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Research Article

Awareness of Panchakarma

Sensitization and Assessment of Knowledge of Ayurveda Panchakarma Therapy Among ASHA Workers in Wardha Taluka

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Abstract: A village-level community health worker, an "Accredited Social Health Activist " (ASHA), bridges community and healthcare facilities. The ASHA workers act as catalysts in promoting various foundation programs and encourage people to avail the available benefits. The study aimed to assess knowledge of Panchakarma in ASHA Workers & Sensitization with the Panchakarma module in Wardha taluka. The study's objectives include designing a Panchakarma questionnaire module to assess the knowledge and awareness of ASHA workers of Wardha Taluka and sensitizing ASHA workers about Panchakarma procedures with the help of demonstration videos and lectures on Panchakarma**.** The work was planned to be conducted at Anji and Waifad villages under Wardha taluka. A questionnaire consisting of 30 questions was prepared to assess the knowledge, awareness, and attitudes regarding Panchakarma. Panchakarma's knowledge, awareness, and attitudes were analyzed using pre-and post-test scores. ASHA will be a facilitator for promoting awareness in the community about Panchakarma. The study concluded that the intervention of the Panchakarma module was highly influential in enhancing knowledge about Panchakarma among ASHA workers. In the future, this Panchakarma module will enable people in the community to accept the Panchakarma therapy in Ayurveda. ASHA will provide more referral services of panchakarma therapy to patients by encouraging them to undergo these therapies. It was the first footstep in developing the module on awareness regarding Panchakarma therapy to enrich the knowledge of ASHA workers as per their needs and implementation of this module by the ASHA in the community.

Keywords: Sensitization, Knowledge, Ayurveda, Awareness, ASHA Workers, Wardha taluka

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1. INTRODUCTION

The GOI (Government of India) started NRHM (National Rural Health Mission) to resolve the health requirements of the population in rural areas and the susceptible portion of society. Anganwadi Workers under this scheme are assigned to supplement nutrition and other necessary supportive activities, prioritizing supplementary feeding and preschool education. However, the responsibility does not allow Anganwadi Workers to extend the service to the villages' population. Therefore, a new service group with the abbreviated name "ASHA (Accredited Social Health Activist) was proposed, and the service began in 2005.[1] ASHA is considered a base to call for the health needs of the population of poor sections of society and health services for women and children. As a trained worker, ASHA is the link between the public health system and community service; thus, ASHA becomes a key role performer in the NRHM scheme.[2] The Ministry of Health and Family Welfare, Government of India, has given ASHA the following critical components.

- Sex: Primarily women resident of the village
- Status: Married/ widowed/ divorced
- Age: 25 to 45 years
- Education: Minimum 8th class
- Training:23 days of training in five episodes is planned for selected ASHA and sensitization training after six months of service on sexually transmitted diseases and their preventive measures.
- Responsibilities: Promoter of good health practices, nutrition, basic sanitation, and hygienic practices; promote immunization, referral, and escort services for Reproductive & Child Health (RCH) and other healthcare programs; construction of household toilets, counseling women on birth preparedness, the importance of safe delivery, breast-feeding and complementary feeding and care of the young child.

The role and performance of ASHA are extensively considered in assessing the success of NRHM due to its linkage with the functional health system. Ayurveda is one of the Indian health systems serving rural areas and fulfilling a large population's health needs. ASHA is linked to health service-providing hospitals. As per GOI, every health service provider, especially hospitals of medical colleges and PHC, should prioritize the preference given by ASHA. Since several Ayurveda hospitals serve rural areas, Ayurveda fraternities are expected to support the ASHA. Ayurveda is a traditional health science system; thus, its concept and practices vary much from the modern system of medicine. Panchakarma is one of Ayurveda's unique and popular therapeutic strategies for cleansing the body, curing disease, and boosting immunity. Panchakarma is useful in various elderly, children, and women diseases. However, the training preferred for selected ASHA indicates that no basic information is provided regarding Ayurveda treatment modalities, especially Panchakarma. Such activity can prove helpful to ASHA to give information to people in need who wish to take Ayurveda treatment. Additionally, sufficient training in Ayurveda can boost the ASHA's capacity to advise home remedies or home therapies for minor ailments, thereby reducing the burden and cost of treatment in poor populations. Therefore, it is necessary to assess the knowledge of Panchakarma among ASHA and sensitize them through training regarding the applied knowledge of Panchakarma. Considering this need, the present work was undertaken to determine knowledge of Panchakarma in ASHA Workers and sensitization them to the Panchakarma module in the selected town at Wardha taluka.

1.1. The rationale of the study

Less awareness about Panchakarma in rural populations may be related to a lack of specific training and Panchakarma services to rural health providers such as ASHA workers. Panchakarma procedures are preventive and curative of common systemic illnesses such as asthma, arthritis, skin diseases, postpartum illness, low immunity, allergic infections, hypertension, and diseases related to the respiratory and gastrointestinal systems.[3,4]Most of the rural population suffers from such diseases, and the unawareness about the role and significance of Panchakarma obstructs them from undergoing this cost-effective, feasible treatment modality. The unawareness results in a poor compliance rate of the patient for accepting such therapies. ASHA is one of the best ways to spread proper knowledge of Panchakarma in rural areas. Recently in the pandemic situation of COVID-19, the GOI has recommended several Ayurveda medications along with Panchakarma procedures such as Nasya. [5] Boosting immunity is one of the keys to fighting against the pandemic. Ayurveda Panchakarma modalities can help boost immunity. Moreover, [6] people have obtained some knowledge of Panchakarma through social media. Still, there needs to be more basic applied information and building trust through recommendations from trusted authorities. The rooted ground in rural areas, the friendly nature, and the trust and authority of ASHA can help spread the proper knowledge of Panchakarma. However, ASHA workers' training does not include such information, creating a significant hurdle. The concept of community health service largely depends on the spread of information representing the significance of ASHA in this field.[7] In the context of giving the benefit of Panchakarma to the large population, the involvement of health servants such as ASHA can be a leading milestone. Therefore a work was planned at Anji and Waifad village under Wardha taluka with the objectives of designing a Panchakarma questionnaire module and then assessing the existing knowledge and awareness of ASHA Workers to sensitize ASHA Workers about Panchakarma procedures with the help of demonstration videos and lectures, to assess the knowledge of ASHA Workers after sensitization of Panchakarma and to compare pre & post assessment score about knowledge and awareness about Panchakarma to know the effectiveness of the Panchakarma module.

1.2. Challenges Faced by ASHA workers[8]

Activity-based incentives were the main challenge faced by ASHA worker. Where the majority (95%) of the ASHA workers agreed that they are getting monthly incentives from the Government, they also mentioned that only monthly incentives were paid according to their activity but not the monthly salary. 83% of respondents complained that they were not given any compensation or reward for the best performance for their recognition of work by the Government. Most (95%) of ASHA workers had demanded ASHA workers[8]. Almost all ASHA workers demanded monthly salaries, health insurance, and the provident fund from the Government. Most of the ASHA workers were disappointed with the Government about activity-based

incentives, complaining that paid incentives were not fulfilling their needs; at least Government should pay daily, and most people demanded 200 Rupees per day as a daily wage. They believe that Governments paid incentives are not doing justice to them. The study aimed to assess knowledge of Panchakarma in ASHA Workers & Sensitization with the Panchakarma module in Wardha taluka. The study's objectives include designing a Panchakarma questionnaire module to assess the knowledge and awareness of ASHA workers of Wardha Taluka and sensitizing ASHA workers about Panchakarma procedures with the help of demonstration videos and lectures on Panchakarma.

2. MATERIALS AND METHODS

2.1. Locus of study

The study was conducted in the Department of Panchakarma, Mahatma Gandhi Ayurved College, Hospital & Research Center, Salod (H), Datta Meghe Institute of Medical Sciences (Deemed to be University), Sawangi (Meghe) Wardha.

2.2. Study design

It is an interventional study.

2.3. Study duration

The study was conducted from February 2021 to July 2021. The total study duration was 6 months.

2.4. Study population

The study population was 140 ASHA workers (Anji-70, Waifad-70) in Wardha taluka.

2.5. Study material

2.5.1. Preparation of module

Panchakarma Module was prepared.

2.5.2. Questionnaire to assess knowledge of Panchakarma in ASHA workers

The questionnaire was prepared to assess the knowledge of Panchakarma in ASHA workers based on specific designed Panchakarma module. It includes some closed-ended questions and some open-ended questions.

2.5.3. Pre-test and Post-test

Pretest and Posttest were prepared on the module of Panchakarma for ASHA workers.

2.5.4. Questionnaire to evaluate ASHA's perception of Knowledge of Panchakarma

It was pre-validated by a Panchakarma expert from our and another university; after validation, it was administered to all 140 participants to obtain their views immediately after the intervention.

2.6. Informed consent

Before recruitment, verbal consent and a Pre-test regarding Knowledge of the Panchakarma of the subject were taken, followed by the Panchakarma awareness training program in the form of lectures for the sensitization purpose for seven consecutive days.

2.7. Inclusion Criteria

All ASHA in two villages of Wardha Taluka

2.8. Exclusion Criteria

ASHA those will not ready for study

2.9. Methodology

We arranged a sensitization program at Mahatma Gandhi Ayurveda College Hospital and Research Centre (MGACHRC), Wardha (Maharashtra). The program included a series of lectures by Panchakarma experts and demonstrative videos of the Panchakarma procedure. A questionnaire composed of 30 questions related to Panchakarma was prepared to assess ASHA workers' knowledge, awareness, and attitudes regarding Panchakarma. Panchakarma's knowledge, awareness, and attitudes were analyzed using pre-and post-test scores.

3. OBSERVATION AND RESULTS

This survey study interviewed 140 ASHA workers from two Angi and Waifad towns of the Wardha district. The major differences in the age group, cast category, and educational status are reported. The sensitization module utilized in this study was effective, as the results in the pre and post-test showed significant improvement. The detailed observations are presented in words.

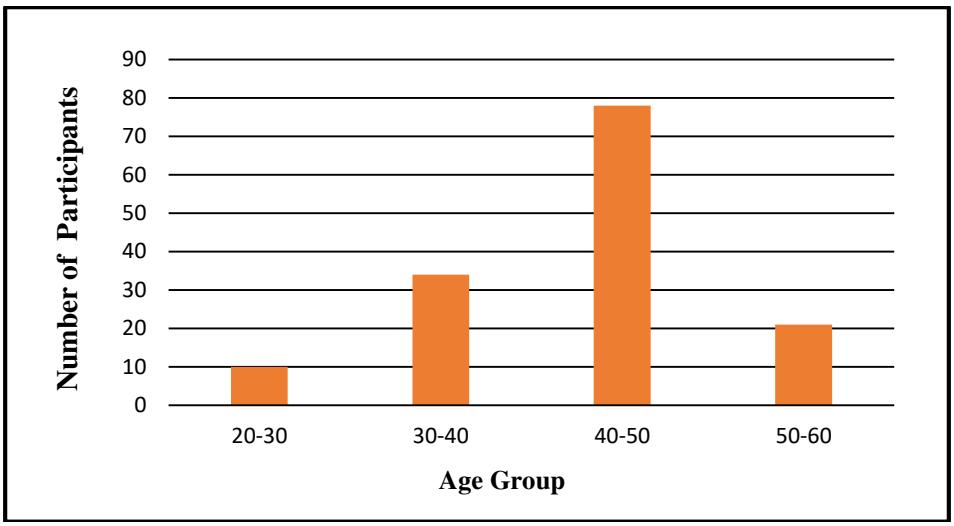

Fig 1: Age-wise distribution of ASHA workers (n=140)

Figure 1: Data depicted in Figure 1 indicates that most ASHA workers are between 40 to 50 years of age, followed by 30 to 40 years. Several ASHA workers aged 20-30 years are even less than 50-60 years. This observation may be due to less retirement and decreased employment or interest in job opportunities for ASHA workers.

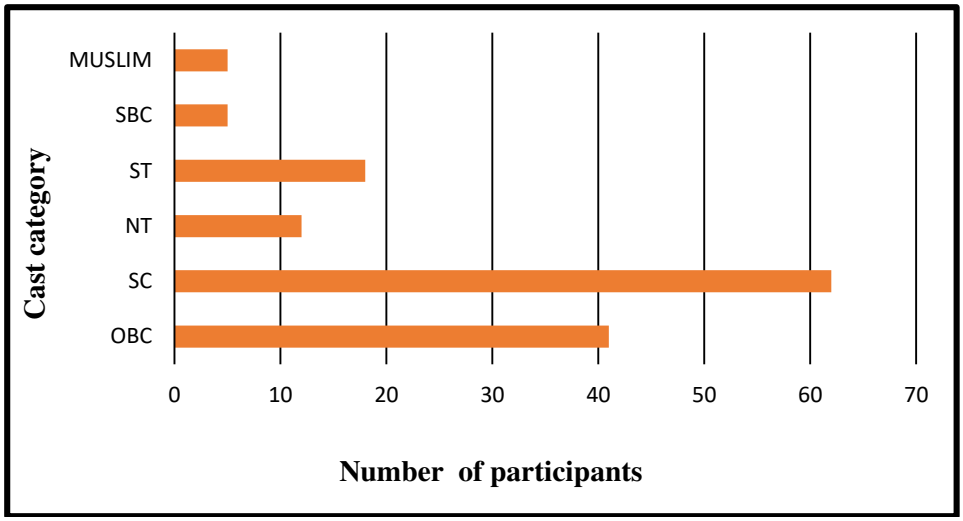

Fig 2: Caste-wise categorization of ASHA workers (n=140)

Figure 2: represents the cast categories and the number of ASHA workers. Most ASHA workers are from SC and OBC categories, possibly due to the study place or more reservations for employment among SC and OBC candidates.

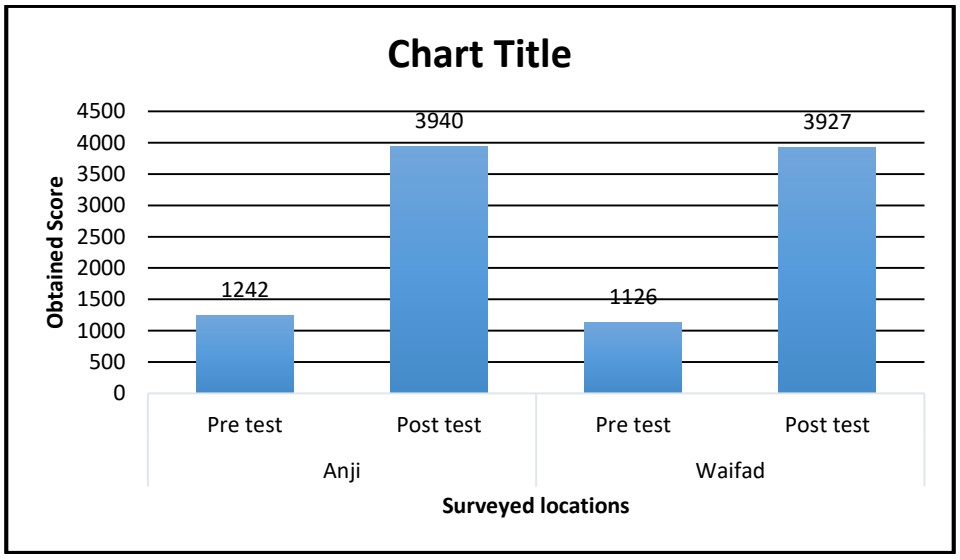

Fig 3: Total Pre and the post-test score of questionnaires from Anji and Waifad(n=70 in each)

Figure 3: The result of the total Pre and post-test score of questionnaires from Anji and Waifad is shown in Figure 3. The pre-test score of Waifad is less than Anji's (116 less in Waifad); however, after sensitization, the post-test score becomes almost the same (13 fewer scores in Waifad), indicating the uniform effect of the sensitization program.

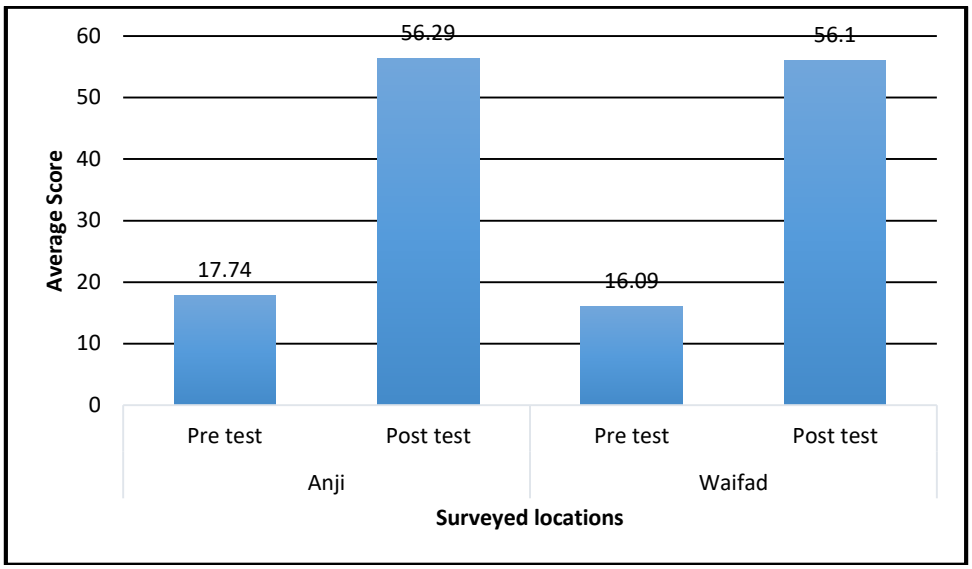

Fig 4: Average Pre and the post-test score of questionnaires from Anji and Waifad

Figure 4: The average score of the pre and post-test of Anji and Waifad is compared in Figure 4. The average also represents similar data to that in Figure 3. In other words, before sensitization, there was a considerable difference in knowledge of Panchakarma and its procedures between Anji and Waifad ASHA workers. The Sensitization program almost entirely covers this difference.

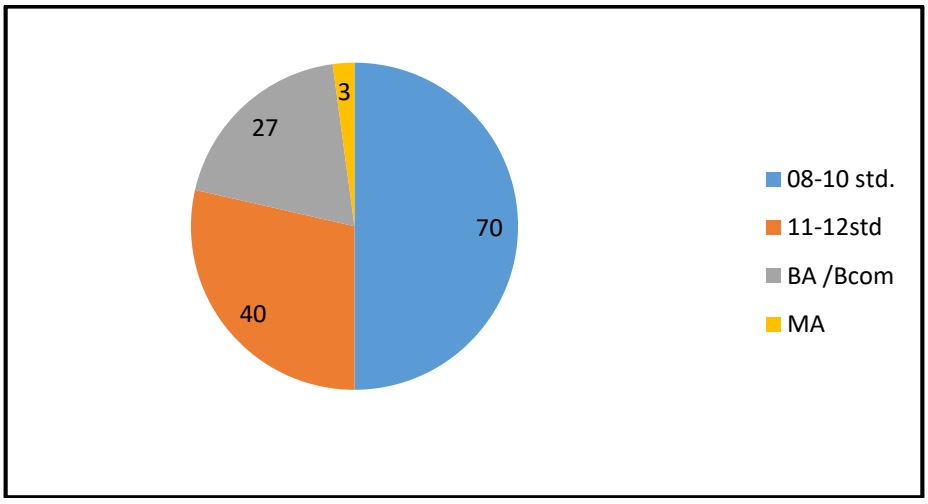

Fig 5: Assessment of the status of Education of ASHA

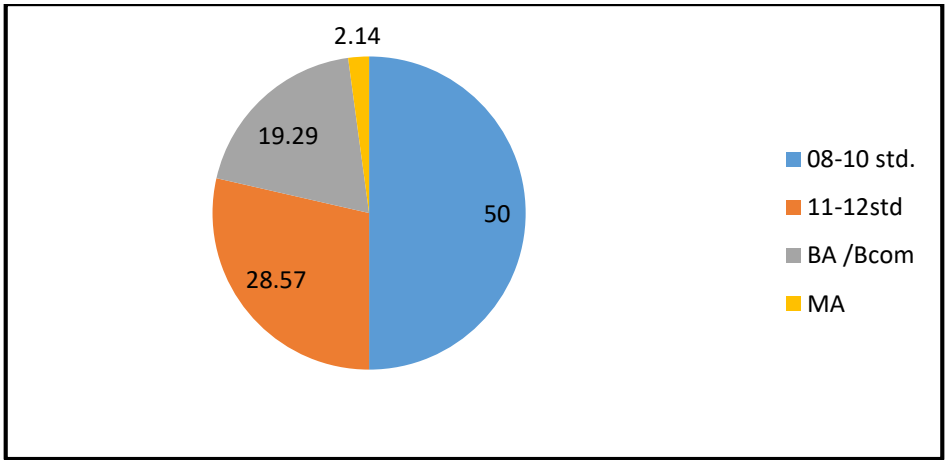

Fig 6: Percentage-wise assessment of the status of Education of ASHA

Figures 5 and 6: Depict the assessment of the status of Education of ASHA workers. Most ASHA workers have 8th to 10th standard education, followed by 11 to 12th. Graduated ASHA workers occupy only 19.29%, while the post-graduated ASHA percentage is only 2.14.

Table 1: Knowledge of Panchakarma among ASHA workers

Sr.	Question	Anji (n=70)			Waifad (n=70)		
		Pre-test score	Post-taste score	% Improvement	Pre-test score	Post-taste score	% Improvement
1	Do you know about the term "Panchakarma"?	49	127	61.42	35	129	72.87
2	Enlist any four names of procedures involved in the term "Panchakarma."	59	134	55.97	30	140	78.57
3	Write any four advantages of "Panchakarma."	50	132	62.12	29	124	76.61
4	Write any four diseases for which Panchakarma can be prescribed.	48	140	65.71	37	140	73.57
5	Write any four importance of Panchakarma in our daily lifestyle.	40	140	71.43	31	140	77.86
	ALG		63.44			75.92	

Table 1 indicates the general knowledge of Panchakram among ASHA workers of Anji and Waifad. Since in the pre-test, this knowledge was found suitable among ASHA workers of Anji, the percent improvement in Anji ASHA workers is less compared to Waifad ASHA workers. However, almost equal post-test scores in all five questions represent an equal knowledge gain.

Table 2: Knowledge of Snehanakarma among ASHA workers

Sr.	Question	Anji (n=70)			Waifad (n=70)		
		Pre-test score	Post-taste score	% Improvement	Pre-test score	Post-taste score	% Improvement
1	Write any four advantages of Snehana therapy.	32	134	76.12	43	140	69.29
2	Write any four diseases where Snehana can be advised.	56	132	57.58	36	124	70.97
3	Write any four oils used for Snehana's purpose.	69	127	45.67	44	129	65.89
	ALG		60.05			68.70	

Table 2: The data relating to knowledge of *Snehana Karm* among ASHA workers of Anji and Waifad is depicted in Table 2. The indication and formulation come under the physician's domain; thus, they can be hard to memorize early. It may be why the ASHA workers showed more interest in the effect of therapy than indication and formulation; thus, the percent improvement is more in question 1 compared to 2nd and 3rd.

Table 3: Knowledge of *Swedana Karm* among ASHA workers

Sr.	Question	Anji (n=70)			Waifad (n=70)		
		Pre-test score	Post-taste score	% Improvement	Pre-test score	Post-taste score	% Improvement
1	Write any four Advantages of Swedana therapy.	35	132	73.48	34	124	72.58
2	Write any four names of Sweden drugs.	35	140	75.00	36	140	74.29
3	Which types of Swedana can be given at home?	33	140	76.43	40	140	71.43
4	Enlist the name of Niragnisweda	39	132	70.45	35	124	71.77
	ALG		73.89			72.53	

Table 3: It depicts the knowledge of *Swedana Karm* among ASHA workers. In all four questions, the post-test score improvement is above 70%. The observation may be due to the practical feasibility and less complicated nature of the Swedana procedure, which makes it friendly to understand.

Table 4: Knowledge of Vamanakarm among ASHA workers

Sr.	Question	Anji (n=70)			Waifad (n=70)		
		Pre-test	Post-taste	% Improvement	Pre-test	Post-taste	% Improvement
1	Write any four Advantages of Vamana therapy.	38	134	71.64	35	140	75.00
2	Write any four names of diseases where Vamana is useful	40	127	68.50	33	129	74.42
3	Write any four specific diet patterns after Vaman procedures.	35	140	75.00	37	140	73.57
	ALG		71.82			74.32	

The observation of the knowledge of Vamanakarm among ASHA workers is given in Table 4. In all four questions, high post-score improvement is seen. The average percent improvement of Anji and WaifadASHA workers is above 70%. (71.71 and 74.33, respectively).

Table 5: Knowledge of *Virechana Karm* among ASHA workers

Sr.	Question	Anji (n=70)			Waifad (n=70)		
		Pre-test score	Post-taste score	% Improvement	Pre-test score	Post-taste score	% Improvement
1	Write any four Advantages of Virechan.	38	132	71.21	38	124	69.35
2	Write any four names of diseases where Virechana is useful.	40	140	71.43	35	140	75.00
3	Write any four specific diet patterns after Virechana procedures.	38	119	68.07	34	124	72.58
	ALG		70.33			72.42	

Table 5: It indicates Knowledge of *Virechana Karm* among ASHA workers. The knowledge was far less in the pre-test but improved above 70% (average) among ASHA workers of both study places.

Table 6: Knowledge of *Basti Karm* among ASHA workers

Sr.	Question	Anji (n=70)			Waifad (n=70)		
		Pre-test score	Post-taste score	% Improvement	Pre-test score	Post-taste score	% Improvement
1	Write any four Advantages of Basti.	37	134	72.39	42	140	70.00
2	Write any four names of diseases where Basti is useful.	36	134	73.13	45	140	67.86
3	Write time of administration of Niruha&AnuvasanaBasti	37	119	68.91	44	124	64.52
	ALG		71.57			67.57	

Knowledge of *Basti Karm* among ASHA workers is shown in Table 6. Similar to Vaman and Virechan, high improvement in post-sensitization is obtained in the knowledge of *Virechana Karm*.

Table 7: Knowledge of *Nasya Karm* among ASHA workers

Sr.	Question	Anji (n=70)			Waifad (n=70)		
		Pre-test score	Post-taste score	% Improvement	Pre-test score	Post-taste score	% Improvement
1	Write any four Advantages of Nasya.	39	132	70.45	44	124	64.52
2	Write any four names of diseases where Nasya is useful.	40	132	69.70	38	124	69.35
3	Write a dose of pratimarshanasya	40	134	70.15	36	140	74.29
4	Write time of administration of Nasya karma	46	119	61.34	41	124	66.94
	ALG		68.08			68.94	

Table 7: It represents the Knowledge of *Nasya Karm* among ASHA workers. The average percent improvement in these questions is comparatively less than Vaman, Virechan, and Basti. The average percent improvement is 67.91 and 68.77 among Anji and Waifad ASHA workers, possibly due to less acceptance of the effectiveness of drugs administered through the nasal route. The less widespread use of Nasya karma compared to other procedures can also be another reason.

Table 8: Knowledge of *Raktamokshana Karm* among ASHA workers

Sr.	Question	Anji (n=70)			Waifad (n=70)		
		Pre-test score	Post-taste score	% Improvement	Pre-test score	Post-taste score	% Improvement
1	Write any four Advantages of Raktamokshan. Where it is more helpful	39	132	70.45	38	124	69.35
	ALG		70.45			69.35	

Table 8: Knowledge of *Raktamokshana Karm* among ASHA workers is depicted in Table 8. The only question was Raktamokshana, a medical procedure that non-medical staff can't do or advise. The post-test score indicates a big improvement in the knowledge of the advantages of Raktamokshana.

Table 9: Knowledge among ASHA workers regarding the seasonal application of Panchakarma

Sr.	Question	Anji (n=70)			Waifad (n=70)		
		Pre-test score	Post-taste score	% Improvement	Pre-test score	Post-taste score	% Improvement
1	Which season is suitable for Vaman Karma in a healthy person?	42	119	64.71	39	124	68.55
2	Which season is suitable for Virechan Karma in a healthy person	42	132	68.18	39	124	68.55
3	Which season is suitable for Basti Karma in a healthy person	38	119	68.07	38	124	69.35
4	Which season is suitable for Raktamoksha in a healthy person?	32	132	75.76	40	124	67.74
	ALG		69.32			68.54	

Table 9 Depicts ASHA workers' knowledge regarding Panchakarma's seasonal application. Average 69.18 and 68.54 % improvement is obtained in post-test scores among Anji and Waifad ASHA workers, respectively.

Table 10: Statistical analysis of pre and post-taste scores of all studied ASHA workers (Paired t-test, n=140)

Score	Mean	StdDev	SEM	t value	P value
Pre-test	78.933	8.618	1.573	-58.327	<0.001***
Post-test	262.233	13.234	2.416		
Difference	-183.3	17.213	3.143		

******Highly Significant***

Table 10: Statistical analysis of pre and post-taste scores of all studied ASHA workers are given in Table 10. There is a statistically highly significant improvement (P<0.001) in the post-test score, which represents a significant gain of knowledge of Panchakarma after sensitization.

Table 11: Statistical analysis of pre and post-taste scores of ASHA workers from Anji (Paired t-test, n=70)

Score	Mean	StdDev	SEM	t value	P value
Pre-test	41.4	8.29	1.514	-43.066	<0.001***
Post-test	131.333	6.733	1.229		
Difference	-89.933	11.438	2.088		

******Highly Significant***

Table 11: shows the statistical analysis of Anji's pre and post-taste scores of ASHA workers. There is a statistically highly significant improvement (P<0.001) in the post-test score, which represents a significant gain of knowledge of Panchakarma after sensitization.

Table 12: Statistical analysis of pre and post-taste scores of ASHA workers from Waifad (Paired t-test, n=70)

Score	Mean	StdDev	SEM	t value	P value
Pre-test	37.533	4.2	0.767	-56.870	<0.001***
Post-test	130.9	7.698	1.406		
Difference	-93.367	8.992	1.642		

***Highly Significant*

Table 12: shows the statistical analysis of pre and post-taste scores of ASHA workers from Waifad. There is a statistically highly significant improvement (P<0.001) in the post-test score, which represents a significant gain of knowledge of Panchakarma after sensitization.

Table 13: Comparative statistical analysis of pre and post-taste scores of ASHA workers from Anji and Waifad (unpaired t-test, n=140)

Score	Place	Mean	StdDev	SEM	t vale	P value
Pre-test	Anji	41.4	8.29	1.514	2.279	0.026*
	Waifad	37.533	4.2	0.767		
Post-test	Anji	131.333	6.733	1.229	0.232	0.817
	Waifad	130.9	7.698	1.406		

**Statistically significant*

Table 13 represents the comparative statistical analysis of the pre and post-test scores of ASHA workers from Anji and Waifad. There is a statistically significant difference in pre-test scores among Anji and Waifad(P=0.026), representing comparatively less awareness about Panchakarma among WaifadASHA workers than AnjiASHA workers. However, after sensitization, the post-test score showed a non-significant difference which indicates a uniform gain of knowledge of Panchakarma after sensitization.

3.1. Calculation of ALG score

***Formula**:* ALG= [Post test score -Pre-test score /Posttest] *100
ALG = [7867-2368 / 7867] * 100
ALG = 69.89 %

3.2. Feedback of ASHA

Table 14: Assessment of feedback

Sr no.	Question	Excellent	Very good	Good	Average	Poor
		%	%	%		
1	Introduce our self toASHA Workers	10.71	67.14	15.00	7.14	0.00
2	Arouse interest in Panchakarma in the beginning by questioning	13.57	57.14	10.00	8.57	10.71
3	Way of delivering a health message	7.14	78.57	10.00	4.29	0.00
4	Confidence	6.43	75.71	16.43	1.43	0.00
5	Speech	37.14	41.43	14.29	7.14	0.00
6	Maintain cultural behavior	10.71	67.14	15.00	7.14	0.00
7	Language is understandable	78.57	10.71	10.71	0.00	0.00
8	Overall completion and quality of community activity	70.00	14.29	13.57	2.14	0.00
9	Level satisfaction after sensitization	3.57	78.57	17.86	0.00	0.00

Table 14: It represents the feedback of ASHA after Panchakarma training. The results indicate that the ASHA workers were delighted with Panchakarma training. The supportive measures of Ayurveda Panchakarma in the current COVID-19 pandemic have attracted the most interest in ASHA and gained knowledge resulting in happiness among ASHA trainees. Additionally, provided information on immunity booster treatment regimens has increased the ASHA's satisfaction level.

4. DISCUSSION

The utilization of questionnaires and interview is the easiest way to assess the knowledge of an individual or group of individuals regarding a specific field. Therefore, a questionnaire was prepared for this survey study to evaluate the knowledge, awareness, and attitudes regarding Panchakarma. Since ASHA workers are trained or informed about Panchakarma, it is necessary to sensitize them effectively, which can be done by theory and practical approaches. Therefore, the questionnaire pre-test was first taken, followed by a lecture by Panchakarma experts from MGACHRC. After the lecture series, we demonstrated Panchakarma videos to increase understanding. During the lecture series and video demonstration, we answered the questions asked by ASHA. In other words, the lecture series and demonstration were performed like a group discussion. It was done because the most interesting insights can emerge

among the participants when substantive discussion on topics revolves around the subject but is outside the aim and objectives.[8] Fascinating insight helps in capturing knowledge and increasing awareness. A refreshment gap of 10 min was also taken after a lecture and a video demonstration. A gap may help calm the nerve and thereby assimilate the given information. An interval of 10 min was taken before taking the post-test score, and no discussion was done concerning the points in the questionnaire during this gap. This step was taken to avoid getting a misleading extra post-test score. The questionnaire comprises 30 questions on Panchakarma, which can be divided into nine categories. These categories include general knowledge of procedures such as Panchakarma, Snehana, Swedana, Vamana, *Virechana*, Basti, Nasya, *Raktamokshana*, and the seasonal application of Panchakarma. The categorization helps understand which information Panchakarma and the ASHA were unaware of or may have felt difficult to understand. The pre-test score indicates unawareness among the ASHA, while the improvement can be understandable from the results of the post-test scores.

- ***Age***

The maximum number of ASHA was found between 40-50 years (78 ASHA), followed by 30 to 40 years (34 ASHA), 50 to 60 years (21 ASHA), and 20 to 30 years (10 ASHA). The ASHA program started in 2005, and the minimum age limit is 25 years. As a matter of employment in the hometown, it can be interpreted that the desired number of women under 25 years old got employed. Present work was done in 2020-21 means after 15 years of the beginning of the ASHA program. It indicates that most ASHA who joined at 25 (during 2005) or recruitments in subsequent years went between 40 and 50. Similarly, the reason for 21 ASHA in the group 50-60 years can be understood. Since the criteria of ASHA selection include "resident of the village," only married or widows can prefer employment. It may be why only 10 ASHA were between the group 20-30 years.

- ***Cast***

According to Indian cast-wise reservation in employment, reservation to SC, ST, and OBC in open recruitment is given at 15%, 7.5%, and 27%, respectively.[9] The other cast percentage is below 5%. Therefore, most ASHA belongs to cast SC, OBC, and ST.

- ***Education***

The educated personnel mostly prefer a job with less roaming but high salaries. The position of ASHA requires communication with the village population; therefore, it is of roaming type, and the salary is of Group D with a pay range of Rs 5,000 to Rs 18,000 with 8-9 hours of work per day.[10,11] Therefore, postgraduate's women prefer something other than this profession. Moreover, the minimum education limit is the 8th class, which raises much competition for the job. The low educational status of females in Indian villages is also a significant reason for observing only 3 ASHA workers with MA and 27 ASHA with BA/B. Com qualifications among the studied 140 ASHA. On the other hand, 70 means 50% of ASHA are of the 8 to 10th class, and 28.57% (40 ASHA) are of the 11 to 12th qualification. Given social services related to health education among the village population, the educational level of ASHA needs to be made to the 12th standard. This higher education can be better suited to achieve the ASHA program's goal. In this study Nearly80%ofASHAswerebelow35yearsandnoneisabove45years.83.51%ofASHAswerehavingeducationuptoSecondarylevelandtwo-third of ASHAs (67%) belonged to lower socioeconomic status, i.e., class IV and V. Conclusions: According to the finding, so four studies, various selection criteria for-cruising ASHA workers were maintained in the district. Most ASHA correctly knew about various elements of the RCH program, but knowledge about other elements needed to be improved in not able percentage. SothereisanurgentneedforkeyactionsattheDistrictandFacilitylevelstoimproveASHAs'knowledge [12.] In another study, very few ASHAs knew that active participation in village health planning, counseling the residents on various health issues, and addressing adolescent health issues with village residents were part of her work profile. The drug kit stock register, format for individual birth preparedness plans, format for the first examination of the newborn, and home visit form for high-risk babies needed to be revised concerning their maintenance and completeness.[13] The study shows that ASHA will be a facilitator for promoting awareness in the community about Panchakarma.[14] The study shows that Nidra(sleep), an integral part of our life, is important in promoting health and preventing diseases. It has been observed that all living beings enjoy sleep to keep their body and mind active because Ahara (food), Nidra (sleep), and Brahmacharya (celibacy) are three pillars of life. Sleep is equally important as food. Hence we must know the concept of sleep described in Ayurveda.[15] Ayurvedic Vyadhiksamata. The capacity to prevent the spread of diseases in the body and the capacity of the body to block diseases in their primary stage is called immunity. Ayurveda is significantly helpful in strengthening the immune system and thereby offers a natural way the prevention of pandemic diseases.[16] These studies serve as a source of information to increase the effectiveness of the related organizations and, thereby, students' quality of education.[17] It was concluded that we still need to be aware of the society about women's reproductive health because the whole society should know the measures to be taken and how to act wisely to deal with a woman suffering from any illness regarding reproductive health.[18,19,20] From the Ayurveda point of view Prakriti of a person is not only genetically determined (Shukra – short samyoga/ male and female genetic prototype) but also influenced by the season (Ritu), maternal diet and lifestyle (Matru ahāra - vihāra), age of the parents and the condition of the female reproductive system or uterine environment (Kāla - garbhāshaya) So, awareness of Prakriti of a person is also important for the community.[21] In this study, the subjects didn't have adequate knowledge and awareness about Hypertension. Such less knowledge is not said to help prevent hypertension. The different programs in urban areas have increased people's knowledge of cities, but the rural areas are still very behind. Hence there is an urgent need to spread the knowledge about hypertension in rural areas and make people aware of their disease conditions.[22]

- ***General knowledge of Panchakarma among ASHA workers***

Under this category, five questions were asked related to the fundamental understanding of Panchakarma, such as the meaning of the term "Panchakarma," procedures involved, advantages, diseases/indications, and the importance of Panchakarma. ASHA from Anji and Waifad showed less

awareness in the pre-test, but the same was found to increase after the post-test. General knowledge of Panchakarma is crucial for communication and spreading information among the village population. Once the basic concept is understood, it can create a friendly feeling about the subject. Moreover, ASHAs are the simple media to spread the information, so a too-detailed understanding of the concept is not expected; hence, only overall knowledge assessing questions were kept to understand the necessary information among the selected ASHA. The ALG scores obtained in Anji and Waifad ASHA are 63.54 and 75.92, respectively.

- ***Knowledge of Panchakarma procedures***

Panchakarma includes Snehana and Swedana as Pre-Panchakarma procedures and Vaman, VIrechana, Basti, Nasya, and Raktamokshana as main Panchakarma procedures. Sansarjankram is a post-Panchakarma procedure followed as directed by an Ayurveda physician; therefore, it was not included in the questionnaire. The knowledge of these procedures was assessed by including questions based on advantage and applicability as these two factors have applied aspects helpful for ASHA work skills. The knowledge of all these procedures was less than per pre-test scores; however, highly significant improvement was observed ($P<0.001$) in the post-test score of both Anji and WaifadASHA.The provided information in the lecture series was in more detail, but considering the skill expected in ASHA for getting awareness about Panchakarma, only superficial skill-related knowledge was accessed. During the pre-test, it is noted that the knowledge of Panchakarma in Anji and Waifad ASHA is significantly different. ($P=0.026$). The mean indicates that the ASHA at Anji had some knowledge of Panchakarma, which the Waifad ASHA were unaware of. The ASHA were subjected to training by the Ministry of Ayush, and the difference in the knowledge gained through that training may be the reason for the observed significant difference. However, the post-test score showed a non-significant difference indicating the Panchakarma module's uniform effect.

- ***Feedback and provided additional information.***

Considering the ongoing pandemic situation of COVID-19, the role of Panchakarma as an immunity booster and a possible add-on therapy to increase the clinical efficacy of standard intervention; has also been explained during the module. This information made ASHA happier, and satisfaction also increased. Excellent feedback was obtained for understandable language and overall community activity completion and quality. It can be claimed that the applied aspect of Panchakarma in day-to-day life and the pandemic situation has attracted the attention of ASHA.

5. CONCLUSION

In the field of Education in Ayurveda, this study represents the first step to assessing the knowledge of Panchakarma in ASHA workers, which focuses on community-based teaching. It was the first footstep in developing the module on awareness regarding Panchakarma to enrich the knowledge of ASHA workers as per their needs and implementation of this module by the ASHA in the community. The intervention of the Panchakarma module was highly influential in enhancing knowledge about Panchakarma among ASHA workers. In the future, this Panchakarma module will enable people in the community to accept the Panchakarma therapy in Ayurveda.ASHA will provide more referral services of panchakarma therapy to patients by encouraging them to undergo these therapies.

6. SCOPE AND IMPLICATION

The main motto of this project is "Complete health to the doorsteps of Indian villages." ASHA will be a facilitator for promoting awareness in the community about Panchakarma. In Ayushman Bharat, the Government of India's Programme, more emphasis is given to the Ayush component and the formation of HEALTH AND WELLNESS centers.

7. ETHICAL APPROVAL STATEMENT

We obtained ethics clearance from Institutional Ethics Committee, Mahatma Gandhi Ayurveda College, Hospital & Research Centre, Salad (H) Wardha. (Ref. No. MGACHRC/IEC/February2021/177, dated 10/02/2021)

8. AUTHORS CONTRIBUTION STATEMENT

Jagruti Chaple was responsible for project conceptualization, research design, and manuscript write-up. In addition, Dr. PunamSawarkar and Dr. Dhiraj Singh Rajput provided valuable input in designing the manuscripts.

9. CONFLICT OF INTEREST

Conflict of interest declared none.

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