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# A Comparative Study on Utilization of Ayurveda Treatment

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Keywords Ayurveda, Medicines, Healthcare, Human, Knowledge	<b>ABSTRACT:</b> The ancient Indian practice of Ayurveda, which emphasizes individualization of healthcare, has recently become popular across the world. However, there are differences in how it is used, with some people incorporating it fully into their life and others remaining suspicious or ignorant of its advantages. We created a questionnaire for this cross-sectional study and then piloted, revised, and validated it. The general population was given the opportunity to respond to this survey in one of three formats: online, in print, and through phone. The study's participants were chosen based on a set of criteria set in advance. Five hundred replies were chosen for this study, and among those, 48% did not practice Ayurveda while 52% did. According to the results, most people who have tried Ayurveda report feeling happy with the results. The

### INTRODUCTION

Ayurveda, often hailed as the "Science of Life," stands as one of the world's oldest systems of holistic healing. Rooted in the ancient traditions of the Indian subcontinent, this profound system of medicine and wellness has transcended millennia (Suhail, P.2020), evolving and adapting to the everchanging landscape of human health. Avurveda, which translates to "knowledge of life" in Sanskrit (Sawarkar, 2020), offers a comprehensive and intricate understanding of the human body, mind, delves and spirit. It deep into the interconnectedness of all aspects of existence, offering a profound perspective on health, healing, and the pursuit of balance in life. The roots of Ayurveda can be traced back to the ancient Indian scriptures known as the Vedas, particularly the Rigveda and Atharvaveda (Priti desai, 2018), which date back over 5,000 years. It is within these sacred texts that the earliest references to healing

practices and herbal remedies are found. Ayurveda's origins, shrouded in the mists of antiquity, reflect the innate human desire to understand and alleviate suffering. In these ancient verses, sages and seers began to document their observations of the natural world, their understanding of the human body, and the effects of various herbs and substances on health. This early knowledge laid the foundation for Ayurveda's evolution into a comprehensive system of medicine and well-being.

At the heart of Ayurveda lies a profound the constitution. understanding of human According to Ayurvedic principles (Muñoz J.M, 2016), each individual is unique, and their constitution, or Prakriti, is determined by the balance of three fundamental energies or doshas (Mishra SP, 2015): Vata, Pitta, and Kapha. These doshas govern various physiological and psychological functions within the body and mind.

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Vata, associated with the elements of air and ether, embodies qualities of movement and change. Pitta, linked to fire and water, embodies qualities of transformation and digestion. Kapha, aligned with water and earth, embodies qualities of stability and nourishment. A person's unique combination of these doshas shapes their physical, mental, and emotional characteristics, as well as their susceptibility to imbalances and diseases.

Ayurveda also recognizes the intricate connection between the mind and body. It emphasizes the significance of mental and emotional well-being in maintaining physical health. The interplay between these facets of human existence is depicted in the concept of the "mind-body type," or Prakriti (Chatterjee B, 2011), which further refines an individual's constitution by considering their mental and emotional tendencies. This holistic approach to health and wellness is a cornerstone of Ayurvedic knowledge, acknowledging that true well-being cannot be achieved by addressing physical symptoms alone but by nurturing harmony between the body, mind, and spirit.

The Ayurvedic understanding of health extends beyond the individual to encompass their relationship with the natural world. It recognizes that humans are an integral part of the universe and, therefore, are subject to the same natural laws that govern all of existence (Gupta, PD 2015). This perspective is encapsulated in the concept of the five elements: earth, water, fire, air, and ether. Ayurveda teaches that these elements are not only the building blocks of the physical world but also the foundation of the doshas within the human body. Thus, the balance and imbalance of these elements within and around an individual play a crucial role in their overall health and well-being.

The practice of Ayurveda involves a multifaceted approach to healing and wellness, encompassing various modalities. One of its primary pillars is the use of herbal remedies. Ayurvedic pharmacology has cataloged an extensive array of medicinal plants and herbs (Singh RH., 2010), each with its unique properties and therapeutic effects. The preparation of herbal formulations, known as Ayurvedic medicines, is a highly refined and systematic process, often involving the synergistic combination of multiple herbs to address specific health concerns. These formulations are tailored to an individual's constitution and imbalances, making Ayurvedic treatment highly personalized.

Dietary guidelines are another fundamental aspect of Ayurveda. The ancient wisdom of Ayurveda recognizes that food is not just sustenance (Vaidya AD, 2006); it is also medicine. By understanding an individual's dosha and Prakriti, Ayurvedic practitioners can recommend specific diets and eating habits that promote balance and prevent illness. For example, a person with a predominant Pitta constitution may be advised to consume cooling foods, while someone with a Vata constitution may benefit from warm and grounding meals. The emphasis on mindful eating and the recognition of the body's innate intelligence to digest and assimilate nutrients are central tenets of Ayurvedic dietary wisdom.

In addition to herbal remedies and dietary recommendations, Ayurveda offers a vast array of therapeutic practices aimed at promoting physical and mental well-being. One such practice is Panchakarma (Manohar PR 2012), a detoxification rejuvenation process that involves a and combination of therapies like oil massages, herbal steam treatments, and cleansing procedures. Panchakarma is designed to eliminate toxins, restore balance, and rejuvenate the body. Similarly, yoga and meditation, deeply intertwined with Ayurveda, are regarded as powerful tools for harmonizing the body and mind. These practices are not mere physical exercises or relaxation techniques; they are considered gateways to spiritual growth and self-realization.

Ayurveda also recognizes the influence of external factors on health and well-being. The science of Jyotish, or Vedic astrology (Kulkarni et al, 2018), is often used in Ayurveda to understand an individual's unique cosmic blueprint and how celestial forces may influence their health. Environmental factors, such as the changing seasons and geographical location, are also taken

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into account when designing Ayurvedic treatment plans. This holistic approach to health considers the individual within the broader context of their environment and cosmic influences.

Ayurveda also recognizes the importance of individualized daily routines, or Dinacharya, in maintaining overall well-being. These routines are tailored to an individual's constitution and typically include practices such as tongue scraping (Hankey A, 2005), oil pulling, and self-massage with herbal oils. By following a personalized Dinacharya, individuals can align their daily activities with the rhythms of nature and promote balance in their physical and mental states. While Ayurveda is deeply rooted in tradition, its relevance in the modern world cannot be overstated. In recent years, there has been a resurgence of interest in Avurveda (Patwardhan B. 2010), both in its countries of origin and around the globe. People are seeking alternatives to conventional medicine that address the root causes of illness and prioritize prevention over treatment. Ayurveda's holistic and individualized approach to health aligns with this growing desire for personalized and natural healing methods.

### I. KNOWLEDGE OF AYURVEDA'S ROLE IN MODERN HEALTHCARE

Ayurveda, the ancient system of medicine that originated in India, has found a significant and evolving role in modern healthcare. In an era where many individuals seek holistic and natural approaches to well-being (Patwardhan Bhusan 2015), Ayurveda's principles and practices have gained recognition for their potential to complement and enhance conventional medical care.

One of the key aspects of Ayurveda's role in modern healthcare is its focus on preventive medicine. Ayurvedic practitioners emphasize the importance of maintaining balance within the body and mind to prevent illness. This approach aligns with the modern understanding that prevention is often more effective and cost-efficient than treating diseases once they have manifested. Ayurveda offers a personalized approach to health (Samal, 2014), considering an individual's unique constitution and providing tailored recommendations for diet, lifestyle, and herbal remedies. Such personalized care aligns with the growing trend in modern medicine towards precision and individualized treatment plans.

Another significant aspect of Ayurveda's role in modern healthcare is the integration of its principles and therapies into complementary and alternative medicine (CAM). Many individuals now seek a combination of conventional medical treatments and holistic approaches (Semwal DK, 2015), and Ayurveda offers a rich source of natural remedies and therapies that can be used alongside mainstream healthcare. Ayurvedic treatments such as yoga, meditation, and herbal supplements are being integrated into wellness programs and clinics (Basisht G. 2011), offering patients a more comprehensive approach to their health and wellbeing. Moreover, Ayurveda's emphasis on the use of natural herbs and dietary guidelines (Patwardhan B. 2012) aligns with the increasing interest in plant-based medicine and functional foods in modern healthcare. Researchers are exploring the therapeutic potential of Ayurveda herbs and formulations, paving the way for evidence-based integrative medicine.

### II. REVIEW OF LITERATURE

Baskaran, Shathees et al., (2021) The arrival of COVID-19 has brought with it an unavoidable risk. It is believed that Ayurveda medicine may be a viable option for treating COVID-19. This study's overarching objective is to examine whether or not COVID-19 patients are using Ayurveda medicine as an alternate treatment. Methods-A survey of people above the age of 18 was used to conduct this quantitative study. For this study, a technique of sampling was used since it was practical. PLS-SEM and PLS-SEM MGA were used to evaluate the data. The findings showed that Ayurvedic medication users and non-users were not significantly different. All of the original assumptions about the acceptability of Ayurvedic medicine as a COVID-19 alternative treatment

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were maintained. In conclusion, this research has shed light on the potential of Ayurvedic medicine to treat COVID-19, and it encourages clinical researchers and medical professionals to investigate the technical properties of Ayurvedic medicine so that it can be used as an alternative treatment for COVID-19 and other diseases. This research contributes to the field in two ways. To begin, this is the first research of its kind to explore how people feel about the possibility of using Ayurvedic therapy to treat COVID-19. Second, the conceptual model of Ayurvedic medicine presented in this study stands out as an original incremental contribution because it has not been formulated nor tested empirically in previous studies, either locally or possibly globally.

Sunitha, W. (2020) This research aims to examine how people who have used Ayurvedic treatments feel about it. Understanding the benefits and drawbacks of Ayurvedic treatment is facilitated by this discussion. The improvement of Ayurvedic medicine is the subject of this research. Ayurveda, or "the science of life," is the ancient practice of holistic healing. Various ailments were treated with this drug by ancient folks. Life (Ayu) and knowledge (Veda) are the two Sanskrit root terms from which Ayurveda is developed. As a result, Ayurveda is more accurately described as a "Science of life" than as a "Science of medicine." The constitutional paradigm is central to Ayurveda, a comprehensive Indian medical tradition. It functions to demonstrate adaptable direction toward a healthy state of being. In India, Ayurveda is the first line of medical therapy. Ayurveda is often regarded as the oldest medical system in existence.

Suhail, P. & Srinivasulu, Y. (2020) Performancebased service quality and patient satisfaction are established by the research to be key antecedents of behavioral intentions in the healthcare industry. Here, the same factors are examined within the context of Ayurvedic medicine. This research aims to shed light on Ayurvedic healthcare customers' divergent perspectives by exploring the connections between these factors and their future actions. Patients from 20 recognized Ayurveda hospitals in the northern region of Kerala, in the southern Indian state of Kerala, were interviewed face-to-face using a standardized questionnaire to gather 404 samples using the convenient sampling method. The majority of the study's respondents are over-40-year-old women. Multiple regression analysis and structural equation modeling were used to suggest two relationship models, and analysis of variance and t-tests were employed to analyze differences in healthcare customers' perceptions. Service quality and patient satisfaction are observed to differ across socioeconomic categories, with the exception of education level. Subsequent research on the link between performance-based service quality and patient satisfaction using a mediation model confirmed a statistically significant relationship between the two factors. The study's findings may provide strong empirical evidence for the connections between these factors, and it may provide valuable input for healthcare industry leaders as they consider future policy changes.

Shetty, Yashashri et al., (2018) Complementary health care and its integration are hot topics all around the world. Patients nowadays increasingly choose ayurveda, but little attention is paid to the motivations for their visits to the ayurveda Outpatient Department (OPD) or how allopathic doctors see ayurveda. The study's goal is to evaluate the clinical requirements of allopathic doctors for illnesses that are not effectively treated by allopathy, as well as the needs of patients who visit an ayurvedic outpatient department (OPD) in an allopathic setting. With approval from the hospital's Institutional Ethics Committee, researchers surveyed 300 patients at an ayurveda outpatient clinic and 50 allopathic doctors working at the same tertiary care facility. After obtaining informed permission, patients and doctors were given content-validated questionnaires tailored to their individual ayurvedic requirements. Responses were input into Microsoft Excel 2010, and the data was coded and analyzed. Numbers, averages, standard deviations, frequencies, and percentages were all used to describe the data.

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N, Mankar et al., (2015) When it comes to CAM, Ayurveda is by far the most popular choice in India. The purpose of this research was to examine medical students' KAP (knowledge, attitude, and practice) with respect to ayurvedic medicine. Both past and future data were analyzed in this research. In order to measure KAP toward ayurvedic medication usage, we recruited second-year medical students (after receiving clearance from the Institutional Ethics Committee) and provided them with a validated questionnaire. Only 19% of pupils were able to provide an explanation for what CAM was. Among the student body, just 27% had a firm grasp on the meaning of the word AYUSH. The majority of the class was woefully uninformed on the doshas and panchakarma. The majority of the students were exposed to Ayurveda via personal networks. The majority of students (78%) supported combining ayurveda and mainstream medicine. 89% of students were interested in learning the fundamentals of Ayurveda, yet 55% of students were against include it in the MBBS curriculum. Ninety-two percent of the students who tried ayurvedic treatment said it helped them. Most of the students said that the slow onset of effects and the lengthy nature of ayurvedic treatments dissuaded them from trying them. Despite a willingness to learn and practice Ayurveda, this research found that medical students knew very little about it.

### III. RESEARCH METHODOLOGY

This study was a non-interventional cross-sectional questionnaire survey. Adults with at least a basic

school education and no prior medical training were prioritized for inclusion in the research. After interviewing experts on the topic, a panel of experts identified important concerns connected to perception of Ayurveda (Baghel MS., 2011) as questions relating to perception of Ayurveda, and from these, an open-ended questionnaire was produced.

Online survey platforms and social media platforms like WhatsApp and Facebook were used to gather responses. There was also a widespread distribution of paper surveys to educational institutions. A questionnaire was considered valid only if it was filled out in its entirety. There was a special code for each answer. Descriptive statistics and double and triple cross tables were used to examine the data.

We got 550 answers from all channels combined. Only 500 replies were utilized for analysis (after deleting duplicates and unfinished forms). There were 240 people who didn't utilize Ayurveda and 260 people who did.

Data was organized, entered, and coded in Microsoft Excel 2013. Chi-square and Students' independent t tests were run in SPSSv21, and a pvalue of 0.005 was considered significant.

### IV. DATA ANALYSIS AND INTERPRETATION

Table 1 provides a summary of the major information gathering strategies employed by users and non-users alike.

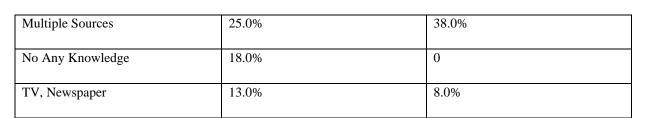
Particulars	Non- users	Users
Books	12.0%	6.0%
By Doctor	0	2.0%
Human Contact	32.0%	26.0%
Internet	18.0%	20.0%

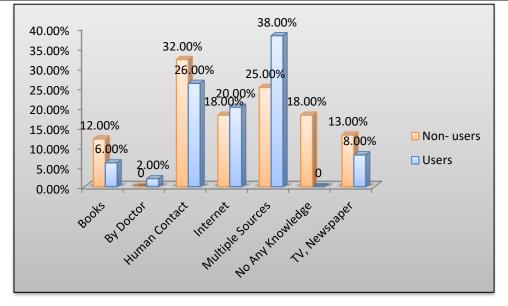
Table 1: Different sources of knowledge about Ayurveda between Users and Non- Users

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When asked in what settings they have experienced Ayurvedic medicine, participants frequently selected more than one option. After redistributing them, we got 9 categories (Table 2) that together describe the various replies. People tend to selfprescribe Ayurvedic therapies at a remarkable rate of 10%, however the bulk of people (45%) still choose private or government-run facilities. Two percent of the population said they had no improvement after receiving Ayurvedic therapy.

Setup provided	Percentage
Govt. Setup	12.0%
Private Clinical	45.0%
Modern Hospital	8.0%
Ayurveda College	9.0%
Self-prescription	10.0%
Others	8.0%

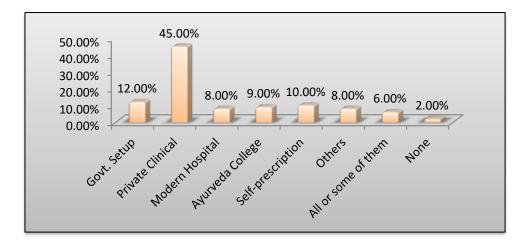
### Table 2: Kind of setup provide Ayurveda to user respondents

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All or some of them	6.0%
None	2.0%

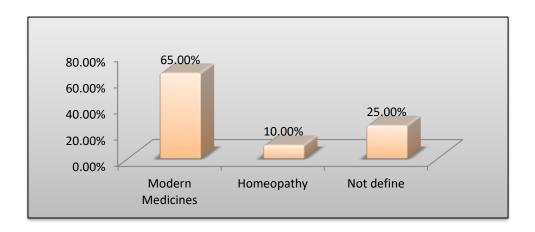


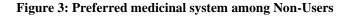
### Figure 2: Kind of setup provide Ayurveda to user respondents

As can be seen in Table 3, the vast majority of non-users (65%) prefer the current system of medicine for their health requirements, but sizeable proportions (25%) do not have a specific preference.

#### Table 3: Preferred medicinal system among Non-Users

Medical System	Percentage
Modern Medicines	65.0%
Homeopathy	10.0%
Not define	25.0%





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For Ayurveda users, the practice often becomes an integral part of their lives, driven by cultural heritage or personal experiences of its benefits. They view Ayurveda as a holistic and personalized approach to health and wellness, appreciating its emphasis on prevention and balance. These users often incorporate Ayurveda principles into their daily routines, including dietary choices, herbal remedies, and mindfulness practices. Ayurveda's perception and practice are deeply influenced by a combination of cultural, experiential, and accessrelated factors. While Ayurveda has gained recognition and popularity on a global scale, there remains a need for increased awareness and accessibility to ensure its integration into diverse Promoting healthcare systems. accurate information, facilitating training for Ayurvedic practitioners, and conducting further research to substantiate its efficacy can bridge the gap between users and non-users. Ultimately, Ayurveda's potential to offer holistic and personalized healthcare solutions can be fully realized by addressing these key factors and promoting its inclusivity in modern healthcare practices.

#### **REFERENCES: -**

- Suhail, P. & Srinivasulu, Y.. (2020). Perception of service quality, satisfaction, and behavioral intentions in Ayurveda healthcare. Journal of Ayurveda and Integrative Medicine. 12. 10.1016/j.jaim.2020.10.011.
- Sawarkar, Gaurav & Sawarkar, Punam & Kuchewar, Vaishali. (2020). Ayurveda students' perception toward online learning during the COVID-19 pandemic. Journal of Education and Health Promotion. 9. 342. 10.4103/jehp.jehp\_558\_20.
- Desai, Priti & Vagha, Sunita. (2018). Perception of first year Ayurved Students towards Early clinical exposure. 4. 3617-3622. 10.24327/23956429.ijcmpr20180523.
- Muñoz-Muñoz, J.M. (2016). Practices and discourses from the contemporary Ayurveda medicine. 10. 3-9.
- 5. Mishra SP,. (2015) Scenario of Ayurveda education in India: Some recommendations

Annati of Chentral Bielth Riss Warman Warman Martine M

for development. University News -Association of Indian Universities; 53:3–8.

- 6. Chatterjee B, Pancholi J. (2011) Prakritibased medicine: A step towards personalized medicine. Ayu.;32:141–6.
- Gupta PD (2015) Pharmacogenetics, pharmacogenomics and ayurgenomics for personalized medicine: A paradigm shift. Indian J Pharm Sci, 77:135–41.
- Singh RH., (2010) Exploring issues in the development of Ayurvedic research methodology. J Ayurveda Integr Med;1:91– 5.
- Vaidya AD. (2006) Reverse pharmacological correlates of Ayurvedic drug actions. Indian J Pharmacol, 38:311–5.
- Manohar PR, et al. 2012: Digital helpline for Ayurveda research articles. J Ayurveda Integr Med.; 3:97–101.
- Kulkarni, Ujjwala & Shetty, Yashashri & Dongre, Atul & Dave, Jayati & Khopkar, Uday & Rege, Nirmala. (2018). The Perception of Dermatologists towards the Outcome of Ayurvedic Therapy for Psoriasis. Journal of Clinical & Experimental Dermatology Research. 09. 10.4172/2155-9554.1000465.
- Hankey A. (2005) The scientific value of Ayurveda. J Altern Complement Med. ;11:221–5.
- 13. Patwardhan B, Vaidya AD.(2010) Natural products drug discovery: Accelerating the clinical candidate development using reverse pharmacology approaches. Indian J Exp Biol.;48:220–7.
- Patwardhan, Bhushan. (2015). Public perception of AYUSH. Journal of Ayurveda and integrative medicine. 6. 147-149. 10.4103/0975-9476.166389.
- 15. Samal, Janmejaya & Pratap, Ashwini. (2014). Knowledge and perception regarding the issues, opportunities and practices of public health among Ayurveda interns in India. South East Asia Journal of Public Health. 3. 10.3329/seajph.v3i1.17717.

www.jchr.org

#### JCHR (2024) 14(2), 2553-2561 | ISSN:2251-6727

- 16. Semwal DK et al. (2015). Adverse health effects of tobacco and role of Ayurveda in their reduction. J Med Sci. 15:139–46.
- 17. Basisht G. (2011) Exploring progression of Ayurveda. Ayu. 32, 445–7.
- Patwardhan B. (2012) The quest for evidence-based Ayurveda: Lessons learned. Curr Sci.,102,1406–17.
- Baskaran, Shathees & Nallaluthan, Kesavan & Kunjuraman, Velan. (2021). Perception and Readiness towards Indian Ayurvedic Medicine Acceptance to Combat COVID-19 Outbreak: A Multigroup Analysis in PLS Path Modelling. International Journal of Ayurvedic Medicine. 12. 318-331. 10.47552/ijam.v12i3.1874.
- Sunitha, W. (2020). A Study on Users Perception Towards Ayurvedic Medicine with Special Reference to Kanniyakumari District. Shanlax International Journal of Economics. 8. 59-64. 10.34293/economics.v8i2.1476.
- Shetty, Yashashri & Bagle, Tushar & Marathe, Padmaja & Bodade, Ashwini & Shirole, Sudatta & Singh, Armaandeep & Rege, Nirmala. (2018). Perceptions of Patients and Physicians Regarding Need for Taking Ayurveda Therapy. JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH. 12. 10.7860/JCDR/2018/29487.11448.
- N, Mankar & R, Zad & Agharia, Makbool & Sawant, Swati & A, Bansode. (2015). KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS AYURVEDIC MEDICINE USE AMONG SECOND YEAR MBBS STUDENTS. Journal of Evolution of Medical and Dental Sciences. 4. 223-227. 10.14260/jemds/2015/36.
- 23. Baghel MS. (2011) Need of new research methodology for Ayurveda. Ayu;32:3–4.
- 24. Chaturvedi, Ashutosh. (2015). PERCEPTION OF SKIN HYGIENE THROUGH AYURVEDA: AN OVERVIEW. Punarnava.

