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Research Article

Role of Panchayati Raj Institutions in Strengthening *Ayurveda*-Based Rural Health Governance in Tamil Nadu

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Abstract

Background: Ayurveda has long been an integral component of rural healthcare in India, providing preventive and curative health solutions rooted in traditional knowledge systems. With the constitutional recognition of Panchayati Raj Institutions (PRIs), local self-governments have emerged as important institutions in decentralized rural health governance, contributing to the promotion and delivery of healthcare services at the grassroots level. Objective: To examine the role of Panchayati Raj Institutions in strengthening Ayurveda-based rural health governance in Tamil Nadu and to analyze how decentralized local governments contribute to the promotion, administration, and accessibility of Ayurveda services. Methods: The study adopted a descriptive and analytical research design based on secondary data collected from government policy documents, Ministry of AYUSH reports, National Health Mission records, publications of the Tamil Nadu Health Department, Panchayat-level guidelines, and relevant scholarly literature. Qualitative content analysis was employed to examine the institutional, administrative, and financial mechanisms through which Panchayati Raj Institutions support Ayurveda-based healthcare services. Results: The findings indicate that Panchayati Raj Institutions play a supportive role in facilitating the functioning of Ayurveda dispensaries, organizing community health awareness programmes, and promoting preventive healthcare initiatives in rural Tamil Nadu. However, their effectiveness is constrained by limited financial autonomy, inadequate infrastructure, shortages of trained Ayurvedic personnel, and weak coordination with the mainstream public health system. Conclusion: The study underscores the need for stronger policy integration, greater financial and administrative support, and capacity building of Panchayati Raj Institutions to enhance their role in Ayurveda-based healthcare governance. Strengthening decentralized local governance can significantly improve the accessibility, inclusiveness, and sustainability of Ayurveda services, thereby contributing to better rural health outcomes.

Keywords: *Ayurveda*, Panchayati Raj Institutions, Rural Health Governance, Local Self-Government, Decentralized Governance

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Introduction

Ayurveda, the ancient system of medicine rooted in Indian knowledge traditions, has played a vital role in maintaining health and preventing diseases, particularly in rural communities where access to modern healthcare facilities remains limited (1). With its emphasis on preventive care, lifestyle regulation, and holistic well-being, *Ayurveda* continues to be relevant in addressing contemporary rural health challenges such as chronic illnesses, nutritional deficiencies, and lifestyle-related disorders (2). Recognizing its significance, the Government of India has undertaken several initiatives to mainstream *Ayurveda* through institutional mechanisms under the Ministry of AYUSH.

Decentralization of governance through Panchayati Raj Institutions (PRIs), as envisaged under the 73rd Constitutional Amendment Act, has significantly reshaped rural development and service delivery, including healthcare (3). PRIs are entrusted with responsibilities related to public health, sanitation, nutrition, and primary healthcare, positioning them as key local governance institutions shaping the delivery of both modern and traditional healthcare systems, including Ayurveda, at the community level

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(4, 15). In rural areas, the effectiveness of healthcare delivery increasingly depends on coordination between local self-governments and health institutions, including *Ayurveda* dispensaries and AYUSH centers.

Earlier studies on rural health governance have largely focused on modern healthcare systems, with limited attention to the role of local governments in governing, promoting, and integrating traditional systems of medicine within decentralized health frameworks (5). While some scholars have highlighted the potential of Ayurveda in preventive healthcare and community health promotion, others have examined governance challenges in decentralized health administration (6,7). Recent bibliometric evidence also indicates that research on AYUSH in rural healthcare has expanded considerably over the past two decades, particularly following the launch of the National AYUSH Mission; however, studies specifically examining the role of Panchayati Raj Institutions in strengthening Ayurveda-based rural health governance remain limited.

Recent literature emphasizes the importance of integrating traditional systems of medicine within decentralized health governance frameworks. The National AYUSH Mission identifies local self-governments as critical stakeholders in improving the accessibility, awareness, and utilization of *Ayurveda* services in rural areas (8). Studies on decentralized health governance further suggest that Panchayati Raj Institutions can enhance healthcare delivery through community participation, local accountability, and context-specific planning (9). Nevertheless, existing literature largely examines PRIs in relation to modern public health systems, with limited empirical attention to their role in strengthening *Ayurveda*-based healthcare delivery (10). This gap underscores the need for focused analysis on the governance dimensions of *Ayurveda* within rural health systems, particularly in states such as Tamil Nadu where both Panchayati Raj structures and *Ayurveda* institutions are relatively well established.

Tamil Nadu has a comparatively well-developed Panchayati Raj system and an established network of *Ayurveda* institutions within the public health framework (11). In this context, the present study seeks to bridge the existing research gap by examining the institutional and governance dimensions of *Ayurveda*-based rural healthcare at the local level. The aim of this study is to analyze the role of Panchayati Raj Institutions (PRIs) in strengthening *Ayurveda*-based rural health governance in Tamil Nadu by examining the policy and institutional framework supporting *Ayurveda* at the Panchayat level, assessing the role of PRIs in facilitating *Ayurveda* services and community health initiatives, and identifying the key challenges and opportunities for integrating *Ayurveda* into decentralized rural health governance.

Materials and Methods

Study Design

The study adopts a descriptive and analytical research design based exclusively on secondary data to examine the role of Panchayati Raj Institutions in strengthening *Ayurveda*-based rural health governance in Tamil Nadu. As the study is policy- and governance-oriented, it does not involve any clinical intervention, medicine preparation, patient-based diagnosis, or therapeutic evaluation.

Sources of Data

Secondary data were collected from multiple authenticated sources, including policy documents and annual reports of the Ministry of AYUSH, Government of India (6, 9); National Health Mission (NHM) guidelines and reports related to rural health governance (10); and publications of the Department of Indian Systems of Medicine and Homoeopathy, Government of Tamil Nadu (8). In addition, Panchayati Raj guidelines, rural health programme documents, and relevant legislative provisions related to decentralized governance were reviewed (4, 15). Peer-reviewed journal articles, books, and review papers focusing on *Ayurveda*, rural healthcare, and decentralized health governance were also consulted (5, 6, 7, 12, 13). In addition to government reports and policy documents, peer-reviewed literature was consulted to strengthen the analysis. Relevant studies published in journals such as the *Journal of Ayurveda and Integrative Medicine*, *Indian Journal of Traditional Knowledge*, *Indian Journal of Public Health*, *Economic and Political Weekly*, *Journal of Rural Development*, and the *International Journal of Ayurvedic Medicine* were reviewed to understand the governance, policy, and public health dimensions of Ayurveda-based rural healthcare (7,12,13,17).

Eligibility Criteria

Documents and literature were selected based on their relevance to *Ayurveda*-based healthcare delivery, rural health governance, and the role of Panchayati Raj Institutions in decentralized health governance. Documents published between 1992 and 2026 were considered, including government reports, policy documents, books, and peer-reviewed publications issued by the Government of India, the Government of Tamil Nadu, the World Health Organization (WHO), recognized academic publishers, and scholarly journals. The year 1992 was selected as the starting point because it marks the enactment of the 73rd Constitutional Amendment Act, which established the constitutional framework for Panchayati Raj Institutions in India. Publications focusing exclusively on modern medical interventions without reference to *Ayurveda*, protocol studies, purely clinical trials, opinion articles lacking empirical or policy relevance, and studies without an institutional or governance perspective were excluded from the review.

Method of Analysis

The collected documents were analysed using qualitative content analysis, an established approach in policy and governance research (14). Government reports, policy documents, and peer-reviewed publications were systematically reviewed and organized according to their relevance to Ayurveda-based rural healthcare and Panchayati Raj Institutions. The selected documents were subsequently coded and classified into key thematic categories, including policy framework, institutional arrangements, administrative roles, financial support, service delivery, community participation, and governance challenges. Comparative thematic analysis was undertaken to identify common patterns, institutional mechanisms, and implementation gaps across national- and state-level policy documents. The analysis emphasized administrative participation, financial support, infrastructure development, and community-level health initiatives. As the study was based exclusively on secondary data and did not involve clinical interventions, no statistical tests, drug dosage, or route of administration were applicable. Instead, thematic categorization and comparative analysis were used to interpret governance patterns and institutional roles, and the findings were synthesized through thematic interpretation to explain the role of Panchayati Raj Institutions in strengthening Ayurveda-based rural health governance in Tamil Nadu (14).

Ethical Considerations

As the study is based entirely on secondary data obtained from publicly available sources and does not involve human participants, clinical trials, or the administration of medicines, ethical clearance was not required.

Policy Context

The policy environment governing *Ayurveda*-based rural healthcare in Tamil Nadu is shaped primarily by the National AYUSH Mission, the National Health Mission, and the Panchayati Raj governance framework. These policies emphasize decentralization, community participation, and preventive healthcare. However, convergence of these policy frameworks at the Panchayat level remains uneven, leading to variations in the implementation and effectiveness of *Ayurveda* services across rural areas.

Study, Observations and Results

Study Framework

The study is a policy-oriented and descriptive analysis examining the role of Panchayati Raj Institutions (PRIs) as local governance institutions in strengthening Ayurveda-based rural health governance in Tamil Nadu, based entirely on secondary data from official documents and published literature.

Table 1: Administrative Hierarchy and Health Governance Functions of PRIs in Tamil Nadu

Tier	Administrative Scope	Primary Health Governance Responsibilities	Regulatory Framework
District Panchayat	District Level	Consolidation of district health plans; monitoring and coordination of rural health schemes	Section 112, Tamil Nadu Panchayats Act, 1994
Panchayat Union	Intermediary (Block) Level	Maintenance of common dispensaries; vaccination enforcement; oversight of maternal and child welfare	Sections 111 & 114, Tamil Nadu Panchayats Act, 1994
Village Panchayat	Grassroots (Village) Level	Sanitation management; epidemic control; registration of vital statistics; management of VHSCs	Section 110, Tamil Nadu Panchayats Act, 1994
Source: Compiled by the authors based on the Tamil Nadu Panchayats Act, 1994 and the Ministry of Panchayati Raj Report (3, 15)			

Table 1 presents the administrative hierarchy of Panchayati Raj Institutions in Tamil Nadu and their respective responsibilities in rural health governance. The table shows that PRIs perform complementary functions at the district, block, and village levels in supporting public health and Ayurveda-related services.

Observations

The review of policy documents and literature yielded the following observations:

- Panchayati Raj Institutions play a facilitative role in the functioning of *Ayurveda* dispensaries through infrastructure support and coordination with health departments.
- PRIs are involved in community awareness activities related to preventive healthcare, sanitation, and lifestyle practices aligned with Ayurvedic principles.
- Financial and administrative autonomy of PRIs in *Ayurveda*-related decision-making remains limited.
- Coordination between *Ayurveda* services and the mainstream public health system varies across regions, affecting service efficiency.

Results

The findings indicate that *Ayurveda*-based rural health governance in Tamil Nadu benefits primarily from PRI involvement in supportive and supervisory roles. However, structural challenges such as inadequate funding, shortages of trained Ayurvedic personnel, and weak inter-departmental coordination restrict the effective integration of *Ayurveda* into decentralized health governance. Strengthening institutional capacity and policy convergence can enhance the role of PRIs in promoting *Ayurveda*-based rural healthcare.

Table 2: Role of Panchayati Raj Institutions in Ayurveda-based rural health governance

Area of Involvement	PRI Role	Observed Outcome
Infrastructure support	Maintenance of *Ayurveda* dispensaries	Improved physical access
Community health programmes	Awareness and outreach	Increased preventive health knowledge
Administrative coordination	Liaison with health departments	Variable effectiveness
Financial participation	Limited budgetary allocation	Restricted service expansion
Source**:** Compiled by the authors based on References 6, 8, 9, 10, 15, and 17.		

Table 3: Key Challenges in *Ayurveda*-Based Rural Health Governance

Challenge	Description
Financial constraints	Limited Panchayat-level funding
Human resources	Shortage of Ayurvedic practitioners
Policy integration	Weak coordination with NHM
Institutional capacity	Limited governance autonomy
Source: Compiled by the authors based on References 6, 10, 13, 15, and 17.	

Table 2 summarizes the major roles performed by Panchayati Raj Institutions in strengthening Ayurveda-based rural health governance. The findings indicate that PRIs contribute through infrastructure maintenance, community health programmes, administrative coordination, and limited financial participation, thereby supporting the implementation of preventive healthcare initiatives and improving access to Ayurveda services at the grassroots level.

Table 3 summarizes the major challenges affecting Ayurveda-based rural health governance. Financial constraints, shortages of

trained Ayurvedic personnel, weak policy integration, and limited institutional autonomy remain the principal barriers.

Table 4: Financial resource allocation for AYUSH initiatives in Tamil Nadu (2014–present)

Funding Stream	Cumulative Release (₹ Crore)	Primary Utilization Areas	Status of Expenditure
National AYUSH Mission (NAM)	248.97	Infrastructure upgradation; medicine supply	High utilization (over 95% in some cycles)
State Annual Action Plan (SAAP) 2024–25	62.40	HR support; outreach; IT integration	Approved with conditions
15th Finance Commission (Rural)	2,957.00 (FY 2024–25)	Diagnostics; block public health units; water & sanitation	Released based on audited accounts
Source: Compiled by the authors based on References 6, 8, 9, and 15.			

Table 4 presents the financial resource allocation for AYUSH initiatives in Tamil Nadu from 2014 onwards. The findings indicate that the National AYUSH Mission and Finance Commission grants constitute the major sources of funding for strengthening AYUSH infrastructure, medicine supply, human resource development, and preventive healthcare. However, the allocation and utilization of these funds remain largely dependent on centrally sponsored schemes and state-level administrative mechanisms.

Table 5: Union and State Government Funding Support for *Ayurveda* in Tamil Nadu

Level of Government	Major Funding Instrument	Nature of Support	Role of PRIs
Union Government	National AYUSH Mission	Infrastructure; medicine supply; capacity building	Implementation and monitoring
Union Government	15th Finance Commission Grants	Health infrastructure; sanitation; water supply	Planning and execution
State Government	State Annual Action Plan	HR support; outreach; digital integration	Coordination and supervision
State Government	ISM Budget Allocation	Facility maintenance; state schemes	Limited fiscal discretion
Source: Compiled by the authors based on References 6, 8, 9, and 15.			

Table 5 illustrates the funding responsibilities of the Union and State Governments in supporting *Ayurveda*-based rural healthcare in Tamil Nadu. The findings indicate that Union Government support is primarily channelled through the National AYUSH Mission and Finance Commission grants, while the State Government provides additional support through the State Annual Action Plan and the Indian Systems of Medicine (ISM) budget. Although Panchayati Raj Institutions participate in the planning, implementation, coordination, and monitoring of these programmes, their direct fiscal authority remains limited, resulting in continued dependence on higher levels of government for financial resources.

Funding Architecture for *Ayurveda*-Based Rural Health Governance

The financing of *Ayurveda*-based rural health services in Tamil Nadu follows a multi-tiered structure involving the Union Government, State Government, and Panchayati Raj Institutions. Union-level funding is primarily routed through the National AYUSH Mission as a centrally sponsored scheme, while the State Government supplements this through the State Annual Action Plan and departmental budgetary allocations. Additionally, untied grants under the 15th Finance Commission support health-related infrastructure and preventive services at the local level. Despite multiple funding streams, limited fiscal discretion and stringent administrative controls restrict Panchayat-level planning and implementation of context-specific *Ayurveda* health initiatives.

Table 6: Opportunities for Strengthening *Ayurveda*-Based Rural Health Governance

Sl. No.	Opportunity Area	Potential Impact
1	Capacity building	Improved governance effectiveness
2	Policy convergence	Better integration with rural health programmes
3	Community participation	Enhanced utilization of *Ayurveda* services
4	Preventive healthcare focus	Reduced rural disease burden
Source: Compiled by the authors based on References 6, 8, 10, 15, and 17.		

Table 6 presents the major opportunities for strengthening *Ayurveda*-based rural health governance in Tamil Nadu. The findings indicate that capacity building of Panchayati Raj Institutions, improved policy convergence between AYUSH and public health programmes, greater community participation, and a stronger focus on preventive healthcare can enhance governance effectiveness and improve the accessibility and utilization of *Ayurveda* services in rural areas.

Discussion

The study highlights the significant yet constrained role of Panchayati Raj Institutions (PRIs) in strengthening Ayurveda-based rural health governance in Tamil Nadu. The findings indicate that PRIs primarily function as facilitators within a decentralized governance framework by supporting the maintenance of Ayurveda dispensaries, coordinating with health departments, and promoting community-level preventive healthcare initiatives. These observations reinforce the importance of decentralized governance in improving access to traditional systems of medicine, particularly in rural areas with limited healthcare infrastructure (1).

The findings are consistent with earlier studies that emphasize the relevance of *Ayurveda* in preventive and promotive healthcare and its potential contribution to rural health systems (2). Previous research has also demonstrated that decentralized institutions enhance health service delivery through community participation and local accountability (3). Recent bibliometric evidence further demonstrates a substantial increase in AYUSH-related rural healthcare research since 2014, reflecting growing policy emphasis on integrating traditional systems of medicine into public health; however, significant gaps remain in implementation research and governance-oriented studies (17). However, similar to the present study, existing literature notes that the role of local governments in traditional medicine systems remains constrained

due to limited financial autonomy, inadequate administrative capacity, and insufficient integration with mainstream public health programmes (4,13). Furthermore, successful integration of Ayurveda with the mainstream health system requires coordinated institutional mechanisms and supportive governance frameworks (12).

Comparative evidence from other Indian states indicates that stronger institutional convergence between Panchayati Raj Institutions and AYUSH departments leads to more effective utilization of traditional medicine services. States that have integrated AYUSH planning within Panchayat health committees report improved outreach and community engagement. In contrast, Tamil Nadu exhibits moderate levels of institutional integration, indicating the need for stronger governance mechanisms to fully realize the potential of *Ayurveda*-based rural healthcare.

A key limitation identified in this study is the restricted institutional authority of PRIs in decision-making related to *Ayurveda* services. Although PRIs are constitutionally empowered to support health-related functions, their role in planning, funding, and monitoring *Ayurveda*-based healthcare remains largely supportive rather than directive. Inadequate budgetary allocations, shortages of trained Ayurvedic personnel, and weak inter-departmental coordination further limit the effectiveness of *Ayurveda* services at the grassroots level (5). These constraints reflect broader structural challenges within decentralized health governance in India (13).

As this study does not involve the administration of Ayurvedic medicines, clinical interventions, or patient-level treatment outcomes, adverse drug reactions, dosage, route of administration, and pharmacological mechanisms are beyond the scope of this analysis. Nevertheless, existing clinical and community-based studies indicate that Ayurveda-based preventive approaches, such as lifestyle regulation, dietary practices, yoga, and seasonal health regimens, can contribute positively to community health outcomes when supported by appropriate governance structures (6, 16).

Fiscal decentralization emerges as a critical determinant of effective *Ayurveda* governance. Although Union and State Governments allocate resources through schemes such as the National AYUSH Mission, State Annual Action Plans, and Finance Commission grants, Panchayat-level discretion over these funds remains limited. Delays in fund release, stringent reporting requirements, and fragmented administrative control reduce local innovation and responsiveness to community health needs. Strengthening fiscal autonomy and simplifying financial procedures can enhance the effectiveness of decentralized *Ayurveda* service delivery.

Overall, the discussion underscores that strengthening *Ayurveda*-based rural health governance requires greater policy convergence, enhanced administrative capacity of Panchayati Raj Institutions, and improved integration between *Ayurveda* and the public health system. Empowering local governments with clearer functional authority, adequate financial resources, and targeted capacity-building initiatives can significantly enhance the role of *Ayurveda* in achieving accessible, inclusive, and sustainable rural healthcare.

Table 7 presents the comparative functions of key local health committees involved in rural healthcare governance. The findings indicate that the Village Health and Sanitation Committee (VHSC), Rogi Kalyan Samiti (RKS), and the Standing Committee on Health perform complementary roles in sanitation, healthcare management, policy implementation, and AYUSH service integration, thereby strengthening decentralized healthcare governance in rural Tamil Nadu.

Table 7: Comparative Functions of Local Health Committees in Rural Tamil Nadu

Committee	Leadership	Key Health Functions	AYUSH Integration Role
Village Health & Sanitation Committee (VHSC)	Village Panchayat President.	Sanitation, disease surveillance, vital statistics, and management of untied funds.	Promoting home herbal gardens and documenting local health traditions.
Rogi Kalyan Samiti (RKS)	Health Officials & Elected Reps.	Hospital management, patient grievances, facility maintenance, and service quality.	Overseeing the functioning of co-located AYUSH OPDs and drug supply.
Standing Committee on Health (PRI)	Panchayat Union/District Chairman.	Policy review, scheme implementation, and budgetary oversight at the block/district level.	Approving district AYUSH plans and integrating them with the general health budget.

Source: Compiled by the authors based on References 6, 10, 11, and 15.

Table 8: Key Medicinal Plants Cultivated in Rural Tamil Nadu and Their Governance Context

Plant Name (Tamil)	Botanical Name	Part Used	Therapeutic Focus	Governance Mechanism
Keela nelli	*Phyllanthus amarus*	Leaves	Jaundice and liver health	Distributed via PRI-linked nurseries
Adathoda	*Justicia adhatoda*	Leaves	Asthma and cough relief	Part of the Oushadha Vanam scheme
Thulasi	*Ocimum basilicum*	Leaves	Cold, fever, and immunity	Promoted in HHG programs by SHGs
Katrazhai	*Aloe vera*	Leaves	Skin care and body cooling	Cultivated in tribal kitchen gardens
Pirandai	*Cissus quadrangularis*	Stem	Bone health and sugar control	Integrated into block-level biodiversity registers

Source: Compiled by the authors based on References 6, 7, 8, and 9.

Table 8 presents selected medicinal plants commonly cultivated in rural Tamil Nadu, their therapeutic uses, and the governance mechanisms supporting their conservation and utilization. The findings indicate that Panchayati Raj Institutions and community-based programmes contribute to promoting medicinal plant cultivation through initiatives such as herbal gardens, biodiversity conservation, and local health awareness, thereby supporting the integration of Ayurveda into rural healthcare.

Table 9 presents the major policy and administrative challenges affecting *Ayurveda*-based rural health governance, together with the corresponding governance reform strategies. The findings indicate that strengthening administrative coordination, improving the drug supply chain, addressing human resource shortages, and enhancing financial governance can improve institutional effectiveness and support the sustainable delivery of *Ayurveda* services in rural Tamil Nadu.

Table 9: Key Policy Challenges and Proposed Governance Reforms

Challenge Area	Specific Bottleneck	Proposed Reform Strategy	Expected Outcome
Administrative Control	Dual control under NHM and Ministry of AYUSH.	Shift engagement and training of AYUSH staff directly to Ministry of AYUSH.	Improved monitoring and administrative efficiency.
Drug Supply Chain	Logistics issues and shortage of essential medicines.	Implement digital distribution management systems (DVDMS) for AYUSH drugs.	Uninterrupted supply and reduced out-of-pocket expenditure.
HR and Recruitment	Vacant positions and reliance on contractual staff.	Regular notification and periodic filling of permanent AYUSH positions.	Continuity of care and higher service standards.
Financial Governance	Delayed releases due to UC and SNA balance issues.	Capacity building for local bodies on financial reporting and audits.	Timely fund flow and infrastructure development.

Source: Compiled by the authors based on References 6, 9, 10, 15, and 17.

Conclusion

The study examined the role of Panchayati Raj Institutions in strengthening *Ayurveda*-based rural health governance in Tamil Nadu, with a focus on institutional, administrative, and governance mechanisms supporting *Ayurveda* services at the grassroots level. The findings indicate that Panchayati Raj Institutions play a supportive role in facilitating *Ayurveda*-based healthcare through infrastructure maintenance, coordination with health departments, and the promotion of community-level preventive health initiatives. This highlights the relevance of decentralized governance in improving access to traditional systems of medicine in rural areas.

However, the study also reveals that the effectiveness of Panchayati Raj Institutions is constrained by limited financial autonomy, inadequate administrative capacity, shortages of trained Ayurvedic personnel, and weak integration with the mainstream public health system. These constraints limit the full realization of *Ayurveda*'s potential within rural health governance. Addressing these institutional and governance challenges is therefore essential for strengthening *Ayurveda*-based healthcare delivery at the local level.

The findings underscore the need for stronger policy convergence between Panchayati Raj Institutions, the Ministry of AYUSH, and public health departments to ensure effective integration of *Ayurveda* into rural health systems. Capacity building of local governments, enhanced and predictable budgetary support, and improved inter-departmental coordination can significantly strengthen *Ayurveda*-based rural health governance. From a governance perspective, greater fiscal decentralization, through earmarked Union and State AYUSH funds and simplified financial reporting mechanisms, can enhance local ownership, accountability, and responsiveness to community health needs. The study also outlines directions for future research. Empirical investigations using field-level data, comparative analyses across states, and assessments of community-level health outcomes related to Ayurveda services can deepen understanding of the governance–health nexus. Strengthening evidence-based and decentralized governance frameworks can further enhance the role of Ayurveda in achieving inclusive, accessible, and sustainable rural healthcare in India.

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