

Potential of Ayurveda to achieve universal health coverage through the optimization of public healthcare delivery

Universal health coverage (UHC) represents a global commitment to receive promotive, preventive, curative, rehabilitative, and palliative health services to all without financial hardship. For populous and socio-culturally diverse nations such as India, achieving UHC requires the optimization of pluralistic health resources. Ayurveda, with its preventive orientation, chronic disease management capacity, safety profile, ecological compatibility, and community acceptability, offers a strategically relevant pathway to strengthen public healthcare delivery and it has been integrated along with Ayush system in National health policy and healthcare delivery successfully which can be lead example for traditional medicines (TM) globally for continuous achievement of excellence toward universal health coverage. This editorial explores the scope of Ayurveda in continuous improvement in achieving UHC through primary healthcare (PHC) optimization, integration within national health programs, technological innovation, insurance expansion, infrastructure strengthening, and workforce deployment.

UHC has emerged as a central objective under Sustainable Development Goal-3, defined as equitable access to essential health services without financial hardship. India's pathway toward UHC is shaped by epidemiological transition, demographic diversity, and structural inequities, including a dual burden of communicable and noncommunicable diseases (NCDs). In this context, optimization of pluralistic healthcare resources becomes strategically imperative.

Ayurveda represents a comprehensive life science system integrating biological, psychological, environmental, and behavioral determinants of health. Its dual objective-health preservation and disease management, positions it uniquely within preventive public health frameworks. Individualized risk stratification through the assessment of *Prakruti*,^[1] *Agni*,^[2] *Dhatu*,^[3] and *Satva*^[4] enables early susceptibility identification and personalized prevention. Structured regimens such as *Dinacharya*,^[5] *Rutucharya*,^[6] and *Sadvritta*^[7] operationalize behavioral risk modification at the population scale.

Therapeutically, Ayurveda provides multimodal interventions including *Panchakarma*,^[8] *Rasayana*,^[9] dietetics, behavioral modification, and para-surgical procedures such as *Agnikarma*^[10] (thermal cauterization) and *Ksharakarma*^[11] (therapeutic application of caustic material), thereby expanding PHC therapeutic bandwidth beyond pharmacotherapy.

Public health contributions of Ayurveda extend across priority domains such as (1) noncommunicable

diseases: Long-term metabolic correction integrating diet, lifestyle, and pharmacotherapy. (2) Antimicrobial resistance: *Rasayana*-based immunomodulation and Ayurveda *Ahara*/*Ayush* *Ahara* nutraceuticals regulated under FSSAI^[12] enhance host resistance and may reduce antibiotic dependence. (3) Lifecycle care: Protocols such as *Garbhini Paricharya* (prenatal care)/*Masanumasika Paricharya*^[13] (monthly protocols), *Kaumarabhritya*^[14] (infant and pediatric management), and *Jara Chikitsa* (geriatric care and rejuvenation therapy) support maternal, pediatric, and geriatric health, while *Vajikarana* addresses preconception care. (4) Rehabilitative and palliative care: *Rasayana*, *Abhyanga* (therapeutic massage), *Swedana* (sudation), and *Basti* (therapeutic enema) improve the quality of life in chronic neurological and musculoskeletal disorders. (5) Preventive and lifestyle medicine: *Swasthavritta* principles, dietary recommendations (*Ahara Vidhi Visheshayatana*, *Satmya*, *Viruddha* etc.), and periodic *Shodhana* address autoimmune, metabolic, and psychological disorders, potentially reducing disease affected life years (DALY). (6) Diagnostic innovation: Technologies such as *Nadi Parikshana* (*Naditarangini*)^[15] demonstrate the scope for technology-enabled early detection. (7) Adjuvant therapy: Evidence suggests safety and minimal drug-drug interaction concerns when integrated with conventional care.^[16,17]

Economically, Ayurveda services in public facilities involve minimal out-of-pocket expenditure, strengthening UHC's financial protection pillar.^[18] Ecologically, plant-based pharmaceuticals and biodegradable carriers align with sustainable healthcare goals.

Integration within National Health Policy and Public Health Infrastructure of India: Lead for Global Implementation of Traditional Medicine

Global declarations from Alma-Ata to Astana identify PHC as the operational foundation of UHC. India's National Health Policy 2017 endorses medical pluralism and structured integration of traditional systems. Following the elevation of the Department of Ayush to a full Ministry in 2014, integration accelerated through initiatives such as the National Ayush Mission, co-location at PHCs and CHCs, and Ayush Health and Wellness Centers under Ayushman Bharat.

Over 12,500 Ayush Health and Wellness Centers deliver preventive, promotive, and primary curative services including yoga, NCD screening, and lifestyle counseling. Ayush services

are integrated across more than 26,636 PHCs, 6155 CHCs, and 759 district hospitals, strengthening service coverage and reducing burden on biomedical facilities^[19] while enabling ABHA-based digital health records.

Infrastructure expansion includes approximately 3885 Ayush hospitals with over 62,000 beds, around 755,000 registered practitioners, 700 medical colleges, and nearly 9000 manufacturing units. Regulatory bodies such as the National Commission for Indian System of Medicine ensure standardization and governance.

Ayush contributes to national programs including the National One Health Mission addressing AMR and pandemic preparedness,^[20] tribal health initiatives, women and child health programs, mobile healthcare units, and AYUSH Grams. It also supports national nutrition missions through dietary advisories and Ayurveda-based nutritional formulations.

Digital modernization further strengthens integration through the platforms such as Ayush Grid^[21] (My Ayush Integrated Service Portal), A-HMIS, e-Aushadhi, teleconsultation via e-Sanjeevani, and adoption of ICD-11 TM2 modules.^[22] Emerging AI-assisted diagnostics and digital morbidity coding offer potential for precision public health delivery.

Financial Protection, Global Expansion, and Strategic Future Directions

Affordability remains central to UHC. Government Ayush facilities provide low-cost consultations and medicines, reinforcing financial risk protection. Availability of standard treatment guidelines since 2017^[23] enhances uniformity and applicability at the population level.

Insurance inclusion marks a critical shift. Ayurveda and Ayush therapies are covered under Rashtriya Swasthya Bima Yojana, Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana, Central Government Health Scheme (CGHS)/State Government Health Scheme (SGHS), and various private insurance schemes, supported by IRDAI directives.^[24] Several states including Himachal Pradesh, Haryana, and Uttarakhand provide reimbursement for Ayush services.

Globally, TM is used in over 170 WHO member states. India hosts the WHO Global Center for Traditional Medicine and maintains international academic collaborations. The projected global herbal medicine market exceeding USD 400 billion underscores Ayurveda's strategic and economic relevance.

Future pathways for optimization of Ayurveda to Achieve Universal Health Coverage can be: (a) Integrative PHC models combining biomedical and Ayush protocols, (b) AI-enabled personalized medicine and decision-support systems, (c) Technology-driven wellness sector development, (d) Global pharmacopoeial harmonization, and (e) One-Health integration addressing AMR and climate-related health challenges.

Such transdisciplinary expansion can elevate Ayurveda from a complementary system to a co-equal public health pillar.

Optimization of public health delivery remains the most sustainable pathway toward Universal Health Coverage. India's systematic integration of Ayurveda within PHC through infrastructure expansion, insurance inclusion, workforce deployment, digital innovation, and global collaboration demonstrates a scalable model of pluralistic healthcare.

Ayurveda's preventive orientation, cost-effectiveness, ecological compatibility, and cultural resonance position it as a strategic asset in advancing equitable, person-centered, and financially protective health systems. With sustained investment in evidence generation, regulatory harmonization, and implementation research, Ayurveda can function not merely as a traditional legacy but as a transformative engine driving India and potentially the world toward comprehensive Universal Health Coverage.

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