HEALTH CARE GENERAL PERSPECTIVE (ALLOPATHY)
Health care is defined as the active process, by which an individual achieves physical and mental well being. It means health care actively tries to avoid illness so it could be said that health care consist of ill people and practitioners, who diagnose and treat the health problems.

Every society have their own views regarding health problems from the perspective of its own culture and responds to them according to their understanding, knowledge, values, attitudes and beliefs of the people comprising it. However, a popular medicine has a dual nature includes knowledge of definite medical procedures as well as belief in some magical or religious power involving forces beyond human comprehension. This dual nature of medicine is still with us. It has been observed, for example, that irrespective of the level of medical knowledge and technology of a society and the prevailing structure of medical science, people do supplement the physician’s skill and experience with prayer.

Health care covers a broad spectrum of health services ranging from health education and information through prevention of disease early diagnosis treatment and rehabilitation and it also implies of the organisation delivery, staffing, regulation and quality control.

The primary goal of any health care system is to organise the health services in such a manner as to optimally utilise the available resources, knowledge and technology with a view to prevent and alleviate diseases disability and sufferings of the people. There is no specific pattern of care of health organisation and its structure, to a large extent, is determined by the structure of other societal institutions and also by the political, economic and value system. To use effectively, the available technology and knowledge, it may therefore, be desirable to look for various organisational options by which the health care goals can be pursued. In the present study, an attempt has been made to describe the health care as a general view.
CONCEPT OF HEALTH CARE

Since health is influenced by a number of factors such as inadequate food, housing, sanitation, health, life style, protection against environmental hazards and communicable disease, the frontiers of health extend beyond the narrow limits of medical care. It is thus clear that 'health care' implies more than medical care. It embraces a multitude of services provide to individuals or communities by agents of health services of professions, for the purpose of promoting, maintaining, monitoring or restoring health.

Health care has global magnanimous coverage. WHO laid down the following broad principle to implement the scheme of health care, in its AlmaAta conference in 1985:

1. Every one without exception has the right to health care.

2. Everyone without exception has the right to access to the different levels of complexity of the health system.

3. Everyone without exception has the right to live in a culture, social, economic and physical environment, inherently conducive to health.

4. Every one without exception has the right and duty to be an active and decisive partner in looking after his or her own health and that of the community.

5. There must be a significant reduction in the enormous and disgraceful differences in the health level of different population groups both outside countries and within country.

6. There must be a significant reduction in the enormous and disgraceful differences in the way national societies allocate resources (physical, technological, human, financial etc.) for the health care of their people.
7. To sum up 'health for all' in a concept that in corporate a way of implementing a human right that the right of health within principles of universality, equality and social justice.

Health care is function of the interaction between three basic components of

1. Medical technology.
2. Professional organisation.
3. The more encompassing geographical, social and cultural milieu.

Development of the physical components of the health care delivery system has generally paralleled with economic development. In the economically developed countries, the physical components are diverse in nature and tend to be structured hierarchically, whereas in less economically developed nations some or all of the physical components of a modern health care delivery system can usually be available in the major urban areas. In rural/tribal areas they may found alongwith tradition based health care practices. This means that in some places the individual must choose between competing system of values and cures and in other places there are no choices.

Now health is accepted as an important part of socio-economic development. 'An acceptable level of health for all', as defined by world health organisation, which cannot be achieved by health sector alone, it requires intersect oral approach, i.e., the co-ordinate efforts of the health sector and relevant activities of other social and economic sector. Thus no system of health care can be considered in isolation for instance, the health status of a people at any given time will depend upon several factors such as:

(a) Health care system is obviously related to concepts of health and disease. For instance, the health care system in a society which believes that all ill health conditions arises due to the wrath of gods/goddesses or of evil sprits, will be different from those in a society, where illness is held to arise from material causes which needed treatment in tangible material terms. Similarly, attitudes of
pain, ageing or death also determine the nature of health care systems.

(b) Health care system also depends upon ecological factors we need pure and fresh air good and safe drinking water, adequate drainage and proper disposal of night soil, proper housing and adequate arrangements for immunisation and control of communicable disease.

(c) Health status and hence health care system also depend upon social and economic factors such as the organisation of the home and family, equality or otherwise of the sexes, social stratification, general conditions of work and poverty which increase proneness to disease even while decreasing the capacity to combat it.

(d) Health is closely related to nutrition and depends upon such factors as the quality and adequacy of food supplies, dietary habits and food preservation practices.

(e) Health care system is obviously related to the technology of medicine and to our knowledge of ability to deal with malfunctioning of the body.

(f) Health closely related to the spread of education among the people because an individual understanding of health, his capacity to remain healthy, and his ability to deal with illness, all depends upon the level of his education. The nature of health care system in a society where every individual receives a good basic education, therefore, will be very different from those in another society where the bulk of the people are illiterate.

Thus, health care delivery may be termed as those personal and community health services, including medical care and related education that is directed towards the protection and promotion of the health of the community.
HEALTH CARE DELIVERY SYSTEM: DEVELOPMENT

It is reported that men with imaginative and other psychological gifts became shamans or medicine men during the monolithic culture and where considered intermediaries to the spirit world. Folk medicine was handed down from one generation to the other during the monolithic culture. In short, the practice of medicine in early days remained the prerogative of priests. In the prehistoric period, animistic religion was the evidence in India and diseases were activated to supernatural causes or to the wrath of gods or spirits. Mostly resorting to amulets, charms, magical, rights, sacrifices and telisman also treated these.

Thus we can say that the feeding of sympathy and kindness motivated the primitive man thousand of years ago to provide facilities of medical treatment. But his limited knowledge attributed disease and other calamities to the wrath of gods, the inversion of the body by evil spirits or the malevolent influence of the stars and planets. And these elements of primitive healing are still exists in many areas of the world. Ayurveda and Siddha health care system are truly Indian in origin and development, and both system differ very little in theory and practice:

Ayurveda by definition implies the science of life. It is said that the medical knowledge in the Atharvaveda gradually developed into the science of the Ayurveda. The Ayurveda is mainly based on the tridosha theory of disease. The dosas are ‘Vayu’, ‘Pitta’ and ‘Kapha’. Hygiene was given an important place in ancient, Indian medicine. Mention must be made of the other indigenous system of medicine namely, Unani Tibb and Homoeopathy, which are not of Indian origin.

Unani being of ancient Greek, while Homoeopathy was propounded by Samuel Hahnemana (1755-1843) of Germany. Homoeopathy is practiced in several countries but India claims to have the largest number of practitioners of this system in our country.

The Chinese medicine dates back to 2700 B.C. and is supposed to be pioneer organised body of ‘Yang’ and the ‘Yin’. The former is believed to be
an active masculine principal and second one is a negative feminine principle. The balance of these two appeasing forces meant good health, hygiene, dietetics, hydrotherapy, massage, and drug etc. were all used by the Chinese physicians. The Chinese's system of 'bare foot doctors' and acupuncture and anaesthesia has attracted worldwide attention in the recent time.

The concept of 'Egyptian Medicine' is far from primitive and dates from about 2000 B.C. Disease were treated with cathartics, enema, bloodletting and a wide range of drugs. Specialisation prevailed in Egyptian time, as there were eye doctors, head doctors and tooth doctors. All these doctors were officials paid by the state. Homer speaking of the doctors of the ancient world, considered the Egyptians to be "The best of all".

The Greek are regarded as father of civilisation of the ancient world. They taught men to think in terms of 'why' and how. The greatest Greek physician was 'Hyppocrates' (460-370 B.C.) who studied and classified disease, based on observation and reasoning. Greek was the one who gave a new direction to medical thought. They looked upon disease as a natural process, not a visitation from god of immolation. The centre of civilisation by the first century B.C. was shifted to Rome. The Romans borrowed their medicine largely from the Greek whom they had conquered and they had a keen sense of sanitation. But after their fall, the medical school, which established in that time, was disappeared. The practice of medicine reverted back to primitive medicine dominated by superstitions and dogmas. Dissection on the human body was prohibited. Consequently there was no progress in medicine. The medieval period is, therefore, called the "Dark ages of Medicine" During this time Arab stole a march over the rest of the civilisation. Borrowing largely from the Greeks and Romans, they developed their own system of medicine know as the Unani system of Medicine.

It was the Portuguese who introduced modern medicine in India during the 15th century. Latter, the French and the British introduced western medicine. During same period and onwards the discoveries and inventions made further development in science of medicine and in 19th
century which is called ‘age of bacteriology’ minimised the superstitions and speculation regarding the occurrence, diagnosis and treatment of disease and increase the scientific knowledge related to it.

The past decade of this century has witnessed dramatic advancement in medical science and technology. Economic development, higher living standards, improved social services and higher education levels have markedly changed both public attitudes towards disease and health and the delivery of preventive and curative health care by public health authorities. Health today is perceived by individual states as a basic human right. Every government holds the responsibility to provide health services to its people and the need for international co-operation in this respect is also well recognised.

In the historical context there have been remarkable improvements in the health of the people due to major breakthroughs in public health and medical sciences throughout the world. But the health condition of the people is still not satisfactory. This is rather ironical because most of the health technologies to improve health had been known since long time yet their application and availability leave much to be desired. Numerous poor families still experience high infant mortality and morbidity. The large incidences of communicable diseases continue to underline the social and economic productivity of large number of people. The vicious circle of disease, poverty, unemployment, malnutrition and greater vulnerability to disease continues.

**LEVELS OF HEALTH CARE SERVICES**

It is customary to describe health care services at three-levels i.e. primary, intermediate and upper levels. These health care levels represent different types of care involving degrees of complexity.

The availability of health care delivery varies from place to place according to the development of the area and attitude of the government.
Normally doctors desire to start their practice in big cities or town areas, as result rural/tribal areas remain scare. Although government try to provide health services in rural and remote areas and has started there hospital and dispensaries, but their resources are inadequate. As general government provides the health aids according to the grade of the health center. Thus health services can be divided into three levels —

(1) **Primary Level**

The first level of health services is usually the point where primary health care is delivered. The institutions of this level are found in rural areas, they are Primary Health Centres, sub centres. Although there is a vast network of PHCs and sub centres in our country, but experience over the past three decades has shown that these primary health care centres have not been able to meet effectively the minimum health needs of the vast majority of rural population. In order to remedy this affect the Government of India in 1977, under its new rural health scheme, adopted an alternative strategy of health guides (community health workers) and a volunteer from the village or community with a population of one thousand. Beside providing primary health care, the village health guide bridges the cultural and communication gap between the rural people with the organised health sector, experiences have shown that the village guides scheme is gaining popularity even in remote areas.

(2) **Intermediate Level**

District Hospital mainly constitutions to this second level. In these hospitals, alongwith general, some complicated referred cases also treated. They also support to the primary care centre and one supported by the upper level medical institution like Medical College Hospital and other specialised curative centres.

(3) **Upper Level**

The Upper level institutions provide more specialised health care facilities. This level comprises the Medical College, Hospital and other specialised treatment centres including highly advanced private hospital and Research Centre. They not only provide highly specialised care, but
also sustain primary health care as part of comprehensive national health system.

The special programmes of financing health services stem from the growing belief that people ought to receive medical care for humanitarian reasons, regardless of their ability to pay. The preamble to the constitutions of WHO states, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being". Many countries have attempted to provide for this right to medical by legislation. In some countries, the question of whether medical care should be provided as a legal right or as a privilege is still not resolved. In others, it would involve a high proportion of national resources to attempt to provide comprehensive health services. Indeed, resources may be inadequate to resource adequate levels of nutrition.

The problem of ensuring that the whole population is in the position to purchase the medical care recommended by the physicians has become more and more acute. Because all the levels of living have been rising in many countries, the possible useful expenditure on medical care per unit of time has been rising much faster, largely because of the growth in medical knowledge and to development of more and more expensive diagnostic and treatment procedures.

QUALITY OF HEALTH CARE SERVICES

There are so many health services, which have different functions, and their quality also differs from place to place. For insolence, health area received at a large metropolitan medical centre is not the same as it is in a small rural community. And even within the category the nature of health care received at a teaching hospital can be very different from the delivered at even a prestigious general hospital. By the some token, the nature of a care received at a neighbourhood mental health clinic is in no way similar to that received at an elite psychoanalytically oriented psychiatric hospital in the same way the treatment in surgical ward is organisationally very different from treatment in a medical ward.

In general the health care received a joint function of available technology and complexity of medical organisation that is the more
complex the technology, and therefore the greater potential for higher quality medical care. Alongwith availability of health care services this appropriateness, accessibility and acceptance ability should also be considered while evaluating quality of care.

**General Health Care Services**

Normally health care services in the study unit are provided and controlled by Directorate of health services Bhopal (at state level). The Directorate manage and assist the extension and training of health services, proper regulation of district, civil and specialist hospitals, conduct different programmes for epidemic control including immunisation, administrate the medical education and also few projects on extending and improving health care services side by side. The Indian System of medicine and Homeopathy is responsible for controlling and organising the indigenous system of medicine. Ayurveda and Homeopathy comes under this system.

Allopathic system of medicines normally utilised by the urban population in the study area. It is provided through government as well as private sector. The government health services have a three-tier system. At the periphery, is the primary Health Centre and it’s sub centres. Generally the primary health centres are located at block headquarters while at certain big places and towns, civil dispensaries are also functioning, whenever serious cases are referred to district hospital, which are next level of health care services. Here qualified physicians and surgeons provide specialised treatment and if very serious cases are reported then they are further referred to the medical college hospital, or other specialised centres, out side of the study region, Apart from these medical facilities, there are some other medical institutions, which are providing curative health care for some specific health problems, they exist at few places of the study unit.

During past few years several measures have been undertaken by the state government to improve the health of the people by implementing various national health programmes for the control and eradication of communicable diseases, improvement in rural/tribal health conditions and
their nutritional status also. But beside these government efforts, it is important that most of the people of the study area are still do not shows their interest towards provided allopathic health care facilities. It is also true that majority of the urban people attracted towards allopathic health care system. But about 80.0 percent population of the region is rural.

The study unit is a well known tribal area of central tribal zone of Madhya Pradesh, most of the population of the region resides in villages and due to their deep rooted customs and beliefs, they are not interested towards available allopathic medical facilities.

ALLOPATHIC HEALTH CARE SYSTEM

Since long back to the development of modern medicine, allopathic system has always dominated the field, health care delivery system. People of all walks of life have always been attracted towards this system, due to the fact that allopathic system is comparatively more advanced in diagnosis as well as in medicines and these medicines also give quick relief. This system of medicine starts emerging from the shadows of superstitions and speculations since 1500 A.D. When human knowledge and contemporary revolutions took place and the mentality of people, in general, came under a vast change.

Thus allopathic medicine may be defined as that practice which combats disease by the use of remedies producing effects different from those produced by the disease treated, including the use of all measures that have proved to be of some value in the treatment of disease.

From the beginning of development, in modern medicine, allopathic system of medicine is dominant in the field of health care. It is fact that allopathic system is more popular and it gives quick relief to their patient. Another important reason for the popularity of this system is rapid, scientific and technological development of different aspects. Allopathy is largely recognised on the basis of appearance its practitioners make.
Allopathic system is quite different from the several other marginal practices of medicine.

Allopathic system of medicine tries to cure different disease by remedies having opposite effects to that caused by the disease. So from such a view the human body in its normal state is free of disease and any disease found must be regarded as a foreign intrusion. Further allopathic system of medicine is rooted in rather general idea, that is as much as disease is foreign, its cure can usually be brought by the application of some form of opposite to it surgery to remove the affected part, the injection of chemically compounded substances to reverse the course of disease and so many. In this sense allopathic medicine is indeed a system resting on generalised notion of opposite care.

Health care is a public right and it is the responsibility of governments to provide this care to all people in equal measures. These principles have been recognised by nearly all governments of the world and enshrined in there respective constitution, in India, health care is completely or largely a governmental function.

Thus it is primary responsibility of the every government to provide health services to its population. The main responsibility consists mainly of policy making, planning, guiding, and assisting.

DEVELOPMENT

In our country, the state is largely independent in matter relating to the delivery of health care to the people. Each state, therefore has developed its own system of health care, independent of the central Government. The first milestone in state health administration was 1919, when the states obtained autonomy, under the Montague Chelmsford reforms.

In Madhya Pradesh, the management sector comprises the State Ministry of Health and Directorate of Health, which further controls rest of the organisation.

The Director of Health Services is the Chief medical adviser to the state government on all matter relating to medicine and public health
including family welfare. He is also responsible for the organisation and direction of all health activities since 'Health' is a state subject, there is no uniform model of the district health organisation, but under the multipurpose worker scheme, at district level there is a Chief Medical Officer (CMO) who is assisted by few deputy CMO's, they are existing Civil Surgens, District Health Officer and District Family Officer. Each Deputy CMO has specific duties towards health, family welfare and MCH Programmes within the district and co-ordination. The State health Department has responsibilities to provide all health facilities, so that health services can cover every part of the nation. The health care system in India has three main links that are central, state local or peripheral.

**Health Care Delivery Structure District Level**

**Allopathic Health Care System**

(District Level)

District Hospital

- Community Health Centre
- Primary Health Centre
- Civil Dispensary
- Sub Centre
- Mini Primary Health Center
- Other staff (Village health Guide and Health Workers)
ADMINISTRATIVE STRUCTURE
District Chief Health and Medical Officer.

Civil Srgen
Diptt. Adm. Chief
Medical and Health Officer

District Family
Welfare and health officer and Addl.
CMHO

Add. Distt.
Chief Medical and health Officer
(Community)

Distt. Programme Officer
(T.B. Control, Leprosy)
Malaria etc.

Block Meical Officer

District Immnisation Officer

District Training Officer

District Health Extension Officer

District Public Health Nurse

Source - Sub Rahe Swasth, 2001, Department of Family Welfare, Bhopal
HEALTH CARE DELIVERY SYSTEM AND AREA UNDER STUDY

At the district level, health care services provided to people by government hospital, dispensaries, clinics, primary health centers, and through various health programmes.

At present there are 913 allopathic medical institutions catering at present to the medical and health needs of the people of the study region. These institutions include 4 District Hospital, 80 additional Primary Health Center and 757 Sub centers.

In rural tribal areas Primary Health Centers are the important unit, which provides health facilities to its people. It is defined as the institutions for providing preventive, promotive and curative health care services to the people, living in defined geographical area. It seeks to achieve its purpose by grouping under one roof. After these Primary Health Centers, Hospitals are the next important health center where specialised health care facilities are available. Generally the Primary Health Center refers serious medical cases to District Hospitals. There are four District Hospital in the study region situated in Jabalpur, Mandla, Katni and Dindori district head quarters. Total numbers of beds available in these hospitals are 1840. Here 263 qualified physicians and surgeons provided specialised health care facilities. A Medical college also situated in the Jabalpur city of the region, where all the advanced treatment facilities are available with teaching.

Methodology

As for as allopathic health care services concerned, these are normally provide health services through physicians, surgions and general practitioners, and also through various medical institutions, that are District Hospital, Civil Hospitals, Community Health Centers, Primary Health Centers, Sub centers and civil dispensaries. So block wise data of these components have been collected from the office of Chief Medical Officer. Some of the relevant data also collected from office of BMO (Block Medical Officer) of the all-29 blocks situated in the study area. The average has been taken out from the available data, then ratio are compound of
different health care services i.e. for beds available per ten thousand people; doctor per thousand persons in each block and area served by each medical institution is also calculated.

The ratio for these important medical facilities for each block is ranked and ranks totaled, to obtain ranking scores. Again these ranking scores were ranked to obtain rank order. This is helpful to find out the real situation of available health care facilities in any geo medical unit.

**Hospital Area Ratio- (HAR)**

Area served by each medical institution is an important aspect in the health care geography. This ratio shows serving area of a medical institution. Thus area served by each medical institution is an important indicator of available health care facilities.

It is clear from the Table- 5.1 that Jabalpur block ranks first, where one hospital serves 12.94 square kilometer of area. While Panagar block obtained second rank, where one hospital serve 14.04 square kilometers of area. Katni, Sihora and Majholi blocks occupy third, fourth and fifth ranks respectively. The most backward block in this respect is Samnapur, situated in Dindori district where one institution serves 38.38 square kilometer.

Among the districts of the study region Jabalpur is in a better position, where 18.81 square kilometer serves by one hospital. Katni and Mandla are obtained second and third position. Dindori is vary poor district where one institution serves 32.42 square kilometer. As whole in Upper Narmada Basin one hospital serves 24.20 square kilometer.

It is concluded after the map observation that most of the blocks of the area have satisfactory (below 30 sq. km.) serving area by a medical institution (hospital/ dispensary etc.), which shows normal load on the available medical institutions. In the north and western part of the study area the Hospital area ratio is found satisfactory, which is the part of Jabalpur and Katni districts. Whereas in the south and east blocks of the region (Dindori, Karanjia, Samnapur, Bajag and Mawai) medical facilities are found inadequate. It is also important to point out that these are the blocks where concentration of tribal population is higher.
ALLOPATHIC SYSTEM
Hospital Area Ratio
2000

Area Served By Each Medical Institution
(Sq. Kms.)

- < 15
- 15 - 20
- 20 - 25
- 25 - 30
- 30 - 35
- > 35

Kilometre
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<th>No. of Doctor</th>
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</table>

**Source:** District Hand Book, Jabalpur, Katni, Mandla & Dindori

**Doctor Population Ratio (DPR)**

It is also an important parameter to disclose the delivery of health care services in a particular region. Table-5.1 shows that Jabalpur block is
ALLOPATHIC SYSTEM
Doctor Population Ratio
2000

Doctor per 1,000 person

- < 10
- 10 - 15
- 15 - 20
- 20 - 25
- 25 - 30
- > 30

Kilometre

20 10 0 20
at first rank in this indicator, where one doctor is available for 1408.04 persons. Katni block is at second position where one doctor is available for 4647.9 persons. Some other blocks of the study region, where Doctor population ratio is quite satisfactory are Bijadandi, Kundam and Niwas. In Sihora and Majholi blocks 43284.41 and 38861.66 persons are treated by one doctor respectively, showing the poor availability of doctors in these blocks of the study unit.

Among the district of the study unit Jabalpur is in better position, where one doctor is available for 9067.7 people while the Dindori is in last position where 18289.1 persons treated by one doctor.

It is clear from the Plate-5.2 that, Doctor population ratio is in a better position in north and western part comparatively rests of the part.

**Bed Population Ratio (BPR)**

It is a very necessary to know the adequacy of institutional facilities for the treatment of sick person and for this the hint should also be taken from bed population ratio, which here represents the number of bed available for per ten thousand people. The data of this ratio reveal that Jabalpur block ranked first position. Where 93.33 beds available for per ten thousand persons, while Mandla occupied second ranks in this respect providing 8.6 beds per ten thousand people. Niwas and Katni blocks ranking third and fourth with 3.6 and 3.4 beds respectively. The poorest blocks in this respect are Sihora, Mawai and Ghughari.

Jabalpur district is ranked first among the district of the study unit where 11.29 bed are available for ten thousand population. While Dindori is a poorest district where 1.36 bed available for ten thousand persons.

It is quite clear in map (Plate-5.3 ) that the study region have not proper facilities of bed for patient accept Jabalpur and Mandla blocks, South eastern part of the region is very poor in availability of beds for their people, where availability of beds per ten thousandperson ranges 0.11 to 1.82.
ALLOPATHIC SYSTEM
Bed Population Ratio
2000

Bed Per 0,000 Population

- > 4.00
- 3.00 - 4.00
- 2.00 - 3.00
- 1.00 - 2.00
- < 1.00

Kilometre

20 10 0 20
OVERALL POSITION

After analysing the total health care facilities i.e. HAR, DPR and BPR the over all situation of the availability of health care facility have been calculated and presented in different indicators.

Table-5.2
Health Care Services Rank Score

<table>
<thead>
<tr>
<th>SNo.</th>
<th>Block</th>
<th>Bed/10,000 person</th>
<th>Person/Doctor</th>
<th>Area served by each Institute</th>
<th>Total Rank Score</th>
<th>Rank Order</th>
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<td>21</td>
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<td>24</td>
</tr>
</tbody>
</table>

Source: District Hand Book, Jabalpur, Katni, Mandla & Dindori
HEALTH CARE FACILITIES
Allopathic System
Rank Score
2000

Rank Score
<20
21 - 30
31 - 40
41 - 50
51 - 60
61 - 70
> 70

Kilometre
It is clear from the Table-5.2 that health care facilities are maximum in Jabalpur block, where the total rank score is 3 this block ranked the top position in overall available facilities i.e. HAR, BPR and DPR. Katni block achieved second rank (rank order) by scoring second in DPR, third HAR, and fourth in BPR, Panagar block is in better position (second) in Hospital Area ratio sametime Mawai, Samnapur, Karanjia and Bajag are the most insignificantly served blocks, as far as government health care facilities are concerned.

It can be said that health care facilities are better in Jabalpur, Katni, Niwas, Panagar and Vijayraghavgarh.

In the study region health care services are more concentrated in urban centres and particularly in towns having medical collage district Hospital, so the people are bound to come to these places for advanced treatment.

Thus we see that there is wide imbalance in the distribution of health care facilities in the study unit. This is mainly because the population and the area have not been considered for the purpose of health planning seriously also the hospitals and health center are not ideally located.

After a close examination of the poor health facilities in most of the blocks studied, doctors should be encouraged to go to remote areas and to raise the hospital and bed strength. This would facilitate at least a bed per thousand populations.

**Field Observation**

To know the real fact of allopathic health care system, scholar himself visited and conducted field work several times in study region and come to the following conclusion on the basis of extensive field work.

No other well-organised system is so accessible to all sections of the society, as allopathic system of health care, in both urban or rural areas. People served by this sector with its sub centers, followed by community health centers. Civil Hospital, District Hospital and other specialised treatment centers at the important one.
One of the most important facts, which are revealed during the field work, is that most of the urban people still use allopathic treatment due to quick effect of its medicine, which is not in other system available in the study area. But the real inhabitants, the tribes of the study area have not very positive attitude towards these medical facilities of treatment. However, this system is well equipped with merits only, few demerits of it has turned the people now a days towards other system of medicine, like the side effect of allopathic medicines