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NAMASTE portal, data analysis, and understanding of Ayurveda medical records: An initial evaluation

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Abstract

INTRODUCTION: Traditional medicine is a valuable heritage that has enriched people's daily lives. Globalization requires a common framework for communicating the details of the medical system in various contexts such as medical research, clinical diagnosis, and medical statistics. The acronym of the NAMASTE portal stands for National Ayush Morbidity and Standardized Terminologies Electronic Portal. On the occasion of the second National Ayurveda Day, which was on October 17, 2017, the Prime Minister of India, Narendra Modi, launched the NAMASTE portal. It is categorized under initiatives of the Health Information system as it collects data from the related sectors, ensuring health decision awareness programs. The main objective of the NAMASTE portal is to promote the usage of electronic health records across the AYUSH domain.

MATERIALS AND METHODS: The portal provides standard terminologies and morbidity codes for Ayurveda, Siddha, and Unani (ASU) to further develop international terminologies and ICD-11. The registered healthcare organizations (HCOs) enter the morbidity data in the statistic dashboard module every month by filling out the Excel sheets of OPDs and IPDs. Based on that, we systematically scrutinized electronic health records.

RESULTS: The portal has received the data of 61,92,458 individuals receiving Ayurvedic treatment from the 133 Ayurvedic HCOs registered on the portal.

DISCUSSION: Out of the 2888 National Ayurveda Morbidity Codes (NAMC) 2470 were used by HCOs, highlighting the top 10 States using the highest number of morbidity codes. The present paper incorporates statistical data of the Ayurveda medical records from the NAMASTE portal till August 2023, intending to provide statistical data regarding the most prevailing disease in the country.

Keywords:

Ayurveda, HCO, morbidity codes, NAMASTE portal, standardized Ayurveda terminologies

Introduction

In the contemporary age, technology has become part and parcel of life. The use of computers and telecommunications tools to store, retrieve, send, and manipulate data is known as information technology (I.T.). The healthcare industry has significantly benefited from information technology.

The creation of electronic medical records (EMRs) illustrates a significant development that I.T. has given to the healthcare sector. With this technique, one can compile the data on health data into a single database. With the click of a mouse, healthcare professionals may access crucial patient data, including medical history, medication information, and insurance information, thanks to this technology, which also lowers paper expenditures.

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The Ayush system is essential in fulfilling every individual's primary needs in India. To provide better healthcare services,^[1] there is a need for a better understanding and communication of medical statistics. Therefore, the Ministry of Ayush has introduced the NAMASTE portal and the Ayush Health Management Information System (A-HMIS) under Ayush Grid, which pave the path for the inclusion of traditional medicine^[2] as a chapter in the latest version of the International Classification of Diseases (ICD)^[3]

The National Ayush Morbidity and Standardized Terminology Portal (NAMSTP) is a web-based resource consolidating morbidity statistics from different healthcare organizations (HCOs) under Ayush systems nationwide. This portal was created and maintained by the Central Council for Research in Ayurvedic Sciences (CCRAS),^[4] which has 2888 National Ayurveda Morbidity Codes (NAMC), serial number, National Ayush Morbidity Code, condition or section, a short definition, extended definition, references, and ontology branches in the table and tree view. Similarly, 1926 morbidity codes exist for the Siddha system and 2500 for the Unani system. Thus, it further develops ASU international terminologies and codes for ICD-11 chapter 26 Traditional Medicine Module 2 (TM-2). Through this portal, the Ministry of Ayush has initiated the collection of morbidity data and implemented the standards of electronic health records (EHRs) across the Ayush domain of patients approaching the Indian system of medicine (OPD/IPD) at HCOs.^[5] The data of the patients attending the OPD during various outreach programs is also recorded in this portal by the concerned HCOs of Ayush.

The evaluation of public health practices, the development of policies, and their execution depend significantly on systematic health-related information gathering and interpretation. This article highlights specific observations, like the usage of medical records and retrieving morbidity data for analysis, which the HCOs uploaded on this portal up to August 2023. The patient's trend to visit the Ayurveda HCOs for specific medical conditions is the most valuable among these findings. These views will help implement various national Ayush schemes to comprehend the strengths and weaknesses of Ayurveda.

Materials and Methods

The NAMASTE portal is a dynamic application that stores the morbidity data in the database in a secure manner. This portal is implemented and maintained by the National Institute of Indian Medical Heritage Hyderabad under the Central Council of Research in Ayurvedic Sciences, Ministry of Ayush, Government

of India, which is also a custodian and monitors the HCOs' data. This study includes the data that the HCOs submitted with prior registration. Demographic data of patients attending the HCOs from October 17, 2017, to August 31, 2023, was included in this study. We used the Excel sheet database to extract and analyze data by applying the Excel data tools. Morbidity data are presented in tabular form.

Observations

There are 162 Ayurveda HCOs in 23 states and 4 union territories who actively upload the data of patients; out of them, 133 out patient departments (OPDs) and 29 in-patient departments (IPDs). The concerned HCOs have to register in the hospital registration form voluntarily, and the users have to register in the sign-up form along with prerequisite details so that the admin can verify the user or HCOs and approve a request to register in the portal. The HCOs enter the morbidity data in the statistic dashboard module every month by filling out the sample Excel sheets of OPDs and IPDs. It comprises gender and age-based data like disease IDs, a list of morbidity codes, and conditions. This application has a predefined policy for registering other users as admin and super admin. Overall, access to all different dashboards is under super admin, whereas admin has access to the consolidated report, hospital status report, etc., and users have limited access.

On the NAMASTE website, 252 HCOs of the Ayush System were registered, with 133 (52.78%) Ayurveda hospitals having the most significant percentage, followed by 56 (22.22%) Unani hospitals, 28 (11.11%) Homoeopathic hospitals, 22 (8.73%) Yoga and Naturopathy, 12 (4.77%) Siddha hospitals, and 1 (0.39%) Folk Medicine Hospitals [Figure 1].

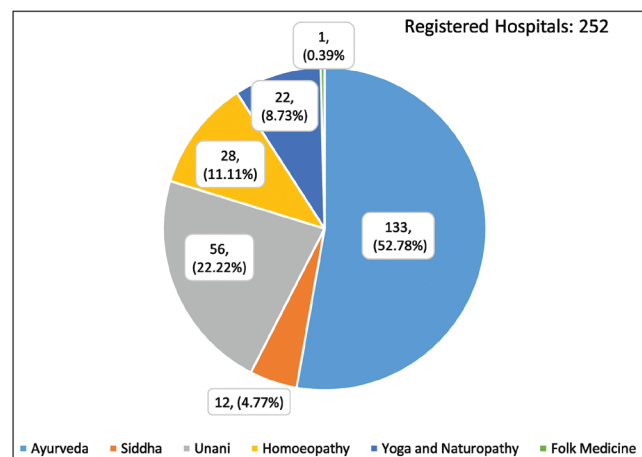


Figure 1: System wise distribution of Hospitals registered under the portal (data assessed from October 2017 to August 2023)

The NAMASTE portal recorded the 61,92,458 individuals' data for Ayurvedic treatment from the 133 Ayurveda HCOs registered. Among them, a maximum number, that is, 48,33,045 (78.05%), attended the outdoor patient department. Others followed this group: 12,95,922 (20.93%) who participated at the OPD during outreach activities, and IPD 63,491 (1.02%)

In the same way, out of 37,79,252 individuals' data, OPD 30,93,678 (81.86%), Others 6,46,076 (17.09), and IPD 39,498 (1.05%) were from Unani HCOs. Out of the 28,56,852 total enrolees in homeopathy, OPD 25,54,943 (89.43%), Others 2,48,153 (8.68%), and IPD 53,756 (1.88%) were from homeopathy HCOs; among the 5,52,184 total enrolees in Siddha, OPD 5,33,336 (96.59%), Others 18,808 (3.40%), and IPD 40 (0.007%) were from Siddha HCOs. In the NAMASTE portal, although 22 institutes have been listed under Yoga and Naturopathy, and one institute is under Folk Medicine, they still need to submit data to the NAMASTE site [Table 1].

The portal provides 2888 morbidity codes, exclusively for Ayurvedic data. Out of these 2888 codes, 133 registered Ayurveda hospitals under the portal used a total of 2215 (76.7%) codes while reporting the OPD patients, followed by IPD 628 (21.75%), and others with 987 (34.17%) [Figure 2].

The portal received data from 23 states and four union territories out of India's 28 states and eight union

territories. In total, 70 hospitals in Delhi provided data on 15,97,923 patients who visited OPD or others. This portal also received IPD data of 17,096 patients reported from the Kerala HCOs, which was the maximum. States like Bihar, Gujarat, Himachal Pradesh, Uttarakhand, Sikkim, Arunachal Pradesh, Tripura, Nagaland, the Andaman-Nicobar Islands, Goa, and Telangana entered only OPD data on the portal (note: *IPD/OPD/Others; *data were not uploaded during the reporting period) [Table 2a].

The analyzed data showed that in terms of the average number of patients enrolled from one HCO in each state, Bihar stands first with 2,96,613 (12.45%), followed by Uttar Pradesh with 2,39,915 (10.07%) and Madhya Pradesh with 2,15,053 (9.03%) in that order [Table 2b].

Similarly, the North West Zone generated the majority of patient data (42.14%), out of the four zones, subsequently followed by the North East Zone (24.12%), South West Zone (21.85%), and South East Zone (11.89%) [Table 3].

Even a significant difference was not apparent while observing gender-based choices for Ayurvedic therapy. The statistics indicate an equal distribution, with slightly more females (50.98%) than males (48.98%) [Table 4]

The morbidity data from the portal showed that Codes AAE-16 and A.A. were the two most commonly

Table 1: All System Vice Morbidity cases as registered under the NAMASTE portal (data assessed from October 2017 to August 2023)

Dept.	Ayu.	Sid.	Unani	Homo.	Y & N*	F.M*	Total	Percentage (%)
OPD	4833045	533336	3093678	2554943	0	0	11015002	82.32%
IPD	63491	40	39498	53756	0	0	156785	1.17%
Others*	1295922	18808	646076	248153	0	0	2208959	16.51%
Total	6192458	552184	3779252	2856852	0	0	13380746	100%

*Others: Geriatric OPD, Tribal Healthcare Research Programme (THCRP), Swasthya Rakshan Programme(SRP), Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan (SCSP)

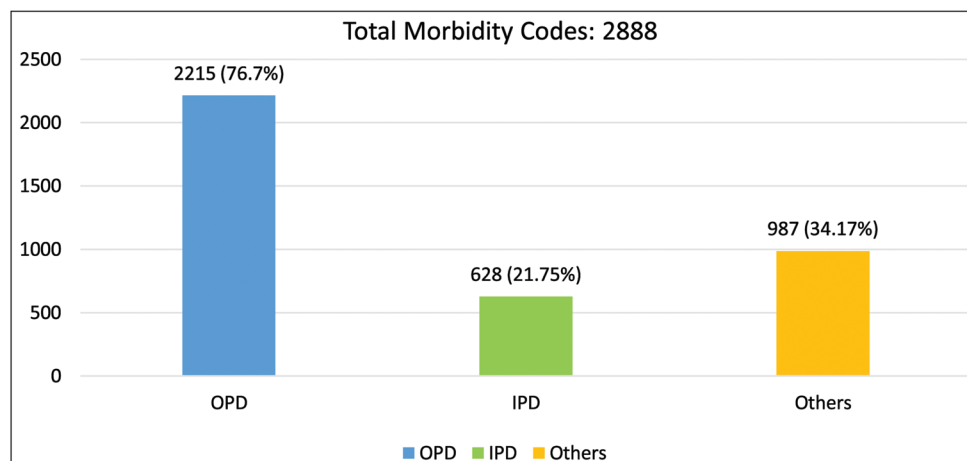


Figure 2: The morbidity code used by 133 Ayurveda hospitals for the diagnosis of diseases (data assessed from October 2017 till August 2023)

Table 2a: State-wise data recorded in the NAMSTE portal from October 2017 to August 2023

S.No.	State Name	Hospitals	OPD/Others	IPD	No. of patients attended (%)
1	Delhi	70	1,597,923	3887	1,601,810 (25.87%)
2	Kerala	4	592,676	17096	609,772 (9.85%)
3	Punjab	12	573,041	82	573,123 (9.26%)
4	Maharashtra	4	406,913	9015	415,928 (6.72%)
5	Assam	2	364,697	2797	367,494 (5.93%)
6	Bihar	1	296,613	.	296,613 (4.79%)
7	Andhra Pradesh	3	245,676	1587	247,263 (3.99%)
8	Uttar Pradesh	1	239,915	1968	241,883 (3.91%)
9	Rajasthan	4	215,106	1601	216,707 (3.5%)
10	Madhya Pradesh	1	215,053	3240	218,293 (3.53%)
11	Karnataka	6	210,199	1731	211,930 (3.42%)
12	Odisha	1	209,402	4227	213,629 (3.45%)
13	Puducherry	2	207,943	13985	221,928 (3.58%)
14	West Bengal	1	183,317	1444	184,761 (2.98%)
15	Gujarat	3	111,825	.	111,825 (1.81%)
16	Jammu and Kashmir	1	95,593	812	96,405 (1.56%)
17	Himachal Pradesh	1	77,472	.	77,472 (1.25%)
18	Uttarakhand	1	71,192	.	71,192 (1.15%)
19	Sikkim	1	68,212	.	68,212 (1.1%)
20	Arunachal Pradesh	1	40,231	.	40,231 (0.65%)
21	Tamil Nadu	4	33,586	19	33,605 (0.54%)
22	Tripura	1	29,665	.	29,665 (0.48%)
23	Nagaland	2	20,597	.	20,597 (0.33%)
24	Andaman-Nicobar	1	17,123	.	17,123 (0.28%)
25	Telangana	1	3854	.	3854 (0.06%)
26	Goa	1	1143	.	1143 (0.02%)
27	Meghalaya	3	.	.	.
Grand Total		133	61,28,967	63,491	61,92,458

*Others: Geriatric OPD, Tribal Healthcare Research Programme (THCRP), Swasthya Rakshan Programme (SRP), Ayurveda Mobile Health Care Programme under Scheduled Castes Sub Plan (SCSP)

recorded by all HCOs in India, demonstrating the predominance of *Sandhigataavata* (osteoarthritis) and *Vatavyadhi* (disorders due to *Vata*) among the cases seen by Ayurveda HCOs. The sicknesses that followed it included *Kasa* (cough/tussis), *Arsha* (hemorrhoids), *Madhumeha/Kshaudrameha* (diabetes mellitus), *Kushta* (integumentary disease), *Amlapitta* (hyperacidity), *Daurbalya* (debility), *Vibandha* (simple constipation), and *Pratisyaya* (rhinitis) [Table 5].

Similarly, we scrutinized data for each state's HCOs and the morbidity codes they used for outdoor patients. Except for Puducherry and Punjab, all other states frequently entered NAMC of AAE-16, indicating *Sandhigataavata* (osteoarthritis) predominance. Similarly, HCOs also entered the NAMC of A.A., the second top code for reporting a patient diagnosed as *Vatavyadhi* (disorders due to *Vata*). It noted that 10 morbidity codes entered by HCOs from all 23 states and four union territories exhibit high similarity and minor differences [Table 6].

While morbidity data recorded for IPD by Ayurveda HCOs showed that the codes for all chronic *Vata* diseases

like *Sandhigataavata* (osteoarthritis), *Gridhrasi* (sciatica), etc. were maximum in number, followed by others viz., *Amavata* (rheumatism due to *Ama*), *Kitiba* (psoriasis), *Vibanda* (simple constipation), *Arsha* (hemorrhoids), *Parikartika* (proctalgia), *Vandhya* (primary infertility), *Timira* (partial or total blindness/amaurosis), *Arbuda* (Tumour), *Trikagraha* (sacroiliac joint stiffness), *Daurbalya* (debility) and *Vatika Timira* (partial or total blindness due to *Vata*) [Table 7].

Full forms of morbidity codes are mentioned in Tables 6 and 7

AA-Vatavyadhi, AAA-Dosavastha (*Vata*), AAA-2.4-Vyanavatakopa, AAB-24-Kampa/Vepathu (Kevalavata), AAB-33-Grivastamba/Grivahundana (Kevalavata), AAB-35-Gudarti (Kevalavata), AAB-37-Grudhrasi (Kevalavata), AAB-39-Janubeda/Janusula, AAB-49-Nakhbedah (Kevalavata), AAB-52-Pakshaghata/Pakshavadha (Kevalavata), AAB-61-Prushtha-Graha (Kevalavata), AAB-80-Trikagraha (Kevalavata), AAC.20-Grudhrasi, AAC-12-Adhmana, AAC-12.4-Vibandha, AAC-2-Apatantraka, AAC-20-Grudhrasi, AAC-24-Pakshaghata/Pakshavadha, AAC-32-Manyastamba, AAC-6-Asthisosha, AAC-8-Avabahuka,

Table 2b: Average number of patients enrolled from one hospital (data assessed from October 2017 to August 2023)

S.No.	State name	Total number of patients enrolled from one hospital	Percentage of patients enrolled from one hospital
1	Bihar	296,613	12.45%
2	Uttar Pradesh	239,915	10.07%
3	Madhya Pradesh	215,053	9.03%
4	Odisha	209,402	8.79%
5	West Bengal	183,317	7.7%
6	Assam	182,348	7.65%
7	Kerala	148,169	6.22%
8	Puducherry	103,971	4.36%
9	Maharashtra	101,728	4.27%
10	Jammu and Kashmir	95,593	4.01%
11	Andhra Pradesh	81,892	3.44%
12	Himachal Pradesh	77,472	3.25%
13	Uttarakhand	71,192	2.99%
14	Sikkim	68,212	2.86%
15	Rajasthan	53,776	2.26%
16	Punjab	47,753	2%
17	Arunachal Pradesh	40,231	1.69%
18	Gujarat	37,275	1.56%
19	Karnataka	35,033	1.47%
20	Tripura	29,665	1.25%
21	Delhi	22,827	0.96%
22	Andaman-Nicobar	17,123	0.72%
23	Nagaland	10,298	0.43%
24	Tamil Nadu	8396	0.35%
25	Telangana	3854	0.16%
26	Goa	1143	0.05%
27	Meghalaya	0	0
Total		2,382,251	100%

Table 3: Zone vice categorization of the patient's data entered in the NAMASTE portal (data assessed from October 2017 to August 2023)

S.No.	Zone	States	Percentage (%) of patient's data uploaded
1	North East Zone	Arunachal Pradesh, Assam, Nagaland, Sikkim, Tripura, Bihar, West Bengal, Himachal Pradesh, Uttarakhand, Uttar Pradesh, Jammu and Kashmir, Meghalaya	24.12%
2	South East Zone	Odisha, Andhra Pradesh, Telangana, Tamil Nadu, Puducherry, Andaman & Nicobar	11.89%
3	North West Zone	Delhi, Punjab, Rajasthan, Madhya Pradesh	42.14%
4	South West Zone	Gujarat, Maharashtra, Karnataka, Kerala, Goa	21.85%

Table 4: Gender-vice categorization of total patient data (data assessed from October 2017 to August 2023)

S. No.	Gender	OPD	IPD	Total Count	Percentage (%)
1	Male	3002015	31266	3033281	48.98%
2	Female	3125176	32225	3157401	50.98%
3	Transgender	1776	0	1776	0.04%
Total				61,92,458	100%

AAE-Sthanavicesa-kupitavata, AAE-16-Sandhigatavata, AAE-5-Pakvasayagatavata, AAE-8-Asrugatavata/Raktagatavata, AAE-9-Mamsagatavatakopa, ACB-17-

Dhamani Pratichaya/Vyanbala Vaishmya, ACB-23-Agnimandhya, DB-1-Mandagni/Agnisada, EA.3-Kasa, EA-3-Kasa, EA-4-Svasa, EB- 4-Amlapitta, EB-10-Sula, EB-10.16-Trikasula, EB-12- Parikartika, EB-3-Ajirna, EB-4-Amlapitta, EB-7-Grahanidosha, EC-3-Jvara, EC-5-Panduroga, EC-6-Amavata, ED-Raktavahasrotovikara, ED-13-Slipada, ED-16-Bagandara, ED-2.2-Kandu, ED-4-Kushtha, ED-4.3- Kshudrakushtha, ED-4.3.3-Kitiba, ED-4.4.1-Tvaggatakushtha, ED-8- Vatarakta, EE-3-Arsa, EE-2-Arbuda, EE-4.5-Sirajagranthi, EF-2.4.4-Diabetes mellitus, EF-2-Prameha, EF-2.4.4- Madhumeha, EF-3- Medoroga, EK-4- Udararoga, EL-2.24-Vandhya, EM-Manovahasrotovikara, EM-3-Apasmaras,

Table 5: Top 10 Ayurveda morbidity codes recorded on the portal (data assessed from October 2017 to August 2023)

S.No.	Code	Disease/condition	Short definition	Total no.of Cases
1	AAE-16	<i>Sandhigatavata</i>	Vitiated <i>Vata</i> in <i>Sandhi</i>	687826
2	AA	<i>Vatavyadhi</i>	Disorders due to <i>Vata</i>	448963
3	EA-3	<i>Kasa</i>	Cough/tussis	194119
4	EE-3	<i>Arsha</i>	Hemorrhoids	164667
5	EF-2.4.4	<i>Madhumeha/Kshaudrameha</i>	Diabetes Miletus	150640
6	ED-4	<i>Kushta</i>	Integumentary disease	146298
7	EB-4	<i>Amlapitta</i>	Hyperacidity	133815
8	MD-11	<i>Daurbalya</i>	Debility	109292
9	AAC-12.4	<i>Vibandha</i>	Simple constipation	107426
10	I-1	<i>Pratisyaya/Pinasa</i>	Rhinitis	96810

Table 6: State and U.T. vice data of Top 10 morbidity codes* entered with a percentage of total number of cases encountered under OPD basis (Data assessed from October 2017 till August 2023)

S.No.	State	1	2	3	4	5	6	7	8	9	10
1	Delhi	AAE-16	EA-3	EE-3	AA	AAC-12.4	EB-4	EB-3	EF-2.4.4	EC-6	MD-11
	<i>n (%)</i>	205123 (12.84)	81241 (5.08)	68585 (4.29)	62961 (3.94)	52526 (3.29)	45922 (2.87)	40457 (2.53)	37838 (2.37)	37733 (2.36)	35658 (2.23)
2	Kerala	AAE-16	AA	EB-10.16	AAB-37	EE-4.5	AAC-8	AAB-80	EF-2	ED-8	EA-3
	<i>n (%)</i>	143141 (24.15)	132563 (22.37)	20385 (3.44)	20214 (3.41)	13536 (2.28)	13302 (2.24)	12177 (2.05)	12088 (2.04)	11831 (2)	10353 (1.75)
3	Punjab	AA	EA-3	ED-4	EB-3	AAE-16	EB-4	EL-5	EC-5	I-1	EA-4
	<i>n (%)</i>	120678 (21.06)	45181 (7.88)	38901 (6.79)	33885 (5.91)	27113 (4.73)	21561 (3.76)	20184 (3.52)	17421 (3.04)	15331 (2.68)	15140 (2.64)
4	Maharashtra	AAE-16	AA	MD-11	EA-3	EB-4	EC-6	AAC-12.4	EE-3	ED-10.16	AAC-24
	<i>n (%)</i>	97917 (24.06)	69333 (17.04)	16290 (4)	12369 (3.04)	11824 (2.91)	11680 (2.87)	11278 (2.77)	9782 (2.4)	9727 (2.39)	8667 (2.13)
5	Assam	AAE-16	EB-4	EA-3	AA	EE-3	MD-11	ED-2.2	EL-5	EB-10	EF-2.4.4
	<i>n (%)</i>	34038 (9.33)	19003 (5.21)	16302 (4.47)	15999 (4.39)	13622 (3.74)	13458 (3.69)	12895 (3.54)	12300 (3.37)	11318 (3.1)	10405 (2.85)
6	Bihar	AAE-16	AA	EB-10.16	ED-4	EE-3	MD-11	EA-3	AAC-12.4	EF-2.4.4	EB-10
	<i>n (%)</i>	62507 (21.07)	40169 (13.54)	22743 (7.67)	15338 (5.17)	12234 (4.12)	12131 (4.09)	9809 (3.31)	8296 (2.8)	8200 (2.76)	7089 (2.39)
7	Andhra Pradesh	AAE-16	AA	ED-4	EF-2.4.4	AAB-61	ED-4.3.3	AAC-24	AAC-20	ED-13	ED-4.4.1
	<i>n (%)</i>	69359 (28.23)	19666 (8)	14267 (5.81)	11831 (4.82)	8748 (3.56)	6966 (2.84)	6288 (2.56)	5485 (2.23)	5050 (2.06)	5007 (2.04)
8	UP	AAE-16	AA	HG-1	EF-2.4.4	EE-3	EB-12	ED-16	ED-4	AAC-12.4	EK-4
	<i>n (%)</i>	27440 (11.44)	20038 (8.35)	14488 (6.04)	12425 (5.18)	10227 (4.26)	9062 (3.78)	9028 (3.76)	8092 (3.37)	8015 (3.34)	7548 (3.15)
9	Rajasthan	AAE-16	EF-2.4.4	EE-3	EB-4	EC-6	EA-3	MD-11	AAC-12.4	I-1	AA
	<i>n (%)</i>	22765 (10.58)	13197 (6.14)	7957 (3.7)	7435 (3.46)	7402 (3.44)	7100 (3.3)	6759 (3.14)	6657 (3.09)	5998 (2.79)	5335 (2.48)
10	MP	AAE-16	AA	EA-3	ED-2.2	EE-3	EC-3	EB-10	I-1	MD-11	AAB-80
	<i>n (%)</i>	21123 (9.82)	11256 (5.23)	11095 (5.16)	9156 (4.26)	9043 (4.21)	7497 (3.49)	7453 (3.47)	7311 (3.4)	6874 (3.2)	6564 (3.05)
11	Odisha	AAE-16	EB-4	MD-11	AA	EE-3	EC-6	AAC-20	I-1	EA-3	EB-12
	<i>n (%)</i>	44393 (21.2)	12715 (6.07)	8680 (4.15)	7710 (3.68)	7582 (3.62)	7040 (3.36)	6771 (3.23)	6684 (3.19)	6298 (3.01)	6155 (2.94)
12	Puducherry	AA	AAE-16	AAB-37	AAC-8	ED-4	EE-4.5	EE-3	EL-2.24	ED-8	EA.3
	<i>n (%)</i>	9167 (4.41)	8324 (4)	5329 (2.56)	4299 (2.07)	3914 (1.88)	3130 (1.51)	2948 (1.42)	2840 (1.37)	2832 (1.36)	2788 (1.34)
13	Karnataka	AAE-16	EF-2.4.4	AAC-20	MD-11	EB-4	ED-4	EA-3	AA	I-1	EA-4
	<i>n (%)</i>	46801 (22.27)	39610 (18.84)	10527 (5.01)	8868 (4.22)	8355 (3.97)	7987 (3.8)	7691 (3.66)	6015 (2.86)	3863 (1.84)	3165 (1.51)
14	WB	AAE-16	EF-2.4.4	AA	EB-4	EE-3	EA-3	AAC-12.4	EC-6	EB-3	ED-4.3.3
	<i>n (%)</i>	64434 (35.15)	13684 (7.46)	12339 (6.73)	9662 (5.27)	6019 (3.28)	4564 (2.49)	4439 (2.42)	4408 (2.4)	4270 (2.33)	3502 (1.91)

Table 6. Continued

S.No.	State	1	2	3	4	5	6	7	8	9	10
15	Gujarat	AAE-16	AA	ED-4	MD-11	EF-2.4.4	EB-3	EE-3	EA-3	I-1	FA-3
	<i>n</i> (%)	18715 (16.74)	7521 (6.73)	7323 (6.55)	5876 (5.25)	5496 (4.91)	4108 (3.67)	3707 (3.32)	3337 (2.98)	3225 (2.88)	2943 (2.63)
16	J & K	AAE-16	AA	EE-3	MD-11	ED-4	EB-12	EA-3	EF-2.4.4	EB-10.16	I-1
	<i>n</i> (%)	8238 (8.62)	7964 (8.33)	6236 (6.52)	4716 (4.93)	4268 (4.46)	3795 (3.97)	3325 (3.48)	2863 (2.99)	2458 (2.57)	2257 (2.36)
17	HP	AAE-16	I-1	ED-8	EC-3	AAE-8	DB-1	AA	EF-2.4.4	EA-3	EB-4
	<i>n</i> (%)	7258 (9.37)	4686 (6.05)	2921 (3.77)	2921 (3.77)	2819 (3.64)	2472 (3.19)	2417 (3.12)	2411 (3.11)	2373 (3.06)	2269 (2.93)
18	UK	AAE-16	AA	AAA-2.4	EC-6	EE-3	EL-5	AAC-20	EB-4	EF-2.4.4	ED-8
	<i>n</i> (%)	13610 (19.12)	10432 (14.65)	2646 (3.72)	2371 (3.33)	2250 (3.16)	2236 (3.14)	1978 (2.78)	1888 (2.65)	1827 (2.57)	1735 (2.44)
19	Sikkim	AAE-16	AA	EE-3	EF-2.4.4	MD-11	EB-4	ED-2.2	AAC-12	AAC-8	AAC-12.4
	<i>n</i> (%)	9908 (14.53)	7644 (11.21)	6328 (9.28)	3491 (5.12)	3393 (4.97)	3160 (4.63)	2492 (3.65)	2455 (3.6)	1977 (2.9)	1714 (2.51)
20	Arunachal P.	AAE-16	EB-4	EE-3	EA-3	ED-4	MD-11	EF-2.4.4	EC-3	EB-3	ED-2.2
	<i>n</i> (%)	4018 (9.99)	2490 (6.19)	2086 (5.19)	1888 (4.69)	1753 (4.36)	1602 (3.98)	1531 (3.81)	1506 (3.74)	1243 (3.09)	1195 (2.97)
21	TN	AAE-16	AAA	EF-2	ED-4	AA	AAE	EF-2.4.4	EA-4	I-1	EA-3
	<i>n</i> (%)	4263 (12.69)	2689 (8.01)	1941 (5.78)	1252 (3.73)	1203 (3.58)	1062 (3.16)	1020 (3.04)	905 (2.69)	861 (2.56)	789 (2.35)
22	Tripura	AAE-16	AA	AAC-12	EF-2.4.4	AAC-12.4	EB-4	MD-11	ED-2.2	EC-6	EB-7
	<i>n</i> (%)	6815 (22.97)	3520 (11.87)	914 (3.08)	897 (3.02)	875 (2.95)	830 (2.8)	824 (2.78)	770 (2.6)	743 (2.5)	651 (2.19)
23	A & N	AAE-16	EF-2	AA	EA-3	EB-4	ED-4	EB-10.16	I-1	AAB-80	ED
	<i>n</i> (%)	1682 (9.82)	1517 (8.86)	614 (3.59)	550 (3.21)	465 (2.72)	421 (2.46)	394 (2.3)	318 (1.86)	304 (1.78)	274 (1.6)
24	Nagaland	AAE-16	AA	AAB-80	EA-3	EB-4	ACB-23	MD-11	EC-6	ACB-17	EB-3
	<i>n</i> (%)	1891 (9.18)	1116 (5.42)	593 (2.88)	593 (2.88)	539 (2.62)	524 (2.54)	497 (2.41)	457 (2.22)	433 (2.1)	408 (1.98)
25	Telangana	AAE-16	AAC-6	EA-3	ACB-23	MD-11	EB04	EF02.4.4	AAC-2	EC-3	ED-2.2
	<i>n</i> (%)	1918 (49.77)	221 (5.73)	166 (4.31)	163 (4.23)	1503.89)	71 (1.84)	60 (1.56)	58 (1.5)	54 (1.4)	52 (1.35)

FA-3-Khalitya/Khalati, H-Netraroga, HA-Sandhigataroga, HG-1- Timira, HG-1.11-Vatikatimira, I-1- Pratisyaya/ Pinasa, MD-11-Daurb. The data for the top 10 codes entered by an individual HCO showed that among the 2888 morbidity codes, HCOs used 71 codes to report diagnoses of patients who attended the OPD and IPD.

We analyzed data to know how different states used the NAMASTE portal's morbidity codes. It noted that 130 of the 133 registered Ayurveda hospitals regularly upload the data. Out of these, 70 are in Delhi, 12 are in Punjab, 6 are in Karnataka, 4 are in Kerala, Maharashtra, Rajasthan, and Tamil Nadu, and the remaining are in other states. Out of 23 states and four union territories, Kerala is the first-highest user of National Ayurveda Morbidity Codes (NAMC) with 1110 (38.43%), Maharashtra is the second-highest user of morbidity codes with 760 (26.32%), followed by Tamil Nadu with 702 (24.31%) [Table 8].

The one-year morbidity data from the Namaste portal was divided into six months to understand better the effects of the seasons and the HCOs' use of morbidity

codes. Then, regardless of the time of year, it was found that *Vataja* disease-related morbidity codes were more commonly used. In addition, compared to the cold season, the proportion of morbidity codes entered into the portal for *Ajirna* (indigestion) increased from 4.61% to 5.49%. Codes for *Amlapitta* (hyperacidity) increased from 5.99% to 6.68%, and *Arsha* (hemorrhoids) increased from 7.27% to 7.97% was noticed. Similarly, there was a percentage increase in the morbidity codes for *Kaphaja* diseases during the cold season. For example, *Kasa* (cough) increased from 6.94% to 7.92%, and *Pratisyaya* (rhinitis) was noted as a top 10 disease during the cold season with a percentage of 5.23% but not among the top 10 during the hot season [Tables 9 and 10].

Discussion

This study is an evaluation of the NAMASTE portal medical records. Analysis of morbidity statistics provides and interprets data to facilitate the prevention and control of disease. The data was taken from October 2017 to August 2023 in Ayurveda. The observations of

Table 7: State and U.T. vice data of Top 10 morbidity codes entered with percentage (%) of patients attended under IPD basis (data assessed from October 2017 till August 2023)

S.No.	State	1	2	3	4	5	6	7	8	9	10
1	Delhi	AAE-16	AA	AAC-20	AAC-24	EB-0.16	EC-6	H	HG-1	AAB-52	AAB-33
	n (%)	752 (19.35)	495 (12.73)	375 (9.65)	341 (8.77)	311 (8.0)	227 (5.84)	182 (4.68)	164 (4.22)	68 (1.75)	60 (1.54)
2	Kerala	AAE-16	AA	AAB-37	EB-10.16	AAC-20	AAB-52	ED-8	AAC-8	AAE-5	AAC-24
	n (%)	3242 (18.96)	3000 (17.55)	1554 (9.09)	964 (5.64)	639 (3.74)	624 (3.65)	484 (2.83)	413 (2.42)	357 (2.09)	357 (2.09)
3	Punjab	AA	EC-6	AAB-80	AAE-16	ED-4.3.3	EF-3	AAC-12.4	ED-2.2	AAC-24	AAC-8
	n (%)	18 (21.95)	18 (21.95)	12 (14.63)	11 (13.41)	5 (6.1)	4 (4.88)	4 (4.88)	3 (3.66)	2 (2.44)	2 (2.44)
4	Maharashtra	AAE-16	AA	EE-3	EC-6	ED-4	AAC-24	EB-10.16	EE-2	I-1	EF-2
	n (%)	2331 (25.86)	1738 (19.28)	480 (5.32)	402 (4.46)	390 (4.33)	314 (3.48)	265 (2.94)	240 (2.66)	238 (2.64)	229 (2.54)
5	Assam	AAE-16	AA	EB-4	ED-8	AAC-20	EF-2.4.4	EC-6	EE-3	AAC-8	AAB-80
	n (%)	629 (22.49)	367 (13.12)	179 (6.4)	164 (5.86)	151 (5.4)	135 (4.83)	84 (3.0)	84 (3.0)	84 (3.0)	77 (2.75)
6	Andhra Pradesh	AAE-16	AA	AAB-61	AAB-52	AAB-37	ED-4.3.3	EB-10.16	ED-13	AAB-80	EC-6
	n (%)	452 (28.48)	206 (12.98)	161 (10.14)	149 (9.39)	98 (6.18)	95 (5.99)	85 (5.36)	51 (3.21)	49 (3.09)	45 (2.84)
7	UP	AAE-16	ED-16	AA	HA	EB-12	EF-2.4.4	AAC-12.4	EE-3	ED-2.2	HG-1
	n (%)	225 (11.43)	148 (7.52)	145 (7.37)	90 (4.57)	83 (4.22)	82 (4.17)	81 (4.12)	74 (3.76)	61 (3.1)	58 (2.95)
8	Rajasthan	AAE-16	AAB-61	AA	EC-6	AAC-20	AAB-37	AAC-24	MD-11	ED-16	AAC-32
	n (%)	479 (29.92)	247 (15.43)	212 (13.24)	114 (7.12)	100 (6.25)	76 (4.75)	30 (1.87)	28 (1.75)	22 (1.37)	18 (1.12)
9	MP	AAE-16	AA	AAB-37	EC-6	EB-10.16	ED-16	EE-3	AAB-80	I-1	ED-8
	n (%)	635 (19.6)	407 (12.56)	246 (7.59)	153 (4.72)	147 (4.54)	117 (3.61)	110 (3.4)	105 (3.24)	93 (2.87)	61 (1.88)
10	Odisha	AAE-16	ED-16	AAB-37	AA	AAC-24	EC-6	EB-12	EB-4	MD-11	EE-3
	n (%)	1174 (27.77)	596 (14.1)	524 (12.4)	317 (7.5)	288 (6.81)	206 (4.87)	181 (4.28)	163 (3.86)	67 (1.59)	54 (1.28)
11	Puducherry	AAB-37	AAB-80	AA	AAE-16	EL-2.24	AAC-8	HG-1.11	EE-3	AAB-39	AAC-20
	n (%)	775 (5.54)	657 (4.7)	589 (4.21)	562 (4.02)	382 (2.73)	369 (2.64)	310 (2.22)	282 (2.02)	280 (2.0)	250 (1.79)
12	Karnataka	AA	AAE-9	AAE-16	AAB-49	AAB-35	EC-6	EM	EM-3	AAB-24	AAC-6
	n (%)	501 (28.94)	493 (28.48)	196 (11.32)	134 (7.74)	120 (6.93)	44 (2.54)	34 (1.96)	29 (1.68)	28 (1.62)	21 (1.21)
13	WB	AAE-16	EC-6	AAC-20	ED-4.3.3	EF-2.4.4	AA	ED-16	AAC-24	EB-4	AAB-52
	n (%)	662 (45.84)	130 (9)	122 (8.45)	91 (6.3)	77 (5.33)	73 (5.06)	50 (3.46)	39 (2.7)	37 (2.56)	17 (1.18)
14	J & K	AAE-16	AA	EB-12	EE-3	AAC-24	ED-16	AAC-20	MD-11	EC-6	EE-3
	n (%)	117 (14.41)	104 (12.81)	96 (11.82)	84 (10.34)	77 (9.48)	57 (7.02)	28 (3.45)	28 (3.45)	26 (3.2)	18 (2.22)

the study indicate that a total of 252 HCOs are registered under the NAMASTE portal in these 133 Ayurveda, 12 Siddha, 56 Unani, 28 Homeopathy, and 22 Yoga and Naturopathy, and 1 Folk Medicine hospital [Figure 1]. From the 133 Ayurveda hospitals registered under the NAMASTE portal, 133 hospitals are uploading data, and that was considered for surveillance studies. In this NAMASTE portal, 61,92,458 patients were recorded until August 2023 and categorized into OPD, IPD, and Others as outreach programs carried out under the registered health sector. In the OPD category, 48,3,045 (78.05%)

were recorded, 63,491 (1.02%) were recorded under the IPD basis, and 12,95,922 (20.93%) were recorded under other outreach programs.

In the NAMASTE portal, 2888 morbidity codes exist; 2215 morbidity codes are used for OPD, 628 for IPD, and 987 for other outreach programs or activities. Delhi has recorded a maximum no. of 15,97,923 patients in OPD/ Others from 70 health sectors and utilizes 558 (19.32%) morbidity codes in the NAMC of the NAMASTE portal. While Kerala has recorded a maximum number

of 17096 patients with IPD from 4 health sectors and utilized 1110 (38.43%) morbidity codes in the NAMC of the NAMASTE portal till August 2023, it can be observed that even though merely four health sectors from Kerala are uploading the data on the NAMASTE portal, however they have entered the highest morbidity codes, which may be due to the prevalence of traditional *Ayurvedic* practices and diagnoses based on *Ayurvedic* terminologies.^[6] The assessment of the usage of morbidity codes is instrumental in understanding the accurate diagnosis as per Ayurveda.

On analyzing the data under the zonal categorization of India,^[7] the northwest zone comprising Delhi,

Punjab, Rajasthan, and Madhya Pradesh records 42.14% compared with other zones of the patient's data entered in the NAMASTE portal. Delhi is registered with the maximum no. of patients in both the categories, that is, under the OPD category and the Zonal category, while analyzing 15,97,923 patients in the 70 OPD/ Others category. The high number of cases in particular states or zones indicates the commitment to reporting morbidity statistics to the NAMASTE portal in general and quality Ayurvedic medical records in particular. Under gender classification, overall, females are 3157401(50.98%), a little bit more (2%) than males, with 3033281(48.98%), which may be due to variation in the patients of osteoarthritis, where females are 57.67%, and males are 42.33%.

Table 8: List of the top 10 States using the highest no. of Morbidity Codes (data assessed from October 2017 till August 2023)

S. No.	State	Total no. of Morbidity Codes used in percentage (%)
1	Kerala	1110 (38.43%)
2	Maharashtra	760 (26.32%)
3	Tamil Nadu	702 (24.31%)
4	Delhi	558 (19.32%)
5	Andaman-Nicobar	535 (18.52%)
6	Nagaland	435 (15.06%)
7	Tripura	412 (14.27%)
8	Rajasthan	403 (13.95%)
9	Assam	329 (11.39%)
10	Puducherry	315 (10.91%)

Osteoarthritis with disease code AAE-16 is recorded in more patients all over India, particularly in Delhi, than other diseases, that is, 2,05,123 patients. The *Bhavaprakasha Samhita* has mentioned that the deranged *Vata* at the level of joints causes either dislocation or loss of function and painful edema.^[8]

The other common diseases, hyperacidity, hemorrhoids, and simple constipation, come under gastrointestinal disorders.

Diabetes Mellitus is another condition for which people are always searching for alternative medicines. However, when it comes to the research on diabetes, it is observed

Table 9: Top 10 diseases registered in HCOs during March 2022–August 2022 (hot climate season in India)

S.No.	Disease	Code	Short definition	Total no. of cases encountered in percentage (%)
1	<i>Sandhigataavata</i>	AAE-16	Vitiated <i>Vata</i> in <i>Sandhi</i>	62,073 (30.35%)
2	<i>Vatavyadhi</i>	AA	Disorders due to <i>Vata</i>	36,725 (17.95%)
3	<i>Arsha</i>	EE-3	Hemorrhoids	16,314 (7.97%)
4	<i>Madhumeha/ Kshaudrameha</i>	EF-2.4.4	Diabetes Miletus	15,214 (7.43%)
5	<i>Kasa</i>	EA-3	Cough/Tussis	14,198 (6.94%)
6	<i>Amlapitta</i>	EB-4	Hyperacidity	13,681 (6.68%)
7	<i>Kushtha</i>	ED-4	Integumentary Disease	13,244 (6.47%)
8	<i>Ajirnam</i>	EB-3	Indigestion	11,214 (5.49%)
9	<i>Daurbalya</i>	MD-11	Debility	11,009 (5.38%)
10	<i>Kandu</i>	ED-2.2	Pruritis	10,813 (5.28%)

Table 10: Top 10 diseases registered in HCO from September 2021 to February 2022 (Cold Climate Season in India)

S.No.	Disease	Code	Short definition	Total no. of cases encountered in percentage (%)
1	<i>Sandhigataavata</i>	AAE-16	Vitiated <i>Vata</i> in <i>Sandhi</i>	40630 (27.41%)
2	<i>Vatavyadhi</i>	AA	Disorders due to <i>Vata</i>	31128 (21.01%)
3	<i>Kasa</i>	EA-3	Cough/Tussis	11749 (7.92%)
4	<i>Madhumeha/Kshaudrameha</i>	EF-2.4.4	Diabetes Miletus	11443 (7.72%)
5	<i>Kushtha</i>	ED-4	Integumentary Disease	10932 (7.37%)
6	<i>Arsha</i>	EE-3	Hemorrhoids	10784 (7.27%)
7	<i>Amlapitta</i>	EB-4	Hyperacidity	8891 (5.99%)
8	<i>Daurbalya</i>	MD-11	Debility	8067 (5.44%)
9	<i>Pratisyaya/Pinasa</i>	I-1	Rhinitis	7757 (5.23%)
10	<i>Ajima</i>	EB-3	Indigestion	6835 (4.61%)

that many pre-clinical studies hint at the plausible efficacy of Ayurveda-based botanical medicine in the treatment^[9]; however, there are not many clinical trials that substantiate the same, which indicates that high-quality clinical trials are necessary to generate evidence on the efficacy and safety of Ayurvedic treatments for diabetes.^[10]

Thus, the systematic scrutiny of data entered into the portal by the administrative officers/Ayurveda physicians of 133 hospitals provides baseline information about trends of patients attending the Ayurveda Clinics.

Conclusion

The analysis of data uploaded by 133 HCOs from 23 states and 4 Union territories across India over 5 years on the NAMASTE portal gives clear-cut insights into the morbidity conditions for which individuals reach out to Ayurvedic healthcare professionals. The most common conditions are related to the musculoskeletal and gastrointestinal systems, and osteoarthritis, hyperacidity, hemorrhoids, simple constipation, and diabetes mellitus are the most frequent conditions in different Ayush systems. In addition, the analysis offers information on diseases that should be prioritized more when designing population-based research projects based on Ayurveda interventions, as well as points to the potential role of Ayush in the national programs targeting musculoskeletal and gastrointestinal diseases.

Recommendation

There is a need to sensitize all Ayush stakeholders on the NAMASTE portal, which will result in the availability of comprehensive data on the utilization of Ayush systems

from the HCOs and provide a platform for framing clear-cut policies in the Ayush sector.

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Conflicts of interest

There are no conflicts of interest.

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हिंदी सारांश

राष्ट्रीय आयुष रूग्णता और मानकीकृत शब्दावली इलेक्ट्रॉनिक पोर्टल में रिपोर्ट किए गए रूग्णता आँकड़े - एक विश्लेषणात्मक मूल्यांकन

अरुणा रानी, विजय कुमार, हरि प्रसाद, संतोष शांतिलाल माने, साकेत राम श्रीगुल्ला, राकेश वी. नारायण, विनोद कुमार लवानिया, प्रसाद पेंचला गोली, नारायणम श्रीकांत, रबीनारायण आचार्य

परिचय: पारंपरिक चिकित्सा एक मूल्यवान विरासत है जिसने लोगों के दैनिक जीवन को समृद्ध बनाया है। इस चिकित्सा प्रणाली के अनुसंधान, नैदानिक, तथा सांख्यिकी आदि विभिन्न संदर्भों को वैश्विक स्तर पर पहुंचाने हेतु एक सामान्य विवरण ढांचे की आवश्यकता रहती है। इस आवश्यकता को ध्यान में रखकर NAMASTE पोर्टल जिसका संक्षिप्त नाम राष्ट्रीय आयुष रूग्णता और मानकीकृत शब्दावली इलेक्ट्रॉनिक पोर्टल है इसका निर्माण किया गया है। इस नमस्ते पोर्टल को दूसरे राष्ट्रीय आयुर्वेद दिवस के अवसर पर, यानी 17 अक्टूबर 2017 को, भारत के प्रधान मंत्री श्री. नरेंद्र मोदी जी द्वारा लॉन्च किया गया था। इसे स्वास्थ्य सूचना प्रणाली की पहल के तहत वर्गीकृत किया गया है क्योंकि यह स्वास्थ्य निर्णय जागरूकता कार्यक्रमों को सुनिश्चित करते हुए संबंधित क्षेत्रों से डेटा एकत्र करता है। नमस्ते पोर्टल का मुख्य उद्देश्य आयुष क्षेत्र में इलेक्ट्रॉनिक स्वास्थ्य रिकॉर्ड के उपयोग को बढ़ावा देना है।

सामग्री और विधि: यह पोर्टल आयुर्वेद, सिद्धा और यूनानी के लिए मानक शब्दावली और रूग्णता कोड प्रदान करता है और एएसयू अंतर्राष्ट्रीय शब्दावली और आईसीडी-11 विकसित करने में मदद करता है। पंजीकृत आयुष स्वास्थ्य देखभाल संगठन उनके ओपीडी और आईपीडी और आउटरीच गतिविधियाँ में पंजीकृत किए गए रूग्णों का डेटा निर्धारित एक्सेल शीट में प्रयुक्त कर उसे समेकित मासिक आधार पर सांख्यिकी डैशबोर्ड मॉड्यूल में दर्ज करते हैं और उस डेटा के आधार पर इलेक्ट्रॉनिक स्वास्थ्य रिकॉर्ड के लिए व्यवस्थित रूप से उसकी जांच की जाती है।

परिणाम: पोर्टल पर पंजीकृत कुल 133 आयुर्वेद स्वास्थ्य देखभाल संगठन (एचसीओ) से आयुर्वेदिक उपचार के लिए कुल 61,92,458 व्यक्तियों का डेटा दर्ज किया गया था।

विमर्श: उपलब्ध 2888 रूग्णता कोडों में से अधिकतर 71 कोड का उपयोग सभी स्वास्थ्य सेवा संगठनों द्वारा किया गया है जिसके आधार पर वैयक्तिक स्वास्थ्य सेवा संगठन द्वारा सबसे अधिक बार उपयोग किए जाने वाले रूग्णता कोड को निर्धारित किया गया है। जिसके आधार पर इस लेख में देश के आयुर्वेद स्वास्थ्य देखभाल संगठनों द्वारा जिन प्रचलित बीमारियों के हेतु रूग्ण उपस्थिति दर्ज करते हैं उसके बारे में सांख्यिकीय डेटा प्रदान करने के उद्देश्य से अगस्त 2023 तक NAMASTE पोर्टल के माध्यम से आयुर्वेद में चिकित्सा रिकॉर्ड के सांख्यिकीय डेटा को शामिल किया गया है।