dermatitis, allergic asthma, and anaphylaxis
06	ENT & ophthalmic	
	Sinusitis (Sinus infection)	The symptoms of sinusitis are runny nose or blocked nose, severe headaches/facial pain, high fever, constant and persistent cough, decreased sense of smell
	Glaucoma	Reported diagnosis only. (Symptoms: often with pain in the eyes with blurring/loss of vision of sudden onset in either/both eyes and where decreased vision could not be corrected with glasses-needs confirmation by an ophthalmologist's diagnosis. Sometimes glaucoma is slow-onset and painless.
	Refractive error, Cataract	Refractive error: These include common vision problems like nearsightedness (having trouble seeing far away), farsightedness (having trouble seeing things up close), and astigmatism (which can cause blurry vision). Normally, these problems are easy to fix with glasses or contacts. Cataract: Reported diagnosis OR self-reported with blurring/loss of vision over a period of time most commonly related to ageing with presence of opacity in either or both eyes
	Amblyopia	Amblyopia (also called lazy eye) is a type of poor vision that happens in just one eye. It is a disorder of

		sight in which the brain fails to process inputs from one eye and over time favors the other eye. Amblyopia results in reduced visual acuity, binocular vision, depth perception, and contrast sensitivity. Fusion and stereopsis, the central formation of three dimensional images, are dependent upon receiving clear images from each eye simultaneously
	Redness and irritation, pain in the eye, discharge from the eye, blurred vision and double vision	Conjunctivitis/Corneal Ulcer/Iritis/Infection of eyelids or lacrimal glands/Foreign body in eye/trauma: Reported diagnosis of any of these OR Redness of eyes with watering and foreign body sensation with/without discharge
	Discharge from the ear, ringing in the ear, pain in the ear, impaired hearing (inability to hear well but not deafness)	Infections of the ear/Other ear ailments: Reported diagnosis of infection to external or internal ear/discharge from the ear, with/without fever OR pain or bleeding from ear of any cause without decreased hearing Deafness: Loss of hearing-partial or full-one ear or both-subsequent to any cause and for any duration.
07	Dental problems	
	Toothache, bleeding/swelling/discharge from the gums, ulcers in the mouth/tongue	Ulcers: One or more painful sores on inner lips, gums, tongue, roof of the mouth or throat that may interfere with eating.
	Caries/Cavities	Reported diagnosis OR having symptoms tender, painful teeth. Dental caries or cavities, more commonly known as tooth decay, are caused by a breakdown of outer protective layer of the tooth i.e., enamel.
	Gingivitis/Periodontitis (gum disease)	Gingivitis is a common and mild form of gum disease (periodontal disease) that causes irritation, redness and swelling (inflammation) of gingiva, the part of gum around the base of teeth. Peridontitis is an advanced stage of gum disease.
08	Gastrointestinal system	
	Colitis	Discomfort and pain in abdomen that may be mild and reoccurring over a long period of time, or severe and appearing suddenly.
	Constipation	Symptoms: bowel movements become less frequent and stools become difficult to pass.
	Hyperacidity	It is a medical condition, wherein acid levels of the stomach are much more than normal.
	Worms	Worms infestation: Either a reported diagnosis OR clear history of passing worms with stools or vomitus is required.
	Persistent abdominal pain	Pain in abdomen, indigestion, acid reflux and burning sensation in the stomach. Acute abdomen: severe abdomen pain usually requiring surgery and /or hospitalization (Appendicitis/Pancreatitis).
	Diarrhea/Dysentery	Amoebiasis/diarrhea/dysentery/cholera/giardiasis:

		Reported diagnosis OR passage of 3 or more semisolid or liquid stools a day with / without fever/abdominal pain. If blood and mucus could be found in stool it is dysentery. A reported specific diagnosis like cholera or gastro-enteritis is also entered here.
09	Anorectal	
	Piles	Swollen and inflamed veins in the rectum and anus that cause discomfort and bleeding.
	Fistula	Hemorrhoids, fistula or any bleeding from the anus, blood mixed in stools due to any cause, or vomiting of blood.
	Fissure in ano	Reported diagnosis OR An anal fissure is a tear or open sore (ulcer) that develops in the lining of the large intestine, near the anus. Symptom of an anal fissure is pain during or after a bowel movement.
10	Female reproductive system	
	Infertility	Reported diagnosis only.
	Leucorrhoea	Reported diagnosis OR Flow of abnormal discharge from the vagina due to infection (not diagnosed as sexually transmitted diseases) OR genital ulcer.
	Menstrual disorder	As reported or irregular menstruation, abnormal lack of menstruation, or excessive bleeding during menstruation.
	Endometriosis	Symptoms: Pain in abdomen, infertility, and very heavy periods. The pain is usually in the abdomen, lower back, or pelvic areas.
	Uterine Fibroids	Reported diagnosis OR Uterine fibroids are the most common noncancerous tumors in women of childbearing age. Its symptoms are heavy or painful periods or bleeding between periods, feeling "full" in the lower abdomen, Urinating often, reproductive problems, such as infertility, multiple miscarriages, or early labor.
	Interstitial Cystitis	Reported diagnosis OR Interstitial cystitis (IC) is a chronic bladder condition resulting in recurring discomfort or pain in the bladder or surrounding pelvic region. Feeling of abdominal or pelvic pressure, tenderness, frequent urination. Intense pain in the bladder or pelvic region are some symptoms.
12	Genito-urinary system	
	Male infertility	Reported diagnosis only.
	Urinary tract infections	Reported diagnosis OR having infection in any part of the urinary system, the kidneys, bladder or urethra. A bladder infection may cause pelvic pain, increased urge to urinate, pain with urination and blood in the urine. A kidney infection may cause back pain, nausea, vomiting and fever.
	Renal stones	Reported diagnosis only.
13	Hepato-biliary system	
	Jaundice	Hepatitis/jaundice: Reported diagnosis OR presence

		of yellowish discolouration of eyes, passing high coloured urine, nausea, and itching. Confirmation by a laboratory test/physician desirable but not essential. Fever may or may be present.
	Gall stones	Reported diagnosis only.
14	Cardiovascular system	
	Anaemia	Reported diagnosis OR pallor associated with fatigue, general weakness, and palpitation with a confirmatory diagnosis from a laboratory test/physician. It is a condition of having a lower-than-normal number of red blood cells or quantity of hemoglobin. Sickle cell disease-reported diagnosis. Any other cause of anemia with a reported diagnosis-e.g., iron deficiency anaemia, thalassemia.
	Hypertension	Reported diagnosis only. Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure.
	Heart disease	Heart disease: Rheumatic, Ischemic, Congenital etc. Reported diagnosis OR has unexplained recurrent or severe chest pain, breathlessness with/without palpitation even on normal activity with/without swelling of legs and feet.
17	Psychiatric	
	Mental disorder	Diseases of longer duration of irregular nature affecting behaviour/abnormal behaviour including excessive fears, anger and violence; depression; detached from reality.
	Anxiety	Anxiety is an unpleasant emotional state of uneasiness and distress. It is generally characterized by apprehension and worry. An anxiety disorder can have a devastating effect on the person.
19	Acute conditions	
	Fever	Any fever which was followed by or accompanied with or without loss of consciousness or altered consciousness AND/OR reported diagnosis of meningitis, encephalitis, high fever with delirium, cerebral malaria, typhoid encephalopathy, fever due to diphtheria, or due to any other reason.
20	Cancer	
	CANCERS (known or suspected by a physician) and occurrence of any growing painless lump in the body	Cancer and other tumours: Reported diagnosis only. (Symptoms are usually non-healing growing ulcer/sores, unusual bleeding and discharge, change in bowel and bladder habits, thickening or lump in breast or any other part of the body, difficulty in swallowing, any obvious change in wart or mole, with documentary evidence of diagnosis.)
99	Others	
	Bites	Snake-bites, scorpion stings any other insect bite, any other animal bite-dogs, wild animals. Accidental poisoning or contact with plants-excludes

		that done with suicidal intent.
	Burn & corrosions	Any burns, corrosions due to fire, steam/vapour, hot liquids, acids or chemicals leading to boils, abrasions and lacerations.
	Wounds	An injury to living tissue caused by a cut, blow, or other impact, typically one in which the skin is cut or broken.
	Poisoning	Internal ingestion of excessive inappropriate levels of medicines, any levels of pesticides, insecticides, rat poisons or other chemicals, applications on skin.
	Injuries	Injury which was not deliberate but accidental leading to lacerations, fractures, crushing injuries, injuries to internal organs or multiple body parts. Intentional self-harm-suicide, attempted suicide or even deliberate self-injury inflicted on oneself for whatever reason.

2.23 DESCRIPTION OF VARIOUS PROCEDURES

Code	Procedure	Description
92	Poorvakarma (snehana, svedana), thokkanam, etc.	
	Poorvakarma	Poorvakarma: This is the first step of panchakarma which include snehana (bahya/external snehana-massage with oils, and abhyantarasnehana-internal oleation) and svedana (procedure used to induce sweating with or without use of heat) is done.
	Thokkanam	Thokkanam: Thokkanam is the Siddha way of touch therapy. It is the physical manipulation of the body usually done with or without oil application. It is very effective for neurological and musculoskeletal problems. It also promotes mental and physical fitness. Other procedures like abhyangam, pindaseka, and pizhichil etc. are the part of this.
93	Panchakarma, regimental therapy, yogic shakriya	
	Panchakarma	Panchakarma is a unique therapeutic procedure for the radical elimination of disease-causing-factors and to maintain the equilibrium of doshas. The panchakarma therapy minimizes the chances of recurrence of the diseases and promotes positive health by rejuvenating the vital body systems. There are three steps of each panchakarma procedure i.e. Poorvakarma (preparatory stage), pradhanakarma (main procedure) and paschatkarma (post procedure stage). Pradhanakarma: This is the main step of

	<p>performing the panchakarma-In this step the emesis, purgation, nasya (nasal administration of drug), raktamokshana (blood letting) and basti (Enema) are done. Paschatkarma: This is the final step of recovery/rehabilitation of the patient includes diet and lifestyle care is done.</p>
Regimental therapy	<p>Regimental therapy is one of the most popular methods of treatment, practiced by ancient Unani scholars since antiquity. It is basically application of certain special techniques or physical methods of treatment to improve the constitution of body by removing waste materials and improving the defense mechanism of the body.</p> <p>In other words, regimental therapies are mostly non medicinal techniques or procedures by which Unani physicians modulate the patient's habitat, life style and dietary habits of the patient. They practice some other therapeutic regimens for the treatment of various diseases.</p>
Yogic Shatkriya	<p>Yogic Shatkriya are the six yogic, internal body cleansing procedures which are as under:</p> <ol style="list-style-type: none"> 1. Dhauti (cleanses the mouth, throat and stomach): Swallowing and regurgitation a fine piece of muslin cloth or drinking warm saline water and vomiting it out. 2. Basti (cleanses the lower part of the colon upto the sphincter): Involves drawing water in to the lower intestine via the anus and then expelling it. 3. Neti (Cleanses nasal cavity and throat) <ul style="list-style-type: none"> • Jala Neti: Water is poured into one nostril and it automatically comes out through the other • Sutra Neti: A fine thread is taken inside one nostril and then pulled out of the mouth through the throat • Ghrita Neti: Using ghee • Dugdha Neti: Using milk 4. Tratak (cleanses and strengthen eyes): The eyes are focused usually on a small object or the flame of the lamp in a dark room, without blinking, until they water.

		<p>5. Nauli: Lean forward, protrude the abdomen and rotate (the muscles) from right to left with speed.</p> <p>6. Kapalbhati (cleanses Respiratory system, especially lungs): Forceful breathing in and out repeatedly.</p>
18	<p>Cosmetics-Skin, hair beauty care</p> <p>Cosmetics</p>	<p>Cosmetics are used for two purposes:</p> <ol style="list-style-type: none"> The preservation, restoration or bestowing the bodily beauty. The surgical correction of disfigured physical defect. <p>It is believed that the presence of toxic materials inside the body make a person ugly and diseased. In such condition blood purification is the best therapeutic intervention to eliminate them. The cosmetics are mainly based on medicinal herbs and partially on minerals or animal sources. These cosmeceuticals were meant for complete decoration/beautification of personality. They are used not only for face, eyes, hairs, nails but also for upper abdomen, lower abdomen, uterus, axilla, to mask the scar, halitosis, excessive sweating etc. Several procedures are also there to cure skin disorders like leukoderma, acne vulgaris, blemishes and blackening of skin, moles and warts etc.</p>

2.24 System of medicine/health care system used for taking treatment

The System of medicine/health care system used by a household member for taking treatment as in-patient of a medical institution during the last 365 days was recorded here.

Points to remember

- ❖ The particulars of system of medicine/health care system was refer only to those cases for which a member of the household was hospitalized at medical institution during the reference period for taking treatment.
- ❖ A member of the household may have used more than one system of medicine/health care system for one or more hospitalization cases during the reference period of last 365 days, the information was recorded in more than one system of medicine/health care system that he/she has used for hospitalized treatment during the reference period.
- ❖ It may also be noted that a person may not be hospitalized only for taking treatment using 'Yoga'. Thus, this system was not reported solely for

hospitalized treatment. However, Yoga may be used as complimentary or as add-on to the other system of medicines (Ayurveda, Unani, Siddha, Sowa-Rigpa/Amchi, Naturopathy and Homoeopathy).

2.25 Duration of stay in Hospital

The total duration of stay (in days) for which a member of the household was hospitalized during the last 365 days was recorded.

2.26 Type of medical institution where hospitalized

The medical institution(s) where a member of the household was hospitalized once or more for taking treatment using the AYUSH system of medicine/health care system during the reference period of last 365 days was ascertained here.

2.26.1 Medicines received for taking treatment during last 365 days

The provision was made to collect for each household member who was hospitalized for AYUSH treatment during the last 365 days.

2.26.2 The most prominent source from where a member of the household got information/advice to take the treatment using the AYUSH system of medicine for hospitalized treatment was ascertained.

It may be possible that a person had got the information/advise from more than one source, say, from family as well as from media, however, the most prominent source was ascertained for the member from where he/she got the information/advice first.

2.27 Particulars of household members' availed treatment using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy system as an out-patient during last 365 days

Implementation Notes

- ❖ It was applicable for only those members of the household who took treatment using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines for non-hospitalized treatment during the last 365 days.
- ❖ The particular of household member(s) availed treatment using AYUSH system as out-patient during the period of last 365 days was only be considered here for recording. The particulars of treatment taken before

hospitalization and after discharge from the hospital/medical institution was reported.

- ❖ Particulars of pre-natal & post-natal care taken by a pregnant woman during the period of last 365 days as out-patient was excluded. Only the details of ailment/purposes from which a pregnant woman of the household was suffered or took treatment as out-patient was considered.

2.28 Ailment/purpose/procedure for which AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) treatment was taken

The ailment(s)/purpose(s)/procedure for which he/she has taken treatment as out-patient during the reference period was recorded.

The particulars of ailment(s)/purpose(s) were referring only to those ailment(s)/purpose(s) for which a member of the household took treatment as out-patient during the reference period using the AYUSH system of medicine/health care system.

A member of the household may suffer from more than one disease and therefore, may take treatment several times during the reference period of last 365 days. Thus, provision was made to record more than one ailment/purpose for which he/she took treatment as out-patient during the reference period.

System of medicine/health care system used for taking treatment

The system of medicine/health care system used for a treatment as out-patient (for non-hospitalized treatment) during the last 365 days was recorded.

To be noted

- ❖ The particulars of system of medicine/health care system was recorded and refer only to those cases for which a member of the household took treatment as out-patient (non-hospitalized treatment) during the reference period.
- ❖ A member of the household may have used more than one system of medicine/health care system for one or more non-hospitalization cases during the reference period of last 365 days. Thus, provision was made to record more than one system of medicine/health care system that he/she has used for non-hospitalized treatment during the reference period.

The source from which the member of the household usually gets the medicine for treatment using AYUSH system as out-patient (non-hospitalized treatment) was recorded.

To be noted:

- ❖ A member of the household may get medicines from more than one source for the non-hospitalized treatment, however, the source from which most frequently AYUSH medicines were obtained was recorded as the major source.
- ❖ Medicines of the Indian System (Ayurveda, Unani, Siddha & Sowa-Rigpa/Amchi) are often prepared at home (home-made) from plants or plants parts which are sold not specifically as medicines because they may be used as non-medicinal food as well. Examples include haldi (turmeric)-used as medicines for injury and fracture, and adrak (ginger)-used for cough, cold, throat problems, etc. The plants may be cultivated by a household, or obtained from other households, or obtained by free collection from forests, etc.
- ❖ The plants or plant parts (seeds, etc.) used to prepare medicine may also be purchased by a person from vegetable markets, grocery shops, etc., and then medicine was prepared at home.
- ❖ Apart from these, the medicines may be obtained in a medicinal form rather than in the natural (plant/seed) form. Such medicines may come from the following sources: Government hospital/dispensary/PHCs/CHCs, Private hospital/dispensary, Private practitioners (Doctors/Vaidya/Hakim/Siddha Maruthvar), and local shops/medical shores/other sellers.
- ❖ If a member reports that he/she usually used homemade medicines then it does not necessarily mean that he/she has used homemade medicines in every occasion.

2.29 Availability of (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/ Homoeopaths/ Yoga Trainers) during the visit to Govt./Private/Charitable AYUSH hospital/clinic or AYUSH health centre was ascertained.

The information was also collected that whether medicines for non-hospitalized treatment during the last 365 days were received free or on payment was ascertained.

2.29.1 Expenditure incurred for treatment taken using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system during the 365 days

The total amount of expenditure incurred considering all the non-hospitalization cases (one or more) for treatment using the different system of AYUSH/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) during the last 365 days for a particular member of the household was recorded here in nearest whole number of rupees.

Points for consideration:

- ❖ The expenditure incurred only for the cases of non-hospitalization during the period of last 365 days was ascertained. The expenses incurred before hospitalization and after discharge from the hospital/medical institution was considered here.
- ❖ The expenditure on non-hospitalization includes expenditure on doctor's/surgeon's fee, medicines, diagnostic tests, other medical expenses such as physiotherapy, blood, oxygen, etc.
- ❖ Expenditure incurred for transportation including ambulance charges, etc. was not considered for recording.
- ❖ The information on reimbursement of medical expenses incurred for non-hospitalized treatments (one or more) using AYUSH system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) during the last 365 days was recorded. Of the out-of-pocket expenditure, if any amount was reimbursed by any insurance companies during the last 365 days for one or more non-hospitalized cases, then the same was recorded.
- ❖ In case, the reimbursement has not been provided by an insurance company till date for expenses incurred on non-hospitalized treatment during the last 365 days, however, the same was supposed to be reimbursed by an insurance company in a near future and the amount claimed by the person from the insurance company was recorded.
- ❖ Reimbursement provided by Government institutions/employers on the expenses incurred was not considered for the purpose of this survey.
- ❖ The most prominent source from where a member of the household got information/advice to take the treatment using the AYUSH system of medicine was ascertained.
- ❖ It may be possible that a person has got the information/advice from more than one source, say, from friends as well as from research articles, however, the most prominent source was ascertained for the member from where he/she got the information/advice first.

2.30 Household level information on assessment of availing Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy and information on knowledge of medicinal plants was obtained.

The information on using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system, distance of nearest AYUSH facility from household, assessment on effectiveness of AYUSH medicines, information on yoga

practice, knowledge about the medicinal plants, home remedies, folk/traditional medicines at the level of the household was obtained.

The information was asked to only those households in which one or more member of the household used any of the AYUSH system of medicines (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) for hospitalized or non-hospitalized treatment or for preventive care/self-care during the last 365 days.

The reason for using the AYUSH system of medicines by any member of the household was ascertained here using the one or more of the suitable reasons mentioned below:

Code	Reason
1	AYUSH medicines are effective
2	Individualized personal care in AYUSH
3	Ensures overall well-being/complete cure
4	Strengthen and revitalizes
5	Faith/belief in AYUSH
6	Tradition/culture of using AYUSH
7	Previous experience of self/others
8	Well known to local people, family members and friends etc.
9	Side effects are negligible/less
10	AYUSH medicines are inexpensive/cost effective
11	Easily available raw materials
12	Non-availability/accessibility of allopathic medicines
13	Expensive allopathic medicines
14	Permanent cure may not be available in allopathy
15	To reduce side effects of allopathy medicine
19	Others

A household may have different reasons for using the AYUSH system of medicines for hospitalized or non-hospitalized treatment as well as for preventive care/self-care. Efforts have been made to collect all such reasons for using AYUSH system of medicines.

The distance of the nearest AYUSH facility (Govt./Private/Charitable AYUSH hospital/clinic or AYUSH health centres) from the place of living of the household was ascertained.

The availability of the AYUSH medicines (Ayurveda, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) during the visit to the AYUSH Govt. medical institution/clinics or health centres (Govt. AYUSH hospital/dispensary/Primary Health Centres (PHC)/Community Health Centres (CHC) or AYUSH health centres) was recorded under the following:

- ❖ On every occasion

- ❖ On the majority of occasions
- ❖ On a few occasions (not the majority)
- ❖ Not available
- ❖ Not known

The response was recorded after taking into consideration all the visits to the Govt. medical institutions/clinics or health centres. Majority here means 'at least 50%'.

2.31 Assessment of the household about the effectiveness of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) medicines

Effectiveness of a medicine means the degree to which the medicine has helped the patient in relieving the most troubling symptom for which the medicine was taken. The assessment of the household regarding effectiveness of AYUSH medicines used for hospitalized or non-hospitalized treatment as well as used as preventive measures or self-care was recorded.

It may be noted that a household may have different options regarding efficacy of different system of medicines. However, the assessment of the household regarding effectiveness of AYUSH medicines was made after taking into consideration of all the system of medicines (Ayurveda, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy).

2.32 Practising Yoga: The information on yoga practiced by one or more member of the household as on the date of survey was ascertained. Yoga practiced deliberately and voluntarily under the supervision of yoga instructor/trainer and/or advised by the medical practitioner was considered for the purpose of recording. If a person practiced yoga at home after knowing the yogic postures and its effects, then he/she was considered as practicing yoga. Further, in case of yoga, a person may report having practiced yogic postures for only a few days, it was considered as 'practicing yoga'. If any member of the household practiced yoga regularly for at least 7 days, then that member was considered to be practicing yoga. Also, if a member has practiced yoga prior to the date of the survey, but stopped practicing the same at present and not intended to do the practice again in near future, then he/she was not considered as practicing yoga.

Information on the form of yoga which one or more member of the household was practicing as on the date of survey was ascertained. The list of yogic form is as follows:

Code	Yoga form
1	Pranayama
2	Aasana
3	Meditation
4	Others(shatkriya, like neti, etc.)

It may be noted that more than one yoga form can be practiced by any member of the household or two or more members of the household may be practicing different form of yoga. Thus, provision was made to record more than one yoga form which one or more member of the household was practicing as on the date of survey.

2.32.1 The description of various yoga forms are as follows:

- ❖ **Pranayama:** It consists in developing awareness of one's breathing followed by wilful regulation of respiration as the functional or vital basis of one's existence. It helps in developing awareness of one's mind and helps to establish control over the mind. In the initial stages, this is done by developing awareness of the 'flow of in-breath and out-breath' through nostrils, mouth and other body openings, its internal and external pathways and destinations.
- ❖ **Asanas:** It is capable of bringing about stability of body and mind consists in adopting various psycho-physical body patterns, giving ability to maintain a stable awareness of one's structural existence for a considerable length and period of time as well.
- ❖ **Meditation:** Mediation (Dhyana) can be defined as a set of techniques that are intended to encourage a heightened state of awareness and focused attention. Meditation is also a consciousness changing technique that has been shown to have a wide number of benefits on psychological well-being. It is a practice where an individual uses a technique-such as mindfulness, or focusing the mind on a particular object, thought, or activity-to train attention and awareness, and achieve a mentally clear and emotionally calm and stable state and helps in self-realization.
- ❖ **Others (shatkriya, neti, etc.):** **Bandhas and Mudras** are practices associated with pranayama. They are viewed as higher Yogic practices mainly consisting on adopting certain pscho-physical body patterns along with control over respiration. This further facilitates control over mind and paves way for higher yogic attainment.
 - **Shat-karmas (Shatkriya)** are detoxification procedures, help to remove the toxins accumulated in the body and are clinical in nature.
 - **Yuktahara** (Right Food and other inputs) advocates appropriate food and food habits for healthy living.
 - **Neti** is a Sanskrit term derived from the roots na and ti, which together translate as "not so". It is a nasal cleansing technique that is one of the six purification techniques recommended by the "Hatha Yoga Pradipika", an authentic text on Hatha yoga. These six purification techniques are called the Shat-karamas. They are practiced in order to cleanse and strengthen the body, in addition to keeping it illness-free. Performing Neti involves using salt water or

thread to clear the nasal passages. It is believed that this not only has a number of mental and physical benefits, but that it can also aid in clairvoyance. There are two types of Neti: jala (“water”) and sutra (“thread”).

- **Dharana** is fixing up of the mind on a particular object.

2.32.2 Frequency of doing Yoga:

The information on the frequency of practicing yoga by one or more member of the household as on the date of survey was recorded. The frequency of practicing yoga may differ from member to member. The maximum number of days in a week spent by one or more members of the household for practicing yoga was considered for recording.

The information on the duration of practicing yoga by one or more member of the household as on the date of survey was ascertained. The duration of practicing yoga may differ from member to member. The maximum time in a day spent by one or more member of the household for practicing yoga was considered.

2.33 Medicinal plants: The term ‘medicinal plant’ includes various types of plants used in herbalism (“herbology” or “herbal medicine”); plants that possess therapeutic properties or exert beneficial pharmacological effect on the human or animal body. Medicinal plants are not only a major resource base for the traditional medicine & herbal industry but also provide livelihood and health security to a large segment of Indian population. Now-a-days, herb refers to any part of the plant like fruit, seed, stem, bark, flower, leaf, stigma or a root, as well as a non-woody plant. Earlier, the term “herb” was only applied to non-woody plants, including those that come from trees and shrubs. These medicinal plants are also used as food, flavonoid, medicine or perfume and also in certain spiritual activities. Medicinal plants such as Aloe, Tulsi, Neem, Turmeric and Ginger cure several common ailments. These are considered as home remedies in many parts of the country. It is known fact that lots of consumers are using Basil (Tulsi) for making medicines, black tea and other activities in their day to day life.

A list of medicinal plants has been provided below. However, this list is not exhaustive but suggestive.

Sl. No.	Name of medicinal plant	Local name
1	Amalaki	Amla/Indian gooseberry
2	Aswagandha	Asgandh/Indian Ginseng/Winter cherry
3	Bala	Khareeti
4	Brahmi	Brahmi
5	Guduchi	Giloy
6	Haridra	Haldi/Turmeric
7	Kumari	Ghritkumari/Aloe vera
8	Madukparni	Brahmi/Manduki

9	Nimba	Neem
10	Nirgundi	Samhalu
11	Punarnava	Gadarpunna
12	Shatavari	Shatavar
13	Shigru	Sahijan
14	Shunthi	Adrak/Ginger
15	Tulasi	Tulsi/basil
16	Vasa	Adusa
17	Babbula	Babul
18	Ativisha	Atis/Atis root
19	Ashoka	Ashoka/Asok tree
20	Ajamoda	Ajmuda/parsley
21	Chandrasura	Chansur/Common cress
22	Bel	Indian bael/Shull/stone apple
23	Daarchini	Dalchini/Cinnamon
24	Podina	Pudina/Mint
25	Amrood leaves	Guava
26	Kali Makoy	Black nightshade
27	Karela	Bitter gourd
28	Andawwa	Castor oil plant
29	Shehtoot	Mulberry
30	Papita	Papaya
31	Kalonji/Shooneez	Kalonji/Black caraway
32	PattaGobhi/KaramKalla (leaf/whole plant)	Cabbage
33	Tejpatra	Tejpatta/Indian bay leaves
34	Dhattura	Dhatura
35	Nimbu	Lemon
36	Parijata	Parijata
37	Bhringraja	Bhringraja/false daisy
38	Manjistha	Manjistha/Rubiacordifolia/Common madder
39	Rudraksha	Rudraksha/dried seed
40	Lavanga	Cloves/laung
41	Aprajita	Aprajita/butterfly pea
42	Kharjura	Khajura/dates
43	Tila	Sesame
44	Narikela	Coconut
45	Methi	Fenugreek
46	Pippali	Long pepper
47	Sarson	Mastard
48	Ragi	Finger millets
49	Hingu	Hing/asafoetida

If the household reported that one or more member of the household is aware about the medicinal plants, then it was enquired that if any member of the household has knowledge about the uses of medicinal plants. Few examples are: Tulasi for cough, cold, Giloy for fever, Hingu for pain in abdomen, Adulasa for cough, Nima for skin diseases, Arjuna for Blood Pressure etc.

The 'knowledge' about the uses of medicinal plants refers to knowing the preventive/therapeutic effects or beneficial effects of the use of medicinal plants.

If the household reported that one or more member of the household is aware about the medicinal plants, then it was enquired that whether the household has any interest in cultivation or conservation of medicinal plants for the purpose of income generation.

2.34 KNOWLEDGE ABOUT HOME REMEDIES

The information about the awareness about home remedies by any member of the household as on the date of survey was collected.

2.34.1 Home remedies: Home remedies are simple medication prepared at home by using herbs available in the region or other ingredients available in the house like spices. These are meant for prevention of diseases and management of simple and minor illness like common cold, cough, loss of appetite, indigestion and to aid recovery from illness, etc. Sometimes, these are useful in chronic problems such as osteoarthritis. These are simple prepared medication or tonic of unproven effectiveness administered without prescription or professional supervision. It is traditional therapy generally information passed from one generation to next, often utilising natural products, nutritional supplements or physical measures. These are simple measures of symptom management for minor health complaints. However, home remedies cannot replace a standard treatment and can be used as add on only. It should not be used in major diseases such as cancer, serious or life threatening conditions as a main course of treatment.

If the household reported that one or more member of the household is aware about the one or more home remedies, then it was enquired that if any member of the household has knowledge about the uses of the home remedies.

The 'knowledge' about the uses of one or more home remedies refers to knowing the preventive/therapeutic effects or beneficial effects of the use of those home remedies.

The first step usually taken up by the household whenever any health problem arises (major/minor) to one or more member of the household was ascertained for the following:

Tried home remedies at home
Tried folk/traditional healer medicines
Seek help from AYUSH practitioners-Ayurveda /Siddha /Unani /Yoga /Naturopathy /Sowa-Rigpa /Amchi & Homoeopathy
Others (seek help from Allopath doctor, tried allopath medicines, etc.)

2.35 KNOWLEDGE OF FOLK MEDICINES/LOCAL HEALTH TRADITIONS

The information about the knowledge about one or more folk medicines or local health traditions by any member of the household as on the date of survey was collected.

2.35.1 Folk medicines/Local health traditions: Local health traditions (LHTs) are the non-codified knowledge and traditional health care practices of common people and folk practitioners which are orally transmitted through generations. They are specific to the ecosystem and ethnic community and use household food items, locally available plants, animal and mineral/metal derivatives for prevention and healing of various ailments.

The folklore traditions are household level health practices and diverse viz. home remedies, food recipes, rituals and certain specialized practices like Marmachikitsa, bone setting, poison healers etc. These are also known as ethno medicines, indigenous medicines, folk knowledge, etc.

If the household reported that one or more member of the household is aware about the one or more folk medicines or local health traditions, then it was enquired that if any member of the household has knowledge about the uses of those folk medicines or local health traditions.

2.36Particulars of pre-natal and post-natal care using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy for women of age 15-49 years who were pregnant during the last 365 days

The information was recorded on pre-natal and post-natal care taken by the female member of the household using the AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system during the last 365 days.

2.36.1 Pre-natal care: Pre-natal care, also known as antenatal care is a type of preventive healthcare with the goal of providing regular check-ups that allows doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child. Pre-natal care starts with history taking and is followed by examination of the women, which basically includes: recording weight and height, blood test for anaemia, blood pressure measurement, regular abdominal examination etc. She is also provided with Tetanus Toxoid (TT) immunization and IFA tablets/syrup along with other treatment in case of complication.

Pre-natal care may involve giving medicines, taking weight, examining blood pressure, examining the abdomen, doing diagnostic tests, etc. However, occasional

consultation with a doctor or in a hospital during pregnancy for some sudden complication or ailment was not treated as pre-natal care.

Further, the System of medicine/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi& Homoeopathy) used for taking pre-natal care during the period of last 365 days was recorded here.

A female member of the household may have used more than one system of medicine/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) for pre-natal care during the reference period of last 365 days. Thus, all the system of medicine/health care system that was used for pre-natal care was recorded.

The source from where a female member of the household usually receives the pre-natal care using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system during the period of last 365 days was recorded.

A female member of the household may receive the pre-natal care from more than one sources during the period of last 365 days, however, the source most frequently used to get the care was regarded as the major source.

2.36.1.1 Traditional recipes/medicines used during pre-natal and post-natal care:

Information on Homemade/locally available Traditional recipes/medicines is transferred from generation to generation (inter-generational transfer). There is a chance that the household member might be using such traditional recipes/medicines for any specific purpose like during pre-natal and post-natal period. Traditional recipes/medicines for pre-natal period and post-natal are those recipes/medicine which are given for the overall wellbeing of Mother and Baby. It helps in minimizing the complications of delivery, rejuvenate the post-partum body, regain strength, to increase lactation. The recipes depend on a number of factors including the woman's health status, region wise alternations, complications associated with pregnancy and many other factors.

Examples of Traditional recipes/behavioural practices:

- ❖ For safe home deliveries
 - Drinking ghee + tea or ghee + milk for smooth delivery
 - Massage of abdomen by dai
 - Squatting position for delivery
- ❖ Post-delivery for mother and lactation

- Dried ginger+jaggery+haldi solution with bath with ajwain + neem leaves
- Roasted jeera with milk
- Makhana+gond+gheeladdoo
- Sootikaladdoo

❖ For healthy baby

- Ghutti of ajwain + sauf
- Massage with oil + sunbath
- Honey water
- Breast feeding
- Haldidoodh
- Khajuraladdoo

Expenditure incurred for pre-natal care (goods and/or services) using the AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system including expenditure on traditional recipes/home remedies during the period of last 365 days was recorded here in whole number of rupees.

2.36.2 Post-natal care: The post-natal period is defined as the first six weeks after birth (42 days) and it is critical to the health and survival of a mother and her new born which is the most vulnerable time for both. Lack of care in this time period may result in death or disability as well as missed opportunities to promote health behaviour, affecting women, new-borns, and children. Post-natal care includes questions and counselling provided to a woman in the 6-week period after delivery by a nurse, doctor or midwife. Care taken by a woman after abortion was also included here.

The system of medicine/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi& Homoeopathy) used for taking post-natal care during the period of last 365 days after delivery/abortion was recorded here.

A female member of the household may have used more than one system of medicine/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) for post-natal care during the reference period of last 365 days. Thus, more than one system of medicine/health care system that she has used for post-natal care during the reference period was recorded.

2.36.2.1 Major source of receiving post-natal care

The most prominent source from where a female member of the household usually receives the post-natal care using AYUSH (Ayurveda, Yoga, Naturopathy, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system during the period of last 365 days was recorded.

A female member of the household may receive the post-natal care from more than one sources during the period of last 365 days, however, the source most frequently used to get the care was regarded as the major source.

The information on use of any traditional recipes/medicines/behavioural practices during the post-natal care was ascertained here.

The information on use of any traditional recipes/medicines/behavioural practices for prevention & treatment of infantile illness was also recorded here.

Further, the information on use of any medicines/behavioural practices from AYUSH system (Ayurveda, Yoga, Naturopathy, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system including expenditure on traditional recipes/home remedies/behavioural practices during the period of last 365 days was recorded here in whole number of rupees.

CHAPTER III

Summary of findings



Summary of Findings

AYUSH is the acronym of the medical systems that are being practiced in India such as *Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy*. These systems are based on definite medical philosophies and represent a way of healthy living with established concepts on prevention of diseases and promotion of health. Ayush represents traditional system of healthcare.

However, no separate survey on AYUSH has been conducted so far. In the recent past, Ministry of AYUSH has taken a number of initiatives to popularize AYUSH as a well-defined system of alternative medicine and this necessitated the need for having a baseline database covering various aspects of AYUSH.

Accordingly, Ministry of Statistics & Programme Implementation (MoSPI), Govt. of India (GoI) has conducted a full-fledge survey on AYUSH in the NSS 79th round. This survey is the first survey of its kind. The main objective of this survey was to get an idea about the awareness and penetration of AYUSH systems of medicines in Indian population.

The survey on AYUSH was undertaken simultaneously with Comprehensive Annual Modular Survey (CAMS). This survey gathered information for development of the following broad indicators:

- Percentage of population aware of AYUSH system,
- Percentage of population hospitalized for taking AYUSH treatment during last 365 days,
- Ailment/disease for which hospitalization is made,
- The system(s) of AYUSH (namely, Ayurveda, Unani, Siddha, Sowa-Rigpa, Yoga & Naturopathy and Homeopathy) used for taking treatment on hospitalization,
- Expenditure incurred on AYUSH medicines/treatment for hospitalization during last 365 days,
- Percentage of population taken treatment using AYUSH medicines as an outpatient during last 365 days,
- Usage of AYUSH medicines for pre-natal and post-natal care.

Geographical Coverage: The Delhi Sample Survey covered the rural and urban Delhi.

Survey Period: The survey was commenced from July 2022 and it was of one year duration. CAMS and AYUSH were carried out simultaneously in same FSU but in different households.

Outline of sample design:

A stratified multi-stage design was adopted for the 79th round survey. The first stage units (FSU) were villages/UFS blocks/sub-units (SUs) as per the situation. The ultimate stage units (USU) were households in both the sectors.

Total sample size (FSUs): Total 180 FSUs (136 urban FSUs + 44 rural FSUs) were allotted for Delhi State Sample for AYUSH survey by MoSPI, GoI.

Formation of Second Stage Strata (SSS) of households and allocation among SSS

2 SSS were formed for AYUSH with the following criteria:

- SSS1: households incurring expenditure for AYUSH treatment/services as in-patient or out-patient for at least one member during last 365 days OR households with at least one member **having knowledge about AYUSH systems.**
- SSS2: remaining households

The households having Knowledge of AYUSH were decided on the basis of the following:

A person was considered to be knowledgeable in AYUSH system if:

(i) He/She has knowledge about the concepts/fundamentals (i.e. basic principles) of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi or Homoeopathy (AYUSH) as well as he/she has knowledge about treatment modalities or procedures (i.e. how to treat illness or prevent from illness) of AYUSH system of medicines like Panchkarma, Thokkanam, Shatkriya of Yoga etc.

Or

(ii) he/she has knowledge about medicinal plants, traditional practices/home remedies or folk medicine.

A person may acquire knowledge of AYUSH system in different ways:

Primary level: A person acquires knowledge about concepts or treatment processes of AYUSH system or about medicinal plants, traditional practices or folk medicine through social media platforms, news, beneficiaries, forefathers etc.

Secondary level: A person acquires knowledge about concepts or treatment processes of AYUSH system or about medicinal plants, traditional practices or folk medicine from reliable sources like books, journals, scientific texts etc.

Higher level: A person is actually engaged in practice of AYUSH medicine. This includes registered/unregistered Medical Practitioners, Yoga Instructor, Panchkarma Therapist, Cupping Therapist etc.

Objective criteria for deciding whether a household belongs to SSS1 or not:

A household belongs to SSS1 if-

- i. Any expenditure has been incurred for AYUSH treatment/services for at least one member or the household (as in-patient or outpatient of a medical institution) for prevention or treatment of diseases/ailments or for pre-natal care/post-natal care/childbirth. It is to be noted that expenditure for AYUSH treatments incurred by the household itself or borne by some other households.

Or

- ii. At least one member, by profession, is attached to any AYUSH service care providers (i.e., at least one member belongs to any of the category-Registered Medical Practitioner (AYUSH), Unregistered Medical Practitioner (AYUSH), Midwife, Pharmacists (AYUSH), Masseurs, Yoga Instructor, Panchkarma Therapist or Cupping Therapist, etc.) or involved in production or manufacturing of AYUSH medicines.

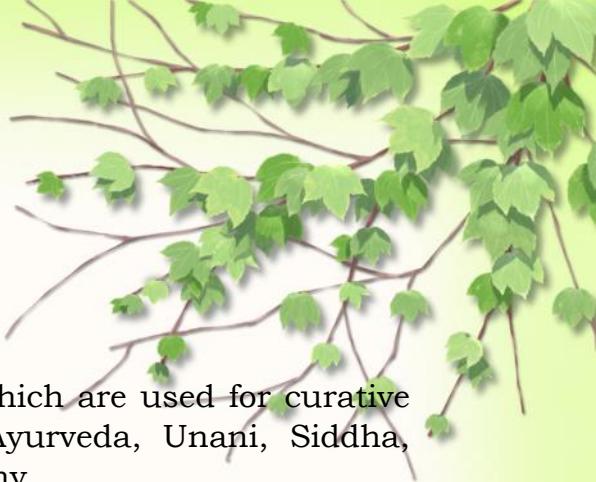
Or

- iii. Any member of the household has knowledge about medicinal plants or traditional practices/home remedies or folk medicines for healthcare and healing.

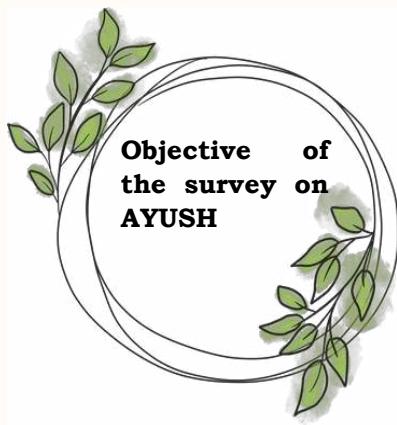
It is to be noted that- if a household is aware of AYUSH system (i.e. they have heard about existence of any of the systems of Ayurveda, Yoga, Unani, Sowa-Rigpa/Amchi or Homeopathy from media, articles, books, journals etc.) but has no knowledge about concepts/fundamentals or treatment modalities or procedures of AYUSH system then the household was not considered in SSS1.

A total of 12 households were surveyed in each selected FSU for AYUSH.

8 households were selected from SSS1 and 4 households were selected for SSS2 with “Simple Random Sampling Without Replacement (SRSWOR).



AYUSH is the recognized systems of medicines, which are used for curative and/or preventive purposes in India such as Ayurveda, Unani, Siddha, Sowa-Rigpa, Yoga & Naturopathy, and Homoeopathy



The objective of the survey on Ayush was to collect information on:

- ♣ Awareness of people about the traditional system of healthcare (Ayush system of medicine)
- ♣ Uses of the Ayush for prevention or treatment of ailments and for pre-natal and post-natal care.
- ♣ Awareness of the households about home remedies, medicinal plants, local health tradition/folk medicine.
- ♣ The survey has also collected information on expenditure incurred by the households on availing treatments using Ayush system of medicines.



AYURVEDA: 'Ayurveda' literally means 'Science of Life'. Ayurveda treatment is based more on the prevention process. This can be achieved by using ayurvedic medicines, suitable diet, activity and regimen for restoring the balance.

YOGA: It refers to traditional physical and mental disciplines originating in India. It is about the union of a person's own consciousness and the universal consciousness.

NATUROPATHY: Naturopathy is the most ancient health care mechanism that amalgamates modern scientific knowledge with traditional and natural forms of medicine. Relying on the healing power of nature, Naturopathy stimulates the human body's ability to heal itself.

UNANI: Unani is a comprehensive medical system that deals with the treatment of various states of health and ailments. Desi medicines prescribed by Hakims are called Unani medicines. It focuses on promotive, curative, preventive, and rehabilitative healthcare.

SIDDHA: Siddha is one of the ancient systems of medicine in India which has a close association with Dravidian Culture. Siddha Medicine is a traditional medicine having its roots in Tamil Nadu, India. Siddha Medicine focuses on making the human body perfect and varies hugely from the other conservative forms of medicine.

SOWA-RIGPA/AMCHI: The system of Sowa-Rigpa emphasizes the importance of the cosmological elements in the formation of the human body, the nature of disorders and remedial measures.

HOMOEOPATHY: Homeopathy was invented over 200 years ago by a German physician, Dr. Samuel Hahnemann, who, after observing many natural phenomena, became convinced that a substance which could cause a disease-like state could also cure a similar condition. The word 'Homeopathy' means 'similar sufferings' and the system of Homeopathy is based on 'let likes be treated by likes'.

This factsheet provides information on indicators on awareness, usage of Ayush and average expenditure incurred for availing Ayush treatment in Delhi.

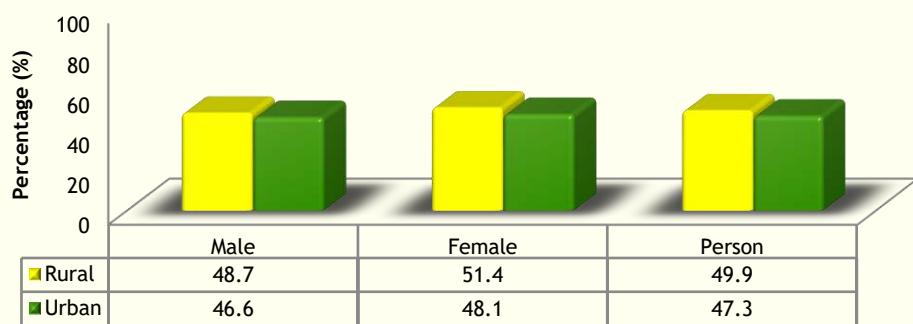


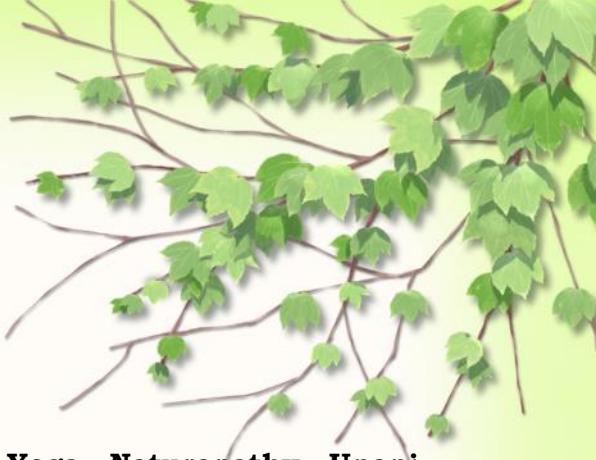
A person may be considered as 'Aware of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy (AYUSH)'

- If he/she is/was engaged by profession to AYUSH healthcare centres/service providers in any one of the category: Registered Medical Practitioner, Unregistered Medical Practitioner, Midwife, Masseurs, Pharmacists, Yoga instructor, Panchakarma Therapists, Cupping Therapists etc. or involved in production/manufacturing of AYUSH medicines.
- If he/she has taken treatment using the AYUSH system of medicines anytime.
- If he/she is/was aware about medicinal plants or plants having medicinal value, home remedies or traditional practices/folk practices for treatment or prevention.
- If he/she has heard about any of the AYUSH system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) from family, friends, medical practitioner, Media (TV, radio, hoardings, newspapers & magazines, internet- Facebook/WhatsApp/Twitter/IEC material through outreach camps, surveys of organizations, etc.), Research Articles/ Medical news-letter/ text books etc.

57.5% households reported at least one member of that household was aware about AYUSH in Delhi

Percentage of persons aware of AYUSH during last 365 days from the date of survey (15 years & above) out of total estimated number of persons in Delhi



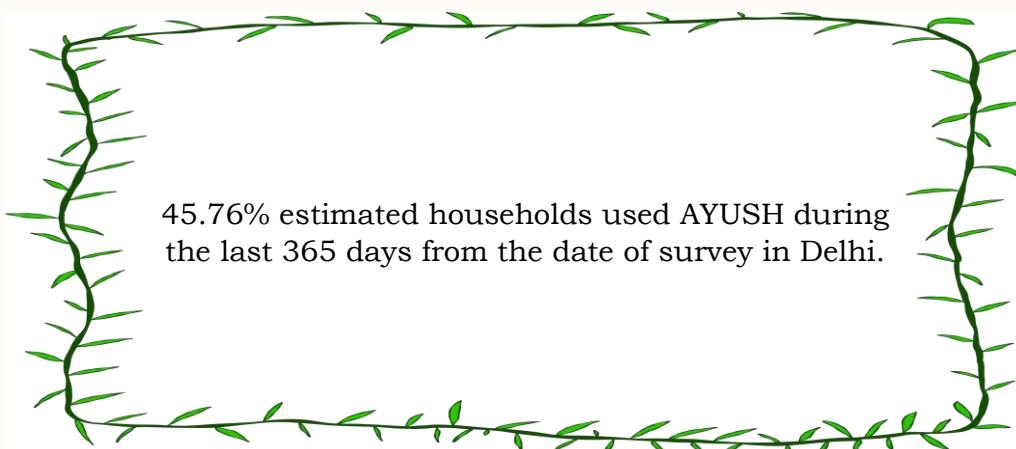


Use of AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines refers to the use/adoption of one or more of the system(s) of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi and Homoeopathy for treatment/cure of diseases/ailments or for prevention of diseases/ailments on the advice of a medical practitioner/instructor.

This also include home based remedies/traditional recipes/self-medication/self-treatment used by a member of the household knowing the preventive/ therapeutic effects or beneficial effects of the treatment/medication.

Examples:

- Use of home remedies on need basis at home e.g., AYUSH kadha for cough cold fever, mulethi for cough, ajwain for indigestion problem etc.
- Use of medicinal plants for prophylaxis like Giloy, Ashwagandha, Chyavanprash
- for immunity
- Use of traditional practices/folk practices for certain ailments — bone setting, poisoning, burns etc.
- Use of AYUSH interventions from certified practitioners, authentic advisories, guidelines, experts, beneficiaries, etc.





A pregnant female member of the household (age 15-49 years) may have used the system of medicine/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) for pre-natal/post-natal care during the reference period of last 365 days.

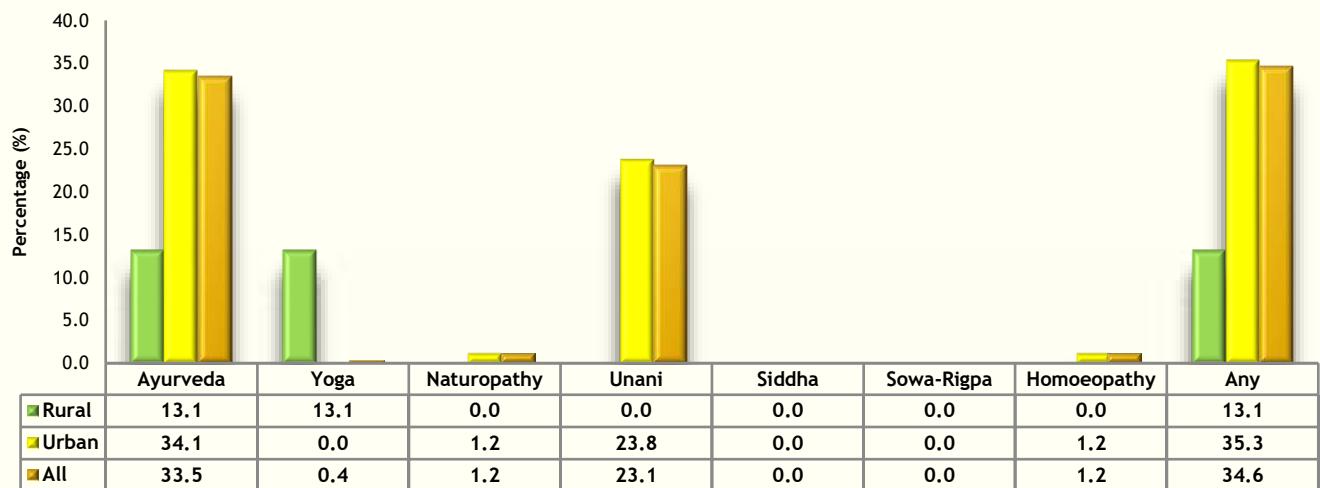
Pre-natal care: Pre-natal care, also known as antenatal care is a type of preventive healthcare with the goal of providing regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child.

Post-natal care: The post-natal period is defined as the first six weeks after birth (42 days) and it is critical to the health and survival of a mother and her new-born.

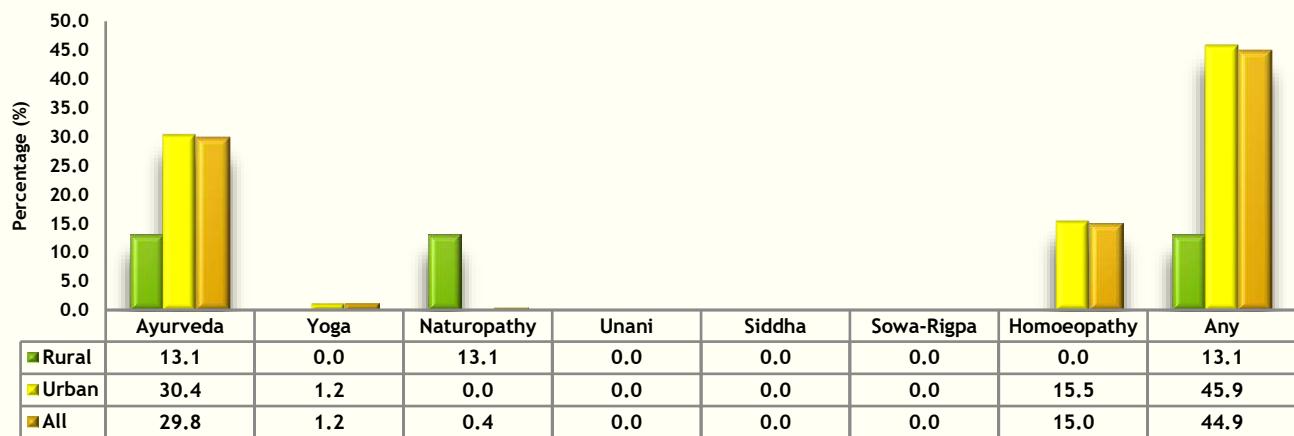




Percentage of pregnant woman using AYUSH out of total estimated number of pregnant woman for pre-natal care by system of medicine in Delhi



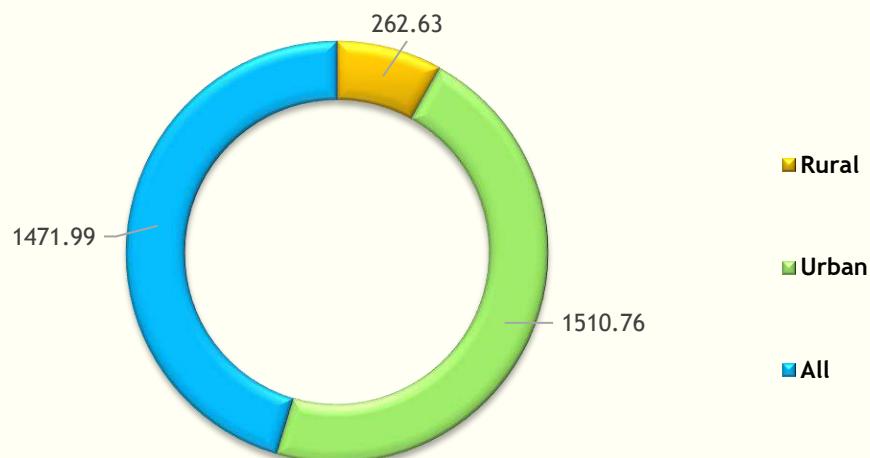
Percentage of pregnant woman using AYUSH out of total estimated number of pregnant woman for post-natal care by system of medicine in Delhi



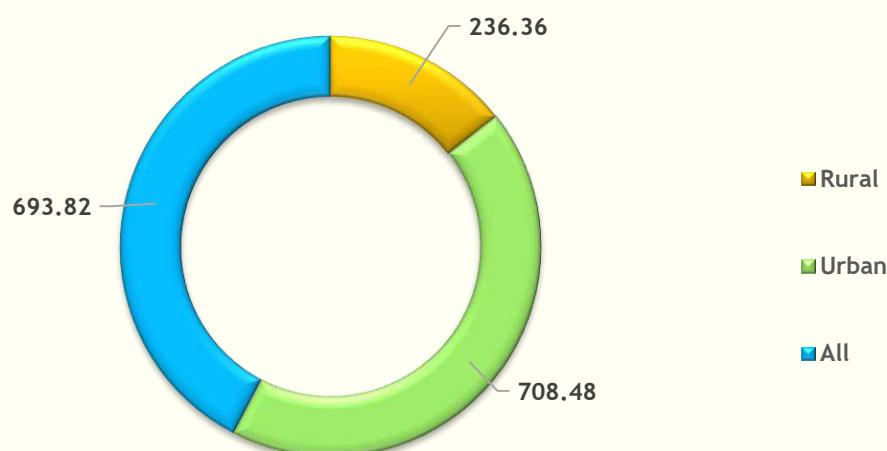
Average Expenditure incurred for pre-natal/post-natal care

Average Expenditure incurred for pre-natal/post-natal care (goods and/or services) using the AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system including expenditure on traditional recipes/home remedies during the period of last 365 days is presented below:

Average expenditure (Rs.) incurred per pregnant woman on pre-natal care in Delhi



Average expenditure (Rs.) incurred per pregnant woman on post-natal care in Delhi

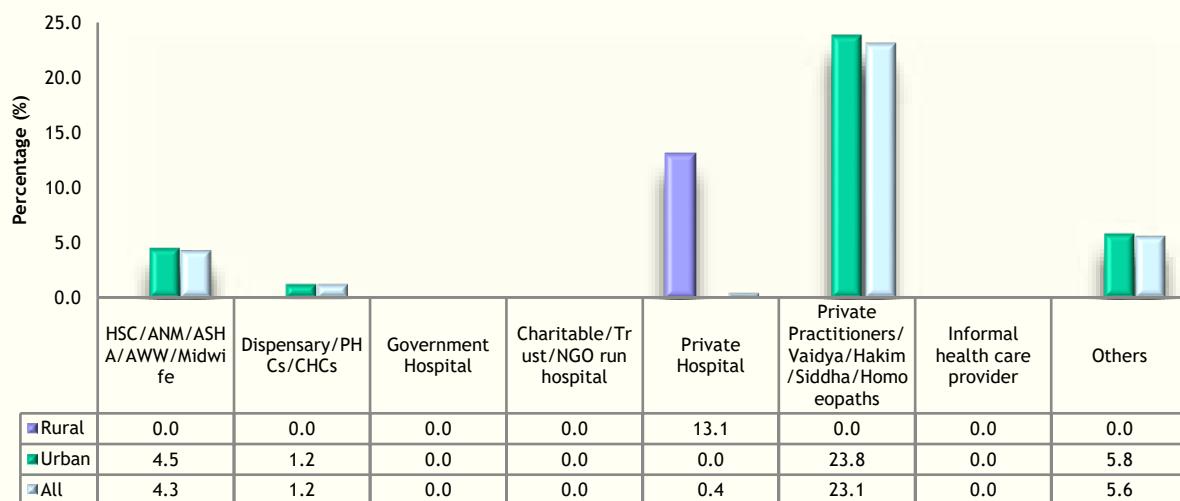


Sources of receiving the pre-natal/post-natal care using AYUSH

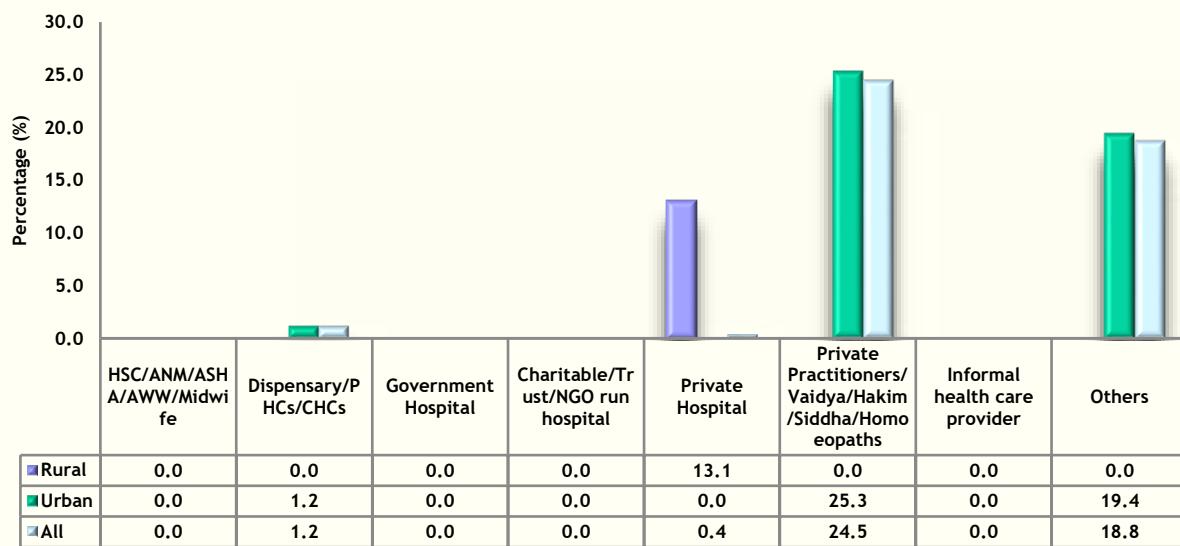
The most prominent sources from where a female member of the household usually receives the pre-natal/post-natal care using AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) system of medicines/health care system during the period of last 365 days are:

Health Sub-Centre (HSC)/Auxiliary Nurse Midwives (ANM)/Accredited Social Health Activist (ASHA)/Anganwadi worker(AWW)/Midwife, Dispensary/ Primary Health Centres (PHCs)/Community Health Centres (CHCs), Government hospital, Charitable/Trust/Non-Governmental Organisation (NGO) run hospital, Private hospital, Dispensary/Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/Homoeopaths), Informal health care provider & Others.

Percentage of pregnant woman using AYUSH for pre-natal care by major source

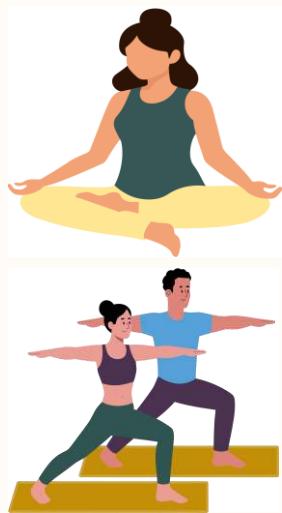


Percentage of pregnant woman using AYUSH for post-natal care by major source





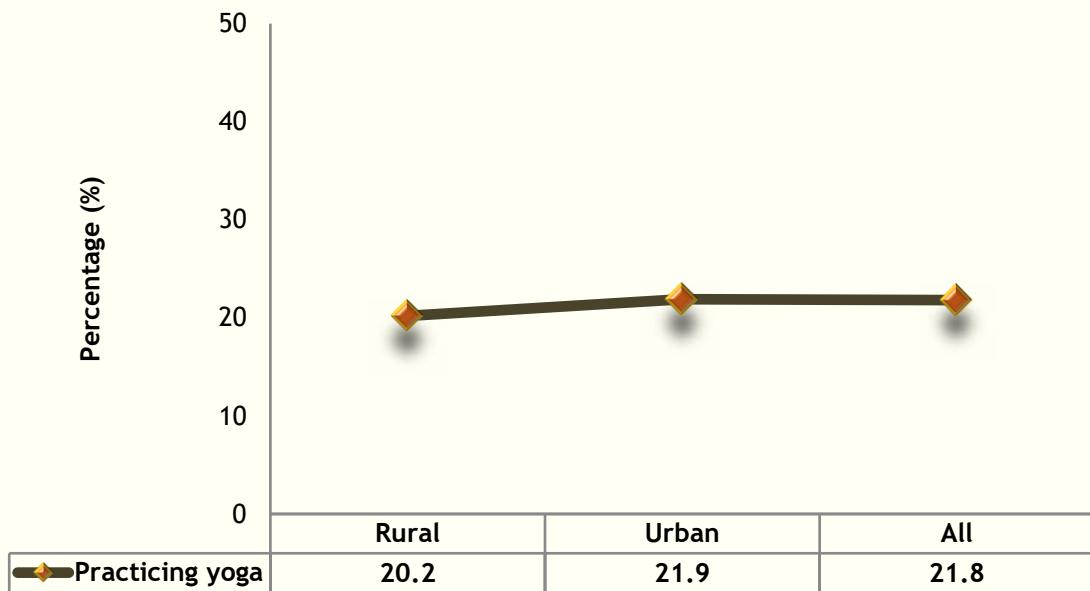
PRACTICE OF
YOGA



Yoga practiced deliberately and voluntarily under the supervision of yoga instructor/trainer and/or advised by the medical practitioner was considered for the purpose of recording. If a person practiced yoga at home after knowing the yogic postures and its effects, then he/she was considered as practicing yoga. Further, in case of yoga, a person may report having practiced yogic postures for only a few days; this was not be considered as “practicing yoga”. If any member of the household practiced yoga regularly for at least 7 days, then that member was considered as practicing yoga. Also, if a member has practiced yoga prior to the date of the survey, but stopped practicing the same at present and not intended to do the practice again in near future, then he/she was not considered as practicing Yoga.



Percentage of households reported at least one member of the household practicing yoga in Delhi





Medicinal plants: The term “medicinal plant” includes various types of plants used in herbalism (“herbology” or “herbal medicine”); plants that possess therapeutic properties or exert beneficial pharmacological effect on the human or animal body.

Home remedies: Home remedies are simple medication prepared at home by using herbs available in the region or other ingredients available in the house like spices. These are meant for prevention of diseases and management of simple and minor illness like common cold, cough, loss of appetite, indigestion and to aid recovery from illness, etc.

Folk medicines/ Local health traditions: Local health traditions (LHT) are the non-codified knowledge and traditional health care practices of common people and folk practitioners which are orally transmitted through generations. The folklore traditions are household level health practices and diverse viz. home remedies, food recipes, rituals and certain specialized practices like Marma chikitsa, bone setting, poison healers etc.

If the household reported that one or more member of the household is aware about the medicinal plants, then it was enquired that if any member of the household has knowledge about the uses of medicinal plants.

The ‘knowledge’ about the uses of medicinal plants refers to knowing the preventive/therapeutic effects or beneficial effects of the use of medicinal plants.

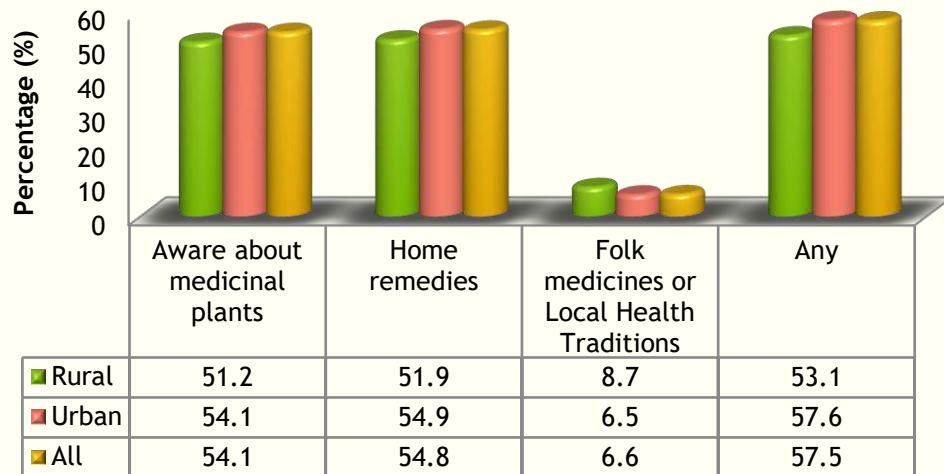


The ‘knowledge’ about the uses of one or more home remedies refers to knowing the preventive/therapeutic effects or beneficial effects of the use of those home remedies.

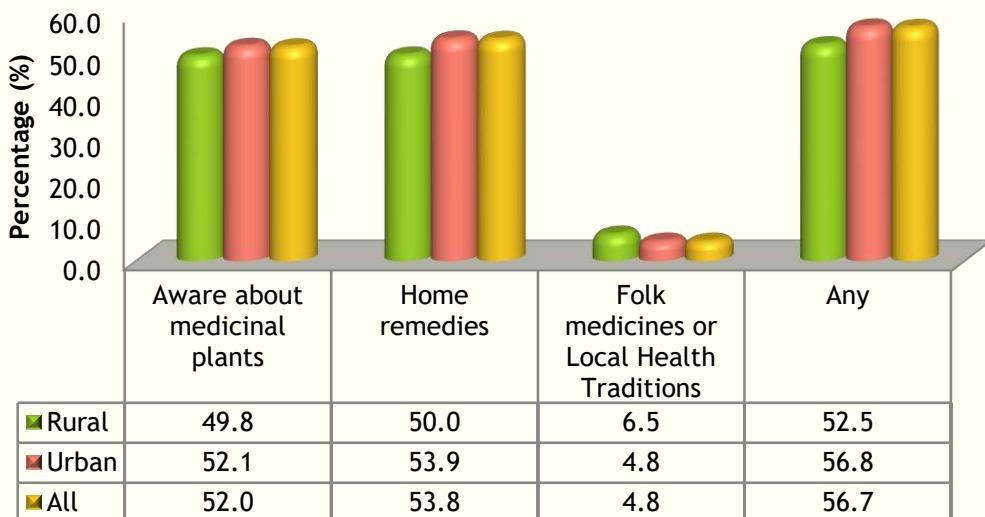
The ‘knowledge’ about the uses of one or more folk medicines or local health traditions refers to knowing the preventive/therapeutic effects or beneficial effects of the use of those folk medicines or local health traditions.



Percentage of households reported at least one member of the household aware about - medicinal plants, home remedies, folk medicines or local health traditions



Percentage of households reported at least one member of the household have knowledge about - medicinal plants, home remedies, folk medicines or local health traditions



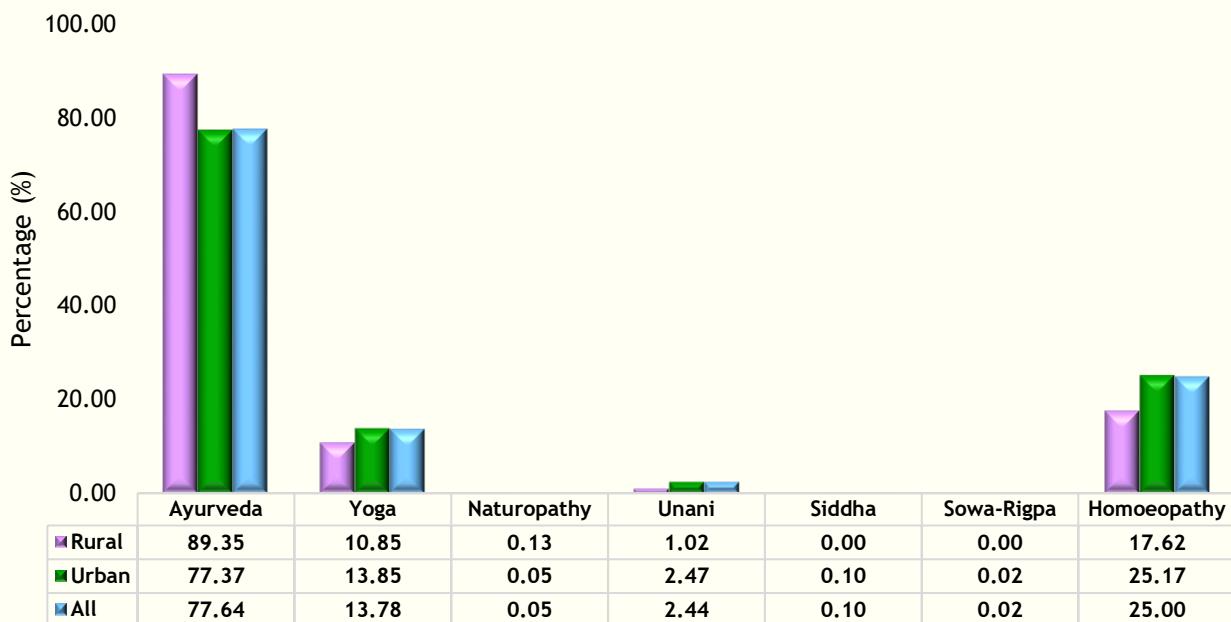


Use of AYUSH System of Medicine for Prevention or Treatment of Ailments



The information of persons who availed treatment using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy system as an out-patient (non-hospitalized treatment) during last 365 days from the date of survey was captured in the survey. A member of the household may suffer from more than one disease and therefore, may take treatment several times during the reference period of last 365 days. Thus, provision was made to record more than one ailment/purpose for which he/she took treatment as out-patient during the reference period.

Sector-wise percentage of persons who used AYUSH for non-hospitalized treatment by system of medicine in Delhi

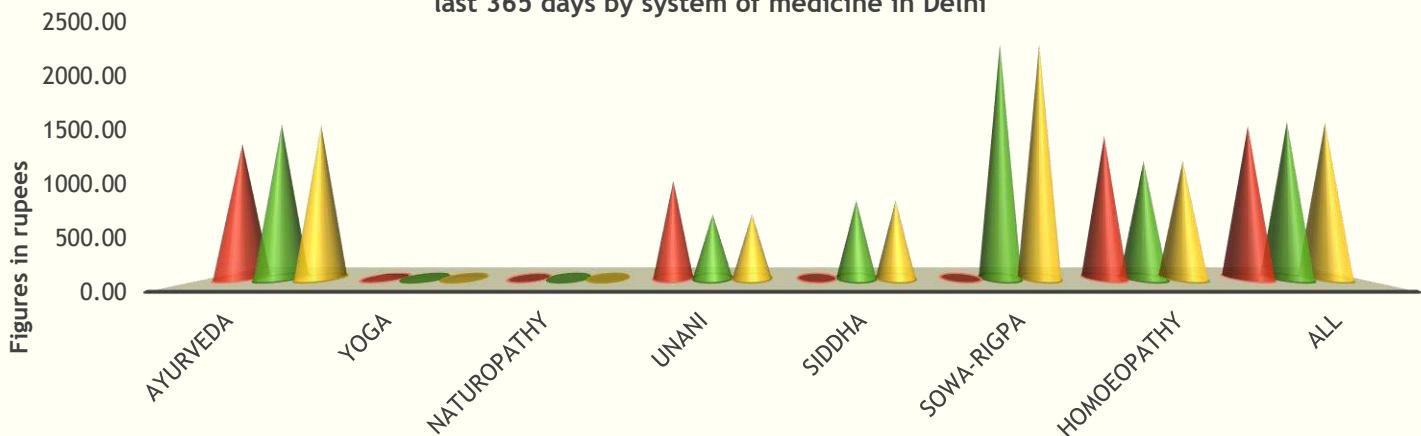


It has been observed that among the systems of AYUSH, Ayurveda is the most commonly used system followed by Homoeopathy by the people in Delhi.



The total amount of expenditure incurred considering all the non-hospitalization cases (one or more) for treatment using the different system of AYUSH/health care system (Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy) during the last 365 days for a particular member of the household was gathered.

Average expenditure (Rs.) incurred per household on non-hospitalized treatment using AYUSH out of number of persons who used AYUSH for non hospitalized treatment during last 365 days by system of medicine in Delhi



	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	All
Rural	1375.69	46.06	0.00	1000.00	0.00	0.00	1456.16	1558.20
Urban	1576.53	10.39	0.00	658.11	800.00	2400.00	1201.95	1601.55
All	1571.85	11.09	0.00	660.57	800.00	2400.00	1205.49	1600.68





TYPE OF TREATMENT

The type of treatment taken by the member of the household who have used the AYUSH system of medicine during the period of last 365 days was also taken into consideration in this survey.

Rejuvenation (Wellness/Preventive):

The measures and modalities aimed at health promotion and specific disease prevention which includes advocacy of healthy lifestyle viz., Dinacharya (daily regimen), Ritucharya (seasonal regimen) such as panchakarnia procedures which are done season-wise in healthy individuals as preventive measure", use of Rasayana medicines (Chyavanaprasha, Giloy, Ashwagandha, Amla, Triphla, Brahmi etc.).

Therapeutic (Curative):

The measures/ modalities undertaken by the AYUSH physician with an intention to cure the diseases. This may include diet, lifestyle modification, herbal, herbo metalo-mineral drugs, procedures like panchakarma, regimental therapy etc.

Complimentary or integrative (as add on to conventional allopathic treatment):

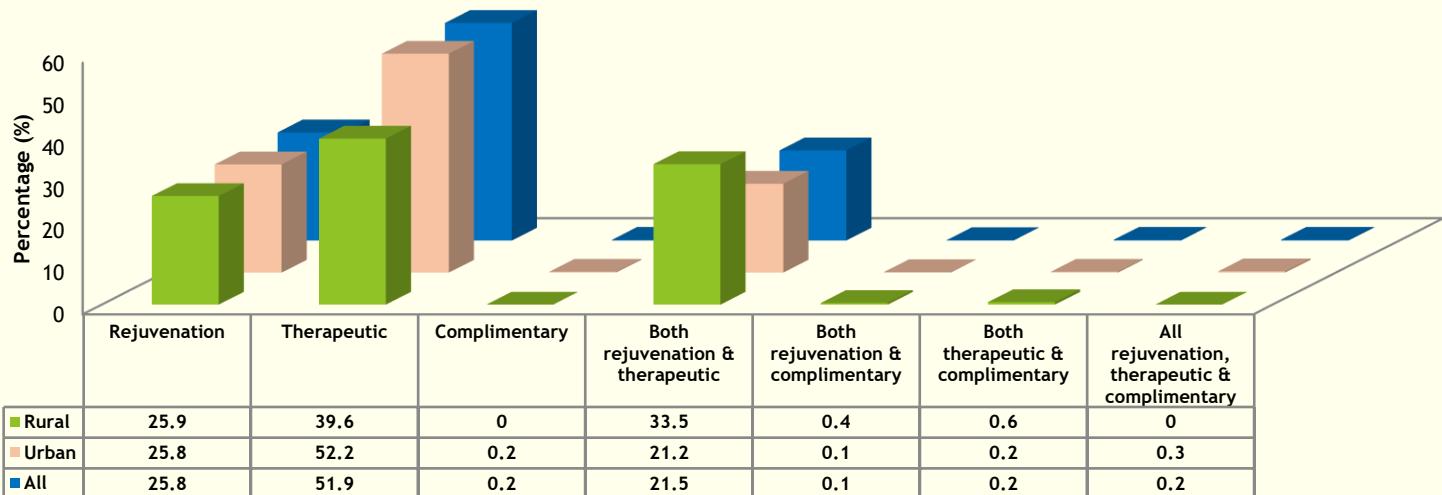
The measures/ modalities undertaken by the AYUSH physician in the disease management as co-administration along with other system of medicine (Allopathy) with a complementary, curative and palliative intent. For example, in case of certain diseases like diabetes, blood pressure, heart disease, arthritis, thyroid, cancer etc. AYUSH medicines are taken alongside modern (allopathic) medicines".

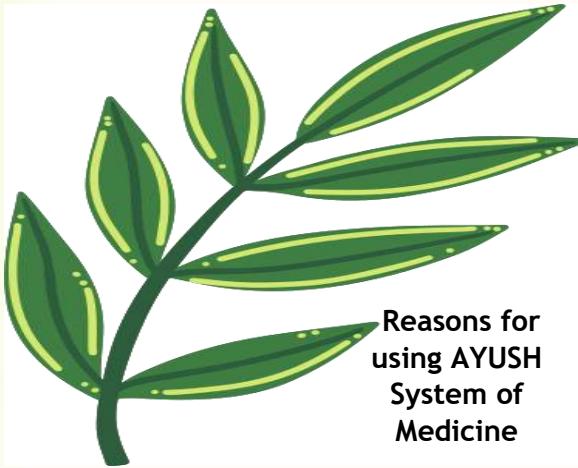
It has been observed that

- i. Out of the persons who used AYUSH, 25.8% persons have used AYUSH for Rejuvenation (Wellness/Preventive), 51.9% persons have used AYUSH for Therapeutic (Curative) and 21.5% persons have used AYSUH for Rejuvenation & Therapeutic purpose during the period of last 365 days from the date of survey.
- ii. Ayush was predominantly used for Therapeutic followed by Rejuvenation and preventive measures.



Percentage of persons using AYUSH by type of treatment in Delhi





Among the households who have used AYUSH during the last 365 days, the following are the reasons for using AYUSH:

- AYUSH medicines are effective
- Individualized personal care in AYUSH
- Ensures overall well-being/ complete cure
- Strengthen and revitalizes
- Faith/ belief in AYUSH
- Tradition / culture of using AYUSH
- Previous experience of self/ others
- Well-known to local people, family members and friends etc.
- Side effects are negligible /less
- AYUSH medicines are inexpensive / cost effective
- Easily available raw materials
- Non-availability/accessibility of allopathic medicines
- Expensive allopathic medicines
- Permanent cure may not be available in allopathy
- To reduce side effects of allopathy medicine
- Others

Percentage of households using AYUSH by Reason

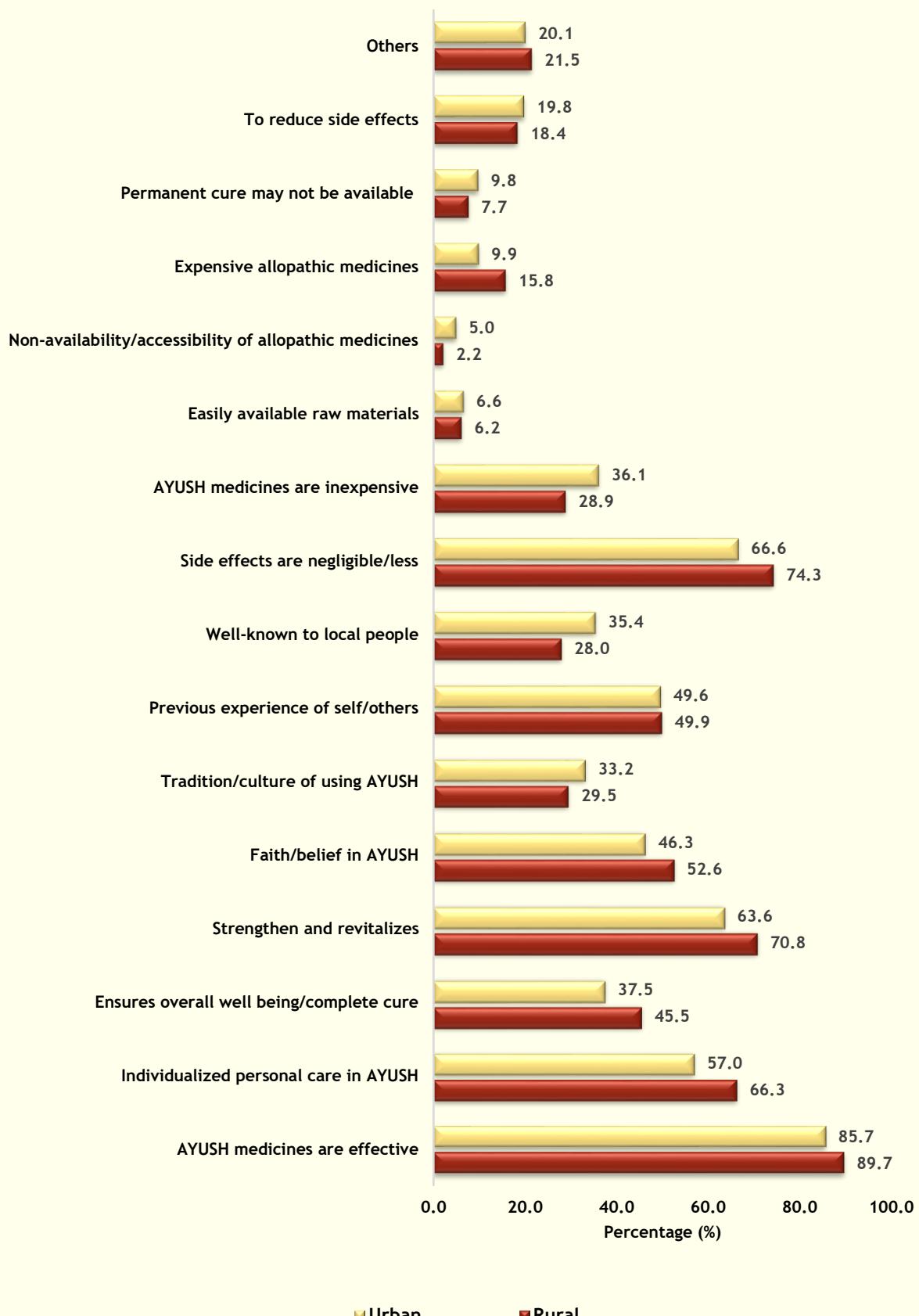
Reasons of using AYUSH	Rural	Urban	All (Rural + Urban)
AYUSH medicines are effective	89.7	85.7	85.8
Individualized personal care in AYUSH	66.3	57.0	57.2
Ensures overall well-being/complete cure	45.5	37.5	37.7
Strengthen and revitalizes	70.8	63.6	63.8
Faith/belief in AYUSH	52.6	46.3	46.5
Tradition/culture of using AYUSH	29.5	33.2	33.1
Previous experience of self/others	49.9	49.6	49.7
Well-known to local people	28.0	35.4	35.2
Side effects are negligible/less	74.3	66.6	66.7
AYUSH medicines are inexpensive	28.9	36.1	36.0
Easily available raw materials	6.2	6.6	6.6
Non-availability/accessibility of allopathic medicines	2.2	5.0	4.9
Expensive allopathic medicines	15.8	9.9	10.0
Permanent cure may not be available	7.7	9.8	9.7
To reduce side effects	18.4	19.8	19.7
Others	21.5	20.1	20.1

It has been observed that

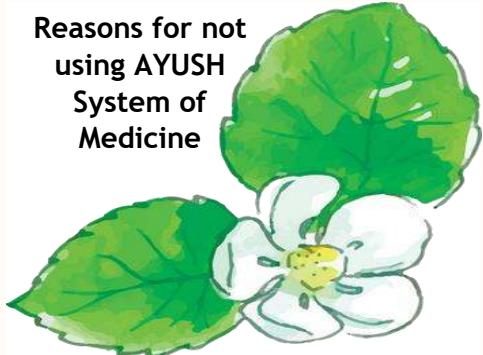
Out of the households who used AYUSH in Delhi:

- i. 9 out of 10 households believe that AYUSH medicines are effective
- ii. 7 out of 10 households believe that side effects are negligible/less
- iii. 6 out of 10 households used AYUSH because of
 - a. availability of Individualized personal care in AYUSH, or
 - b. the fact that AYUSH Strengthens and revitalizes body
- iv. 5 out of 10 households have
 - a. Faith/belief in AYUSH, or
 - b. Previous experience of self/others
- v. 4 out of 10 households use AYUSH because
 - a. Ensures overall well-being/complete cure, or
 - b. Well-known to local people, or
 - c. AYUSH medicines are inexpensive
- vi. 3 out of 10 households use AYUSH because of the tradition/culture of using AYUSH
- vii. 2 out of 10 households use AYUSH
 - a. To reduce side effects, or
 - b. For any other reason
- viii. 1 out of 10 households use AYUSH because of the belief that
 - a. the raw materials are easily available, or
 - b. Expensive allopathic medicines, or
 - c. Permanent cure may not be available

Percentage of households using AYUSH by reason



**Reasons for not
using AYUSH
System of
Medicine**



Among the households who have not used AYUSH during the last 365 days, the following are the reasons for using AYUSH:

- Need did not arise
- Not aware about effectiveness of AYUSH system of medicine
- Hosp./ disp./ PHCs/ CHCs are not available/ not aware of AYUSH
- Doctor/ Vaidya/ Hakim/ Siddha Maruthuvar/ Homoeopaths are not available
- Medicines are not available/ accessible
- Medicines/ treatments are expensive
- not reimbursed by insurance company
- medicines have side effects/ very slow effects
- needs to follow strict diet and lifestyle restrictions
- Faith in allopathy
- Not aware about any system under AYUSH
- Any other reason (e.g. quality of doctors or hospitals)

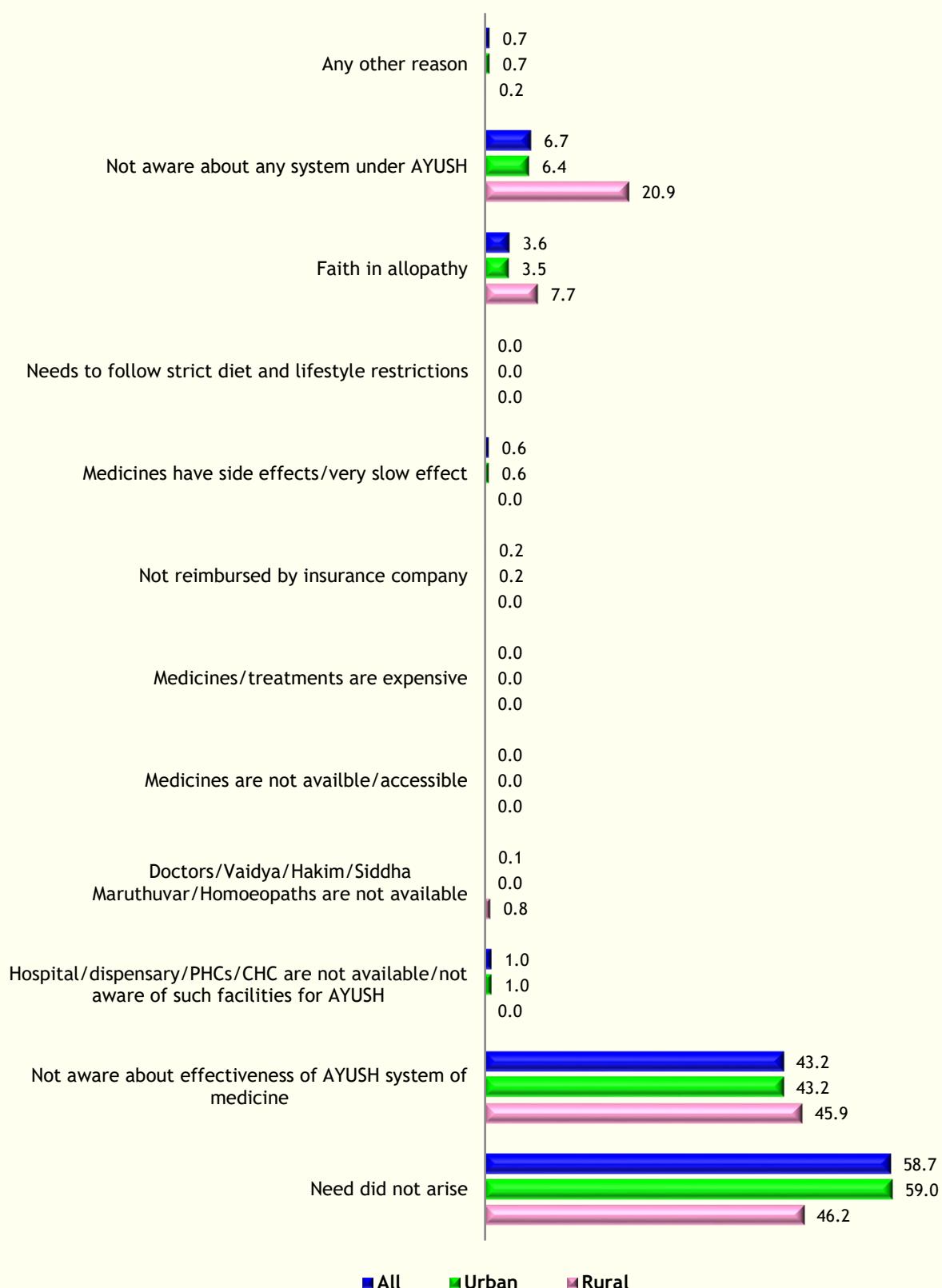
Out of the households who have not used AYUSH:

- i. 58.7% households have reported that the need for using AYUSH did not arise.
- ii. 43.2% households have reported that they were not aware about the effectiveness of AYUSH system of medicine.
- iii. 6.7% households have reported that they are not aware about any system of medicines.

Percentage of households not using AYUSH by reason

Reasons	Rural	Urban	All
Need did not arise	46.2	59.0	58.7
Not aware about effectiveness of AYUSH system of medicine	45.9	43.2	43.2
Hospital/dispensary/PHCs/CHC are not available/not aware of such facilities for AYUSH	0.0	1.0	1.0
Doctors/Vaidya/Hakim/Siddha Maruthuvar/Homoeopaths are not available	0.8	0.0	0.1
Medicines are not available/accessible	0.0	0.0	0.0
Medicines/treatments are expensive	0.0	0.0	0.0
Not reimbursed by insurance company	0.0	0.2	0.2
Medicines have side effects/very slow effect	0.0	0.6	0.6
Needs to follow strict diet and lifestyle restrictions	0.0	0.0	0.0
Faith in allopathy	7.7	3.5	3.6
Not aware about any system under AYUSH	20.9	6.4	6.7
Any other reason	0.2	0.7	0.7

Percentage of households not using AYUSH out of total estimated number of households who have not used AYUSH by reason in Delhi



Limitations

Limitations about the survey on AYUSH:

- Survey struggled to capture the broad scope of AYUSH, which includes treatment taken using AYUSH anytime by any member of the household or a member of the household is aware about medicinal plants, home remedies/traditional practices for treatment or prevention of ailments or is/was engaged by profession to AYUSH or has heard about at least one of the AYUSH System.
- The definition of AYUSH when taken in a rigid way, the results emerged from the survey may got effected.
- Challenges in accurately assessing the use of traditional practices, as people may not consider home remedies or lifestyle practices as "AYUSH" treatments. People might not recognize everyday practices like using turmeric milk or going for a morning walk as an AYUSH intervention, making it difficult for them to answer survey questions accurately.
- Survey did not capture the full spectrum of traditional practices, potentially leading to undercounting.
- Surveys relied on people's opinions, which can be biased and may not reflect the actual use of or satisfaction with AYUSH services. Further, where awareness, knowledge & belief of each person matters, the opinion of the informant stating about the awareness in respect of all the members of the household may be misleading.
- Survey did not cover all aspects of AYUSH, such as its integration into lifestyle, food habits, and other cultural practices.
- Like all other NSS surveys, in this survey too, there has been provision to collect information on household characteristics e.g., social group, religion, household type etc. along with demographic particulars of household members namely age, marital status, highest educational level attained etc. Consequently, data related to these auxiliary variables were recorded as reported by the respondent and not verified with any administrative record(s). Hence, the users of the unit level data are advised not to make use of the auxiliary information for estimation of indicators, as such an exercise would result in misleading and inappropriate conclusions.

- It may be noted that treatments or use of materials for beauty care or routine personal care and use of substances for flavouring of food or as mouth fresheners was considered if it was used with specific intention and knowledge about effects otherwise excluded from the coverage of this survey. A large no. of population of either sex are using the beauty products with or without specific intention and knowledge about the effects. Thus it may be assumed that the information related to the use of beauty care material by the persons may or may not be properly estimated.
- Herbal products which are used by the household for medical purpose (preventive as well as curative) after knowing the benefits of the product will be considered as use of AYUSH. Thus, the condition of "Knowing about the benefits" played a major role in this survey resulting into under estimation of data.

Volume II

Detailed Tables

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Table 0: Number of villages/ blocks surveyed and number of households surveyed: Delhi (State Sample)

State/ U.T	no. of FSUs surveyed		no. of HHs surveyed		
	RURAL	URBAN	RURAL	URBAN	RURAL + URBAN
(1)	(2)	(3)	(4)	(5)	(6)
Delhi	44	136	528	1632	2160

Table 00: Estimated number of persons (00) and average household size (0.0) classified by household social group and religion group in Delhi

State/ UT	Social Group: ALL					Religion Group: ALL				
	estd. number of persons (00)			number of households		average household size	sample number of persons			
	male	female	person	estd.(00)	sample		male	female	person	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
Rural										
Delhi	1957	1531	3488	908	873	3.8	1891	1487	3378	
Urban										
Delhi	76409	61411	137820	41231	2720	3.3	5240	4364	9604	
All										
Delhi	78366	62942	141308	42138	3593	3.4	7131	5851	12982	

Table 1: Number of persons per 1000 aware of AYUSH (age 15 years & above)

State/ U.T.	Per 1000 persons of age' 15 yrs. & above' aware of AYUSH						no. of persons		no. of persons	
	R U R A L			U R B A N			RURAL		URBAN	
	MALE	FEMALE	PERSON	MALE	FEMALE	PERSON	estd.(00)	sample	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Delhi	487	514	499	466	481	473	3458	2022	135397	5596
estd. no. of persons. (00)	699	616	1315	27604	23716	51320	XXXX	XXXX	XXXX	XXXX
sample no. of persons	518	444	962	1468	1236	2704	XXXX	XXXX	XXXX	XXXX

Table 2 : Number of persons per 1000 aware of AYUSH (age 15 years & above) during last 365 days by quintile class of UMPCE

Quintile class of UMPCE	Per 1000 persons of age '15 years & above' aware of AYUSH		no. of persons (total)	
	RURAL	URBAN	estd.(00)	sample
(1)	(2)	(3)	(6)	(7)
Q1	322	218	27948	1713
Q2	467	394	27351	1394
Q3	507	483	27995	1458
Q4	511	529	27935	1557
Q5	650	702	27626	1496
All	499	473	138855	7618
estd. no. of persons. (00)	1315	51320	XXXXXXX	XXXXXXX
sample no. of persons	962	2704	XXXXXXX	XXXXXXX

Table 3: Number of persons per 1000 using AYUSH during last 365 days by type of treatment

Sector: RURAL									
State/ U.T.	Per 1000 of persons using AYUSH by type of treatment							no. of persons using AYUSH	
	rejuvenation	therapeutic	complimentary	both rejuvenation & therapeutic	both rejuvenation & complimentary	both therapeutic & complimentary	All rejuvenation ther.& compli.	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Delhi	259	396	0	335	4	6	0	586	441
estd. no. of persons using AYUSH (00)	152	232	0	196	2	3	0	XXXXX	XXXXX
sample no. of persons using AYUSH	114	152	0	172	1	2	0	XXXXX	XXXXX

Table 3: Number of persons per 1000 using AYUSH during last 365 days by type of treatment

									Sector: URBAN			
State/ U.T.	Per 1000 of persons using AYUSH by type of treatment							no. of persons using AYUSH				
	rejuvenation	therapeutic	complimentary	both rejuvenation & therapeutic	both rejuvenation & complimentary	both therapeutic & complimentary	All rejuvenation ther.& compli.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)			
Delhi	258	522	2	212	1	2	3	25481	1324			
estd. no. of persons using AYUSH (00)	6586	13303	49	5406	14	60	64	XXXXX	XXXXX			
sample no. of persons using AYUSH	358	501	10	440	4	5	6	XXXXX	XXXXX			

Table 3: Number of persons per 1000 using AYUSH during last 365 days by type of treatment

									Sector: ALL	
State/ U.T.	Per 1000 of persons using AYUSH by type of treatment							no. of persons using AYUSH		
	rejuvenation	therapeutic	complimentary	both rejuvenation & therapeutic	both rejuvenation & complimentary	both therapeutic & complimentary	All rejuvenation ther.& compli.	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
Delhi	258	519	2	215	1	2	2	26068	1765	
estd. no. of persons using AYUSH (00)	6737	13536	49	5603	16	63	64	XXXXX	XXXXX	
sample no. of persons using AYUSH	472	653	10	612	5	7	6	XXXXX	XXXXX	

Table 4: Number per 1,00,000 of persons using AYUSH during last 365 days for non-hospitalized treatment by system of medicine

Sector: RURAL										
State/ U.T.	Per 1,00,000 of persons using AYUSH for non-hospitalized treatment by system of medicine								no. of persons using AYUSH for non hospitalized treatment	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Delhi	89350	10849	127	1017	0	0	17621	100000	585	440
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	523	63	1	6	0	0	103	585	XXXXX	XXXXX
sample no. of persons using AYUSH for non-hos. Treatment	399	63	1	3	0	0	70	440	XXXXX	XXXXX

Table 4: Number per 1,00,000 of persons using AYUSH during last 365 days for non-hospitalized treatment by system of medicine

										Sector: URBAN	
State/ U.T.	Per 1,00,000 of persons using AYUSH for non-hospitalized treatment by system of medicine								no. of persons using AYUSH for non hospitalized treatment		
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Delhi	77374	13845	47	2472	103	15	25171	100000	25402	1322	
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	19654	3517	12	628	26	4	6394	25402	XXXXX	XXXXX	
sample no. of persons using AYUSH for non-hos. Treatment	1172	310	4	10	1	1	232	1322	XXXXX	XXXXX	

Table 4: Number per 1,00,000 of persons using AYUSH during last 365 days for non-hospitalized treatment by system of medicine

										Sector: ALL	
State/ U.T.	Per 1,00,000 of persons using AYUSH for non-hospitalized treatment by system of medicine								no. of persons using AYUSH for non hospitalized treatment		
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Delhi	77644	13778	49	2440	101	15	25001	100000	25987	1762	
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	20177	3580	13	634	26	4	6497	25987	XXXXX	XXXXX	
sample no. of persons using AYUSH for non-hos. Treatment	1571	373	5	13	1	1	302	1762	XXXXX	XXXXX	

Table 4a: Number of persons per 1,00,000 availing non-hospitalized AYUSH treatment during last 365 days by system of medicine

Sector: RURAL										
State/ U.T.	Per 1,00,000 of persons using AYUSH for non-hospitalized treatment by system of medicine								no. of persons	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Delhi	15113	1835	21	172	0	0	2980	16914	3458	2022
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	523	63	1	6	0	0	103	585	XXXXX	XXXXX
sample no. of persons using AYUSH for non-hos. Treatment	399	63	1	3	0	0	70	440	XXXXX	XXXXX

Table 4a: Number of persons per 1,00,000 availing non-hospitalized AYUSH treatment during last 365 days by system of medicine

Sector: URBAN										
State/ U.T.	Per 1,00,000 of persons using AYUSH for non-hospitalized treatment by system of medicine								no. of persons	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Delhi	14516	2598	9	464	19	3	4722	18761	135397	5596
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	19654	3517	12	628	26	4	6394	25402	XXXXX	XXXXX
sample no. of persons using AYUSH for non-hos. Treatment	1172	310	4	10	1	1	232	1322	XXXXX	XXXXX

Table 4a: Number of persons per 1,00,000 availing non-hospitalized AYUSH treatment during last 365 days by system of medicine

										Sector: ALL	
State/ U.T.	Per 1,00,000 of persons using AYUSH for non-hospitalized treatment by system of medicine								no. of persons		
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Delhi	14531	2579	9	457	19	3	4679	18715	138855	7618	
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	20177	3580	13	634	26	4	6497	25987	XXXXX	XXXXX	
sample no. of persons using AYUSH for non-hos. Treatment	1571	373	5	13	1	1	302	1762	XXXXX	XXXXX	

Table 5: Average expenditure per person using AYUSH during last 365 days for non-hospitalized treatment by system of medicine

Sector: RURAL										
State/ U.T.	Average expenditure (Rs.) per person using AYUSH for non-hospitalized treatment by system of medicine								no. of persons using AYUSH for non-hospitalized treatment	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Delhi	924.64	29.65	0.00	666.67	0.00	0.00	1079.05	1026.30	585	440
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	523	63	1	6	0	0	103	585	XXXXX	XXXXX
sample no. of persons using AYUSH for non-hos. Treatment	399	63	1	3	0	0	70	440	XXXXX	XXXXX

Table 5: Average expenditure per person using AYUSH during last 365 days for non-hospitalized treatment by system of medicine

										Sector: URBAN	
State/ U.T.	Average expenditure (Rs.) per person using AYUSH for non-hospitalized treatment by system of medicine								no. of persons using AYUSH for non-hospitalized treatment		
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	All	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Delhi	1181.79	5.98	0.00	572.57	800.00	2400.00	1018.07	1186.84	25402	1322	
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	19654	3517	12	628	26	4	6394	25402	XXXXXX	XXXXXX	
sample no. of persons using AYUSH for non-hos. Treatment	1172	310	4	10	1	1	232	1322	XXXXXX	XXXXXX	

Table 5: Average expenditure per person using AYUSH during last 365 days for non-hospitalized treatment by system of medicine

Sector: ALL										
State/ U.T.	Average expenditure (Rs.) per person using AYUSH for non-hospitalized treatment by system of medicine								no. of persons using AYUSH for non-hospitalized treatment	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	All	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Delhi	1175.13	6.4	0.00	573.46	800	2400	1019.04	1183.23	25987	1762
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	20177	3580	13	634	26	4	6497	25987	XXXXX	XXXXX
sample no. of persons using AYUSH for non-hos. Treatment	1571	373	5	13	1	1	302	1762	XXXXX	XXXXX

Table 6: Average expenditure per household using AYUSH during last 365 days for non-hospitalized treatment by system of medicine

State/ U.T.	Average expenditure (Rs.) per household using AYUSH for non-hospitalized treatment by system of medicine								Sector: RURAL		
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	All	no. of H.H. using AYUSH for non - hospitalized treatment	estd.(00)	sample
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Delhi	1375.69	46.06	0.00	1000.00	0.00	0.00	1456.16	1558.20	385	279	
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	351	41	1	4	0	0	76	385	XXXXX	XXXXX	
sample no. of persons using AYUSH for non-hos. Treatment	258	38	1	2	0	0	51	279	XXXXX	XXXXX	

Table 6: Average expenditure per household using AYUSH during last 365 days for non-hospitalized treatment by system of medicine

										Sector: URBAN	
State/ U.T.	Average expenditure (Rs.) per household using AYUSH for non-hospitalized treatment by system of medicine								no. of H.H. using AYUSH for non - hospitalized treatment		
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	All			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Delhi	1576.53	10.39	0.00	658.11	800.00	2400.00	1201.95	1601.55	18824	859	
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	14733	2025	9	546	26	4	5416	18824	XXXXX	XXXXX	
sample no. of persons using AYUSH for non-hos. Treatment	763	172	3	9	1	1	182	859	XXXXX	XXXXX	

Table 6: Average expenditure per household using AYUSH during last 365 days for non-hospitalized treatment by system of medicine

Sector: ALL											
State/ U.T.	Average expenditure (Rs.) per household using AYUSH for non-hospitalized treatment by system of medicine								no. of H.H. using AYUSH for non - hospitalized treatment		
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	All	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Delhi	1571.85	11.09	0.00	660.57	800.00	2400.00	1205.49	1600.68	19209	1138	
estd. no. of persons. (00) using AYUSH for non-hos. Treatment	15084	2066	10	550	26	4	5492	19209	XXXXX	XXXXX	
sample no. of persons using AYUSH for non-hos. Treatment	1021	210	4	11	1	1	233	1138	XXXXX	XXXXX	

Table 7: Average expenditure incurred per household on hospitalized and non-hospitalized treatment using AYUSH during last 365 days by quintile class of UMPCE – Delhi

Delhi					Sector: RURAL
Quintile class of UMPCE	Average expenditure (Rs.) per household incurred during last 365 days on		no. of households (total)		
	hospitalized treatment	non-hospitalized treatment	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	
Q1	0.00	2293.38	143	85	
Q2	0.00	1449.51	161	105	
Q3	0.00	1629.82	172	103	
Q4	0.00	1554.42	185	105	
Q5	0.00	1345.49	246	130	
All	0.00	1558.20	908	528	
estd. no. of household (00)	0	385	XXXXXX	XXXXXX	
sample no. of household	0	279	XXXXXX	XXXXXX	

Table 7: Average expenditure incurred per household on hospitalized and non-hospitalized treatment using AYUSH during last 365 days by quintile class of UMPCE – Delhi

Delhi					Sector: URBAN
Quintile class of UMPCE	Average expenditure (Rs.) per household incurred during last 365 days on		no. of households (total)		
	hospitalized treatment	non-hospitalized treatment	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	
Q1	0.00	1868.09	6365	298	
Q2	0.00	1517.42	7108	242	
Q3	0.00	1595.50	7764	292	
Q4	0.00	1671.36	8584	363	
Q5	0.00	1539.07	11410	437	
All	0.00	1601.55	41231	1632	
estd. no. of household (00)	0	18824	XXXXXX	XXXXXX	
sample no. of household	0	859	XXXXXX	XXXXXX	

Table 7: Average expenditure incurred per household on hospitalized and non-hospitalized treatment using AYUSH during last 365 days by quintile class of UMPCE – Delhi

Delhi					Sector: ALL
Quintile class of UMPCE	Average expenditure (Rs.) per household incurred during last 365 days on		no. of households (total)		
	hospitalized treatment	non-hospitalized treatment	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	
Q1	0.00	1877.65	6508	383	
Q2	0.00	1515.96	7269	347	
Q3	0.00	1596.15	7936	395	
Q4	0.00	1668.70	8769	468	
Q5	0.00	1535.61	11656	567	
All	0.00	1600.68	42138	2160	
estd. no. of household (00)	0	19209	XXXXXX	XXXXXX	
sample no. of household	0	1138	XXXXXX	XXXXXX	

Table 8: Number of households per 1000 reported at least one member of the household (a) practicing yoga, (b) aware about - medicinal plants, home remedies, folk medicines or local health traditions

Sector: RURAL							
State/ U.T.	Per 1000 households reported at least one member of the household					no. of household	
	practicing yoga	aware about				Any	estd.(00)
		medicinal plants	home remedies	folk medicines or local health traditions	Any		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Delhi	202	512	519	87	531	908	528
estd. no. of household (00)	183	464	471	79	482	XXXXX	XXXXX
sample no. of household	130	339	337	52	351	XXXXX	XXXXX

Table 8: Number of households per 1000 reported at least one member of the household (a) practicing yoga, (b) aware about - medicinal plants, home remedies, folk medicines or local health traditions

Sector: URBAN							
State/ U.T.	Per 1000 households reported at least one member of the household					no. of household	
	practicing yoga	aware about				estd.(00)	sample
		medicinal plants	home remedies	folk medicines or local health traditions	Any		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Delhi	219	541	549	65	576	41231	1632
estd. no. of household (00)	9016	22324	22627	2696	23740	XXXXXX	XXXXXX
sample no. of household	450	1008	1037	190	1073	XXXXXX	XXXXXX

Table 8: Number of households per 1000 reported at least one member of the household (a) practicing yoga, (b) aware about - medicinal plants, home remedies, folk medicines or local health traditions

Sector: ALL							
State/ U.T.	Per 1000 households reported at least one member of the household					no. of household	
	practicing yoga	aware about				estd.(00)	sample
		medicinal plants	home remedies	folk medicines or local health traditions	Any		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Delhi	218	541	548	66	575	42138	2160
estd. no. of household (00)	9199	22789	23098	2775	24221	XXXXX	XXXXX
sample no. of household	580	1347	1374	242	1424	XXXXX	XXXXX

Table 9: Number of households per 1000 reported at least one member of the household have knowledge about - medicinal plants, home remedies, folk medicines or local health tradition

Sector: RURAL						
State/ U.T.	Per 1000 households reported at least one member of the household have knowledge about				no. of households	
	medicinal plants	home remedies	folk medicines or local health traditions	Any	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Delhi	498	500	65	525	908	528
estd. no. of household (00)	452	454	59	476	XXXXX	XXXXX
sample no. of household	327	324	34	346	XXXXX	XXXXX

Table 9: Number of households per 1000 reported at least one member of the household have knowledge about - medicinal plants, home remedies, folk medicines or local health tradition

Sector: URBAN						
State/ U.T.	Per 1000 households reported at least one member of the household have knowledge about				no. of households	
	medicinal plants	home remedies	folk medicines or local health traditions	Any	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Delhi	521	539	48	568	41231	1632
estd. no. of household (00)	21461	22216	1970	23417	XXXXX	XXXXX
sample no. of household	956	1012	116	1056	XXXXX	XXXXX

Table 9: Number of households per 1000 reported at least one member of the household have knowledge about - medicinal plants, home remedies, folk medicines or local health tradition

Sector: ALL						
State/ U.T.	Per 1000 households reported at least one member of the household have knowledge about				no. of households	
	medicinal plants	home remedies	folk medicines or local health traditions	Any	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Delhi	520	538	48	567	42138	2160
estd. no. of household (00)	21913	22670	2029	23894	XXXXX	XXXXX
sample no. of household	1283	1336	150	1402	XXXXX	XXXXX

Table 10a: Number of pregnant woman per 1000 using AYUSH during last 365 days for pre-natal care by system of medicines and average expenditure incurred per pregnant woman on pre-natal care

Sector: RURAL											
State/ U.T.	Per 1000 of pregnant woman using AYUSH for pre-natal care by system of medicines									no. of pregnant woman	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	Average exp.(Rs.) incurred per pregnant woman on pre-natal care		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Delhi	131	131	0	0	0	0	0	131	262.63	10	4
estd. no. of pregnant woman (00)	1	1	0	0	0	0	0	1	10	XXXXX	XXXXX
sample no. of pregnant woman	1	1	0	0	0	0	0	1	4	XXXXX	XXXXX

Table 10a: Number of pregnant woman per 1000 using AYUSH during last 365 days for pre-natal care by system of medicines and average expenditure incurred per pregnant woman on pre-natal care

Sector: URBAN											
State/ U.T.	Per 1000 of pregnant woman using AYUSH for pre-natal care by system of medicines									no. of pregnant woman	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	Average exp.(Rs.) incurred per pregnant woman on pre-natal care	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Delhi	341	0	12	238	0	0	12	353	1510.76	315	13
estd. no. of pregnant woman (00)	108	0	4	75	0	0	4	111	315	XXXXX	XXXXX
sample no. of pregnant woman	8	0	1	1	0	0	1	9	13	XXXXX	XXXXX

Table 10a: Number of pregnant woman per 1000 using AYUSH during last 365 days for pre-natal care by system of medicines and average expenditure incurred per pregnant woman on pre-natal care

Sector: ALL											
State/ U.T.	Per 1000 of pregnant woman using AYUSH for pre-natal care by system of medicines									no. of pregnant woman	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	Average exp.(Rs.) incurred per pregnant woman on pre-natal care	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Delhi	335	4	12	231	0	0	12	346	1471.99	325	17
estd. no. of pregnant woman (00)	109	1	4	75	0	0	4	113	325	XXXXX	XXXXX
sample no. of pregnant woman	9	1	1	1	0	0	1	10	17	XXXXX	XXXXX

Table 10b: Number of pregnant woman per 1000 using AYUSH during last 365 days for post-natal care by system of medicines and average expenditure incurred per pregnant woman on post-natal care

Sector: RURAL											
State/ U.T.	Per 1000 of pregnant woman using AYUSH for post-natal care by system of medicines									no. of pregnant woman	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	Average exp.(Rs.) incurred per pregnant woman on post-natal care	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Delhi	131	0	131	0	0	0	0	131	236.36	10	4
estd. no. of pregnant woman (00)	1	0	1	0	0	0	0	1	10	XXXXX	XXXXX
sample no. of pregnant woman	1	0	1	0	0	0	0	1	4	XXXXX	XXXXX

Table 10b: Number of pregnant woman per 1000 using AYUSH during last 365 days for post-natal care by system of medicines and average expenditure incurred per pregnant woman on post-natal care

State/ U.T.	Per 1000 of pregnant woman using AYUSH for post-natal care by system of medicines									Sector: URBAN		
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	Average exp.(Rs.) incurred per pregnant woman on post-natal care	no. of pregnant woman	estd.(00)	sample
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)			
Delhi	304	12	0	0	0	0	155	459	708.48	315	13	
estd. no. of pregnant woman (00)	96	4	0	0	0	0	49	145	315	XXXXX	XXXXX	
sample no. of pregnant woman	5	1	0	0	0	0	2	7	13	XXXXX	XXXXX	

Table 10b: Number of pregnant woman per 1000 using AYUSH during last 365 days for post-natal care by system of medicines and average expenditure incurred per pregnant woman on post-natal care

Sector: ALL											
State/ U.T.	Per 1000 of pregnant woman using AYUSH for post-natal care by system of medicines									no. of pregnant woman	
	Ayurveda	Yoga	Naturopathy	Unani	Siddha	Sowa-Rigpa	Homoeopathy	Any	Average exp.(Rs.) incurred per pregnant woman on post-natal care	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Delhi	298	12	4	0	0	0	150	449	693.82	325	17
estd. no. of pregnant woman (00)	97	4	1	0	0	0	49	146	325	XXXXX	XXXXX
sample no. of pregnant woman	6	1	1	0	0	0	2	8	17	XXXXX	XXXXX

Table 11a: Number of pregnant woman per 1000 using AYUSH during last 365 days for pre-natal care by major source of receiving pre-natal care

State/ U.T.	Per 1000 of pregnant woman using AYUSH for pre-natal care by major source*								no. of pregnant woman	
	HSC/ ANM ASHA/ AWW/ Midwife	Dispensary/ PHCs/ CHCs	Government hospital	Charitable/ Trust/ NGO run hospital	Private hospital	Private practitioners Vaidya/ Hakim/ Siddha/ Homoeopaths	Informal health care provider	Others	estd.(00)	sample
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Delhi	0	0	0	0	131	0	0	0	10	4
estd. no. of pregnant woman (00)	0	0	0	0	1	0	0	0	XXXXX	XXXXX
sample no. of pregnant woman	0	0	0	0	1	0	0	0	XXXXX	XXXXX

*:major source refers to type of health care service provider for pre-natal care

Table 11a: Number of pregnant woman per 1000 using AYUSH during last 365 days for pre-natal care by major source of receiving pre-natal care

State/ U.T.	Per 1000 of pregnant woman using AYUSH for pre-natal care by major source*								no. of pregnant woman		Sector: URBAN	
	HSC/ ANM ASHA/ AWW/ Midwife	Dispensary/ PHCs/ CHCs	Government hospital	Charitable/ Trust/ NGO run hospital	Private hospital	Private practitioners Vaidya/ Hakim/ Siddha/ Homoeopaths	Informal health care provider	Others			estd.(00)	sample
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Delhi	45	12	0	0	0	238	0	58	315	13		
estd. no. of pregnant woman (00)	14	4	0	0	0	75	0	18	XXXXX	XXXXX		
sample no. of pregnant woman	4	1	0	0	0	1	0	3	XXXXX	XXXXX		

*:major source refers to type of health care service provider for pre-natal care

Table 11a: Number of pregnant woman per 1000 using AYUSH during last 365 days for pre-natal care by major source of receiving pre-natal care

State/ U.T.	Per 1000 of pregnant woman using AYUSH for pre-natal care by major source*								no. of pregnant woman	
	HSC/ ANM ASHA/ AWW/ Midwife	Dispensary/ PHCs/ CHCs	Government hospital	Charitable/ Trust/ NGO run hospital	Private hospital	Private practitioners Vaidya/ Hakim/ Siddha/ Homoeopaths	Informal health care provider	Others		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Delhi	43	12	0	0	4	231	0	56	325	17
estd. no. of pregnant woman (00)	14	4	0	0	1	75	0	18	XXXXX	XXXXX
sample no. of pregnant woman	4	1	0	0	1	1	0	3	XXXXX	XXXXX

*:major source refers to type of health care service provider for pre-natal care

Table 11b: Number of pregnant woman per 1000 using AYUSH during last 365 days for post-natal care by major source of receiving post-natal care

										Sector: RURAL	
State/ U.T.	Per 1000 of pregnant woman using AYUSH for post-natal care by major source*								no. of pregnant woman		
	HSC/ ANM ASHA	Dispensary/ PHCs/ CHCs	Government hospital	Charitable/ Trust/ NGO run hospital	Private hospital	Private practitioners Vaidya/ Hakim/ Siddha/ Homoeopaths	Informal health care provider	ALL	estd.(00)	sample	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Delhi	0	0	0	0	131	0	0	0	10	4	
estd. no. of pregnant woman (00)	0	0	0	0	1	0	0	0	XXXXX	XXXXX	
sample no. of pregnant woman	0	0	0	0	1	0	0	0	XXXXX	XXXXX	

*:major source refers to type of health care service provider for post-natal care

Table 11b: Number of pregnant woman per 1000 using AYUSH during last 365 days for post-natal care by major source of receiving post-natal care

State/ U.T.	Per 1000 of pregnant woman using AYUSH for post-natal care by major source*								no. of pregnant woman	
	HSC/ ANM ASHA	Dispensary/ PHCs/ CHCs	Government hospital	Charitable/ Trust/ NGO run hospital	Private hospital	Private practitioners Vaidya/ Hakim/ Siddha/ Homoeopaths	Informal health care provider	ALL	estd.(00)	sample
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Delhi	0	12	0	0	0	253	0	194	315	13
estd. no. of pregnant woman (00)	0	4	0	0	0	80	0	61	XXXXX	XXXXX
sample no. of pregnant woman	0	1	0	0	0	2	0	4	XXXXX	XXXXX

*:major source refers to type of health care service provider for post-natal care

Table 11b: Number of pregnant woman per 1000 using AYUSH during last 365 days for post-natal care by major source of receiving post-natal care

State/ U.T.	Per 1000 of pregnant woman using AYUSH for post-natal care by major source*								no. of pregnant woman		Sector: ALL
	HSC/ ANM ASHA	Dispensary/ PHCs/ CHCs	Government hospital	Charitable/ Trust/ NGO run hospital	Private hospital	Private practitioners Vaidya/ Hakim/ Siddha/ Homoeopaths	Informal health care provider	ALL			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Delhi	0	12	0	0	4	245	0	188	325	17	
estd. no. of pregnant woman (00)	0	4	0	0	1	80	0	61	XXXXX	XXXXX	
sample no. of pregnant woman	0	1	0	0	1	2	0	4	XXXXX	XXXXX	

*:major source refers to type of health care service provider for post-natal care

Table 12: Proportion (per 1000) of households using AYUSH by reason

State/ U.T.	Proportion (per 1000) of households using AYUSH by reason															no. of households using AYUSH			
	AYUSH medicines are effective	Individualized personal care in AYUSH	Ensures overall well-being/ complete cure	Strengthen and revitalizes	Faith/ belief in AYUSH	Tradition culture of using AYUSH	Previous experience of self/ others	Well-known to local people	Side effects are negligible/less	AYUSH medicines are inexpensive	Easily available raw materials	Non-availability/ accessibility of allopathic medicine	Expensive allopathic medicines	Permanent cure may not be available	To reduce side effects	Others	Any	estd.(00)	sample
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
Delhi	897	663	455	708	526	295	499	280	743	289	62	22	158	77	184	215	1000	385	279
estd. no. of hh using AYUSH (00)	345	255	175	273	203	114	192	108	286	111	24	9	61	30	71	83	385	XXXXX	XXXXX
sample no. of hh using AYUSH	239	175	121	197	131	77	131	72	208	84	16	7	39	18	52	59	279	XXXXX	XXXXX

Table 12: Proportion (per 1000) of households using AYUSH by reason

State/ U.T.	Proportion (per 1000) of households using AYUSH by reason															no. of households using AYUSH			
	AYUSH medicines are effective	Individualized personal care in AYUSH	Ensures overall well-being/ complete cure	Strengthen and revitalizes	Faith/ belief in AYUSH	Tradition culture of using AYUSH	Previous experience of self/ others	Well-known to local people	Side effects are negligible/less	AYUSH medicines are inexpensive	Easily available raw materials	Non-availability /accessibility of allopathic medicine	Expensive allopathic medicines	Permanent cure may not be available	To reduce side effects	Others	Any		
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Delhi	857	570	375	636	463	332	496	354	666	361	66	50	99	98	198	201	1000	18899	860
estd. no. of hh using AYUSH (00)	16199	10779	7094	12027	8756	6273	9383	6688	12585	6831	1244	943	1871	1846	3733	3798	18899	XXXXX	XXXXX
sample no. of hh using AYUSH	735	476	320	595	415	219	380	238	622	241	42	20	93	76	153	149	860	XXXXX	XXXXX

Table 12: Proportion (per 1000) of households using AYUSH by reason

State/ U.T.	Proportion (per 1000) of households using AYUSH by reason															Sector: ALL		no. of households using AYUSH	
	AYUSH medicines are effective	Individualized personal care in AYUSH	Ensures overall well-being/ complete cure	Strengthen and revitalizes	Faith/ belief in AYUSH	Tradition culture of using AYUSH	Previous experience of self/ others	Well-known to local people	Side effects are negligible /less	AYUSH medicines are inexpensive	Easily available raw materials	Non-availability /accessibility of allopathic medicine	Expensive allopathic medicines	Permanent cure may not be available	To reduce side effects	Others	Any	estd.(00)	sample
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Delhi	858	572	377	638	465	331	497	352	667	360	66	49	100	97	197	201	1000	19284	1139
estd. no. of hh using AYUSH (00)	16545	11034	7270	12300	8959	6386	9575	6796	12871	6942	1268	951	1932	1876	3804	3881	19284	XXXXX	XXXXX
sample no. of hh using AYUSH	974	651	441	792	546	296	511	310	830	325	58	27	132	94	205	208	1139	XXXXX	XXXXX

Table 13: Proportion (per 1000) of households not using AYUSH by reason

State/ U.T.	Proportion (per 1000) of households not using AYUSH by reason												Sector: RURAL		
	Need did not arise	Not aware about effectiveness of AYUSH system of medicine	Hosp./ disp./ PHCs/ CHCs are not available/ not aware of AYUSH	Doct/ Vaidya/ Hakim/ Siddha Maruth./ Homoe. are not available	Medicines are not available/ accessible	Medicines/ treatments are expensive	not reimbursed by insurance company	medicines have side effects/ very slow effects	needs to follow strict diet and lifestyle restrictions	Faith in allopathy	Not aware about any system under AYUSH	Any other reason	Any	no. of households not using AYUSH	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Delhi	462	459	0	8	0	0	0	0	0	77	209	2	1000	522	249
estd. no. of using AYUSH (00)	241	240	0	4	0	0	0	0	0	40	109	1	522	XXXXX	XXXXX
sample no. of persons	126	109	0	2	0	0	0	0	0	24	38	2	249	XXXXX	XXXXX

Table 13: Proportion (per 1000) of households not using AYUSH by reason

State/ U.T.	Proportion (per 1000) of households not using AYUSH by reason													Sector: URBAN	
	Need did not arise	Not aware about effectiveness of AYUSH system of medicine	Hosp./ disp./ PHCs/ CHCs are not available/ not aware of AYUSH	Doct/ Vaidya/ Hakim/ Siddha Maruth./ Homoe. are not available	Medicines are not available/ accessible	Medicines/ treatments are expensive	not reimbursed by insurance company	medicines have side effects/ very slow effects	needs to follow strict diet and lifestyle restrictions	Faith in allopathy	Not aware about any system under AYUSH	Any other reason	Any	no. of households not using AYUSH	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Delhi	590	432	10	0	0	0	2	6	0	35	64	7	1000	22331	772
estd. no. of using AYUSH (00)	13171	9642	222	7	0	0	54	126	0	777	1430	155	22331	XXXXX	XXXXX
sample no. of persons	458	271	8	2	0	0	2	9	0	65	63	31	772	XXXXX	XXXXX

Table 13: Proportion (per 1000) of households not using AYUSH by reason

State/ U.T.	Proportion (per 1000) of households not using AYUSH by reason												Sector: ALL		
	Need did not arise	Not aware about effectiveness of AYUSH system of medicine	Hosp./ disp./ PHCs/ CHCs are not available/ not aware of AYUSH	Doct/ Vaidya/ Hakim/ Siddha Maruth/ Homoe. are not available	Medicines are not available/ accessible	Medicines/ treatments are expensive	not reimbursed by insurance company	medicines have side effects/ very slow effects	needs to follow strict diet and lifestyle restrictions	Faith in allopathy	Not aware about any system under AYUSH	Any other reason	Any	no. of households not using AYUSH	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Delhi	587	432	10	1	0	0	2	6	0	36	67	7	1000	22854	1021
estd. no. of using AYUSH (00)	13412	9882	222	12	0	0	54	126	0	817	1539	157	22854	XXXXX	XXXXX
sample no. of persons	584	380	8	4	0	0	2	9	0	89	101	33	1021	XXXXX	XXXXX

Appendix - A

Sample Design
&
Estimation Procedure

Sample Design & Estimation Procedure

1.0 Introduction

The National Sample Surveys (NSS) are being conducted by the Government of India since 1950 to collect data on various socio-economic indicators employing scientific sampling methods. The seventy-ninth round of NSS was commenced from July 2022.

NSS 79th round was earmarked for collection of data for compilation of a number of SDG indicators through a 'Comprehensive Annual Modular Survey(CAMS)' alongwith a survey on Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi and Homoeopathy (AYUSH).

1.1 Subject Coverage:

1.1.1 **Survey on AYUSH:** The 79th round NSS was also covered the first ever all-India survey on AYUSH. The survey on AYUSH was undertaken simultaneously with CAMS.

1.2 Outline of the Survey programme

1.2.1 **Geographical coverage:** The Delhi Sample Survey covered the rural as well as urban Delhi.

1.2.2 **Survey Period:** The survey was commenced from July 2022 and it was of one year duration. CAMS and AYUSH were carried out simultaneously in same FSU but in different household.

1.2.3 **Sub-rounds:** The survey period of the round was divided into four sub-rounds of three months duration each as follows:

sub-round 1:	July- September 2022
sub-round 2:	October- December 2022
sub-round 3:	January-March 2023
sub-round 4:	April-June 2023

In each of these four sub-rounds equal number of sample First Stage Units (FSUs) were allotted for survey with a view to ensure uniform spread of sample FSUs over the entire survey period.

1.2.4 **Schedule of enquiry:** During this round, the following Schedules of enquiry were canvassed for AYUSH:

Schedule00CM :	List of Households
ScheduleAYUSH2022-23:	AYUSH

1.3 Sample Design

1.3.1 Formation of sub-units (SUs):

1.3.1.1 **Rural areas:** A rural village was notionally divided into a number of sub-units (SU) of more or less equal population during the preparation of frame. Census 2011 population of villages was projected by applying suitable growth rates and the number of SUs were formed in a village was determined apriori.

1.3.1.1.1 The above procedure of SU formation was implemented in the villages with population *more than or equal to 1000 as per Census 2011*. In the remaining villages, no SU was formed.

1.3.1.1.2 The number of SUs formed in the villages (with Census 2011 population 1000 or more) of the frame was decided before selection of the samples following the criteria given below:

Projected population of the village	no. of SUs formed
Less than 1200	1
1200 to 2399	2
2400 to 3599	3
3600 to 4799	4
4800 to 5999	5
.....and so on

1.3.1.3 **Urban areas:** SUs were formed in urban sector also. The procedure was similar to that adopted in rural areas except that SUs were formed on the basis of number of households in the UFS frame instead of population, since UFS frame does not have population. Each UFS block with number of households more than or equal to 250 was divided into a number of SUs. In the remaining UFS blocks, no SU was formed.

1.3.1.4 The number of SUs formed in the UFS blocks of the frame was decided before selection of the samples following the criteria given below:

Number of households of the UFS block	no. of SUs formed
less than 250	1
250 to 499	2
500 to 749	3
750 to 999	4
1000 to 1249	5
..... and so on

1.3.2 Outline of sample design: A stratified multi-stage design was adopted for the 79th round survey. *The first stage units (FSU) were villages/UFS blocks/sub-units (SUs) as per the situation.* The ultimate stage units (USU) were households in both the sectors.

1.3.3 Sampling Frame for First Stage Units (FSUs):

1.3.3.1 There was no SU formation in uninhabited villages and villages with population less than 1000 as per Census 2011 and entire village was considered as one FSU. All such villages were the First Stage Units (FSUs).

1.3.3.2 In the remaining villages, notional sub-units (SUs) were formed. Such SUs were considered as First Stage Units (FSUs).

1.3.3.3 For the UFS blocks with less than 250 households, the entire UFS block was considered as one FSU. In the remaining UFS blocks, the SUs were considered as First Stage Units (FSUs).

1.3.4 Sub-stratification of FSUs:

1.3.4.1 Rural sector: Three groups of villages were formed within each stratum.

Group1: all villages with Census 2011 population less than 250.

Group 2: all villages with Census 2011 population more than or equal to 250 but less than 500.

Group3: remaining villages.

The sample size for a rural stratum was allocated among 3 groups in proportion to population. Let r_1 , r_2 and r_3 be the allocations to Group 1, Group 2 and Group 3 respectively. The villages within each group were first arranged in ascending order of number of population. For all the three groups within each strata, ' $r_1/4 > 1$ ', ' $r_2/4 > 1$ ' and ' $r_3/4 > 1$ ', were imply formation of 2 or more sub-strata in each group. Sub-strata was demarcated in Group 1, Group 2 and Group 3 respectively in such a way that each sub-stratum was comprised a group of villages (all SUs of a village considered together) of the arranged frame and have more or less equal population.

If number of FSUs in a particular Group is very small, no sub-stratum formed in that Group.

1.3.4.2 Urban Sector: Let 'u' be the sample size allocated for an urban stratum. For all strata, if ' $u/4 > 1$ ', implying formation of 2 or more sub-strata, all the UFS blocks within the stratum were first arranged in ascending order of total number of households in the UFS blocks as per urban frame. Then sub-strata was demarcated in such a way that each sub-stratum comprised a group of UFS blocks (all SUs of a block considered

together) having more or less equal number of households. If number of blocks in a particular stratum is very small, no sub- stratum was formed in the stratum.

1.3.5 Total sample size (FSUs): Total 180 FSUs (44 Rural + 136 Urban) were surveyed in Delhi for AYUSH survey.

1.3.6 Selection of FSUs within a stratum/sub-stratum:

1.3.6.1 From all the sub-strata in both rural and urban sector within each stratum, required numbers of FSUs were selected by Simple Random Sampling without Replacement (SRSWOR) scheme.

1.3.7 Formation of sub-units and listing of households

1.3.7.1 Procedure of formation of SUs: After identification of the boundaries of the village/ UFS block which contains the sample FSU, the village/ UFS block was divided into a number of SUs (say, D) as given in the sample list by more or less equalising the present population of the village/UFS block in which the sample FSUs were located. It was ensured that SUs formed were clearly identifiable in terms of physical landmarks. For villages/blocks where the number of SUs formed was 1 as per the sample list, no SU formation was required.

1.3.7.2 Listing of households: All the households of the sample FSU were listed. Temporarily locked households were also be listed after ascertaining the temporariness of locking of the households through local enquiry.

1.3.8 Formation of Sub-divisions in the selected SU: It has been observed in the previous rounds that there happen to be some extreme cases where the population/number of households of the selected SU was very high and listing became very difficult. To take care of such extreme situations, such SU was sub-divided into a number of smaller units (i.e., Sub-divisions) and one of them was randomly selected. Listing and selection of households were done in the selected Sub-division unit only. The procedure for formation of Sub-divisions was same as that of formation of SUs within village/blocks. The listing of hamlets was required but Sub- divisions were formed such that each Sub-division has more or less equal population and was a compact area.

The criteria for determining the number of Sub-divisions (D_1) formed in the selected rural/urban SUs is as follows:

Approx. population of the SU	no. of Sub-divisions(D_1) formed
less than 1500	1
1500 to 2399	2
2400 to 3599	3
3600 to 4799	4
4800 to 5999	5
..... and so on

1.3.9 Formation of second stage strata (SSS) of households and allocation among SSS:

AYUSH: 2 SSS were formed for AYUSH.

- SSS1: Households incurring expenditure for AYUSH treatment/services as in- patient or out-patient for at least one member during last 365 days OR households with at least one member having knowledge about AYUSH systems,
- SSS2: Remaining households.

12 households were surveyed in each FSU for AYUSH. 8 households were selected from SSS 1 and 4 from SSS 2.

Survey	SSS	Composition of SSS	Number of households surveyed
AYUSH	1	households incurring expenditure for AYUSH treatment/services as in-patient or out-patient for at least one member during last 365 days OR households with at least one member having knowledge about AYUSH systems	8
	2	Remaining households	4

1.3.10 **Selection of households:** The sample households from each SSS for each of the Schedule were selected by SRSWOR. The two different surveys (CAMS & AYUSH) were conducted in two different households. If there was any shortage of households then same households were canvassed for different schedules.

2. Estimation Procedure

2.1 Notations:

s=subscript for s-th stratum

t = subscript for t-th sub-stratum

i=subscript for i-th FSU [SU/village/panchayat ward/block]

j=subscript for j-th second stage stratum in an FSU

k=subscript for k-th sample household within an FSU

D_1 =total number of sub-divisions formed in the sample FSU. $D_1=1$, if no Sub-division is formed in the SU)

N =total number of FSUs in any rural/urban sub-stratum

n = number of sample FSUs surveyed including ‘uninhabited’ and ‘zero cases’ but excluding casualty for a particular sub-stratum

H =total number of households listed in a second-stage stratum of an FSU

h = number of households surveyed in a second-stage stratum of an FSU

x, y =observed value of characteristics x, y under estimation

\hat{X}, \hat{Y} =estimate of population total X, Y for the characteristics x, y

Under the above symbols,

y_{stijk} =observed value of the characteristic y for the k -th household of the j -th second stage stratum of the i -th FSU for the t -th sub-stratum of s -th stratum.

However, for ease of understanding, a few symbols have been suppressed in following paragraphs where they are obvious.

2.2 Formulae for Estimation of Aggregates for a stratum \times sub-stratum:

2.2.1 Schedule 00CM (Rural/Urban):

(i) For estimating the number of households in a stratum \times sub-stratum possessing a characteristic:

$$\hat{Y} = \frac{N}{n} \sum_{i=1}^n D_1 \times y_i$$

Where y_i the total number of households possessing the characteristic y in i -th FSU respectively.

2.2.2 Schedule AYUSH 2022-23:

2.2.2.1 For j -th second-stage stratum of a stratum \times sub-stratum:

$$\hat{Y}_j = \frac{N}{n_j} \sum_{i=1}^{n_j} [D_1 * \frac{H_{ij}}{h_{ij}} \sum_{k=1}^{h_{ij}} y_{ijk}]$$

Where n_j is the number of sample FSUs with non-void j -th second-stage stratum.

2.2.2.2 Aggregate \hat{Y} is obtained combining all the second-stage strata:

$$\hat{Y} = \sum_j \hat{Y}_j$$

Note: Values of j for the Schedule AYUSH 2022-23 is 2.

i.e. for Schedule AYUSH, $j=1,2$.

2.3 Overall Estimate for Aggregates for a stratum:

Overall estimate for a stratum (\hat{Y}_s) will be obtained as

$$\hat{Y}_s = \sum_t \hat{Y}_{st}$$

2.4 Overall Estimate of Aggregates at State/UT level:

The overall estimate \hat{Y} at the State/ UT level is obtained by summing the stratum estimates \hat{Y}_s over all strata belonging to the State/ UT.

2.5 Estimates of Ratios:

Let \hat{Y} and \hat{X} be the overall estimates of the aggregates Y and X for two characteristics y and x respectively at the State/UT level.

Then the combined ratio estimate (\hat{R}) of the ratio ($R = \frac{Y}{X}$) will be obtained as $\hat{R} = \frac{\hat{Y}}{\hat{X}}$

2.6 Estimation of Errors:

2.6.1 Formula for estimated variance (for Rural/Urban):

2.6.1.1 Here FSU is selected by SRSWOR method and USU (households) also selected SRSWOR method. If i^{th} FSU has been selected then h_i unit is selected from this particular FSU \times SSS by SRSWOR method.

(a) Formula for aggregate \hat{Y} (for Rural/Urban):

$$\hat{Y}_{ij} = H_{ij} \times \bar{y}_{ij} \times D_{1si} \quad \text{and} \quad \bar{y}_{ij} = \frac{\sum_{k=1}^{h_{ij}} y_{ijk}}{h_{ij}}$$

$$V\hat{a}r(\hat{Y}) = \sum_s V\hat{a}r(\hat{Y}_s) = \sum_s \sum_t \sum_j V\hat{a}r(\hat{Y}_{stj})$$

$$V\hat{a}r(\hat{Y}_{stj}) = N_{stj}^2 \left(\frac{1}{n_{stj}} - \frac{1}{N_{stj}} \right) \left(\frac{1}{(n_{stj}-1)} \sum_{i=1}^{n_{stj}} (H_{stij} \times D_{1sti} \times \bar{y}_{stij} - \frac{1}{n_{stj}} \sum_{i=1}^{n_{stj}} H_{stij} \times D_{1sti} \times \bar{y}_{stij})^2 + \frac{N_{stj}}{n_{stj}} \sum_{i=1}^{n_{stj}} H_{stij}^2 \times D_{1sti}^2 \left(\frac{1}{h_{stij}} - \frac{1}{H_{stij} \times D_{1sti}} \right) s_{wij}^2 \right)$$

where, $s_{w_{ij}}^2 = \left(\frac{1}{(h_{stij}-1)} \sum_{k=1}^{h_{stij}} (y_{stijk} - \bar{y}_{stij})^2 \right)$

(b) Formula for ratio \hat{R} (for Rural/Urban):

Note that X^2 MSE (\hat{R}) is unbiasedly estimated by $V(\hat{Y} - R\hat{X})$

$V(\hat{Y} - R\hat{X}) = v(\hat{u})$ where $u_{ijk} = (y_{ijk} - R x_{ijk})$,

$U_i = (Y_i - R X_i)$ and $U = (Y - RX) = 0$ at domain level (State).

$\widehat{X^2} \widehat{MSE}(\hat{R}) = \hat{V}(\hat{U})$ at $R=\hat{R}$

$\hat{Y}_{stij} = \frac{1}{N_{st}} \sum_k y_{stijk} \times n_{stj} \times$ multiplier

$\hat{X}_{stij} = \frac{1}{N_{st}} \sum_k x_{stijk} \times n_{stj} \times$ multiplier

$MSE(\hat{R}) = \frac{1}{\hat{X}^2} \sum_s \sum_t MSE_{st}(\hat{R})$

Finally;

$$\widehat{MSE}_{st}(\hat{R}) = \sum_j N_{st}^2 \left(\frac{1}{n_{stj}} - \frac{1}{N_{st}} \right) \left(\frac{1}{(n_{stj}-1)} \sum_{i=1}^{n_{stj}} (H_{ij} \times D_{1si} \times \bar{u}_{ij} - \frac{1}{n_{stj}} \sum_{i=1}^{n_{stj}} H_{ij} \times D_{1si} \times \bar{u}_{ij})^2 + \sum_j \frac{N_{st}}{n_{stj}} \sum_{i=1}^{n_{stj}} H_{ij}^2 \times D_{1si}^2 \left(\frac{1}{h_{ij}} - \frac{1}{H_{ij} \times D_{1si}} \right) s_{u_{ij}}^2 \right)$$

where, $s_{u_{ij}}^2 = \frac{1}{(h_{ij}-1)} \sum_{k=1}^{h_{ij}} (u_{ijk} - \bar{u}_{ij})^2$

$$\bar{u}_{ij} = \bar{y}_{ij} - \hat{R} \bar{x}_{ij}$$

3.0 Multipliers:

3.1 The formulae for multipliers at stratum/sub-stratum/second-stage stratum level for a Questionnaire type are given below:

Schedule	Sector	Formula for multiplier
00CM	Rural/Urban	$\frac{N_{st}}{n_{st}}$
AYUSH: 2022-23	Rural/Urban	$\frac{N_{st}}{n_{stj}} \times D_1 \times \frac{H_{stij}}{h_{stij}}$

Note:

- (i) For estimating any characteristic for any domain not specifically considered in sample design, indicator variable may be used.
- (ii) Multipliers have to be computed on the basis of information available in the listing Schedule 00CM irrespective of any misclassification observed between the listing Schedule and detailed enquiry Schedule.

4.0 Treatment for zero cases, casualty cases etc.:

4.1 While counting the number of FSUs surveyed (n_{st} or n_{stj}) in a stratum/sub-stratum, all the FSUs with survey codes 1 to 6 in listing Schedule 00CM are considered. In addition, if no household is available in the frame, then also that FSU is treated as surveyed. However, household of a particular Schedule type are available in the frame but none of these could be surveyed, then that FSU has to be treated as casualty and not treated as surveyed in respect of that Schedule.

4.2 Casualty cases: FSUs with survey code 7 as per listing Schedule 00CM are treated as casualties. In addition to this, an FSU, although surveyed, may have to be treated as casualty for a particular schedule type and a particular second stage stratum as given in the following para:

4.2.1 FSUs with survey codes 1 or 4 as per listing Schedule 00CM having number of households in the frame of j -th second stage stratum greater than 0 (i.e. $H>0$) but number of households surveyed according to data file as nil ($h=0$), are considered as casualties for j -th second stage stratum.

All the FSUs with survey codes 1 to 6 as per listing Schedule 00CM minus the number of casualties as identified above are considered as the number of surveyed FSUs (n_{stj}) for that (stratum/sub-stratum) x (second stage stratum).

Appendix - B

Facsimile
of
Schedule 0.0
&
Schedule on 'AYUSH'

RURAL		*
URBAN		

GOVERNMENT OF INDIA
NATIONAL STATISTICAL OFFICE
SOCIO-ECONOMIC SURVEY
SEVENTY-NINTH ROUND
JULY 2022 - JUNE 2023
SCHEDULE 00CM: LIST OF HOUSEHOLDS

CENTRAL		*
STATE		

[0] descriptive identification of sample FSU

1. state / u.t.:	5. investigator unit no.:
2. district:	6. block no.:
3. sub-district / tehsil :	
4. village name/town name:	7. sample sub-unit (SU) number:

[1] identification of sample FSU

item no.	item	code/number				item no.	item	code/number			
1.	serial number of sample FSU					11.	FOD sub-region code				
2.	round number	7		9		12.	frame code				
3.	schedule number	0	0	C	M	13.	population of village or number of households of UFS block [@]				
4.	sample (central-1, state-2)					14.	approximate present population [#]				
5.	sector (rural-1, urban-2)					15.	total number of SUs to be formed (D) <i>(to be copied from sample list)</i>				
6.	NSS region code					16.	approximate population of the SU ^{\$}				
7.	district code					17.	number of Sub-divisions of SU to be formed ^{\$} (D ₁)				
8.	stratum number					18.	survey code				
9.	sub-stratum number					19.	reason for substitution of original sample (code) (for codes 4 – 7 in item 18)				
10.	sub-round number										
20.	remarks										

items 1, 4 – 10 and 12, 13 and 15 are to be copied from the sample list

CODES FOR BLOCK 1

item 12: **frame code**: rural: 2011 census – 16

urban: 2007–12 UFS – 15, 2012-17 UFS- 17

item 18: **survey code**: *selected FSU: surveyed*:

inhabited – 1, uninhabited – 2, zero case – 3

originally selected FSU not surveyed but substitute FSU surveyed:

inhabited – 4, uninhabited – 5, zero case – 6

selected FSU casualty – 7

item 19: **reason for substitution of original sample (code)**: *sample FSU:*

not identifiable/traceable – 1

not accessible – 2

restricted area (not permitted to survey) – 3

others (specify) – 9

*tick mark (✓) may be put in the appropriate place

@ Census 2011 population for entire village (in which the SU is located) and number of households in the entire UFS block (in which the SU is located) as per UFS frame

#approximate present population of the entire village/ UFS block (in which the SU is located)

\$ To be filled only when approximate present population of the selected SU is equal to or more than 1500 (750 for special cases).

[2] particulars of field operations								
srl. no.	item	junior statistical officer (JSO)/survey enumerator (SE)			senior statistical officer (SSO)/survey supervisor (SS)			
(1)	(2)	(3)			(4)			
1(a).	(i) name (block letters)							
	(ii) code							
	(iii) signature							
1(b).	(i) name (block letters)							
	(ii) code							
	(iii) signature							
2.	Date(s) of:		DD	MM	YY	DD	MM	YY
	(i) commencement of survey/ inspection							
	(ii) completion of survey / inspection							
	(iii) receipt							
	(iv) scrutiny							
3.	total time taken to canvass the schedule by the team of investigators (JSO / SE) (in hours) [no decimal point]							
4.	whether any remark has been entered by JSO/SE/ supervisory officer (yes-1, no-2)	(i) in block 7 / 8						
		(ii) elsewhere in the schedule						
5.	remarks							

[7] remarks by JSO/SE

[8] comments by supervisory officer(s)

[3]sketch map of sub-units (SU) formation

[3.1]sketch map of Sub-division formation

#'1' to be entered in col.(4) against the selected SU and corresponding serial no. of selected SU to be encircled in col. 1

[6] particulars of sampling of households									
schedule	population	second stage stratum (SSS)	number of households						
			listed (H)	selected (h)	surveyed		total [col. 6+ col.7]	casualty [col.5 – col.8]	replaced
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
CAMS		1							
		2							
		all (9)							
AYUSH		1							
		2							
		all (9)							

[5A] list of households and record and selection of households for Schedule CAMS

Serial no of row (0)	house number (1)	household serial number (2)	name of head of the household (3)	household size(hh) (4)	Whether any member of the household hospitalized during last 365 days? (yes=1, no=2) * (5)	Whether the household has incurred expenditure for AYUSH treatment/services as in-patient or out-patient for at least one member during the last 365 days OR the household has at least one member with knowledge about AYUSH systems? (yes=1, no=2) (6)	Sampling serial number (7)	CAMS				SSS formation for CAMS			
								sampling serial number		sample household number		entry in col (5)	SSS number (col (7))		
								1 in col (7)	2 in col (7)	SSS					
								1	2	1	2				
								H=	H=	h=	h=				
1													Col(5)=1		
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13													Col(5)=2		
14															
15															
16															
17															
18															
19															
20															
21															
22															
Page Total															
Cumulative page Total															
remarks:															

* including deceased former member and institutional child birth

[5B] selection of households for Schedule AYUSH									
transfer entries from cols. Of block 5A			SSS number for AYUSH	AYUSH			SSS formation for AYUSH		
Col. 0	Col. 2	Col.6		sampling serial number		sample household number		entry in col (6)	
Serial no of row	household serial number	Incurred expenditure for AYUSH treatment/services as in-patient or out-patient during the last 365 days OR at least one member with knowledge about AYUSH systems? (yes=1, no=2)		1 in col (12)	2 in col (12)	sample household number			
(0)	(2)	(6)		1	2	1	2		
				H=	H=	h=	h=		
(12)	(13)	(14)	(15)	(16)				Col(6)=1	
								1	
								Col(6)=2	
								2	
remarks:									

GOVERNMENT OF INDIA
NATIONAL STATISTICAL OFFICE
SOCIO-ECONOMIC SURVEY
SEVENTY NINTH ROUND: JULY, 2022 - JUNE, 2023
SCHEDULE AYUSH-2022-23: SURVEY ON AYUSH*

Block 1: Identification of sample household

[Information on items 1 to 8 and 11 will be available from the sample list. Information on items 12 to 14 will be available from the Questionnaire for listing (0.0). Items 15 and 16 are to be filled by the field officials.]

Item no.	Item description	Code/Entry
1.	Sector (Rural-1, Urban -2)	
2.	Type of Sample (Central -1, State -2)	
3.	State/U.T. Name	
4.	District Name	
5.	Name of Sub-District/Tehsil/Town	
6.	Village Name:	
7.	Investigator Unit Number/Block Number:	
8.	Sample Sub-Unit (SU) Number:	
9.	Round Number:	79
10.	Schedule name:	AYUSH-2022-23
11.	Serial Number of Sample FSU:	
12.	Sample Sub-Division Number:	
13.	Second Stage Stratum Number:	
14.	Sample Household Number:	
15.	Survey Code (Original -1, Substitute -2, Casualty -3)	
FOR CODES 2 OR 3 IN ITEM 15, GO TO ITEM 16. OTHERWISE GO TO BLOCK 3		
16.	Reason for substitution/casualty of the original household (Informant busy -1, Members away from home -2, Informant non-cooperative -3, Others -9) (The interviewer will fill up this item if a substituted household is canvassed or the household is a casualty)	

* AYUSH: Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy

Block 3: Details of the household members

[3] Demographic and other particulars of household members [To be canvassed for all sample households]													
Srl. No.	Name of the household member	Relation to head (code)	Gender (male -1, female -2, trans-gender -3)	Age [completed number of years of age] (years)	Marital status (code)	Highest educational level attained (code)	for persons of age 15-49 years [i.e. entry in 15≤ col. 5≤ 49] & entry in col. 4=2	for persons of age 15 years & above [i.e. entry in col. 5≥ 15]	Whether used AYUSH* system in last 365 days (yes-1 no-2)	If yes in col. 10,			If no in col. 10, Reason for not using AYUSH* system (code)
							Whether pregnant during last 365 days (yes -1, no-2)	Whether aware of Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy (AYUSH) system (yes -1, no-2)		Duration of using AYUSH* system of medicines (code)	AYUSH* treatment taken (excluding pre/post natal care) during last 365 days (for hospitalization only -1, for non-hospitalization only-2, for both -3, NA-4)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1.	[name of the head of household]	1											
2.													

* AYUSH: Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy

Col. (3): Relation to head: self - 1, spouse of head - 2, married child - 3, spouse of married child - 4, unmarried child - 5, grandchild - 6, father/mother/father-in-law/mother-in-law - 7, brother/ sister/ brother-in-law/ sister-in-law/ other relatives - 8, servant/ employees /other non-relatives - 9)

Col. (6): Marital Status: never married- 1, currently married (including living together) - 2, widowed -3, divorced/separated - 4

Col. (7): Highest educational level attained: not literate (i.e. not able to read or write a simple message with understanding in any language) -01
literate with non-formal education (like, NFEC, AEC, TLC, literate without any schooling, etc.)-02

literate with formal education: below primary-03, primary -04, upper primary/middle -05, secondary -06, higher secondary -07, diploma /certificate course (up to secondary)-08, diploma/certificate course (higher secondary)-10, diploma/certificate course(graduation & above)-11, graduate -12, post graduate and above -13

Col. (11): Duration of using AYUSH system of medicines: less than 15 days -1, 15 days to 1 month -2, 1 – 2 months -3, 2-3 months -4, 3-6 months – 5, 6-12 months – 6, more than or equal to 1 year – 7, don't know – 9

Col. (13): Type of treatment taken: Rejuvenation (Wellness/Preventive) -1, Therapeutic (Curative) -2, Complimentary or integrative(as add on to conventional allopathic treatment) -3, both Rejuvenation & Therapeutic -4, both Rejuvenation & Complimentary (as add on allopathic treatment) -5, both Therapeutic & Complimentary (as add on allopathic treatment) -6, all of the type mentioned in codes (1-3)- 9

Col. (14): Reason for not using AYUSH system: Need did not arise -01, Not aware about effectiveness of AYUSH system of medicine -02, Hospital/dispensary/PHCs/CHCs are not available/ not aware of such facilities for AYUSH -03, Doctors/ Vaidya/ Hakim/Siddha Maruthuvar/Homoeopaths are not available -04, Medicines are not available/accessible -05, Medicines/treatments are expensive -06, not reimbursed by insurance company -07, medicines have side effects/ very slow effect -08, needs to follow strict diet and lifestyle restrictions- 09, Faith in allopathy – 10, Not aware about any system under AYUSH -11, Any other reason -12

Remarks on items/columns of Block 3:

Block 5: Particulars of household members' availed treatment using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy as an in-patient of an institution during last 365 days

[5] Person level information on treatment availed using AYUSH* system during last 365 days [To be canvassed for sample households with entry in Col. 12= 1 or 3 of Block 3 i.e. for persons who was hospitalised and used AYUSH* system during last 365 days]							
Qs. No.	Question description	Persons →	Code/Entry				
			P1	P2	P3	P4	Pn
1.	Srl. no. (as in col. 1, bl. 3) [Auto populated]						
2.	Age (years) (as in col. 5, bl. 3) [Auto populated]						
3.	Ailment/purpose/ procedure** for which AYUSH* treatment was taken [Note: **applicable only for Poorvakarma (snehana, svedana), thokkanam, Panchakarma, regimental therapy, yogic shatkriya, etc.] (Please select the ailment(s)/purpose(s)/procedure(s) for which treatment was taken)	Musculoskeletal system – spine disc problem, knee joint problems (arthritis), etc.					
		Nervous system - migraine, paralysis, parkinson's, addictions, etc.					
		Integumentary system - eczema, psoriasis, ringworm, etc.					
		Geriatric problems – osteoporosis, prostate, dementia, etc.					
		Respiratory system - frequent cough & cold, asthma, allergies, etc.					
		ENT and ophthalmic - sinusitis, dry eye, glaucoma, etc.					
		Dental - caries, gingivitis, etc.					
		Gastrointestinal system - colitis, constipation, hyperacidity, irritable bowel syndrome, worms, etc.					
		Anorectal - piles, fistula, fissure in ano, etc.					
		Female reproductive system- infertility, menstruation problems, leucorrhoea, etc.					
		Paediatrics- immunity and memory boosting					
		Genitourinary system - male infertility, urinary tract infections, renal stones, etc.					
		Hepato-biliary system - jaundice, gall stones, etc.					
		Cardio vascular – anaemia, hypertension, heart disease, etc.					
		Prediabetes / Diabetes /Thyroid disease					
		Obesity / Slimming					
		Psychiatric – stress, anxiety, depression, etc.					
		Cosmetics - Skin, hair beauty care					
		Acute conditions- pain, fever, vomiting, loose motions, etc.					
4.	System of medicine/health care system used for taking treatment (Please select the system of medicine (s)/health care system(s) which was used for treatment)	Cancer					
		Others- childbirth, bone setting, bites, burn, wounds, etc. (including COVID-19)					
		General Immune boosting					
		Poorvakarma (snehana, svedana), thokkanam, etc.					
		Panchakarma, regimental therapy, yogic shatkriya					
		i. Ayurveda					
		ii. Yoga					

[5] Person level information on treatment availed using AYUSH* system during last 365 days [To be canvassed for sample households with entry in Col. 12=1 or 3 of Block 3 i.e. for persons who was hospitalised and used AYUSH* system during last 365 days]						
Qs. No.	Question description	Persons →	Code/Entry			
			P1	P2	P3	P4
5.	Duration of stay in hospital (in days)					
6.	Type of medical institution where hospitalized (multiple option can be selected) (Government / public: Ayurveda/ Siddha/ Unani /Sowa-Rigpa/Amchi/Homoeopath hospital/ Yoga centre/ Naturopathy centre - 1, Charitable/ trust/ NGO run: Ayurveda/ Siddha/ Unani/ Sowa-Rigpa/Amchi/ Homoeopath hospital /Yoga centre/ Naturopathy centre -2, Private: Ayurveda/ Siddha/ Unani/ Sowa-Rigpa/Amchi/ Homoeopath hospital/ Yoga centre/ Naturopathy centre -3)					
7.	Source from where did you usually get the AYUSH* medicines? (Government Hospital/ Dispensary/ PHCs/ CHCs/ AYUSH wellness clinics/ AYUSH dispensary -1, Private hospital/Dispensary/Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthuva/ Homoeopath) -2, Local shops/ Medical stores/ Other sellers -3, Others - 9)					
8.	Medicines received for taking treatment during last 365 days (free -1, partially free -2, on payment -3)					
9.	Expenditure incurred for treatment taken using AYUSH* system of medicines/health care system during the last 365 days (To be recorded in whole number of Rupees (Rs.))	i. Ayurveda ii. Yoga iii. Naturopathy iv. Unani v. Siddha vi. Sowa-Rigpa/Amchi vii. Homoeopathy				
10.	Whether expenditure incurred for AYUSH* treatment was reimbursed by insurance company? (yes -1, no -2)	IF CODE 1 IS REPORTED IN Q10, GO TO Q11, ELSE GO TO Q12				
11.	Amount of expenditure reimbursed by the insurance company (in whole number of Rs.)					
12.	What is the source from which you got the information for taking treatment using AYUSH* system of medicines? (on your own -1, Family members & relatives -2, Friends & neighbors -3, Private practitioners (Doctor/ Vaidya/ Siddha Maruthuvar/ Hakim/ Homoeopath) -4, Doctors/ practitioners of Government hospital/ dispensary -5, Media (TV, radio, hoardings, newspapers & magazines, internet- facebook/WhatsApp/Twitter/IEC material through outreach camps, surveys of organizations, etc.) -6, Research Articles/ Medical news-letter/ text books-7)					

* AYUSH: Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy

Remarks on items/questions related to Block 5:

Block 6: Particulars of household members' availed treatment using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy as out-patient during last 365 days

[6] Person level information on treatment availed using AYUSH* system as out-patient during last 365 days [To be canvassed for sample households with entry in Col. 12= 2 or 3 of block 3]						
Qs. No.	Question description	Code/Entry				
		Persons	→	P1	P2	P3
1.	Srl. no. (as in col. 1, bl. 3) [Auto populated]					
2.	Age (years) (as in col. 5, bl. 3) [Auto populated]					
3.	<p>Ailment/purpose/ procedure** for which AYUSH* treatment was taken</p> <p><i>[Note: **applicable only for Poorvakarma (snehana, svedana), thokkanam, Panchakarma, regimental therapy, yogic shatkriya, etc.]</i></p> <p><i>(Please select the ailment(s)/purpose(s)/procedure(s) for which treatment was taken)</i></p>	Musculoskeletal system – spine disc problem, knee joint problems (arthritis), etc.				
		Nervous system - migraine, paralysis, parkinson's, addictions, etc.				
		Integumentary system - eczema, psoriasis, ring worm, etc.				
		Geriatric problems – osteoporosis, prostate, dementia, etc.				
		Respiratory system - frequent cough & cold, asthma, allergies, etc.				
		ENT and ophthalmic - sinusitis, dry eye, glaucoma, etc.				
		Dental - caries, gingivitis, etc.				
		Gastrointestinal system - colitis, constipation, hyperacidity, irritable bowel syndrome, worms, etc.				
		Anorectal - piles, fistula, fissure in ano, etc.				
		Female reproductive system- infertility, menstruation problems, leucorrhoea, etc.				
		Paediatrics- immunity and memory boosting				
		Genitourinary system - male infertility, urinary tract infections, renal stones, etc.				
		Hepato-biliary system - jaundice, gall stones, etc.				
		Cardio vascular – anaemia, hypertension, heart disease, etc.				
		Prediabetes / Diabetes / Thyroid disease				
		Obesity / Slimming				
		Psychiatric – stress, anxiety, depression, etc.				
		Cosmetics - Skin, hair beauty care				
		Acute conditions- pain, fever, vomiting, loose motions, etc.				
		Cancer				
Others- bone setting, bites, burn, wounds, etc. (including COVID-19)						
General Immune boosting						
Poorvakarma (snehana, svedana), thokkanam, etc.						
Panchakarma, regimental therapy, yogic shatkriya						
4.	<p>System of medicine/health care system used for taking treatment</p> <p><i>(Please select the system of medicine (s)/health care system(s) which was used for treatment)</i></p>	i. Ayurveda				
		ii. Yoga				
		iii. Naturopathy				
		iv. Unani				
		v. Siddha				
		vi. Sowa-Rigpa/Amchi				
		vii. Homoeopathy				

[6] Person level information on treatment availed using AYUSH* system as out-patient during last 365 days [To be canvassed for sample households with entry in Col. 12= 2 or 3 of block 3]

Qs. No.	Question description	Code/Entry				
		Persons	P1	P2	P3	P4
5.	Source from where did you usually get the AYUSH* medicines? <i>(Home-made: from home produce, free collection, etc. -1, Home-made: from purchased ingredients -2, Government Hospital/ Dispensary/ PHCs/ CHCs/ AYUSH wellness clinics/ AYUSH dispensary-3, Private hospital/Dispensary/Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/ Homoeopath) -4, Local shops/ Medical stores/ Other sellers -5, Others - 9)</i>					
6.	How often, during your visits to Govt./Private/Charitable AYUSH* hospital/clinic, did you find Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/ Homoeopaths/ Yoga Trainers available in the Hospital/ Dispensary/ Centres? <i>(on every occasion -1, on the majority of occasions -2, on a few occasions (not the majority) -3, never -4, not visited - 5)</i>					
7.	Medicines received for taking treatment during last 365 days <i>(free -1, partially free -2, on payment -3)</i>					
8.	Expenditure incurred for treatment taken using AYUSH* system of medicines/health care system during the last 365 days <i>(To be recorded in whole number of Rupees (Rs.))</i>	i. Ayurveda ii. Yoga iii. Naturopathy iv. Unani v. Siddha vi. Sowa-Rigpa/Amchi vii. Homoeopathy				
9.	Whether expenditure incurred for AYUSH* treatment (Rejuvenation/ Panchakarma procedures as OPD) is reimbursed by insurance company? <i>(yes -1, no -2)</i>					
<i>IF CODE 1 IS REPORTED IN Q9, GO TO Q10, ELSE GO TO Q11</i>						
10.	Amount of expenditure reimbursed by insurance company (in whole number of Rs.)					
11.	What is the source from which you got the information for taking treatment using AYUSH* system of medicines? <i>(on your own -1, Family members & relatives -2, Friends & neighbors -3, Private practitioners (Doctor/ Vaidya/ Siddha Maruthuvar/ Hakim/ Homoeopath) -4, Doctors/ practitioners of Government hospital/ dispensary -5, Media (TV, radio, hoardings, newspapers & magazines, facebook/WhatsApp/Twitter/IEC material through outreach camps, surveys of organizations, etc.) -6, Research Articles/ Medical news-letter/ text books-7)</i>					

* AYUSH: Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy

Remarks on items/questions related to Block 6:

Block 7: Household level information on assessment of availing Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy and information on knowledge of medicinal plants

[7] Household level information on assessment on using AYUSH* system during last 365 days and information on knowledge of medicinal plants																		
Qs. No.	Question description	Code/Entry																
(1)	(2)	(3)																
<i>A. To be canvassed for sample households with at least one entry in Col. 10 =1 of Block 3 i.e. for the household having at least one person who used AYUSH* system during last 365 days</i>																		
1.	<p>Reasons for using AYUSH* system <i>(Please select the reason(s) for using AYUSH system)</i></p>	S. no	Reason	Check box														
		1	AYUSH* medicines are effective															
		2	Individualized personal care in AYUSH*															
		3	Ensures overall well-being/ complete cure															
		4	Strengthen and revitalizes															
		5	Faith/ belief in AYUSH*															
		6	Tradition / culture of using AYUSH*															
		7	Previous experience of self/ others															
		8	Well-known to local people, family members and friends etc.															
		9	Side effects are negligible /less															
		10	AYUSH* medicines are inexpensive / cost effective															
		11	Easily available raw materials															
		12	Non-availability/accessibility of allopathic medicines															
		13	Expensive allopathic medicines															
		14	Permanent cure may not be available in allopathy															
		15	To reduce side effects of allopathy medicine															
		19	Others															
		2.	Distance of nearest AYUSH* facility (Govt./ NGO/ Private) from the place of living of the household? (within 1 km -1, within 1-2 km -2, within 2 -5 km-3, more than or equal to 5 km -4, not known -5)															
		3.	Whether AYUSH* medicines are available in the hospital/Dispensary/PHC/ CHC usually visited? (yes: on every occasion -1, on the majority of the occasions -2, on a few occasions (not the majority) -3, not available-4, not known -5)															
4.	Assessment of the household about the effectiveness of AYUSH* medicines (excellent -1, good -2, satisfactory -3, not satisfactory -4, don't know -5)																	
5.	Whether any member of the household is practicing Yoga? (yes-1, no-2)																	
<i>IF CODE 1 IS REPORTED IN Q5, GO TO Q6 - Q8, ELSE GO TO Q9</i>																		
6.	Which of the following Yoga form one or more member of the household is practicing?																	
<table border="1"> <thead> <tr> <th>S. No.</th> <th>Type of yoga form</th> <th>Please select the check box if practicing any yoga form as on date of survey</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>pranayama</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td>aasana</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>meditation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4</td> <td>others (shatkriya, like neti, etc.)</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				S. No.	Type of yoga form	Please select the check box if practicing any yoga form as on date of survey	1	pranayama	<input type="checkbox"/>	2	aasana	<input type="checkbox"/>	3	meditation	<input type="checkbox"/>	4	others (shatkriya, like neti, etc.)	<input type="checkbox"/>
S. No.	Type of yoga form	Please select the check box if practicing any yoga form as on date of survey																
1	pranayama	<input type="checkbox"/>																
2	aasana	<input type="checkbox"/>																
3	meditation	<input type="checkbox"/>																
4	others (shatkriya, like neti, etc.)	<input type="checkbox"/>																

[7] Household level information on assessment on using AYUSH* system during last 365 days and information on knowledge of medicinal plants		
Qs. No.	Question description	Code/Entry
(1)	(2)	(3)
7.	Frequency of doing Yoga (<i>daily -1, twice in a week -2, 3-6 times in a week -3, once in a week -4</i>)	
8.	Duration of Yoga Practice on each occasion (<i>less than 15 minutes -1, 15 -30 minutes -2, 30-45 minutes -3, 45-60 minutes -4, more than or equal to 60 minutes -5</i>)	
<i>B. Information on knowledge of medicinal plants</i>		
9.	Whether any member of the household is aware about one or more medicinal plants as on the date of survey? (<i>yes -1, no-2</i>)	
<i>IF CODE 1 IS REPORTED IN Q9, GO TO Q10 & Q11, ELSE GO TO Q12.</i>		
10.	Whether any member of the household has knowledge about the uses of the medicinal plants? (<i>yes -1, no-2</i>)	
11.	Whether there is interest in cultivation/ conservation of medicinal plants for income generation? (<i>yes -1, no-2</i>)	
<i>C. Knowledge about the home remedies</i>		
12.	Whether any member of the household is aware about one or more home remedies as on the date of survey? (<i>yes -1, no-2</i>)	
<i>IF CODE 1 IS REPORTED IN Q12, GO TO Q13, ELSE GO TO Q14.</i>		
13.	Whether any member of the household has knowledge about the uses of the home remedies? (<i>yes -1, no-2</i>)	
14.	What is the first step usually taken by the household whenever any health problem arises to a member? (<i>tried home remedies at home -1, tried folk/ traditional healer medicines -2, seek help form AYUSH* practitioners- Ayurveda/ Siddha/ Unani/ Yoga/ Naturopathy/ Sowa-Rigpa/Homoeopath -3, others (seek help from Allopath doctor, tried allopath medicine, etc.) -4</i>)	
<i>D. Knowledge of folk medicines/ local health traditions</i>		
15.	Whether any member of the household is aware about one or more folk medicines or local health traditions as on the date of survey? (<i>yes -1, no-2</i>)	
<i>IF CODE 1 IS REPORTED IN Q15, GO TO Q16, ELSE GO TO NEXT BLOCK.</i>		
16.	Whether any member of the household has knowledge about the uses of the folk medicines or local health traditions (traditional healer)? (<i>yes -1, no-2</i>)	

Note: 1. Local health traditions (LHT) are the non-codified knowledge and traditional health care practices of common people and folk practitioners which are orally transmitted through generations. They are specific to the ecosystem and ethnic community and use household food items, locally available plants, animal and mineral/ metal derivatives for prevention and healing of various ailments.

2. The folklore traditions are household level health practices and diverse viz. home remedies, food recipes, rituals and certain specialised practices like Marma chikitsa, bone setting, poison healers etc. These are also known as ethno medicine, indigenous medicine, folk knowledge, etc.

* AYUSH: *Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy*

Remarks on items/questions related to Block 7:

Block 8: Particulars of pre-natal and post-natal care using Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy for women of age 15-49 years who were pregnant during the last 365 days

[8] Person level information on pre-natal and post-natal care of pregnant women of age 15-49 years [To be canvassed for sample households with entry 1 in Col. 8, entry 2 in Col. 4 and Col. 5 in between 15-49 years in Block 3]						
Qs. No.	Question description	Code/Entry				
		P1	P2	P3	P4	Pn
1.	Srl. No. (as in col. 1, bl. 3) [Auto populated] →					
2.	Age (years) (as in col. 5, bl. 3) [Auto populated]					
3.	Whether received pre-natal care using AYUSH* system during the last 365 days <i>(yes -1, no -2)</i>					
<i>IF CODE 1 IN Q3, GO TO Q4 – Q7, ELSE GO TO Q8</i>						
4.	System of AYUSH*/health care system used for pre-natal care <i>(Please select the system of medicine (s)/health care system(s) which was used for pre-natal care)</i>	i. Ayurveda				
		ii. Yoga				
		iii. Naturopathy				
		iv. Unani				
		v. Siddha				
		vi. Sowa-Rigpa/Amchi				
		vii. Homoeopathy				
5.	Major source of receiving pre-natal care <i>(HSC/ANM/ASHA/AWW/Midwife -1, Dispensary/ PHCs/CHCs -2, Government hospital- 3, Charitable/Trust/NGO run hospital -4, Private hospital -5, Dispensary/Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/Homoeopaths) -6, Informal health care provider -7, Others -9)</i>					
6.	Whether any traditional recipes/ medicines used during pregnancy and for safe delivery? <i>(yes -1, no -2)</i>					
7.	Expenditure incurred on pre-natal care during the last 365 days <i>(To be recorded in whole number of Rupees (Rs.))</i>					
8.	Whether received post-natal care using AYUSH* system during the last 365 days? <i>(yes -1, no -2)</i>					
		<i>IF CODE 1 IN Q8, GO TO Q9 -Q15, ELSE GO TO NEXT BLOCK</i>				
9.	System of AYUSH*/health care system used for post-natal care <i>(Please select the system of medicine (s)/health care system(s) which was used for post-natal care)</i>	i. Ayurveda				
		ii. Yoga				
		iii. Naturopathy				
		iv. Unani				
		v. Siddha				
		vi. Sowa-Rigpa/Amchi				
		vii. Homoeopathy				

[8] Person level information on pre-natal and post-natal care of pregnant women of age 15-49 years [To be canvassed for sample households with entry 1 in Col. 8, entry 2 in Col. 4 and Col. 5 in between 15-49 years in Block 3]

Qs. No.	Question description	Code/Entry				
		P1	P2	P3	P4	Pn
10.	Major source of receiving post-natal care (HSC/ANM/ASHA/AWW/Midwife -1, Dispensary/ PHCs/CHCs -2, Government hospital- 3,Charitable/Trust/NGO run hospital -4, Private hospital - 5,Dispensary/Private practitioners (Doctors/ Vaidya/ Hakim/ Siddha Maruthuvar/Homoeopaths) -6, Informal health care provider -7, Others -9)					
11.	Whether any traditional recipes/ medicines/behavioural practices used during post-natal period? (yes -1, no -2)					
12.	Whether any traditional recipes/medicines/behavioural practices used for healthy Lactation? (yes -1, no -2)					
13.	Whether any traditional recipes/medicines/behavioural practices used for prevention and treatment of infantile illness? (yes -1, no -2)					
14.	Whether any medicines / behavioural practices from AYUSH* system is used for prevention and treatment of infantile illness? (yes -1, no -2)					
15.	Expenditure incurred on post-natal care during the last 365 days (To be recorded in whole number of Rupees (Rs.))					

* AYUSH: Ayurveda, Yoga, Naturopathy, Unani, Siddha, Sowa-Rigpa/Amchi, Homoeopathy

Remarks on items/questions related to Block 8:

Block 4: Household Characteristics

[4] General household characteristics [To be canvassed for all sample households]		
Qs. No.	Question description	Code/Entry
(1)	(2)	(3)
1.	Household size	Auto-populated from Block 3
2.	Religion <i>(Hinduism -1, Islam -2, Christianity -3, Sikhism -4, Jainism -5, Buddhism -6, Zoroastrianism -7, others -9)</i>	Drop Down Menu
3.	Social group <i>(scheduled tribe(ST) -1, scheduled caste(SC) -2, other backward class (OBC)-3,others-9)</i>	Drop Down Menu
4.	Household type <i>(Rural areas: self-employed in agriculture -1, self-employed in non-agriculture -2, regular wage/salary earning in agriculture -3, regular wage/salary earning in non-agriculture -4, casual labour in agriculture -5, casual labour in non-agriculture -6, others -9)</i> <i>Urban areas: self-employed -1, regular wage/salary earning -2, casual labour -3, others -9)</i>	Drop Down Menu
5	Usual consumer expenditure in a month for household purposes out of purchase (including online purchase) of goods and services excluding items like clothing, footwear (A)	
6	Imputed value of usual consumption in a month from home grown stock like, rice, cereals, pulses, vegetables, milk, firewood, chips, cow dung, etc. (B)	
7	Imputed value of usual consumption in a month from wages in kind, free collection, gifts, etc. (C)	
8	Expenditure on purchase (including online purchase) of items like clothing, footwear etc during last 365 days (D)	
9	Expenditure on purchase (including online purchase) of household durables during last 365 days (E)	
10	Usual monthly consumer expenditure [A + B + C + ((D+E)/12)] (make entry in rounded to the nearest rupee)	Auto-calculated

Notes:

- (i) *Q 5 - Q 10: Entries to be made in whole number of rupees. In case of no value, 'zero' is to be given.*
- (ii) *Q 6: For households who use items of household consumer goods from home grown stock on regular basis, the imputed value of such usual consumption in a month at ex farm/ex factory price is to be recorded.*
- (ii) *Q 7: For households who regularly consume goods and services received as wages in kind, in exchange of goods provided by them, as gifts or obtained through free collection etc.; the imputed value of such usual consumption in a month at local retail prices is to be recorded.*

Remarks on items/questions related to Block 4:

[Block 2] Particulars of field operations						
Qs. No.	Question description		Survey Enumerator (SE)/ Junior Statistical Officer (JSO)		Survey Senior (SSO)	Supervisor Statistical Officer (SSO)
(1)	(2)	(3)		(4)		
1(a)	(i) Name (block letters)					
	(ii) Code					
	(iii) Signature					
1(b)	(i) Name (block letters)					
	(ii) Code					
	(iii) Signature					
2.	Date(s) of:	DD	MM	YY	DD	MM
	(i) Survey/ inspection					
	(ii) Receipt					
	(iii) Scrutiny					
	(iv) Despatch					
3.	Total time taken to canvass the questionnaire by the team of enumerators (SE/JSO) (in minutes) [no decimal point]					
4.	Number of enumerators (SE/JSO) in the team who canvassed the Questionnaire					
5.	Whether any remark has been entered by SE/JSO/SS/SSO	(i) In block 9 /10 (yes -1, no -2)				
		(ii) Elsewhere in the Questionnaire (yes -1, no -2)				
6.	name of informant: <i>[Instruction: A pop-up with the details of household members as listed in Block 3, Col. 2 will appear along with an option 'not a household member' against 'srl. no. of the household member' '99'. The enumerator should select the 'informant' from that list]</i>					
	Srl no. of the household member		Name		Select the informant	
					<input type="radio"/>	
					<input type="radio"/>	
	99		not a household member		<input type="radio"/>	
7.	Mobile number of informant/any other household member who can be contacted					
8.	Landline number of the household, if any (Start with STD code)					
9.	Response code of the informant as assessed by SE/JSO <i>informant co-operative and capable -1, informant co-operative but not capable -2, informant busy -3, informant reluctant -4, others -9</i>					

[Block 9] Remarks by Survey Enumerator (SE)/Junior Statistical Officer (JSO)

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[Block 10] Remarks by Survey Supervisor (SS)/Senior Statistical Officer (SSO)

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A. List of diseases/ailments and codes given in Block 5 & 6

Name of Diseases/Ailments	Code
Musculoskeletal system – spine disc problem, knee joint problems (arthritis), etc.	01
Nervous system - migraine, paralysis, parkinson's, addictions, etc.	02
Integumentary system - eczema, psoriasis, ring worm, etc.	03
Geriatric problems – osteoporosis, prostate, dementia, etc.	04
Respiratory system - frequent cough & cold, asthma, allergies, etc.	05
ENT and ophthalmic - sinusitis, dry eye, glaucoma, etc.	06
Dental - caries, gingivitis, etc.	07
Gastrointestinal system - colitis, constipation, hyperacidity, irritable bowel syndrome, worms, etc.	08
Anorectal - piles, fistula, fissure in ano, etc.	09
Female reproductive system- infertility, menstruation problems, leucorrhoea, etc.	10
Paediatrics- immunity and memory boosting	11
Genitourinary system - male infertility, urinary tract infections, renal stones, etc.	12
Hepato-biliary system - jaundice, gall stones, etc.	13
Cardio vascular – anaemia, hypertension, heart disease, etc.	14
Prediabetes / Diabetes / Thyroid disease	15
Obesity / Slimming	16
Psychiatric – stress, anxiety, depression, etc.	17
Cosmetics - Skin, hair beauty care	18
Acute conditions- pain, fever, vomiting, loose motions, etc.	19
Cancer	20
Others- bone setting, bites, burn, wounds, etc. (including COVID-19)	99
General Immune boosting	91
Poorvakarma (snehana, svedana), thokkanam, etc.	92
Panchakarma, regimental therapy, yogic shatkiya	93

B. List of System of medicines of AYUSH

System of Medicine	Code
Ayurveda	S1
Yoga	S2
Naturopathy	S3
Unani	S4
Siddha	S5
Sowa-Rigpa/Amchi	S6
Homoeopathy	S7