

## **PATIENTS, HEALTH CARE SYSTEM AND AYURVEDA: A STUDY OF AYURVEDIC INSTITUTIONS**

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### **ABSTRACT**

The article takes into account views of patients pertaining to their decision to utilise Ayurveda over biomedicine. The focus of this paper is to see for which health conditions patients who come for ayurvedic treatment, the factors behind choosing Ayurveda, their satisfaction with the treatment. It aims to deal with issues such as background of the patients, their disease conditions, the reasons behind choosing Ayurveda, their notions of illness, their perceptions of diagnosis and treatment in regard to ayurvedic services.

**Keywords:** Ayurveda, Health Care System, Biomedicine, Institution

### **Introduction**

A holistic understanding of the health care system and its ensuing complexities requires that we take 'patients and healers' as 'basic components of health care systems' (Kleinman 1980: 24). If we understand this as a precursor then as Kleinman (1980) argues, 'health care system includes patterns of belief about the causes of illness, norms governing choice and evaluation of treatment, socially legitimated statuses, roles, power relationships, interaction settings and institutions' (24). It is argued that the health service delivery system of India is characterized by multiplicity and plurality in beliefs and practices. This is in turn plagued by limited familiarity with different systems. Minocha (1980) argued that it is essential to know how people make choices in particular episodes of illnesses. Are these choices consistent over a period of time? Do people evaluate various systems by the outcome of treatment, or by the social characteristics of the practitioners, or by the social relationships between patients and practitioners? Minocha (1980) strongly advocates that the health service should be shaped according to the people's needs, and that care should be given to people in the manner they desire. In this context, Leslie (1980) argued that most people in India, whether from rural areas or sophisticated urban centers do not make ideological distinctions between the two systems of medicine, namely ayurveda and

allopathy, but rather make use of the readily available systems and which they consider effective for their ailments.

Lambert (1992) strongly says that lay people's perspectives on illness and therapeutics produces a rather different picture of indigenous medicine. The author's fieldwork in a multi-caste village in a rural part of central eastern Rajasthan focused on health, sickness and therapy from the viewpoint of ordinary people as well as local folk practitioners. There, she found that at least in rural communities, the popular domain of medicine (in the broad sense of practices dealing with ill health) was highly pluralistic and far less clearly systematised than, for example, purely ayurvedic concepts and practices which could reasonably be referred to as a 'system'. Moreover, a different realm of therapy seemed at least as important as any of the domains considered in most studies of 'indigenous medicine', at least in terms of general popularity and frequency of use. This realm cannot be summarized by a single term or equated with any single segment of a postulated 'medical system'; indeed, its heterogeneity may account at least partially for its relative invisibility within most accounts.

There are scholars (Mishler et al 1981; Cant and Sharma 1999) who argued that a more adequate approach of sociology of medicine might be developed when patients and their illnesses, physicians and their practices and the institution of medicine is understood within their social contexts. The sociology of medicine approach points out that exclusive reliance on the biomedical model has led to the decontextualisation of problems of health, illness and patient care, to the neglect in medical thought and practice of social, cultural and institutional contexts within which health related events are grounded and occur. We would like to propose in this chapter that the sociology of medicine approach should focus on the sociology of patients. This chapter deals with patients accounts over Ayurveda as a holistic health care option. The reasons for choosing Ayurveda over other medical systems in ayurvedic centers of Arya Vaidya Sala and Sri Sri Ayurveda come with the greater dissatisfaction with biomedicine, secondly, for the reasons that Ayurveda offers a holistic concept of health and wellbeing, personal responsibility, and the search for less asymmetric therapeutic relationships. This chapter deals with issues such as background of the patients, their disease conditions, the reasons behind choosing Ayurveda, their notions of illness, their perceptions of diagnosis and treatment in regard to ayurvedic services.

Arya Vaidya Sala and Sri Sri Ayurveda centers focused on the service of people and to provide the best service of ayurvedic practice and medicines to the people. Arya Vaidya Sala was frequented by patients from diverse economic backgrounds, however they also have provisions for free treatment facilities for the economically backward patients both in OPD as well as in-patient departments. There were 5 beds reserved for such patients in the in-patient department. Similarly, Sri Sri Ayurveda offered facilities to the patient from different social backgrounds and the treatment of the patients was closely associated with the art of living philosophy where they

focus not only on medication, *panchakarma* but also on spirituality and mental wellbeing. Both the centers were taking care of patients coming from BPL and other marginalized sections at a very nominal rate. Both these centers provided all types of ayurvedic treatments in best ways based on the holistic approach. For example, they use massages, different types of gels and oils and also use different types of ayurvedic medicines and syrups for treatment to the patients.

### **Patients Accounts over Ayurveda**

Patients in ayurvedic centers of Delhi and Bengaluru view ayurveda as *desi dawai*. Ninety percent of the patients interviewed believe in only one binary, that is, *desi and angrezi dawai*. For them, all indigenous medicines come under *desi*. *Desi* is a part of their diverse traditions. For instance, in metropolitan cities like Delhi and Bengaluru, the reasons for choosing ayurveda are diverse. Some chose ayurveda as an assertion of Hindu philosophy and tradition. Some chose ayurveda because of its efficacy and 'ownness'. However, there were a few responses that tended to view *desi dawai* in close proximity with their ancient tradition and culture.

The study analyses various factors responsible for people's choices of ayurveda, how and on what basis people choose ayurveda over other medical systems in ayurvedic centers. In this regard, there are studies which have reflected the various factors in the choice of a medical system. Madan's (1969) study in a North Indian city, Ghaziabad challenges certain assumptions regarding the influence of age, education and rural or urban upbringing of a person on his acceptance of modern medicine for oneself and his or her family. Four-fifths of the interviewees preferred allopathy in the first instance. However, about two-thirds of the household heads stated that they make use of more than one system of medicine. The most common reason (76.6 per cent) for whatever choices or combinations are made was the belief that the chosen course of treatment is going to be efficacious. It was found that there is no significant association between the choices or combinations one patient makes between various medical systems and the rural-urban dichotomy of birth and upbringing of the decision-maker.

The most significant determinants of choice-making that emerge from this study are occupation and income. Glynn and Heymann (1985) analysed factors influencing patients' use of ayurveda and western medicine based on their five-week interaction with patients and doctors in two districts in the South and North Central Province, namely *Denipitiya* (village) and *Talawa* (small town) in Sri Lanka. This study found that people prefer ayurveda in illnesses like rheumatoid and orthopaedic complaints, bowel, jaundice and various other illnesses. Western medicine is always preferred in cases of surgery and obstetrics. It is also found from this study that both western medicine and ayurveda complement each other in rare instances where people who consult western doctors for everything else often want a second opinion and oil massage for orthopaedic and arthritic conditions and consult the ayurvedic physician.

Nisula (2006) in her study of Mysore city observes that a majority of people's first choice of treatment was allopathy over ayurveda. On the other hand, people in most cases went for ayurveda on recommendations and suggestions from friends and relatives after the failure of allopathic treatment. So, in the Mysorean plural medical culture ayurveda serves as a secondary health resort and this offers a health exit for dissatisfied patients. Our study also shows similar results in which ayurveda is considered as a secondary health resort by patients coming to ayurvedic health institutions. Similarly, Bhardwaj's (2010) study of middle-class residential colonies in Delhi attempts to analyse the interface of allopathy with complementary medicine. She is of the view that 'disenchantment' against allopathic treatment for various reasons leads to the increasing demand of complementary therapies such as yoga, naturopathy, acupressure and acupuncture. In her study, 53 out of 108 patients chose complementary therapies in clinics due to dissatisfaction with allopathic treatment. The major factor the patients mentioned was the increasing side effects of allopathic medicines.

As it is observed in the centers of Delhi and Bengaluru, ayurveda has witnessed changes over time due to the needs of the patients. For instance, it was earlier only seen as a health option for the treatment of chronic disorders but with the emergence of holistic health movement in the 1960s, it has emerged as a form of therapy of rejuvenation and relaxation. The same kind of development we have seen in ayurvedic centers as well. There are majorly two categories of patients that we see in these centers: patients with diseases who come for chronic health conditions and others who come for the relaxation and rejuvenating forms of treatments. Patients' reasons for visiting ayurvedic centers is mainly because of their dissatisfaction with biomedical treatment. As Alter (1999) claims that clinical ayurvedic practice today is mainly a "remedial quest for recovery" that is generally utilised because of biomedical failure. While different scholars list aspects such as the absence of side effects, naturalness, complete cure 'from the root,' and better outcome in the treatment of chronic diseases as perceived advantages of ayurveda over biomedicine, the primary reason for choosing ayurveda is dissatisfaction with biomedical treatment. When biomedicine does not improve their condition, they are either referred to ayurvedic clinics or hospitals by their biomedical doctors, or they opt for ayurveda from friends, relatives or on their own initiative. One of the patients viewed, "Though I tried biomedical treatment before opting for ayurveda, it was not successful". Some patients blamed biomedicine for not being holistic, for focusing too strongly on symptoms, and for neglecting the cause of their disease. In addition, biomedical consultations were perceived by the patients to be too brief and impersonal. In general, the ayurvedic patients' view of biomedicine was based on their perception of the negative aspects of biomedical drugs: their side-effects and their limited efficacy.

On the other hand, most of the patients viewed that "in ayurveda, a comprehensive investigation

of the patient and his/her condition through an elaborate medical history is done. Such an elaborate medical history includes a systematic assessment of the patient's lifestyle, daily routine, sleep, digestion and diet, in addition to a comprehensive history and background of the ailment and other diagnostic tools such as pulse or tongue or analysis according to ayurvedic theory." One in-patient who had undergone 20 days treatment told: ayurveda differentiates every individual from others based on *prakriti* (Constitution). That is why each patient will not get the same treatment in ayurveda though having a similar disease. She also mentioned, ayurveda accepts that each personality consists of *Trigunas* (three fundamental universal energies), that is, *Satva* (power of balance), *Rajas* (power of fire or motivation), and *Tamas* (energy of rest or slothfulness), and all individuals have mixed amounts of the three, the predominant *Guna* (energy) determines an individual's *Mansa Prakriti* (Mental Constitution). In equilibrium, the three *Gunas* (energies) preserve the mind (indirectly the body) and prevents the body from diseases.

Patients also viewed ayurveda has become popular among the people because of its holistic approach to health care in which the detailed history of the patient and his/ her background, about his illness condition and family history are given emphasis. It is this holistic approach that makes alternative and complementary medicine different from western medicine which scholars argued. As argued by Lupton (2003), alternative therapies while rejecting the Cartesian duality of mind and body view the 'whole' person as crucial, that is to say, the focus is individual's life history by combining mental, spiritual and environmental dimensions with physical aspects of health which will address many people's dissatisfaction with the mechanical, fragmented body image of western medicine. Sujatha (2009) argues that western medicine unlike siddha and ayurveda does not have a theory of individual body constitution and it does not give more importance to patient's experience. In siddha and ayurveda, the patient's role as a knower is central, not only when the process of cure begins, but also ends in his/her terms. Based on studies of *vaidyas* in private practice, she argues that patient is an agent of therapeutic validation in siddha.

Millard (2008) in a similar context studies the integration of Tibetan medicine, an alternative medicine, in health care system of the United Kingdom. He (2008) argues that people choose Tibetan medicine because of the side effects of and the absence of a holistic approach in biomedicine. Patients who came for treatment of chronic disease conditions seemed to prefer Tibetan medical diagnosis which looked at patients' health holistically and has aspects of interacting with patients that relate to listening, looking and feeling. The doctor listens to what the patient says about his or her condition. Secondly he looks for any indicators of illness on patient's body such as physical symptoms. Feeling aspect includes majorly the pulse diagnosis and some unusual features or areas of pain.

Pulse diagnosis has become particularly prominent in ayurveda. Patients report this technique as

particularly impressive. One patient cited the importance of pulse diagnosis in ayurveda. He said, “He always feels the pulse, which enables him to assess many things related to my health. That was the thing that really surprised me when I went there for the first time—that the doctor can tell so much from the pulse”. Another patient said: “I was intrigued! Just by taking the pulse she told me so many things about myself. I thought: “This is impossible!” And she even proved it by using an ultrasound scan, because she told me that my gall bladder was in bad shape. And she was right! I had mild pain in my upper stomach, and she felt that. She said: “Let’s do an ultrasound—I’ll show it to you.” And there it was. “My gall bladder was full of grit. I was so impressed and amazed that someone could feel the pulse and recognise the diseases you have”.

Not only pulse diagnosis but *panchakarma* treatment also serve as compelling evidence of the potency of ayurveda. While pulse diagnosis is about the collection of information, *panchakarma* proves the cleansing power of ayurveda. In both instances, the experience became a turning point in the patients’ treatment, because the treatment gives positive effects. One patient reported a similarly strong, similarly persuasive experience while she was receiving a four-handed massage: “I had stopped smoking in 2019. And I went for the *panchakarma* treatment in 2020. It is quite remarkable how you can purify the body with ayurveda and the massages give you relaxation, detoxify the body”.

However, the study also shows that patients adopted ayurveda as a personalised treatment to help them overcome a health problem. Some patients said they had opted for ayurveda to treat the emotional and physical discomfort associated with the menopause, or to lose weight. Their engagement with ayurveda was pragmatic. Even if they became stable followers of ayurveda, they were not interested in looking deeply into its healing principles. This means few patients chose ayurveda as they consider it helpful in solving a health problem without necessarily adopting the conceptual paradigm or cosmology of ayurveda. Some patients defined their engagement in ayurveda as a lifestyle choice which encompassed various practices and daily habits (meditation, yoga, eating and sleeping routines). They were quite knowledgeable of the ayurvedic paradigm, and defined ayurveda as a pathway to conscious self-care and self-awareness, and as a medicine of ‘consciousness’: One patient said: “my concept of health is more oriental, i.e., health is a dynamic state. ... I don’t wait to get sick to go to the doctor’s office. ... And ayurveda integrates many things; it is like a lifestyle. Physicians will ask you how you sleep, eat, eliminate bodily wastes, whether you clean your tongue, all that very basic stuff nobody really cares about ... and prescribe the remedies depending on your weakness or imbalance. In ayurveda everything relates to your habits, to whatever you do in your everyday life. As Warriar (2008) points out, a better knowledge of ayurvedic principles shapes a new form of self-awareness, which allows its followers to read and interpret their own mental and physical processes. To this end, they generally integrated some learning from other forms of alternative

medicine they were familiar with, or in which they had some professional training. Cultural affinity, as Astin (1998) puts it, made ayurveda appealing to them due to its compatibility with their spiritual orientations and health beliefs. These patients were fluent in ayurvedic terminology and articulate when linking their practices to the ayurvedic paradigm. For them, ayurvedic precepts worked as an interpretative framework for self-understanding, self-care and health maintenance. A patient said, “you begin to understand a lot of things and to realise which things are good for you and which are not; for example, why some people are imbalanced in summer while other people are imbalanced in winter, because we are part of a whole and everything affects us. It helps you understand yourself much better ... and based on that knowledge, you learn how to help yourself re-establish the balance. It is seen in the study that patients experiences with ayurveda constituted ‘holistic approach’

### **Patients’ Case Histories**

Patients at Arya Vaidya Sala and Sri Sri Ayurveda centers receive both inpatient and outpatient treatments. In outpatient cases, after the detailed case histories, the patients are given medicines in form of tablets, syrups, pastes, powders and decoctions. In inpatient cases, after the case histories, they receive *panchakarma* or local external applications in combination with internal medicines and a specific diet. The decision about the exact treatment is generally made after the initial diagnosis in both the patients’ cases, usually based on general observation, interrogation and, if necessary, physical examination, and often combines ayurvedic and biomedical elements such as *nadi pariksha* (pulse diagnosis) or *jihva pariksha* (tongue diagnosis) with serological tests or radiography. Below are some of the case histories of the patients in Arya Vaidya Sala and Sri Sri Ayurveda. These case histories help us analyse ayurveda’s effectiveness as a holistic health care option.

#### **Case 1**

An old aged woman from Delhi, 51 years old (in-patient), had been suffering from joint pain for the past 5-6 years. The problem had started with the pain in legs and the pain had also shifted to the spine. She was not able to walk on her own and she had to take some support for walking. She generally walked with the support of a walker. When the pain started, she used to take pain killers from the private allopathic shop. In winters she used to take 5-6 pain killers and in summer the dose of medicines was 2 pain killers per day. When she did not get any better after taking allopathic pain killers for 3-4 months she was advised ayurvedic treatment by a relative. She had also come last year for treatment in the same hospital and was admitted for 6 months. That time the doctor in unani had diagnosed her and she discontinued the treatment after and she got some relief. The second time she was diagnosed by an ayurvedic doctor at Arya Vaidya Sala. The doctor had diagnosed her for 5-10 minutes. The doctor had taken detailed history in terms of

when and how the problem had started and the kinds of treatment that she had undergone in the past. The doctor even measured her blood pressure, her weight and she was asked to give blood tests, X-Ray, Ultrasound. The doctor did not say whether she will be cured or not. She had been admitted for 2-3 months. She was given *panchakarma* treatment which is called '*janu vasti*' (*ate ke tel se shikai hui thi*). However, in 3 months she was given the *panchakarma* treatment only once. This *panchakarma* treatment had happened 15 days before. She was prescribed 13 drugs (11 ayurvedic and 2 allopathic) for 15 days treatment.

### **Case 2**

A male patient from Bihar, aged 35 years, came for the treatment of psychological distress at Sri Sri Ayurveda hospital. He was not able to concentrate on any work and he also was not able to recall anything. As a businessman, he had long hours of work due to which he had disturbed sleeps and anxiety and depression too. When his condition got deteriorated, he consulted ayurvedic doctor at Sri Sri Ayurveda hospital. The doctor asked him to get admitted for a week. As the patient explained, "When I came here at the first time, I got some medicines and the doctor took detailed history of my health condition. He gave some instructions about diet, exercises with some medication. The consultation time was twenty minutes where the doctor asked each and every detail of what I am suffering, for how long, previous medical history for instance if I have visited any doctor before and more interestingly he noted down all the details with regard to my daily routine. During my stay in the hospital, I was instructed not to take any food item from the market. Usually the hospital provides yellow rice and curry at both morning and night. In the morning I was advised to walk at least two kilometres and in the evening I was asked to join yoga sessions".

### **Case 3**

"For two, three years now I have problems with my back. I have a defective position of two ribs, and this results in inflammations at the entrance of the stomach. As a consequence, one muscle is dysfunctional and gastric acid flows up. So the whole system is defective. And I got a great relief in ayurveda"-a female patient aged 40 years old told at Arya Vaidya Sala. She had tried ayurveda already two times last year and ayurveda was the best form of treatment for her as compared to biomedicine and other indigenous medical systems.

The above case studies of patients show that though ayurveda was opted these patients as a secondary health option but it proved effective in all the cases. All these patients we talked to resorted to ayurvedic treatment for seeking relief from ailments they have experienced for several years and that could not be removed or reduced through other treatments. When we ask the patients how do they perceive the effects of ayurvedic treatment. One might expect that patients



judge the therapeutic outcome by their subjective well-being or simply believe in the efficacy of ayurvedic treatment. Instead, they employ numerous strategies to establish ayurveda's efficacy in a rather objective manner: patients appraise changes in their overall health status, and consider costs and benefits as well as setbacks in the ayurvedic treatment of their ailments. Another strength of ayurvedic treatment is that majority patients view that they have a smooth and pleasant experiences in the clinical settings. When they meet the doctor, they emphasise on the detailed long consultation as opposed to the common biomedical encounter and that the personal nature of the ayurvedic encounter is outstanding.

### **Doctor-Patient Interaction at Ayurvedic Centers**

Doctor-patient interaction is found to be good in ayurvedic centers. Efficacy and a satisfying doctor-patient relationship facilitated patients becoming stable followers of ayurveda. As described by the interviewees, the ayurvedic doctor established a therapeutic bond that respected the needs and individuality of the patient. It was a patient-doctor relationship in which elements of autonomy and paternalism coexisted. Autonomy was implied in the limits negotiated by the patient regarding the point up to which it would be wise to resort to ayurveda in order to treat different ailments, consistent with the patient's own hierarchy of therapeutic resources. Whereas paternalism was displayed when delegating the limited process of enculturation into a foreign medicine to the educational role of the specialist or, alternatively, when patients concealed from their doctor the fact that they did not comply with some of her or his recommendations. Ayurvedic doctors prescribe personalised therapeutic plans that consist of dietary adjustments and daily routines of self-care, including physical exercise, meditation, and yoga. Treatments may also incorporate a variety of natural remedies and massage.

Patients in the study stressed that a positive relationship with their physician is particularly important to them. Majority patients even perceived this to be the most fundamental difference between biomedical and ayurvedic treatment. Therefore, it seems that this pattern of interaction is an important element of ayurveda's legitimacy among Indian patients. They feel that their needs are recognised and that their perspectives are relevant in the consultation. These reports are in sharp contrast to patients' negative experiences with biomedical interactions. The interactional style of ayurvedic physicians at both Arya Vaidya Sala and Sri Sri Ayurveda centers appear to be bound to ayurvedic concepts. This is because the length of the consultations as well as practice styles in private settings differ strongly from consultations shaped by government ayurvedic hospitals. In this regard, one can say that ayurveda has emerged as an effective health care option because of the two-day interaction between doctor and patient.

### **Case 1**

A 30-year-old patient with cervical spondylosis at Arya Vaidya Sala said: "I have pain in the neck. It also radiates to my hands. And my neck is also stiff. I have this for seven years now. I even went to doctors of Siddha and homeopathy, but they said they can't do anything against spinal problems." The patient said: "I have it (anaemia) now for three years. I tried several treatments in India: stem cell therapy, acupuncture, naturopathy. Nothing worked. When I met the ayurvedic doctor at this center, he wrote in the patient files under the section 'presenting complaints,' e.g. "neck pain for one year (increased for one month), pain while extension, lower back ache for one year." The doctor also explained the reasons for having this problem which is mainly problems related to one of the *tridoshas*: it's a *vatta* problem. The way the doctor explained the patient about the disease and the reasons behind it shows that building a healthy interaction with the patient is the key to success of ayurveda.

## **Case 2**

A middle-aged woman, 45, an in-patient at Arya Vaidya Sala center was admitted in the hospital. The woman had psoriasis. She used to take allopathic medicines and had consulted allopathic doctors for her ailments until 2018, when she visited for the first time an ayurvedic hospital. Her problems had started one year previously. She consulted a dermatologist who diagnosed her ailment as psoriasis. The doctor prescribed her a very expensive cream and some pills. The result was, however, negative. And, moreover, psoriasis had spread from her head to her legs. Finally, her friend told her to approach an ayurvedic doctor who could be consulted in Arya Vaidya Sala. She had her doubts about ayurveda, but because her condition was becoming worse, she had been willing to consult the doctor. She visited the hospital for the first time in March 2019 and was admitted for a week; the second visit was in July 2019, again for a week. Her third and last visit started in November 2019, and she was waiting to be discharged at the time of the interview. She was administered oils, tonic, tablets and powder with some food restrictions and was advised to drink hot water. Her sufferings were over. According to her, she was totally cured. She was extremely happy about her condition and was full of confidence in ayurvedic treatment. She also said the way doctor interacted with her gave her confidence to fight with the disease.

## **Patients opted for *Panchakarma* and other rejuvenation therapies**

*Panchakarma* is the cornerstone to ayurvedic management of disease. *Panchakarma* therapy is designed to eliminate the toxic materials. It is postulated that the toxic materials of the body need to be eliminated radically before a palliative therapy is given. The palliative therapy in the form of drugs and diets may not be effective unless the body channels are properly cleansed and toxic materials are eliminated. *Panchakarma* is believed to purify or cleanse all the body tissues and to bring about the harmony of *tridosas* and to obtain long-lasting beneficial effects. *Panchakarma* therapy is not merely a therapeutic regimen, but it may be considered a management tool when

used at certain tissue and body parts. It promotes and preserves the individual's normal health. Evidence obtained at our hospitals in treating a variety of diseases with *Panchakarma* therapy is discussed along with its possible use as an adjunct to ayurvedic medication. It is prescribed for diseases like arthritis, paralysis, neuromuscular diseases and inrespiratory, gastrointestinal, ENT, and several blood-related disorders. For massage and *panchakarma*, patients said before starting any therapy, both the therapist and patients used to do the prayer like "*guru brahma guru vishnu*". The therapist used to touch the feet of every patient by chanting *mantra* and because of the *mantra* patients will feel that the god himself treats them.

### **Patient Satisfaction and Ayurvedic Center's Deliverance**

Patient satisfaction is one of the key aspects that ensure hospital performance. In case of ayurveda hospital specially Arya Vaidya Sala and Sri Sri hospital, there are many mechanisms that ensure patient satisfaction. Management of both hospitals believe that it is ultimate means for any health care service provider that ensure not just our good relation with patient and guardian but also provide opportunity for retaining them in future. As, data gathered from both hospitals shows, both hospitals utilised different strategies and different communication tools to make their patient more satisfied and happy with the services. But one of the key different between both hospitals in terms of patient satisfaction is approach. Arya Vaidya Sala usually focuses on classical ayurvedic approach for treatment of their patients. For that reason, as many patients accepted that AVS is more patient-centric than other ayurvedic hospital. It is one of the oldest Ayurveda hospital in country that has developed their own research lab and brand name. On the contrary, Sri Sri Ayurveda hospital is very new and does not have significant contribution in the field of Ayurveda. During our field work at both hospitals, we have found that patient satisfaction rate in AVS is comparatively high than Sri Sri Ayurveda Hospital. A patient came from Bihar told:

I don't know it's old trained in terms of practice and treatment. But in today's condition, as I think, its effectiveness depends on how do they practice in humanistic way? And how much are its medicines original or natural? In earlier days *vaidyas* were much knowledgeable and also humanist. They used to prepare medicines themselves and give treatment in a normal way to everyone. Now-a-days doctors make use of both allopathic and ayurvedic methods of treatment in treating patients. They even try to be more market-oriented and dependent on proprietary medicines in the form of tablets, capsules as compared to classical ayurvedic drugs like *churans*, powders".

It is observed that most of the patients are very happy not for the treatment that they get but the environment and special configuration that influences the inner psychology and decision for treatment in the hospital. Second aspect of patient satisfaction is the strong relationship between doctors and patient which is quite good in these institutions. Most of the patients described not

just about the location of the hospital but how the place is beautiful because of its green campus, interior design and staff behaviour. All these aspects effect psychologically and leads to the complete well-being of the patients.

### **Ayurveda catering to the needs of modern-day Consumers**

The ayurvedic consumer-packaged goods industry gradually gained momentum in India and across the globe. It had a lot to offer to organisations in terms of business opportunity for consumers by offering ayurvedic products. Over the years, many players saw such opportunities and jumped into the market with various products. Among them, Sri Sri Ayurveda and Patanjali are major players in this field. It is found in the study that both Arya Vaidya Sala and Sri Sri Ayurveda manufacture diverse products catering to the needs of the patients. For instance, firstly, (i) household products and personal care products such as fabric detergent, household cleaners, cosmetic products, and toiletries; ii) health care products such as over-the-counter and prescription products; iii) food and beverage products such as snacks, chocolate, tea/ coffee/ soft drinks, etc.

While Arya Vaidya Sala mostly sell ayurvedic products (mostly ayurvedic medicines), Sri Sri Ayurveda sell food and beauty products which have been developed on the principles of Ayurveda. These have become widely accepted by Indian consumers who believe in the benefits of the ancient medicinal system of Ayurveda but were previously limited to purchasing ayurvedic medicines only. At both the centers, Ayurveda has been appreciated as a wellness and spa therapy for health rejuvenation and relaxation for consumers. The massive rise of ayurvedic health, cosmetic and beauty products is a new development which has occurred in recent decades for middle class health consumers in modern Indian society.

Our study shows that Ayurveda and it's practice at modern ayurvedic centers are being adjusted to conditions on the world healthcare market. In the process, Ayurveda has been marketed and has been transformed from a holistic medical science to a packaged product. Not all our respondents were that critical, but overall, they stated that Ayurveda has become a major business and is an important economic factor in the tourism industry. To attract more consumers, the ayurvedic centres do have pampering services, such as rejuvenating massages, herbal wraps, etc., that are geared towards those who simply wish to feel good and to relax, etc. They also conduct health programs that offer reasonably-priced medical check-ups, tutorial classes for a healthy life, daily lifestyle packages and healthy diet.

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