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TRENDS IN CONSUMPTION OF AYURVEDA

KEY WORDS: Ayurveda, Medical practice, Wellness

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ABSTRACT

Ayurveda refers to the science of life. It originated in ancient India and is supposed to have influenced other forms of medical practices also. Influence of Ayurvedic practices in modern medicine is also mentioned by the father of allopathic medicine 'Hippocrates'.

The challenges faced by Ayurveda in the current times range from lack of standardization in practice, lack of promotion, and lack of faith in the medical practice by Indians themselves mainly due to the fall in status of the practice in face of Allopathy under the hundred year colonial rule. We can take a lesson or two from the steady growth and popularization of the Chinese Herbal Medicines and Acupuncture which has kept its 2200 years of tradition alive. Yoga is one Indian practice which has seen a revival in enthusiasm to adopt the practice by Indians primarily because of the global acknowledgement it has received. Ayurveda, similarly needs acknowledgement on a global front to become popular and to be accepted as the first line of treatment rather than as the last option.

This paper is an attempt to understand the consumer preference for Ayurveda for different purpose.

INTRODUCTION:

Ayurveda is an ancient Indian medical practice which has seen many turbulences in its sustenance from records ranging from Vedic scriptures to spread of the practice around the world.

Under the British rule, Ayurveda saw a steady decline in its status in direct comparison to allopathic medicine which brought about immediate recovery. The British considered Ayurveda as unscientific and did very less to promote or sustain it. Hundred years of colonization left a deep impact on the Indian psyche. Indians were proud of everything English, be it the language or the medicine. Only after a good forty eight years after independence, did the government establish in 1995, a department of Indian system of medicine and homeopathy (ISM&H) which was subsequently renamed to Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) in 2003. The Department was later given a new 'avatar' and transformed into a ministry of AYUSH in 2014 with the objective of improving the standard of education in the Indian system of medicine and Homeopathy in the country and promoting research in the field. The efforts of the ministry are also directed at developing strategies to deal with promotion of growth of medicinal plants and development of Pharmacopoeia standards for Indian System of Medicine and Homeopathy drugs.

Popularity of Yoga on an international level as a non-intrusive form of health care system has enhanced the scope of promotion of Ayurveda which too is a non-intrusive form of medical practice. Today the world is moving towards naturopathy, herbalism and veganism. Ayurveda with its all natural ingredients and no side effects is seeing an increase in demand. Natural and herbal and organic products are being sold at a premium. Ayurveda practices are being sold as wellness treatments. Terms like 'panchkarma' and 'ayurveda packages' have become popular and almost synonymous to spa services. Hotels and Wellness clinics have a major role to play in the popularization of the 'leisure Ayurveda.'

Review of Literature

Patel Praful (2002) report covers the journey of Ayurveda from the Vedic era to current times and its presence on the global scale. It points out that In the 2nd century BC medical students from different parts of the world used to come to Takshila University to study Ayurveda. Invasion by Mughals

followed by the British were the main causes of decline of the practice and spread of Ayurveda. Post-independence, Ayurveda found a champion in Prime Ministry Atal Bihari Vajpayee. The author also credits the popularization of Ayurveda packages and 'panchkarma' practice in the west to Dr. Deepak Chopra and Maharshi Mahesh Yogi. The writer laments the degradation in status of Ayurveda practice to mere massage system and the discrimination in the status of the doctors practicing Ayurveda versus those practicing allopathy. The writer underscores the fact that promotion of Ayurveda in India is being done by the tourism sector instead of the health sector. The writer points out the dilemma of promoting Ayurveda in the international market when the practice in its own country is not given importance. The major block to Ayurveda come from the disorganized and non-standardized manner of practice and manufacture of medicine. Added to this is the lack of quality control measures, availability of genuine raw material and the lack of sharing of knowledge amongst the Ayurveda practitioners.

Muralidhar S. & Dr. Karthikeyan P. (2016) recognize the low acceptance of Ayurveda globally and the lack of statutory regulations and rampant unethical practices which can hamper the practice and promotion of the service on an international platform due to strict directives on medical practices. The researcher also moans the comparison of Ayurveda practices to herbal medicines. The study attributes the attraction of tourists towards Ayurveda because of its natural ingredients and lack of side effects.

Arya, V, Kumar.S & Kumar S. (2012) did a study in Himachal Pradesh on acceptance of Ayurveda products and found that people were comfortable taking over the counter medicines for common ailments. However for major issues, Ayurveda was not their first choice.

Sen S, Chakraborty R. 2016). The report records the popularity of herbal medicine in rural and remote areas. The study emphasizes the need to promote knowledge of traditional medicine among common people and to work on issues of quality control and standardization. It also highlights the preventive nature of the practice rather than the curative nature. The researcher also states that Ayurveda and herbal medicines are within the reach of rural population and are a good source for extending healthcare to all sections of society.

Subrahmanian and Venkatesan (2011), proposes that Ayurveda is popular among the elderly population but not so much amongst the younger generation. Also, Ayurveda is used more for its preventive therapy rather than curative therapy. Researcher also points out the lack of usage of alternate health care opportunity among people and therefore the need to promote the alternative healthcare among the people.

The review of literature reveals that the rich practice and knowledge of Ayurveda is not receiving as much acknowledgement and popularity as the modern medicine as a result of systematic degradation of its status over a period of hundreds of years of foreign rule and subjugation. The practice of local remedies are a part of culture and is surviving at the grassroots, primarily with the rural and the elderly population. Popularization of Ayurveda practices likes 'panchkarma' and 'shirodhara' in the west has taken the form of 'spa treatments' and urban population looks at Ayurveda more as a Spa treatment for overall wellness rather than for its therapeutic nature. Ayurveda as a science focuses removing the root cause of problem rather than just alleviating the symptoms. Despite India being the land of origin of Ayurveda its preference amongst Indians is still low. Like the popularization of Indian Yoga, there is a need for bringing the wellness of Yoga to the masses and to open avenues for alternate health care options for people. With the popularization of Yoga and the idea of veganism, people are looking towards herbal and natural remedies. Natural products are being sold at premium pricing and the demand is only increasing. This is the time to capture the market with Ayurveda medicines and practices. The study will help understand the status of consumer preference towards Ayurveda.

Objectives of the study

To understand impact of age on preference for Ayurveda.
To study the consumer preference for Ayurveda as a form of medical treatment

Hypothesis

Hypothesis 1.

H0: There is no relation between age of the consumer and preference for Ayurveda treatment
H1: There is a relation between age of the consumer and preference for Ayurveda treatment

Hypothesis 2.

H0: Consumers do not prefer Ayurveda for medical treatment.
H1: Consumers prefer Ayurveda for medical treatment.

Research Methodology

Research Approach: Exploratory research is used to study the trends in practice of Ayurveda as a form of medicine.

Area of Study: Suburban Mumbai

Selection of Sample: Convenience sampling was done.

Tools of Data Collection:

Primary Data: Collected from potential customers through online survey questionnaire.

Secondary Data: Collected from existing research work in the area, government sources, websites and other sources of information from Department of tourism, Ministry of Ayush, etc.

Method of data analysis: Chi square test

Data Interpretation and Analysis:

Table 1: Age of respondent and Preference for Ayurveda Treatment

Age Group	Preference for Ayurveda Treatment	Percentage	No preference for Ayurveda Treatment	Percentage
60+ Years	4	10.25%	0	-
41 to 50 Years	11	28.20%	17	43.58%
20 to 40	3	7.69%	4	10.25%
	18	46.15%	21	53.84%

(Source: Primary data)

A study on consumer perception and preferences for forms of medical treatment can help set right the various assumptions that may be present for a particular product or service. From the table given above, it is found that Ayurveda services have been availed across age group. Forty six percent of the respondents had availed Ayurveda services and close to fifty four percent of respondents had not availed any kind of Ayurveda treatment.

Table 2: Age of respondent and Preference for Ayurveda Treatment

Age	Preference	No Preference	
41 + years	15	17	32
40 years and below	3	4	7
Total	18	21	39

(Source: Primary data)

H0: There is no significant difference between age of the consumer and preference for Ayurveda treatment

H1: There is a significant difference between age of the consumer and preference for Ayurveda treatment

A chi-square test of independence was performed to examine the relation between age and preference for Ayurveda treatment.

Degrees of freedom = (r-1)*(c-1) = 1*1 = 1
Significance level for this test = 5%
Table Value of Chi Square distribution: 3.841
Calculated Value: 0.03730

Since the table value is more than the calculated value the Null hypothesis is accepted and alternate is rejected. The result of hypothesis testing proves that there is no significant difference in the age of consumer and their preference for Ayurveda treatment.

Table 3: Ayurveda for Wellness or Medical Treatment

	Frequency	Percentage
Wellness	5	27.78
Medical Treatment	13	72.22
Total	18	100

(Source: Primary data)

Of the thirty nine responses collected through online survey questionnaire, around seventy two percent of respondents had taken Ayurveda services for medical treatment and about twenty eight percent for wellness including beauty related treatment. Hence null hypothesis is rejected and alternate hypothesis 'H1: Consumers prefer Ayurveda services for medical treatment' is accepted.

Findings of the study:

About thirty five percent of the respondents had not come across information on Ayurveda treatments and some tried

Ayurveda when Allopathic medicine did not work or when recommended by friends.

Respondents were more open to trying traditional forms of medicine for the children under the age of ten as they believed it to be natural with less side effects.

Respondents were open to Ayurveda treatments when it came to common illness for which they did self-medication.

The respondents who had tried Ayurveda treatment had all promoted its benefits to their acquaintances.

Those who had not tried Ayurveda were skeptical about the benefits and outcome of the service mainly because they were not aware about the benefits and availability of the service in their proximity.

Recommendations:

Despite the measures taken by government through various schemes, the practice of Ayurveda is not popular amongst the citizens. The Ayurveda practitioners should incorporate heavy promotions in order to spread awareness about the availability and benefits of the system. The service providers should invest in customer feedback and use consumer referral advantage system to spread awareness. The consumers should be made aware of various healthcare options available to them. Government should work on Standardization and international recognition for Ayurveda, just like the practice of 'Yoga' which will give an immense boost to the traditional medical system.

CONCLUSION

The study reveals that people will use Ayurveda treatments if they are made aware of the availability of the resources and if they are well informed about its benefits. The popular conception of Ayurveda being synonymous with spa in international markets does not seem to be the case here in India, as people are aware of its heritage. Consumers are aware about the 'no side effects' of Ayurveda, however they are not very convinced about using it as a cure for major illnesses. Promotion of benefits of Ayurveda along with standardization and regulation is needed to increase consumer confidence.

REFERENCES

1. Arya, V, Kumar, S & Kumar, S Consumer Buying Behaviour towards Ayurvedic Medicines/Products in Joginder Nagar (Himachal Pradesh)-A Survey. *Ayurpharm Int J Ayur Alli Sci.*, 1(3), 2012, 60-64.
2. Healthcare Industry in India. (2018, October): Retrieved from <https://www.ibef.org/industry/healthcare-india.aspx>
3. Muralidhar, S & Karthikeyan, P. (2016). Ayurvedic Tourism in India: Practices and Policies. *Asian Journal of Research in Social Sciences and Humanities.* 6. 1043. 10.5958/2249-7315.2016.00264.1.
4. Patel P. Globalisation of Ayurveda – A Global vision for the next decade. – A Report by General Secretary, IAF –International Ayurveda Foundation (2002)
5. Subrahmanian MU & Venkatesan R Prasanna, June 2011. Awareness on ayurvedic system of medicine in chennai city. *Zenith international journal of multidisciplinary research* vol. 1 issue 2, June 2011, issn 2231 5780
6. Sen S, Chakraborty R. Revival, modernization and integration of Indian traditional herbal medicine in clinical practice: Importance, challenges and future. *J Tradit Complement Med.* 2016;7(2):234–244. Published 2016 Jun 28. doi:10.1016/j.jtcme.2016.05.006