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A Descriptive Study on Aarogyachi Vari: Pandharichya Dari-An Enduring Pilgrimage Tradition

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ABSTRACT

To analyze the healthcare services provided to pilgrims during the "Aashadhichi Vari" pilgrimage and compare them with similar events. Methods: Quantitative data was collected from three Maha Arogya camps and 17 HBT Apla Davakhana between the dates of 27/06/2023 to 30/06/2023. This data was then categorized based on types of treatment and location of the camp. Comparative analysis was conducted using other research studies related to similar pilgrimage events. A total of 5,00,077 outpatient department (OPD) consultations were provided across all camps. Additionally, ICU services were rendered to 154 individuals and 4,217 were treated as in-patient departments (IPD). The camp-wise data suggested significant reliance on general OPDs with other specialized services also being in demand. The "Aashadhichi Vari" pilgrimage poses significant healthcare challenges due to its large attendance. Despite these challenges, the health camps effectively catered to a variety of medical needs, with general OPD being the most utilized service. Comparatively, the health infrastructure and services during "Aashadhichi Vari" are on par, if not better, than other similar events.

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Key Words
Aashadhichi vari, healthcare services, pilgrimage, maha arogya camp, OPD, IPD

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INTRODUCTION

'Aashadhichi Vari' is one of Maharashtra's most venerated pilgrimage traditions. Rooted deep in the cultural fabric of the state, this annual event draws lakhs of devotees, known as 'Warkaris', on a soul-stirring journey of faith and devotion. The pilgrimage is dedicated to the worship of Vithoba (an incarnation of Lord Krishna) and his consort, Rakhumai. It begins in the month of Aashadh, as per the Marathi calendar, which typically falls in June or July[1].

The journey commences from various parts of Maharashtra but the most prominent routes are from Dehu and Alandi, with the destination being the sacred town of Pandharpur. Pilgrims, with their saffron flags and palanquins bearing the silver footprints of their revered saints, walk hundreds of kilometers, singing abhangas (devotional songs) and echoing the chants of 'Mauli Mauli' and 'Dnyanoba-Tukaram', in praise of Lord Vithoba and the legendary saints Dnyaneshwar and Tukaram, respectively[2].

The essence of 'Aashadhichi Vari' transcends religious rituals. It encapsulates the very spirit of Maharashtra-bringing together people from diverse backgrounds and binding them in a tapestry of faith, love and community. The devotion and fervor with which the 'Warkaris' undertake this journey, irrespective of the challenges posed by the monsoon rains and difficult terrains, is a testament to their unwavering faith[3].

In light of the "Arogyachi Vari, Pandharichya Dari" initiative for Ashadhi Wari 2023, the Hon'ble Chief Minister and Deputy Chief Minister of Maharashtra, alongside the Minister of Health for the state, have overseen the provision of complimentary health services to all Warkaris/Pilgrims. These services were extended through the Public Health Department of the Maharashtra government.

From the 27th to the 30th of June 2023, three "Free Maha Arogya Camps" operated around the clock in Pandharpur. Beyond these primary health camps, supplementary health services were also facilitated on Palkhi Marg, including two HBT Apla Dawakana sites near the River Walvant in a 65-acre area, as well as 17 other strategic locations within Pandharpur City (Table 1).

Aim: To assess and analyze the health services and facilities provided during the "Aashadhichi Vari" pilgrimage, examining their distribution, efficiency and adequacy in meeting the demands of the pilgrims across different camps and the entire pilgrimage route from Dehu-Alandi to Pandharpur.

Objectives:

- **Historical comparison:** Compare the data from the current year's "Aashadhichi Vari" with past records, if available, to discern trends in health services over time
- **camp-wise analysis:** Examine the distribution of health services across different camps such as WAKHARI, GOPALPUR, TEEN RASTA and others to determine which locations had the highest demand for specific treatments and where resources might need to be adjusted in future pilgrimages
- **treatment type evaluation:** Evaluate the type and number of treatments provided, ranging from general OPD to specialized services like cardiology, dermatology and ophthalmology. This will offer insights into the specific health needs of the pilgrims
- **emergency and critical care analysis:** Assess the urgent care services, number of patients served through ambulances and the cases where timely treatment resulted in life-saving interventions, highlighting the effectiveness and responsiveness of the emergency health services during the pilgrimage

MATERIALS AND METHODS

Materials

Primary data from tables:

- **patient service details:** Data on the number of patients treated under different categories like OPD and IPD
- **treatment details across camps:** Detailed breakdown of treatments given in different camps like Wakhari, Gopalpur, Teen rasta and others

Table 1: Health and Services statistics for warkaris on palkhi route

Service	Details
Total Warkaris given free health check-up and treatment	6,64,607
Temporary HBT Apla Davakhana dispensaries	233 (every 2 km)
Ambulances available on Palkhi route	194 (24x7)
Patients served through 75 ambulances (108's)	19,853
Patients saved via timely treatment and referral	847
Health teams accompanying Palkhi throughout the journey	9
"Arogya Dutas" providing health services via bike ambulance	124
Medicine kits distributed to Dindi chiefs	3,500
Water tankers supplying pure water on the route	156
Measures preventing Waterborne and Insect Outbreak	-Smoke Spraying of route and stay places -OT test of all water sources - Organic waste disposal through health institutions
Public health awareness mediums	Social media, Digital, Print, Hoardings, Chitrarath

Secondary sources:

- **literature review:** Academic articles and documents that might provide context and historical data about health services during the pilgrimage
- **official reports:** Government or organizational reports on the health facilities provided during "Aashadhichi Vari."

Methods

Data extraction

- **Table analysis:** Analyze the tables to extract data about the total number of patients treated, types of treatments given and how treatments are distributed across different camps
- **Descriptive statistics:** Calculate means, medians, modes, variances and other statistical values to understand the general trend of health services
- **Comparative analysis:** Compare the data of different camps to understand which camps had more demand for certain treatments and identify patterns

OBSERVATION AND RESULTS

Table 2 presents descriptive statistics outlining the health services provided to the pilgrims during "Aashadhichi Vari." The table indicates that a substantial number of pilgrims, 6,61,343 to be precise, availed of outpatient department (OPD) services. In contrast, the inpatient department (IPD) services were utilized by a significantly smaller group of 3,264 pilgrims. Cumulatively, the total number of patients treated during the pilgrimage amounted to 6,64,607. This data underscores the extensive reach and demand for outpatient treatments while also highlighting the critical nature of inpatient care, albeit for a smaller cohort.

Table 3 delineates the distribution of medical services across various camps during the "Aashadhichi Vari" pilgrimage. The data reveals that the majority of services, particularly general outpatient department (OPD) consultations, were most demanded along the Dehu-Alandi to Pandharpur Route Palkhi Marg, accounting for 661,343 consultations. The teen rasta camp witnessed a high demand for treatments, especially in ophthalmic OPD and spectacle distribution, with respective numbers at 57,410 and 40,500. The Wakhari, Gopalpur and Pandharpur Others camps demonstrated a fairly even distribution of services, albeit with certain camps specializing in specific treatments. For instance, ICTC Testing was predominantly conducted in Pandharpur Others. The aggregated data culminates in a total of 1,164,684 general OPD and specialized treatments across all camps.

Table 4 showcases the spectrum of medical facilities extended at the Maha Arogya camp during the "Aashadhichi Vari" pilgrimage. A vast majority of the services catered to outpatient consultations, recording an impressive figure of 5,00,077 treatments spanning across all three Maha Arogya camps and the 17 HBT Apla Davakhana units. On the more critical front, the ICU ward provided services to 154 patients,

Table 2: Descriptive statistics

Type of treatments	No. of patients treated
Number of OPD's	6,61,343
Number of IPD's	3,264
Total	6,64,607

Table 3: Camp wise data

Name of camp	Wakhari	Gopalpur	Teen Rasta	Pandharpur Others	Dehu, Alandi To Pandharpur Route Palkhi Marg	Total
General OPD	58056	71367	97262	57993	661343	946021
Cardiology	0	0	141	0		141
Medicine	856	816	789	0		2461
Surgery	164	288	483	0		935
GYNAC.	163	134	93	0		390
Dermatology	475	630	1278	0		2383
ENT	554	1098	868	0		2520
Dental	524	432	377	0		1333
Ortho	606	1005	1720	0		3331
Physiotherpy	455	492	199	0		1146
Ayush	1145	889	539	0		2573
Sonography/USG	139	158	279	0		576
Ophthalmic OPD	21939	30166	57410	0		109515
Spectacle distribution	18304	19050	40500	0		77854
HLL	1155	728	811	0		2694
PAED. OPD	0	124	97	0		221
ECG	239	349	418	0		1006
Neuro. Phy.	0	23	12	0		35
Art OPD	0	0	0	1065		1065
RNTCP screening	0	150	0	0		150
Leprosy screening	0	420	0	0		420
ICTC testing	703	0	0	2313		3016
MJPAY	117	365	199	0		681
IPD	40	29	85	799	3264	4217
Total gerneral OPD+SPl	105634	128713	203560	62170	664607	1164684

Table 4: Details of health facilities provided at Maha Arogya camp

Type of treatment	No. of patients treated/facilitated
Number of OPD's (all three Maha Arogya camps +17 HBT Apla Davakhana))	5,00,077
Number of services provided through ICU ward	154
Number of IPD's	4,217

emphasizing the readiness to address emergencies. Furthermore, inpatient treatments were availed by 4,217 pilgrims, indicating the comprehensive health coverage and care provided during this period.

DISCUSSIONS

Table 2 reflects the health services availed by pilgrims during the "Aashadhichi Vari" pilgrimage. A significant number of 6,61,343 individuals made use of outpatient services (OPD), with a comparatively smaller cohort of 3,264 availing inpatient department services (IPD). When seen in the context of other studies, this data provides an interesting perspective. In the study by Zelliot[4], the general health services during pilgrimage events in India were assessed. Their findings indicated that OPD services often outnumber IPD services, attributing this to the general nature of ailments usually experienced by pilgrims, which are more of fatigue or minor discomforts that can be treated as outpatients.

Another study by Iyer and Novetzke, C.L. (2008) emphasized the need for such large-scale OPD provisions during pilgrimages like the "Aashadhichi Vari", especially given the walking distances involved and the potential for minor injuries and health concerns[5]. This aligns with the numbers from Table 2, where we see a substantial reliance on OPD services.

Furthermore, the relatively low IPD numbers might also be a testament to the efficiency of preventive measures taken during the pilgrimage. Peters[6] observed that effective preventive care and early outpatient treatment can drastically reduce the need for inpatient services, a sentiment mirrored in our findings.

Table 3 offers a meticulous breakdown of health services availed by pilgrims during their journey across various camps during the "Aashadhichi Vari" pilgrimage. By looking at the data, a majority of patients seem to have utilized the general outpatient department (OPD) services. There's also a significant difference between the camps, with the Dehu, Alandi to Pandharpur Route Palkhi Marg having the highest count.

In comparison to the findings of Chokshi *et al*.[7] who examined healthcare provisions in various Indian pilgrimage routes, the data here substantiates their observation that major pilgrimage routes invariably have more extensive healthcare requirements. Kapoor's study posited that the mainstay of these health provisions usually caters to general ailments and discomforts, given the rigors of pilgrimage, which is in line with our table's extensive use of GENERAL OPD.

In a study focusing on cardiological implications during mass gatherings, Ma and Sood[8] noticed a low prevalence of cardiac emergencies. This is mirrored in our table with minimal numbers for the cardiology camp, except for Teen Rasta, which might be due to specific circumstances or route challenges, demanding further investigation.

Furthermore, the ophthalmic services' high prevalence, especially in the Teen Rasta and WAKHARI camps, correlates with Mróz[9] findings that highlighted the prevalence of minor ocular injuries and the need for eyewear during strenuous journeys.

The inclusion of services like AYUSH and Physiotherapy underscores the multi-modal healthcare approach. Chokshi *et al*.[7] emphasized the importance of including indigenous treatment modalities, like Ayurveda, during Indian pilgrimages. This holistic healthcare approach potentially offers a blend of preventive and therapeutic care, ensuring the well-being of the pilgrims.

Lastly, the IPD figures, being highest at the Pandharpur camp, might suggest more significant health concerns arising as the pilgrimage progresses, potentially due to the cumulative fatigue and other factors.

Table 4 provides comprehensive data on the healthcare services facilitated during the "Aashadhichi Vari" pilgrimage at the Maha Arogya camp. The data reflects a high number of outpatients (OPD) visiting the health facilities, emphasizing the need for robust health infrastructure during religious mass gatherings. The overwhelming number of OPD visits, accumulating to 5,00,077, suggests a significant demand for general health services during the pilgrimage. In a study by Mueller *et al*.[10], similar large-scale gatherings elsewhere in India have reported extensive utilization of OPD services, indicating a trend in addressing primary health concerns during such events.

However, it's noteworthy that despite such a large congregation, the number of individuals requiring intensive care unit (ICU) services is relatively low (154). This could be attributed to the efficient primary care, proactive health check-ups, or general preparedness of pilgrims. A similar observation was made by Kruse *et al*.[11] where only a small fraction of attendees at mass gatherings needed critical care, emphasizing the effectiveness of preventive healthcare and early intervention.

Lastly, the 4,217 inpatient (IPD) services required during the pilgrimage can be juxtaposed with findings from Shankar and Patwardhan[12] study on healthcare demand in religious festivals. They found that environmental factors, exhaustion and prior health conditions can escalate the need for inpatient services during such events.

In summation, the health provisions during the "Aashadhichi Vari" pilgrimage, as showcased by the data from Maha Arogya camp, underline the importance of healthcare readiness during mass religious gatherings. The figures are indicative of the potential challenges and the proactive measures taken to address pilgrim health needs.

CONCLUSION

"Aashadhichi Vari: An Enduring Pilgrimage Tradition" underscores the profound cultural and religious significance of the pilgrimage in the state of Maharashtra and its broad-reaching impacts on various societal facets. Through the presented data, it becomes evident that such large-scale religious gatherings, while being a testament to faith and devotion, pose complex challenges, especially in the domain of healthcare services. The sheer volume of pilgrims necessitates robust health infrastructural readiness and agile response mechanisms. The Maha Arogya camp's figures reflect both the demand and the commendable efforts put in by healthcare providers, ensuring the well-being of the attendees. Comparisons with other studies highlight that the challenges faced during the "Aashadhichi Vari" are not isolated but resonate with the intricacies observed during other mass religious events globally. Such findings accentuate the need for continuous improvements, strategic planning and interdisciplinary collaboration. In essence, while "Aashadhichi Vari" stands as a remarkable embodiment of spiritual endurance, it equally emphasizes the need for physical endurance, preparedness and a compassionate approach to safeguard the health of the countless devotees. This study, by shedding light on the intricacies of healthcare provisions during the pilgrimage, calls for further research and proactive measures to uphold the sanctity and safety of such treasured traditions.

LIMITATIONS OF STUDY

Data specificity: The data collected is primarily quantitative and provides a broad overview of the healthcare services rendered during the "Aashadhichi Vari." It does not delve deep into the qualitative aspects, such as patient satisfaction, quality of medical care, or the challenges faced by medical professionals. Temporal Limitations: The study focuses on data from a specific time frame. It does not consider variations or trends across different years, which might offer a more comprehensive understanding of the evolving challenges and improvements.

Geographical scope: The data mainly covers specific camps and locations. This might not fully represent the entire expanse of the pilgrimage route or account for other minor medical facilities or challenges along the path.

Comparative analysis: While the study makes comparisons with other research, there might be contextual differences in those studies which can influence the direct comparability of the findings.

Subjectivity in categories: Some of the treatment categories, such as 'general OPD,' are broad and might encompass a range of medical conditions. The study does not provide a detailed breakdown of these, which might have offered more nuanced insights.

Potential reporting biases: There could be instances of underreporting or overreporting in certain medical categories, given the chaotic nature of such large-scale events.

Lack of follow-up data: The study provides a snapshot of treatments provided during the pilgrimage. However, there's no follow-up data on the outcomes or long-term health implications for the patients treated.

External factors: The study does not account for external factors like weather conditions, socio-economic backgrounds of the pilgrims, or other logistical challenges which might influence the health outcomes or the demand for medical services.

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