International Journal of Education, Modern Management, Applied Science & Social Science (IJEMMASSS)
An International Quarterly bi-lingual Multidisciplinary Double Blind Open Access Peer Reviewed Refereed Journal
ISSN: 2581-9925, Impact Factor (Cosmos: 7.555 & I2OR: 5.105), Volume 08, No. 03(I), July-September, 2026, pp. 24-32

Peripheral Challenges of Ayurvedic and Panchkarma Practitioners and Their Suggested Measures: A Thematic Analysis

Sucheta Joshi[1*] | Chinmay Bapat[2]

[1]Department of Economics, HVPS's Ramniranjan Jhunjhunwala College of Arts, Science and Commerce (Empowered Autonomous), Ghatkopar (W), Mumbai.
[2]Department of Psychology, SVKM's Mithibai College of Arts, Chauhan Institute of Science & Amrutben Jivanlal College of Commerce and Economics (Empowered Autonomous), Vile Parle (W), Mumbai.

[*]Corresponding Author: suchetaj123@gmail.com

Citation: Joshi, S. & Bapat, C. (2026). Peripheral Challenges of Ayurvedic and Panchkarma Practitioners and Their Suggested Measures: A Thematic Analysis. International Journal of Education, Modern Management, Applied Science & Social Science, 08(03(I)), 24–32. https://doi.org/10.62823/IJEMMASSS/8.3(I).9197

ABSTRACT

One of the aspects of "Viksit Bharat 2047" roadmap is economic growth. Literature shows that economic growth—measured in terms of income, and health—measured in terms of life expectancy, and related variables are directly proportional to each other. Healthy individuals are economically more productive and efficient, consequently contributing to economic growth. In India, growing incidences of non-communicable diseases, especially in metro cities is alarming and thus needs immediate and serious attention. Ayurveda is an age-old method of treatment. Indian in origin,it may provide solutions based on the Indian lifestyle. Despite sustaining for over many centuries, people do not approach the Ayurvedic doctors and Panchkarma therapists as their first preference while addressing the medical issues. One of the objectives of the present study was to identify the peripheral challenges faced by the Ayurvedic doctors and Panchkarma therapists. The other important objective was to document their suggested measures to address these issues.The sample of the study comprised of Ayurvedic doctors and Panchkarma therapists from Greater Mumbai and Thane City. Primary data from 123 subjects was collected through convenient sampling and snowball sampling.A questionnaire on peripheral challenges faced by the professionals and asking about their suggested measures was used. Employing a qualitative approach, a thematic analysis was conducted to identify emerging themes and sub-themes of peripheral challenges faced by the practitioners, measures suggested by them for the same, and the interlinks between the two.Major findings of the study highlighted the concerns related to standardization, empirical investigations, regulation, as well as consumer perceptions-awareness of this traditional medicine. Government's role and the need for regulatory supervision emerged as the crucial highlights in addressing most of the reported concerns.

***Keywords**: Ayurvedic Doctors, Panchkarma Therapists, Peripheral Challenges, Measures for Promotion, Economic Growth.*

Introduction

The Viksit Bharat @2047 initiative envisages India as a developed country in the 100th year of its independence. It envisions an inclusive development and sustainable progress, with the youth entrusted as the drivers of change. A healthy population is a prerequisite of the success of this programme (*Ministry of Youth Affairs and Sports*, n.d.). However, growing incidence of non-communicable diseases in India, especially in the metro cities is a serious concern. In the Lancet report

(Anjana et al., 2023), 11.4% people were found diabetic, 35.5% suffering from hypertension, while 28.6% suffering from generalized obesity. This situation has serious implications for the nation and highlights need of interventions. As these ailments are the result of an unhealthy lifestyle, Ayurveda has the potentialto provide the remedy to the problems.

"Ayurveda" is a combination of two words: "Ayu" and "Veda" in which "Ayu" means life and "Veda" means the science, making Ayurveda 'a science of life'. It has a preventive and promotive approach and thus goes beyond just curing the illnesses. It is Indian in origin and is practiced here for more than 5000 years(Kizhakkeveettil et al., 2023); and its history can be further traced back to the 2nd Century BCE (Jaiswal & Williams, 2016). The prescriptions of lifestyle changes suggested by Ayurveda originate from the roots of Indian culture inclusive of food habits. The aim of Ayurveda is propagation of health and cure of illnesses which assists in human capital formation.

Research in recent times has explored the prevalence, preference, and understanding of traditional medicine among other relevant aspects. For instance, a studyconducted in Indonesia, where 300 out of 20,000 plant species were found to be used medicinally, the traditional medicine was prevalent but less understood. This study contextualized in the Gombong—one Health Center area with 140 participants—found that 64% preferred modern medicine, while 36% used traditional remedies, primarily rhizomes. Many were unaware of traditional medicine's safety, highlighting the need for better information. Thus, despite the widespread use of traditional medicine in Indonesia, many were found unaware of its safety, with a significant preference for modern treatments (Kiromah & Widiastuti, 2020).

During the COVID-19 pandemic the significance of traditional medicine was also realised, consequently leading to a surge in its demand. Consumer behaviour shifted significantly towards increased use of health supplements and traditional medicine, driven primarily by the desire to boost immunity. Most consumers relied on social media and television for product information, favoured branded products, and often purchased them online. These insights have further highlighted the influence of advertisements and environmental factors on consumer choices, emphasising the need for quality assurance and increased production capacity(Fadliyah et al., 2021).

Furthermore, challenges of loss of knowledge relevant to traditional medicine include the homogenization and mainstreaming in global markets (Scherrer et al., 2023). And despite the growing recognition of traditional medicinal approaches, their acceptance as a trusted practice still faces challenges due to concerns regarding standardization, regulation of such approaches, and cooperation between traditional and modern medicine, in order to complement and strengthen each other (Abdullahi, 2011).

Similar to the growing recognition of traditional medicine around the world in recent times, the Indian context has also realised the economic development potential of Ayurveda in the context of globalization and sustainability. Recent research has emphasized Ayurveda's role beyond healthcare, highlighting its contribution to economic growth through entrepreneurship, innovation, and integration with Sustainable Development Goals (SDGs). The growing market for Ayurvedic products is driven by increasing consumer demand for natural alternatives and preventive healthcare. Such insightshave underscored the role of Micro, Small, and Medium Enterprises (MSMEs) in expanding Ayurveda's market reach, advocating policy support, capacity building, and global collaborations to enhance Ayurveda's economic impact (Nesari, 2023).

Nedungadi et al. (2023)have noted the emerging trends in Ayurveda research, mapping its contributions to the UN Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being). Their study employed bibliometric methods to examine 11,773 publications from 1993 to 2022, identifying key research areas such as herbal standardization, bioactive compounds, and immunomodulation. The COVID-19 pandemic spurred significant research growth in the context of traditional medicine, highlighting Ayurveda's role in preventive healthcare. This has also led to the emphasis and the pertinent need for evidence-based approaches and interdisciplinary collaboration, to enhance Ayurveda's global impact and acceptance.

Ayurveda is a multi-stakeholder sector and provides multiple opportunities of investment as well as growth for its stakeholders (Aggarwal, n.d.).Ayurvedic doctors and Panchkarma Therapists are among these key stakeholders. They may pave the link between government, Ayurvedic pharma industry, researchers, and the consumers (interchangeably used as patients). In order to inform further conversations between these stakeholders, a key aspect which warrants attention is the challenges—especially the peripheral challenges, which are often neglected or not identified—and faced by these

practitioners. Current study aimed to shed light upon such peripheral challenges as well as measures suggested by these practitioners, so as to identify potential hurdles faced by the Ayurvedic and Panchkarma practice, and to suggest future directions—for research as well as practice—in the possible solutions recommended by the practitioners.

Method

Current study[1] aimed to employ a qualitative approach and highlight prominent themes and respective sub-themes related to the 'peripheral' challenges[2] faced by Ayurvedic Practitioners and Panchkarma Therapists, as well as their suggested measures to address these problems, along with the promotion and better recognition of such services. A sample of Ayurvedic doctors/practitioners (*N* = 123) from the Greater Mumbai and Thane city were interviewed for the current study by two field investigators. Both the field investigators conducted semi-structured interviews and probed the participants on the above two aspects of the study. As a part of the questionnaire given, all participants' responses regarding the 1) peripheral challenges and 2) suggested measures were transcribed. Responses were recorded verbatim and were further synthesized using thematic analysisin a step-wise procedure—following the recommendations of Creswell (2013). Following figure illustrates the step-wise procedure adopted for the thematic analysis and its interpretation:

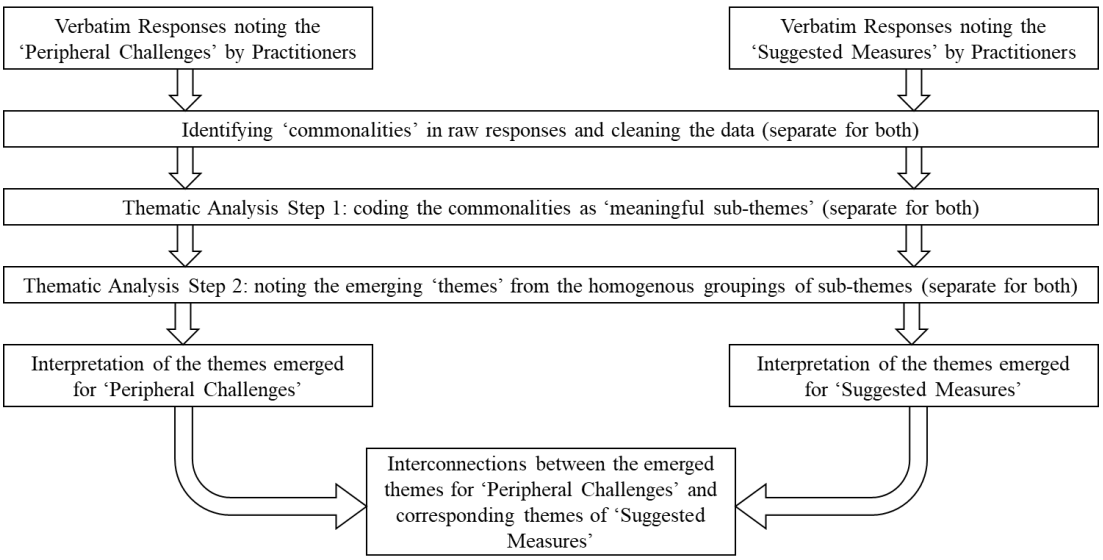

Figure 1: Step-wise Procedure employed for Thematic Analysis.

Following section elaborates on the results from the thematic analysis.

Results & Discussion

Tables A1 and A2 in the Appendix report the results of the thematic analysis on the peripheral challenges faced by Ayurvedic and Panchkarma practitioners and their suggested measures to address such concerns/issues respectively. It should be noted that, these themes are based on the responses of Ayurvedic and Panchkarma practitioners themselves, and hence should be situated in their professional context and perceptions or experiences developed out of their own practice in the field. Rather than advocating them as 'objective', following results of the current study aim at paving the ways to future directions in identifying and potentially addressing these challenges, through implications for theory, further research, policy, as well as practice.

Peripheral Challenges

In the words of Ayurvedic and Panchkarma practitioners, a persisting peripheral challenge that the practice faces is in terms of 'consumer behaviour and/or their attitudes'. Their attitude/behaviour poses as a hurdle for the practice in one of several ways, including lacking patience, dietary and lifestyle habits, either a delayed resort to Ayurveda or inconsistency in seeking the treatment. Their perceptions regarding taste of Ayurvedic medicine, its comparison with modern medicine approach, apprehensions regarding side-effects, and criticism lacking strong foundation at times, may pose as additional

challenges. These issues making this traditional medicine seem less approachable are further intensified with another major challenge associated with 'advertising and/or awareness'. Under the same, false- or over-advertising, combined with misleading media reports, lacking awareness of the science behind Ayurveda, and persisting misbeliefs in contemporary medicine strike as the relevant concerns. While some of the consumers perceive the medicines and 'treatment cost' of Ayurveda as very expensive, others refrain from opting ayurveda due to lack of coverage of cost for ayurvedic medicines and treatments in the insurance coverage. Certain consumers on the other hand are observed to have a presumption of ayurvedic treatment to be cost wise cheap, presumably reducing their trust in the same.

Apart from the problems such as deforestation, Ayurvedic medicine faces other 'environmental challenges' such as unavailability of raw material, water pollution, scarcity of fertile land, climate change, shrinking geographical diversity, extensive use of chemical fertilisers, etc. All these factors result in the unavailability of medicine. It has been observed that cultivation of resource plants has reduced over a period of time, further declining the supply of ayurvedic medicines. These concerns about cultivation of raw material for ayurvedicmedicine are further exemplified with challenges associated with Ayurvedic pharmaceutical companies.They are observed to be involved in adulteration as their emphasis is more on profit rather than quality. Precise extraction of medicinal properties from plants is the foundation of an ayurvedic medicine, the absence of which may reduce its effectiveness. Ayurvedic medicines also lack standardization. Furthermore, ingredients are not mentioned on the medicine packaging by the companies for the consumer's information, violating important norms.

Practitioners in their responses notedhow the 'government role'may be key in this sector but is hugely lacking. Government needs to establish a greater number of Ayurvedic hospitals in order to increase the accessibility of Ayurvedic medicines. Similarly, government investment in 'research, development, and innovation' in Ayurveda is crucial for standardization and regulation. Poor implementation of policies of promotion of Ayurveda is another concern of Ayurvedic practitioners. Weak environmental laws and resultant uncontrolled deforestation have led to shortages of medicinal plants and herbs. Likewise, lack of subsidies on raw material of Ayurvedic medicines has contributed to the rising prices of the medicines.

Peripheral challenges also included'issues associated with practicing community'. These include, the progress data of the patients not getting recorded,and further causing problems in the adjustment of the healthcare plans of those patients. Less number of skilled practitioners as compared to the demand, wide pay disparity between Allopathic and Ayurvedic doctors, especially in the government hospitals,lack of online reviews/feedback platforms in today's tech-inspired world,are some of the other relevant challenges posing as a setback in the promotion of Ayurveda. Lastly, communication gap between the doctors and patients may lead to misunderstandings, medical errors and poor health outcomes.

Apart from the above challenges, several other 'macro challenges' under a miscellaneous theme were identified, which included the communication gap between Ayurvedic fraternity (doctors), researchers, and the government;and increasing population and so the increasing demand for Ayurveda on one hand, whereasdepleting natural resources resulting in shortages in the supply of medicines, on the other. Panchkarma therapy requires a relatively bigger space, however in the metro cities like Greater Mumbai and Thane, finding such space is also known to be a challenge. It is further observed by the Ayurvedic doctors that misconceptions about Ayurveda are continuously propagated.

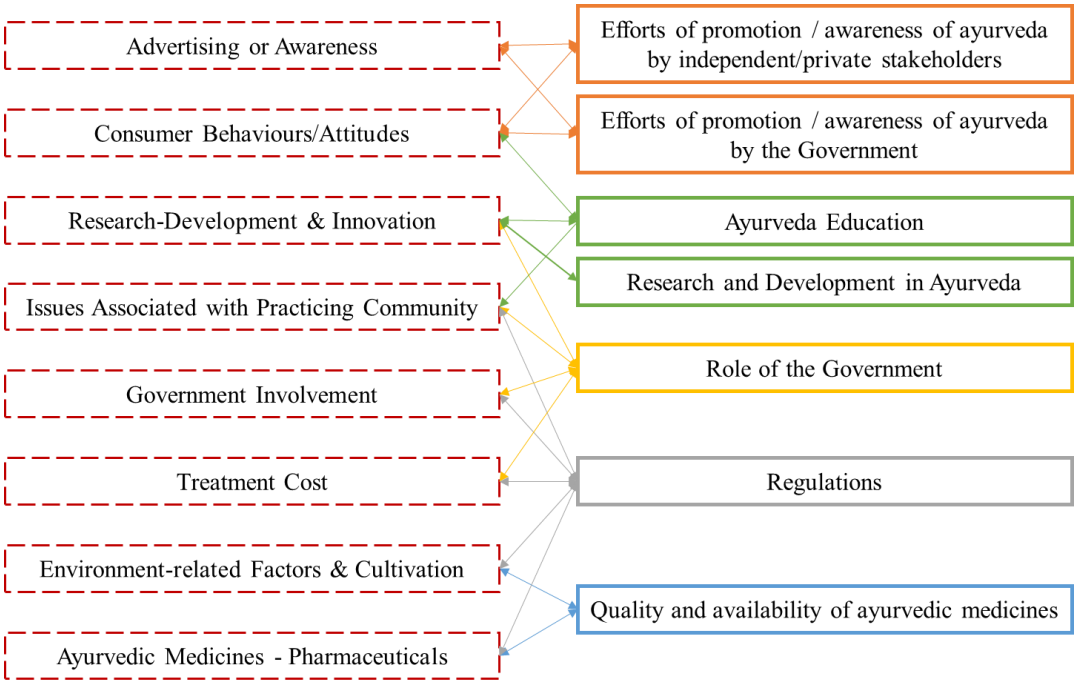

Figure 2: Parallels between the Peripheral Challenges and Corresponding Suggested Measures

To address the above 'peripheral' as well as associated challenges, practitioners suggested the following measures or potential solutions.

Suggested Measures

Practitioners' responses to suggesting measures for tackling above and similar concerns led to the emergence of seven key themes: 'Efforts of promotion/awareness of Ayurveda by independent/private stakeholders','Efforts of promotion/awareness of Ayurveda by the Government', 'Role of the Government', 'Regulations', 'Research and Development in Ayurveda', 'Quality and Availability of Ayurvedic Medicines', and 'Ayurveda Education'. These themes are further understood by the homogenous groupings of the respective sub-themes (see Table A2 in Appendix). All these themes were found to have parallel connections with the presenting concerns/challenges. These interlinkages are illustrated in figure 2 shown above. Specifically, the themes of 'Role of the Government', and 'Regulations' were found to have important role in addressing more than three challenges each, including 'Research-Development and Innovation', 'Issues associated with Practicing Community', 'Government involvement', 'Treatment cost', and challenges related to cultivation and standardization of Ayurvedic medicine respectively.

A final miscellaneous theme also emerged, which addressed most of the challenges mentioned earlier, by recommendations related to collaboration-integration with modern medicine, standard operating procedure for Ayurveda and Panchkarma, electronic medical record of patients and other training related aspects, etc., targeting the aspects of standardization, regulation, as well as promotion, for which, the role of Government and regulatory provisions would again play a significant role.

Conclusion

Current study intended to bring to front and highlight the concerns and possible resolutions to challenges faced by Ayurvedic and Panchkarma practitioners, through their own 'lens'. In this vein, findings from this qualitative inquiry provided insights into the peripheral challenges 'experienced' or 'observed' by these practitioners, as well as their actionable recommendations drawn from their professional insight and experience. Government's role and the need for regulatory supervision emerged as the crucial highlights in addressing most of the reported concerns. These concerns range from—consumer-related aspects including perceptions, awareness, and trust (or its lack thereof) in this traditional medicine—to the continued challenges regarding standardization and regulation of the

practice, practitioners, their training, as well as the medicines; and lack of research in this sector. Future efforts could focus on these recommendations to effectively address such concerns in the domains of theory, training, practice, policy, and further research.

Acknowledgement

The present research paper is the outcome of the minor research project grant received by the first author from ICSSR for the AY2024-25 (File no. ICSSR/RPD/MN/2023-24/G/18). The author places on record her sincere gratitude towards the esteemed institution.

References

1. Abdullahi, A. (2011). Trends and Challenges of traditional medicine in Africa. *African Journal of Traditional Complementary and Alternative Medicines*, *8*(5S). https://doi.org/10.4314/ajtcam.v8i5ss.5
2. Aggarwal, A. (n.d.). *Ayurveda in COVID-19: India's position and investments*. Invest India. https://www.investindia.gov.in/siru/invigorating-ayurveda-times-covid-19-indias-position-and-investment-opportunities
3. Anjana, R. M., Unnikrishnan, R., Deepa, M., Pradeepa, R., Tandon, N., Das, A. K., Joshi, S., Bajaj, S., Jabbar, P. K., Das, H. K., Kumar, A., Dhandhania, V. K., Bhansali, A., Rao, P. V., Desai, A., Kalra, S., Gupta, A., Lakshmy, R., Madhu, S. V., . . . Ghosh, S. (2023). Metabolic non-communicable disease health report of India: the ICMR-INDIAB national cross-sectional study (ICMR-INDIAB-17). *The Lancet Diabetes & Endocrinology*, *11*(7), 474–489. https://doi.org/10.1016/s2213-8587(23)00119-5
4. Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
5. Fadliyah, H., Nurwahyuni, A., &Faradiba, N. (2021). Community consumption of traditional medicine and health supplements during the coronavirus disease-2019 pandemic. *Journal of Consumer Sciences*, *6*(2), 92–110. https://doi.org/10.29244/jcs.6.2.92-110
6. Jaiswal, Y. S., & Williams, L. L. (2016). A glimpse of Ayurveda – The forgotten history and principles of Indian traditional medicine. *Journal of Traditional and Complementary Medicine*, *7*(1), 50–53. https://doi.org/10.1016/j.jtcme.2016.02.002
7. Kiromah, N. Z. W., & Widiastuti, T. C. (2020). Level of use and public awareness in consumption of traditional medicines in work area of Health Center Gombong I. *International Journal of Health Science and Technology*, *1*(3), 26–31. https://doi.org/10.31101/ijhst.v1i3.1207
8. Kizhakkeveettil, A., Parla, J., Patwardhan, K., Sharma, A., & Sharma, S. (2023). History, present and Prospect of Ayurveda. In *WORLD SCIENTIFIC eBooks* (pp. 1–72). https://doi.org/10.1142/9789811282171_0001
9. *Ministry of Youth Affairs and Sports*. (n.d.).

   https://pib.gov.in/PressNoteDetails.aspx?NoteId=153439&ModuleId=3&reg=3&lang=1
10. Nedungadi, P., Salethoor, S. N., Puthiyedath, R., Nair, V. K., Kessler, C., & Raman, R. (2023). Ayurveda research: Emerging trends and mapping to sustainable development goals. *Journal of Ayurveda and Integrative Medicine*, *14*(6), 100809. https://doi.org/10.1016/j.jaim.2023.100809
11. Nesari, T. (2023). Economic development through new age Ayurveda. *International Journal of Ayurveda Research*, *4*(1), 1–4. https://doi.org/10.4103/ijar.ijar_10_23
12. Scherrer, M. M., Zerbe, S., Petelka, J., &Säumel, I. (2023). Understanding old herbal secrets: The renaissance of traditional medicinal plants beyond the twenty classic species? *Frontiers in Pharmacology*, *14*. https://doi.org/10.3389/fphar.2023.1141044

Appendix

Table A1. Thematic Analysis: Themes and Sub-themes of Peripheral Challenges faced by Ayurvedic and Panchkarma Practitioners.

Sr. No.	Themes of Peripheral Challenges	Subthemes (Commonalities in Raw Responses)
1	Consumer Behaviours/Attitudes	Lack of Patience
		Diet
		Lifestyle
		Delayed resort to Ayurveda
		Taste of medicine
		Inconsistency in (seeking) treatment
		Fear of Ayurvedic side effects
		Unsubstantiated consumer criticism
		Comparison of Ayurveda with Allopathy
2	Advertising or Awareness	False advertising
		Over advertising
		Misleading media reports
		Awareness (& lack thereof)
		Unawareness about Ayurveda as a science
		Propagation of misconceptions by Allopathy
3	Treatment Cost	Expensive medicine
		Expensive treatment
		Insurance coverage (or a lack thereof)
		Cheap Ayurveda (presumption)
4	Environment-related Factors & Cultivation	Availability of medicine and raw material
		Unavailability of raw materials
		Scarcity of fertile land
		Water pollution
		Climate change
		Geographical diversity
		Chemical fertilizer usage
		Less cultivation
5	Ayurvedic Medicines - Pharmaceuticals	Less manufacturing
		Inadequate quality control
		Lack of standardization
		Adulteration
		Ingredients are not mentioned
		Emphasis on profit rather than quality
6	Government Involvement	Limited Ayurvedic facilities by Government
		Subsidy on raw material (or a lack thereof)
		Lack of implementation of policies
		Weak environmental laws
		Insufficient funds-allocation
7	Research-Development & Innovation	Challenge in producing new medicine
		Need for research-based product
		Need for new medicine forms
		Lack of new medicine production
		Allopathy-based research criteria
8	Issues Associated with Practicing Community	Communication gap between the doctor & patient
		Progress data not being recorded
		Need for skilled practitioners (& a lack thereof)
		Budget constraints for doctors
		Pay disparity (no standardization)
		Online Doctor rating (or a lack thereof)

9	Macro Challenges (Miscellaneous)	Communication gap between Ayurvedic fraternity (Doctors), Researchers, and the Government
		Social stigma
		Increased population
		Space for Panchkarma
		Misconceptions & their propagation

Table A2. Thematic Analysis: Themes and Sub-themes of Suggested Measures (to address the challenges) by Ayurvedic and Panchkarma Practitioners.

Sr. No.	Themes of Suggested Measures	Subthemes (Commonalities in Raw Responses)
1	Efforts of promotion / awareness of ayurveda by private/independent stakeholders	Awareness
		Health talks by Doctors
		Myth busting
		Propagating right information
		Awareness of authentic Panchkarma
		Promote Ayurveda at grassroots level
		Ayurvedic Medical camps
		Media should ensure accurate Ayurveda reporting
		Awareness of allopathic side effects
		Promote authentic Ayurvedic practices
		Build trust in Ayurvedic practices
		Promote benefits of Ayurveda
		Good branding
		Raise awareness about Ayurveda's treatment scope
2	Efforts of promotion / awareness of ayurveda by government	Promotion of Ayurvedic schemes
		Awareness of authentic Panchkarma
		Promotion through Government
		Promote Ayurveda at grassroots level
		Introduce Ayurveda in school curriculum
		Medical camps
		Promote authentic Ayurvedic practices
		Promote benefits of Ayurveda
		Incentive for preferring Ayurveda
		Raise awareness about Ayurveda's treatment scope
3	Role of the government	Expand Ayurvedic hospitals
		Insurance coverage
		Subsidy on raw materials
		Increase opportunities for ayurvedic graduates
		Financial support for the Stakeholders
		Set up concessional health clinics
		Subsidized medicines
		Recognize Ayurveda as primary medicine
		Government recognition of Ayurveda as pure science
		Expand and improve Ayurvedic initiatives
		Expand Ayurvedic treatment in public healthcare facilities
		Simplify Mediclaim
		Inclusion in all health policies
		Increase in ayurvedic medical infrastructure
		Ban on Self medication
4	Regulations	Regulate OTC Medicine
		Regulate Ayurvedic content online
		Regulations for Quackery

		Regulation on adulteration
		Ban online doctor ratings
		Regulate export of ayurvedic medicine
		Regulate false marketing
5	Research and Development in Ayurveda	Promote and fund Ayurvedic research
		Ensure authentic Ayurvedic research
		Safety clinical trials
		Clinical case presentation
		Share new discoveries
		Integrate modern research for Ayurvedic credibility
		Database of case studies for future Research and Development
		Training and standardisation rules and regulation for ayurvedic practitioners
		Explore Ayurvedic solutions for emergencies
6	Quality and availability of ayurvedic medicines	Standardisation of medicines
		Resolve Ayurvedic supply chain issues
		Standardisation of ayurvedic medicines
		Availability of medicine
		Quality control
		Increase plantation
7	Ayurveda Education (Training)	Practical and Quality Ayurvedic education
		Ayurvedic courses for laypersons
		Establish more Ayurvedic medical colleges
8	Miscellaneous	Restrict free medicine distribution
		Integration with Allopathy
		SOP for Ayurveda and Panchkarma
		Promotion of Sanskrit language
		Unity in Ayurvedic practitioners
		Attract foreign clients
		Build confidence in Ayurvedic practitioners
		Clarify Ayurvedic medical terminology
		Licensing Ayurvedic doctors
		Electronic Medical Record (EMR) training
		Change medical perspectives on Ayurvedic practitioners
		Treat the root cause
		Affordable treatment

❑❑❑