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Rejuvenation of Ayurveda: Major Obstacles and A Way Forward

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ABSTRACT

Ayurveda is again reviving and receiving a great deal of attention as a result of the role it plays in meeting the primary health care needs. The primary purpose of this study was to determine the role that *Ayurveda* plays in the delivery of health care to the rural masses as well as to investigate the issues that stand in its way. Exploratory research design was used to collect the information. The study found that *Ayurveda* is playing an important role in combating chronic diseases such as diabetes, arthritis, etc. Unsuccessful past experiences and affordability served as two major pull factors for respondents to turn to traditional medicine. Government dispensaries opened under AYUSH are encountering several challenges, such as inadequate infrastructure and a scarcity of doctors and medications. It is imperative for the government to prioritise and increase funding for traditional systems of medicine and organise training programmes for traditional practitioners with the aim of delivering healthcare services that are both secure and economically efficient.

Key words: *Ayurveda, AYUSH, Chronic health conditions, Dispensaries.*

INTRODUCTION

Nature is a great healer.

Walk in nature and feel the healing power of the trees.
(Anthony William)

These statements effectively encapsulate the therapeutic properties of nature. The natural world has an inherent enchantment. Nature has provided humanity with several boons, such as food, water, and shelter, among which medicinal plants stand as an extra advantage. Numerous narratives exist that delineate the therapeutic properties of certain plant

species. In his work, Kusnitz (1991) highlights the significance of plants and recounts an anecdote about a teacher of folk medicine who instructed his pupils to locate a plant within an expanse of eight square miles that lacked any medical properties. Following an extensive search, the students subsequently returned and conveyed that their efforts yielded no evidence of a plant devoid of medicinal properties. The responses impressed the teacher, who remarked that you are now qualified to enter the medical field.

India has an abundance of medicinal flora. The montane area, the sub-montane region, the northern plains, and the dry region are the four principal regions in northern India that have been well-known for herbal treatments since antiquity (Shah, 1982). There are allusions to their plethora of therapeutic uses in ancient Indian literature. People learned numerous medicinal practices by trial and error. The arrangement and discipline of medical knowledge systems were a result of civilizational growth. Effective medicinal practices were categorised under ancient medical systems, including *Ayurveda, Unani, Siddha*, and herbal medicine. Traditional medical practices saw a drop in

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popularity as modern medicine became more widely used and individuals started looking for fast fixes for their health issues. Exactly as Gerald Brom (1965) said, every good thing comes at a price. Despite its ability to provide quick comfort, allopathic medicine eventually became known for its negative side effects (Dharmuche, 2018). There has been a notable comeback in public interest in traditional systems of medicine after a period of setbacks attributed to concerns around their safety and reputed efficacy in providing enduring remedies. Both certified and uncertified practitioners in India observe the practice of traditional medicine. According to Kurup (2001), there are four distinct categories of practitioners seen in different regions: non-institutionally qualified traditional practitioners, institutionally qualified practitioners, tribal healers, and graduates of modern medicine who possess a belief in the *Ayurvedic* practices. They claim that there is no disease without a cure and that all of the medications they offer are wholly natural and free of any harmful ingredients. *Ayurveda* also claims that whenever an individual has any ailment, the corresponding remedy may be found within their local surroundings. Belief in the therapeutic efficacy of traditional medicine practitioners often contributes to successful healing outcomes.

The world-wide interest in the use of natural products and plant-based remedies has increased over the years, and demand for herbal and plant-based products has increased the popularity of traditional systems of medicine like *Ayurveda*, *Unani*, *Siddha*, traditional Chinese medicine, acupuncture, etc., which are millennia old. The market all over the world is flooded with herbal supplements. In order to fulfil consumers' demands, governments are trying their best to grapple with traditional medicine practitioners and products that can meet daily living needs while ensuring safety. The Government of India, after realising the growing demand for herbal products, started the Department of Indian System of Medicine and Homoeopathy in 1995 under the Ministry of Health and Family Welfare and renamed it AYUSH (acronym for *Ayurveda*, *Yoga*, *Unani*, *Siddha*, and

Homoeopathy) in 2003. A special recognition of the Indian system of medicine was needed in order to provide quality assurance. AYUSH has developed a broad institutional framework to carry out its activities. The National Medicinal Plants Board, a division of the department, is responsible for carrying out activities related to medicinal plant development, conservation, cultivation, marketing, export, and policymaking. The Central Council of Indian Medicine and the Central Council of Homoeopathy, the statutory regulatory bodies, are working on laying down minimum standards of education, recommending recognition of medical qualifications, registering practitioners, and laying down ethical codes. Four research councils for research activities and eight national institutes for teaching, research, and clinical practices have been established. Average annual growth has been observed in the hospitals of *Ayurveda* (7.1 percent), *Unani* (8.2 percent), *Siddha* (4.0 percent), and homoeopathy (3.0 percent) during 1980–2013. After observing annual growth, AYUSH was integrated with the NRHM (National Rural Health Mission) to leverage its potential to its fullest (Srinivasan and Sugumar, 2015). As per the World Health Organization's Global Report on Traditional and Complementary Medicine (2019), there were 7,99,879 AYUSH practitioners, 3639 hospitals, and 1,46,036 health sub-centres in India on 1.1.2018. There is a high demand for *Ayurveda* and homoeopathy in India; at the end of 2016, 4,19,217 practitioners of *Ayurveda* and 29,3307 homoeopathic practitioners were registered, which is not a small number.

The World Health Organization and the Indian government signed a deal to set up the WHO Global Centre for Traditional Medicine. The Government of India is putting USD (United States Dollar) 250 million into this global knowledge centre for traditional medicine. Its goal is to use modern science and technology to tap into the potential of traditional medicine from all over the world in order to improve people's health and the health of the planet as a whole. It is assumed that about 80 percent of the people in the world use traditional medicine. So far, 170 of the 194 WHO Member States have reported using traditional

medicine, and their governments have asked WHO to help them put together a body of reliable evidence and data on traditional medicine practices and products. The new WHO global centre for traditional medicine in Jamnagar, Gujarat, India, was opened on April 20, 2022. Even though Jamnagar is the centre, the new centre is being made to include and help all parts of the world. It focuses on building a solid evidence base for policies and standards on traditional medicine practices and products. It will help countries to integrate traditional medicine into their health systems and regulate its quality and safety for the best and most long-lasting results. The new centre focuses on four main strategic areas: evidence and learning, data and analytics, sustainability and equity, and innovation and technology. Its goal is to maximise the contribution of traditional medicine to global health and sustainable development (World Health Organization, 2022).

OBJECTIVES

The objective of this paper was to know the role of *Ayurveda* in health care and highlight the major obstacles associated with it.

METHODOLOGY

In order to fulfil the objectives of the present study, primary data was collected from 6 *Ayurvedic* dispensaries opened under AYUSH in Bhangala, Chappa Ram Singh, Dulka, Guru Nanak Dev University, Sanghana, Tahali Sahib, located in Amritsar district of Punjab. A total of 120 respondents were selected through simple random sampling technique for the study, 20 respondents from each dispensary. Interview schedule method was used for the purpose of data collection.

Analysis of Data

After the collection of data, it becomes mandatory to analyse it in a proper way. To make the data more understandable, it was presented in a tabular manner. Firstly, a code design was prepared that incorporated all possible responses. After that, code cards were prepared, and each response was assigned a code number. All responses were noted in the form of frequencies, and the simple frequency tables were manually prepared. For the analysis of the data, simple statistical technique percentages were drawn.

Table 1: Socio-Economic Profile of The Respondents

S N	Variables	Responses					Total Respondents
		Up to 25	26-35	36-45	46-55	Over 55	
1.	Age	09 (7.5)	22 (18.33)	40 (33.34)	22 (18.33)	27 (22.5)	120 (100.00)
2.	Sex	Responses					120 (100.00)
		Male			Female		
		68 (56.67)			52 (43.33)		
3.	Marital Status	Responses					120 (100.00)
		Married		Unmarried	Divorced	Widowed/Widower	
		96 (80.00)		15 (12.5)	04 (3.34)	05 (4.16)	
4.	Caste Category	Responses					120 (100.00)
		General		Other backward castes (OBC)		Scheduled castes	
		82 (68.33)		32 (26.67)		06 (5.00)	

5.	Religion	Responses				120 (100.00)	
		Hindu	Sikh	Christian			
		19 (15.83)	97 (80.83)	04 (3.34)			
6.	Education	Responses				120 (100.00)	
		Illiterate	Up to Matriculation	Secondary	Graduates		Post Graduate
		30 (25.00)	43 (35.83)	31 (25.83)	08 (6.67)		08 (6.67)
7.	Income	Responses				120 (100.00)	
		Below 15000	15000-25000	25000-35000	Above 35000		
		44 (36.67)	42 (35.00)	12 (10.00)	22 (18.33)		

(Figures given in parenthesis represent percentages.)

Table 1 delineates the socio-economic profile of the respondents. The data shows that majority of the respondents fall within the age range of 36-45 (33.34 percent). The number of respondents up to 25 years old is 7.5 percent. As many as 18.33 percent of respondents fall within the age category of 26–35 years. While 18.33 percent of respondents lie in the age group of 46–55 years. Lastly, 22.5 percent of respondents belonged to the age group above 55 years. It indicates that the majority of the respondents are in early adulthood. As far as sex is concerned the majority that is 56.67 percent, are males, and the remaining 43.33 percent are females. Regarding marital status, the findings indicated that a significant proportion of respondents (80 percent) were married,

whereas a smaller percentage (12.5 percent) was unmarried. Another 3.34 percent and 4.16 percent of respondents were divorced, widowed/widowers, respectively. As far as caste is concerned, the majority of respondents (68.33 percent) belonged to the general caste, 26.67 percent to other backward castes, and 5.00 percent to scheduled castes. The majority of the respondents belonged to the Sikh religion (72.09 percent). The data on education reveals that 25.00 percent of the respondents were illiterate, 35.83 percent had studied up to matriculation, 25.83 percent had attained senior secondary education, 6.67 percent were graduates, and postgraduates, respectively. With regard to income, majority were earning between Rs 15000-25000 per month.

Table 2: Preference of Ayurveda, obstacles and suggestions

SN	Variables	Number of Respondents	Percentage
	Preference of Ayurveda for health issues		
1.	Diabetes	35	29.17
2.	Arthritis	35	29.17
3.	Sexual health problems	22	18.33
4.	Typhoid	7	5.83

5.	Hepatitis	7	5.83
6.	Others	14	11.67
	Total	120	100.00
	Stage of Illness		
1.	In the beginning	43	35.83
2.	At the last	77	64.17
	Total	120	100.00
	Source of motivation		
1.	Family/Friends/relatives/neighbours	34	28.33
2.	Yog guru Baba Ramdev	30	25.00
3.	Self-motivated	45	37.5
4.	Social media	11	9.17
	Total	120	100.00
	Reasons for choosing Ayurveda		
1.	Unsuccessful treatments in the past	42	35.00
2.	Affordable	32	26.67
3.	Permanent curability	19	15.83
4.	No side-effects	13	10.83
5.	Familiarity with traditional practitioner	09	7.5
6.	Under the influence of significant others	05	4.17
	*Multiple Responses		
	Satisfaction with treatment		
1.	Yes	71	59.17
2.	No	49	40.83
	Total	120	100.00

Main constrains faced by respondents			
1.	Lack of medicines and poor infrastructure	72	60.00
2.	Lack of practitioners	32	26.67
3.	Lack of advancement	16	13.33
Total			100.00
Anticipated role of government in promoting traditional health care systems			
1.	Appoint experienced staff	36	30.00
2.	Allocate more budget to traditional health systems	49	40.83
3.	Create awareness	20	16.67
4.	Training programs for non- qualified traditional practitioners	10	8.33
5.	Introduce budget friendly products	05	4.17
Total		120	100.00

Table 2 enlists the health issues for which respondents seek treatment from traditional healers. The data shows that an equivalent proportion of respondents, that is, 29.17 percent, sought the assistance of *Ayurveda* practitioners for both diabetes and arthritis. Further, 18.33 percent rendered the services in relation to matters pertaining to their sexual health. It is noteworthy to observe that a significant proportion of the respondents in this particular group were males. In continuation, an equal proportion of respondents (5.83 percent) availed the services of *Ayurveda* practitioners for the treatment of typhoid and hepatitis. Lastly, a total of 11.67 percent were found to be undergoing treatment for various minor health issues, such as jaundice, fever, cough, cold, skin problems, allergies, etc. Almost one-third of the respondents (35.83 percent) chose traditional medicine as their first choice, while the remaining 64.17 percent preferred traditional medicine at the last stage of illness. It is interesting to note that the majority of the respondents (37.5 percent) revealed

that they were driven by self-interest to adhere to the traditional system of medicine after becoming aware of the side-effects and short-term benefits of modern medicine. Another 28.33 percent of the respondents reported significant others, including family, friends, relatives, or neighbours as their motivating source. Following up, 25 percent of the respondents got motivation from *Yog Guru Baba Ramdev* to pursue traditional medicine. Social media formed a major source of motivation for less than ten percent of the respondents.

Further data highlights the reasons for choosing *Ayurveda* over a modern system of medicine. The majority of respondents, that is, 35 percent, reported that they turned towards traditional health care as a result of the alleged failure of modern medicine to give permanent relief. Affordability as a reason was cited by 26.67 percent of the respondents. Further, 15.83 percent of respondents stated that traditional medicine has the potential to cure health problems permanently, and 10.83 percent of respondents

reported that it does not have accompanying adverse effects. A meagre nine respondents opined that, due to *their* familiarity with traditional practitioners, they are taking their services. Only a small proportion of respondents, merely 4.17 percent, favoured traditional medicine under the influence of significant others who shared successful anecdotes with them. When respondents were asked about satisfaction with treatment, the majority of the respondents, that is, 59.17 percent, expressed their satisfaction with treatment, whereas 40.83 percent of the respondent's expressed discontentment with its effectiveness. The respondents expressed discontentment with the *Ayurvedic* system of medicine due to its perceived lack of advancement, long duration of treatment and stringent dietary restrictions that prove to be unsustainable over extended periods. Further they were asked to share their experiences with AYUSH dispensaries. Out of the total sample, 60.00 percent of the respondents reported inadequate infrastructure and a shortage of medications at government dispensaries as their main obstacles. Lack of practitioners as a main constraint was reported by 26.67 percent of the respondents. Another 13.33 percent of respondents were of the view that it lacks advanced treatment methods.

The further analysis brings out suggestions regarding the anticipated role of government in promoting traditional health care system. It was opined by the majority of the respondents, that is, 40.83 percent, that the government should allocate more budget to traditional health care. It was observed that there is a shortage of medicine and infrastructure is poor in AYUSH dispensaries; the same was revealed by respondents. Closely followed by the suggestion of the appointment of experienced staff given by thirty percent of the respondents. Awareness camps for spreading traditional medicine as a suggestion was recommended by 16.67 percent of the respondents. Further, 8.33 percent of respondents were of the view that training programmes focusing on using advanced techniques for non-qualified traditional practitioners should be organised. Lastly, an insignificant proportion of respondents, 4.17 percent, opined that the

government should introduce budget-friendly products into the market.

DISCUSSION

The above analysis shows that *Ayurveda* is playing an important role in meeting chronic health conditions as the study found that people tend to turn to traditional medicine more in cases of chronic diseases. Firstly, people prefer to treat their health problems with modern medicine as it responds quickly, and when modern medicine fails, people turn towards traditional medicine in the hope of permanent curability. This is similar to the findings of **Islam's (2009)** study entitled "*Reviving Ayurveda in Modern India: Prospect and Challenges*" carried out in Calcutta, where the patients continue to choose allopathy first and turn to *Ayurveda* as an alternative option when allopathy fails.

The present study found that majority of the respondents were self-motivated to adhere to *Ayurveda* after learning about the side-effects of modern-medicine and social media is emerging as a major source of information regarding traditional medicine. Numerous YouTube and Facebook channels exist whereby *Ayurveda* practitioners are engaged in discussions pertaining to diverse health topics, provide cures, and offer medicinal solutions via online consultations as well. The influence of kinship ties on the health-seeking behaviour of respondents is also evident.

The study revealed that unsuccessful past experiences and affordability serve as two major pull factors for respondents to turn to traditional medicine, and respondents possess a sound understanding of the fundamental attributes of traditional medicine, such as its potential for permanent curability and no harmful effects.

In spite of great efforts, *Ayurvedic* dispensaries are facing so many challenges in present times, and the major one is the non-availability of doctors. Based on empirical observations, it is noteworthy to highlight the substandard condition of dispensaries, characterised by inadequate infrastructure and a scarcity of medications, as stated by designated

Ayurvedic physicians. The absence of any assistants was the second prominent challenge they encountered. The establishment of traditional healthcare dispensaries is just a symbolic gesture. The same conditions have been observed in the various districts of Punjab. In Faridkot district, four *Ayurvedic* dispensaries have opened under the NRHM (National Rural Health Mission), and three of them have no *Ayurvedic* doctor. The doctor visits only for two days, as he alternatively visits other dispensaries too, and the *Upvaid* (pharmacist) attends the patients in the absence of the doctor. Out of sixteen sanctioned posts for *Ayurvedic* medical officers, only four are filled. It drives people to choose allopathic and other systems of medicine. In the absence of a regular doctor, the OPD (outpatient department) of about 60 patients decreased by half (Hindustan Times, 2014). No purchase of medicines was made in the last six months, resulting in an acute shortage of even basic medicines for colds, coughs, and fevers. It resulted in a significant reduction in the number of patients from 30-35 to only 5. Serious steps need to be taken to make AYUSH the first choice of patients. (Times of India, 2019). Similarly, the ten AYUSH dispensaries in Jalandhar have lacked proper staff and medicines for over seven years. There are only five doctors in 10 dispensaries who are taking charge of two dispensaries each. Surprisingly, no pharmacist or doctor has been recruited for the past many years. It is the need of the hour to appoint proper staff; otherwise, the dispensaries will continue to be in dilapidated condition (The Tribune, 2020). It is not just a matter of a piece of paper providing multiple health care choices to people; instead, it is about good health and health care opportunities. In the absence of institutionally qualified ayurvedic doctors, traditional *Ayurvedic* practitioners locally known as *Vaids* who gained knowledge through their family traditions continue to win the faith of rural masses.

Suggestions

1. No doubt, *Ayurveda* is again reviving in the studied areas and playing an important role in addressing chronic health conditions but *Ayurvedic* dispensaries opened under AYUSH are running out of medicine, poor infrastructure, and staff. It is the

prime duty of the government to address these issues on a priority basis and promote traditional health care practices.

2. The study indicated no involvement of the local government in promoting and addressing the aforementioned issues, so their involvement must be ensured.
3. To foster the enthusiasm of young individuals for traditional medicinal systems, it is imperative for the government to establish *Ayurveda*, *Unani*, and *Siddha* educational institutes, thus enabling them to become institutionally trained practitioners.

CONCLUSION

The above analysis shows that the modern system of medicine is not able to fulfil the health needs of people, especially in cases of chronic diseases such as diabetes, arthritis, etc. As a result, people are turning to traditional systems of medicine. The majority of the respondents were found dissatisfied as the government dispensaries opened under AYUSH are encountering several challenges, such as inadequate infrastructure and a scarcity of medications. Consequently, these dispensaries are unable to attract the attention of the rural population. It is imperative for the government to prioritise and increase funding for traditional systems of medicine with the aim of delivering healthcare services that are both secure and economically efficient.

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