



Confederation of Indian Industry

Ayurveda Industry Market Size, Strength and Way Forward

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List of Abbreviations

AIIA	All India Institute of Ayurveda
AIIMS	All India Institute of Medical Sciences
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
CAGR	Compound Annual Growth Rate
CCIM	Central Council of Indian Medicine
CGHS	Central Government Health Scheme
CII	Confederation of Indian Industry
COPP	Certificate of Pharmaceutical Products
DGCI&S	Directorate General of Commercial Intelligence and Statistics
DIPP	Department of Industrial Policy and Promotion
FDI	Foreign Direct Investment
FSSAI	Food Safety and Standards Authority of India
FY	Financial Year
GCC	Gulf Cooperation Council
GMP	Good Manufacturing Practices
HS	Harmonised System
IQ	Institutionally Qualified
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NIQ	Non-Institutionally Qualified
RBI	Reserve Bank of India
SAARC	South Asian Association for Regional Cooperation
TKDL	Traditional Knowledge Digital Library
UAE	United Arab Emirates
UK	United Kingdom
US	United States
WHO	World Health Organization

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1.

Introduction

Ayurveda is recognised as a system of medicine indigenous to India, which includes both medicinal products and health services. The origin of Ayurveda traces back to 5000 years old Indian Vedic teachings based on fundamental philosophies about life, disease and health.¹ Ayurveda is regarded as one of the oldest healthcare systems in the world.² Over the millenniums, Ayurveda has not only sustained the changing outlook and demands for health services due to the invasion of modern methods of treatment but, it has grown to be renowned all across the world.

1.1 Definitions and Coverage

The World Health Organization (WHO) adopted Traditional Medicine programme around two decades ago. The WHO regards Ayurveda as a form of Traditional Medicine. According to the WHO, “traditional medicine has a long history. It is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses.”³ Some of the countries other than India, which are influenced by Ayurvedic products and services, include countries in East Mediterranean region, Pakistan, Bangladesh, Sri Lanka, Maldives, Bhutan, Myanmar and Nepal, among others.⁴

Ayurveda is a form of Traditional Medicine. It is a key component of India’s wellness industry and is now recognised as a system of medicine globally.

1 Annual Report 2017-18, Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) accessible at <http://ayush.gov.in/sites/default/files/Ayush%20AR%202017-18-8.pdf> (accessed on July 3, 2018).

2 See <http://ayush.gov.in/About-The-Systems/Ayurveda/faq/what-origin-ayurveda> and <https://nccih.nih.gov/health/ayurveda/introduction.htm#hed3> (accessed on July 3, 2018).

3 See <http://www.who.int/traditional-complementary-integrative-medicine/about/en/> (accessed on July 3, 2018).

4 See <http://www.who.int/traditional-complementary-integrative-medicine/about/en/> (accessed on July 3, 2018).



According to the Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH), “Ayurveda” is made up of two words-Ayuh and Veda. Ayuh means life and Veda means knowledge or science. Thus “Ayurveda” in totality means ‘Science of life’. It incorporates all aspects of life whether physical, psychological, spiritual or social.⁵ In India, the practice of Ayurveda as a system of medicine has been recognized under the Indian Medicine Central Council (IMCC) Act 1970⁶; education of Ayurveda is regulated by a statutory body known as Central Council of Indian Medicine (CCIM)⁷ and the Drugs & Cosmetics Act 1940⁸ regulates manufacturing and sales of Ayurveda drugs.

As per the Indian Government’s Make in India initiative (launched in September, 2014), Ayurveda is part of the ‘Wellness’ industry. Over the years however, the Wellness industry has evolved to include other dimensions of physical, emotional and mental well-being.⁹ According to the Ministry of Statistics and Programme Implementation (MoSPI)’s National Industrial Classification (NIC), the Government classifies Ayurveda under industries. There are two broad industry categories under which activities related to Ayurveda fall. First category is the manufacture of ‘ayurveda’ or ‘unani’ pharmaceutical preparation (code 21003 under division 21, manufacture of pharmaceuticals, medicinal chemical and botanical products) and the second category comprises of activities of Ayurveda practitioners (code 86901 under division 86, human health activities).¹⁰

When it comes to Ayurveda products, there is confusion regarding the description and differentiation between Ayurveda, Natural, Organic and Herbal products. While they all are largely a part of the wellness industry, there are differences in their meaning and coverage. Certain private companies¹¹ have tried to bring out the different elements of each (see Figure 1).

For the purpose of this paper Ayurveda includes (a) Ayurveda product manufacturing and allied activities and (b) services. Ayurveda services include hospitals, clinics, wellness centres and spas; pharmacies; Ayurveda practitioners; education and research institutes; telemedicine and online Ayurveda services; among others. Trade in Ayurveda goods includes trade of Ayurveda products, machineries, raw materials, herbs, and intermediate products. Trade in Ayurveda services will involve cross-country mobility of practitioners and patients; Indian hospitals establishing presence in foreign countries and foreign hospitals establishing presence in India, on-line Ayurveda consultancy with foreign patients, etc. Since Ayurveda is a form of medical practice most players in this sector are organised. However, there are overlaps

5 See <http://ayush.gov.in/About-The-Systems/Ayurveda/faq/what-ayurveda> (accessed on July 3, 2018).

6 The text of the Act is accessible at <http://ayush.gov.in/sites/default/files/The%20Indian%20Medicine%20Central%20Council%20Act,%201970.pdf> (accessed on July 3, 2018).

7 <https://www.ccimindia.org/> (accessed on July 3, 2018).

8 The text of this Act is accessible at <http://www.cdsc.nic.in/writereaddata/2016Drugs%20and%20Cosmetics%20Act%201940%20&%20Rules%201945.pdf> (accessed on July 3, 2018).

9 See <http://www.makeinindia.com/sector/Wellness> (accessed on July 3, 2018).

10 For details see the National Industrial Classification, 2008 accessible at http://mospi.nic.in/sites/default/files/main_menu/national_industrial_classification/nic_2008_17apr09.pdf (accessed on July 8, 2018)

11 For details see: <https://www.oceanicpharmachem.com/difference-between-herbal-ayurveda-natural-and-organic-products/>; <https://www.joybynature.com/blogs/organic-recipes/45916545-understanding-the-difference-between-natural-organic-and-ayurvedic-products>; <http://www.dogreen.in/green-basics/organic-products/natural-herbal-organic-difference.html> (accessed on July 12, 2018)

Figure 1: Comparing Definitions of Different Wellness Products



between the sector and other sectors, which makes it difficult to estimate the size of the sector. For example, herbs, which are inputs into Ayurveda medicines, can also be used for cooking and other purposes

1.2 Methodology Adopted

This report is based on secondary data analysis and a primary survey of different stakeholders in the sector. Secondary data on Indian Ayurveda industry is largely available from the Government sources, with the Ministry of AYUSH being the key repository of data. Trade data is available from the Department of Commerce and data on foreign investments is available from the Reserve Bank of India and Department of Industrial Policy and Promotion. Apart from these Government sources, there are private estimates on the size of the market, employment and growth potential, etc.



1.3 Governance Structure and Initiatives

The Department of Indian Systems of Medicine and Homoeopathy (ISM&H) was established in the Ministry of Health & Family Welfare in March, 1995. It was re-named as Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy with acronym as AYUSH in November, 2003. In keeping with the policy of the Government to lay focused thrust on the Indian Traditional Systems of Medicine, the Department of AYUSH was granted the status of Ministry with effect from 09.11.2014. The Ministry is responsible for policy formulation, development and implementation of programmes for the growth, development and propagation of AYUSH systems of Health Care. There are two statutory regulatory bodies under the Ministry of AYUSH. They are – the CCIM and the Central Council for Homeopathy (CCH). A Drug Control Cell is also working in the Ministry to deal with the matters pertaining to Drug Quality Control and regulation of Ayurveda drugs under the provision of Drugs and Cosmetics Act, 1940 and Rules there under.¹²

The Government has been undertaking steps to promote the Indian Ayurveda industry and other wellness services, particularly at the administrative level. Consequently, in November 2014, the Department of Indian System of Medicine and Homeopathy was elevated to an independent ministry. The Ministry of AYUSH was thus formed to ensure the optimal development and propagation of AYUSH systems of health care. National Health Policy (2017)¹³ acknowledges the pluralism in the Indian health sector, wherein traditional and modern medical practices co-exist. The policy focuses on mainstreaming the potential of Indian traditional medicine, including Ayurveda. Health is a part of 12 Champion Services Sectors identified by the Department of Commerce, Government of India.

In addition, as per the National Health Policy, 2017, mainstreaming the potential of AYUSH is one of the priorities of the Government. The policy ensures access to AYUSH through co-location of public facilities. It also recognises the need to standardise and validate Ayurveda medicines and establish a robust and effective quality control mechanism for drugs. The policy also suggests leveraging digital tools for generating and sharing information about AYUSH systems. Thus, Indian medicinal systems such as Ayurveda are getting a policy boost in the country, which is likely to further accelerate the growth of the industry.

It is worth mentioning that given the emerging global and domestic demand for Ayurveda products and healthcare services, in October 2017, the AIIA¹⁴ was established as an autonomous organisation under the Ministry of AYUSH, Government of India. It is a centre of excellence and is conceived as an apex institute for Ayurveda, which brings together both Ayurveda healthcare as well as training and education for the same.

¹² For details see Annual Report 2017-18, Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) accessible at <http://ayush.gov.in/sites/default/files/Ayush%20AR%202017-18-8.pdf> (accessed on July 3, 2018).

¹³ The document is accessible at <http://cdsco.nic.in/writereaddata/National-Health-Policy.pdf> (accessed on July 3, 2018).

¹⁴ See <http://www.aiia.co.in/aboutus.html> (accessed on August 12, 2018)



2.

Size of the Market

2.1 Existing Projections

There are both Government and private sector estimates on the size of Indian Ayurveda industry and wellness sector. These are largely scattered and one-time estimates of the industry size and growth potential. Some of the estimates are as follows:

- According to Statistics MRC, the Global Ayurveda Market is accounted for USD3.428 billion in 2015 and is expected to reach USD9.791 billion by 2022 growing at a compound annual growth rate (CAGR) of 16.2 per cent from 2015 to 2022.¹⁵

- According to Confederation of Indian Industry (CII)¹⁶, in the year 2016, the total estimated market size of Indian Ayurveda industry is USD3 billion, which includes both Ayurveda products (ethical, classical, over the counter (OTC), personal care and beauty products) and services (medical, well-being, payor and medical tourism services).

Global Ayurveda Industry	<ul style="list-style-type: none"> • Accounted for USD3.428 bn in 2015 • Projected to reach USD9.791 bn by 2022 • Growing at CAGR 16.2% from 2015 to 2022
Indian Ayurveda Industry	<ul style="list-style-type: none"> • Estimated size of USD3 bn in 2016 • Product market accounts for 75%, remaining are services • Projected to grow by 16% by 2021
Indian Wellness Industry	<ul style="list-style-type: none"> • Estimated size USD13.9 bn in FY2015 • Expected to grow at CAGR of 12% over the next 5 years • Likely to create over 3 mn jobs

The product market is larger – USD2.27 billion (75 per cent of the total market) compared to the services market (USD0.75 billion). The industry is envisioned to grow to reach USD9 billion by the year 2022. According to another estimate, the Ayurveda market is expected to go from USD2.5 billion to USD8 billion by 2022.¹⁷ It

15 See <https://www.reuters.com/brandfeatures/venture-capital/article?id=15602> (accessed on July 4, 2018).

16 Confederation of Indian Industry (CII) and Frost & Sullivan (F&S) (2017). Vision 2022 Roadmap for Indian Ayurveda Industry, 2017 accessible at https://ww2.frost.com/files/4815/1487/6125/FS_WP_CII_India_Ayurveda_Industry_Road_Map_101417_CAM-v4-Edited_Final.pdf (accessed on July 4, 2018).

17 <https://qrius.com/future-group-expands-to-gain-foothold-in-ayurveda-market-but-can-it-compete-against-patanjali/> and <https://www.livemint.com/Science/w8KCgR0QIEctwAnji8BaeK/Government-expects-Ayurvedic-products-market-to-rise-to-8-b.html> (accessed on July 4, 2018).



is estimated that the Ayurveda products market will grow by 16 per cent by 2021.¹⁸ Most private sector research reports forecast a CAGR of 16 per cent for the Ayurveda market by the year 2021 or 2022.¹⁹ However, there are variations in projections across different sub-sectors (manufacturing versus hospital segment), which have been discussed in this report.

- There are some estimates for the size of Indian wellness industry. During financial year (FY)²⁰ 2015, the Indian wellness industry was estimated at INR850 billion (USD13.9 billion). The size of the industry is expected to grow at a CAGR of 12 per cent for the next five years. From its current size this industry can achieve INR1500 billion (USD24.5 billion) by FY20.²¹ Further, the sector has a potential to generate over 3 million job opportunities.²² The current employment level is discussed in the next section.

Ayurveda practitioners constitute the largest share (55.4%) in the total number of AYUSH system practitioners. The number of Ayurveda practitioners has increased since 1980. A majority of them are located in Bihar, followed by Maharashtra. Over the years, there has been an increase in number and share of institutionally qualified Ayurveda practitioners.

Roughly, three things can be concluded. One, Ayurveda is a small but growing part of the overall Indian wellness industry. Two, India is the largest and the most important player in the global Ayurveda market. Three, the sector is projected to grow at a fast pace. However, none of these studies try to provide a comprehensive estimate of the sector encompassing both secondary data and primary survey. This report attempts to fill the lacuna and also to layout the methodology for future data collection, which will enable to understand the size and enormous contribution of the sector through backward and forward linkages.

18 For details see <https://qrius.com/future-group-expands-to-gain-foothold-in-ayurveda-market-but-can-it-compete-against-patanjali/> (accessed on July 4, 2018).

19 See <https://www.techsciresearch.com/report/india-ayurvedic-products-market-by-product-segment-ayurvedic-health-care-products-and-ayurvedic-personal-care-products-by-organized-vs-unorganized-competition-forecast-opportunities-2011-2021/726.html>; <https://globenewswire.com/news-release/2017/01/26/911080/0/en/Ayurvedic-Market-Analysis-Trends-Report-2016-Healthcare-Products-Personal-Care-Products-Distribution-Channel-Forecast-to-2025.html>; <https://www.prnewswire.com/news-releases/world-ayurvedic-market-analysis-trends-report-2016-2025---market-is-poised-to-grow-at-a-cagr-of-around-160---research-and-markets-300397304.html> (accessed on July 4, 2018).

20 Financial Year of India is from 1st April to 31st March.

21 For details see <http://ficci.in/VAS-Report.pdf> (accessed on July 4, 2018) – converted using average historical exchange rate from the Reserve Bank of India (RBI) for the Financial Year 2015 of USD1 = INR61.147.

22 See <https://health.economictimes.indiatimes.com/news/industry/indian-wellness-industry-rightfully-deserves-a-make-in-india-impetus-akshar/60433250> (accessed on July 4, 2018).

2.2 Growth Projections: Primary Survey

The survey conducted by CII shows that growth projections vary across different sub-sectors of Ayurveda, with an overall CAGR of 16 per cent by the year 2022. Table 1 below shows the market size and growth projection of different sub-sector as is estimated from the CII survey. The table also shows the variation in growth projections across different sub-sectors and markets (domestic vis-a-vis exports). It is important to note that while CII has taken this initiative on its own, there are data gaps, fulfilment of which will require Government support and funding. For example, there is no official data on the size of the manufacturing sector, on employment generation, on raw material availability, etc. While Ministry of AYUSH is coordinating with state Government and other central Government ministries and departments to collect data, more than 75 per cent of the business today is in private sector, and therefore engagement with private sector is important to have a robust database.

**Table 1: Market Size and Growth Across Select Sub-sectors -
CII Survey of Private Sector**

Select Segments	Market Size in 2017-18	Growth Projections for Next Five-Years (CAGR in percentage)
1. Manufacturing (75 per cent of the total Ayurveda market)	Around INR 22,500 crores (for top 50 companies)	16
1.1 Ayurveda Veterinary Medicines and Feed Supplements (which is a sub-component of manufacturing)	Around INR 700 crores	12-14 (10-12 in domestic market and 20 in exports)
2. Wellness Sector	Not Available	Products - 50 Services – 30
3. Hospitals	Around INR 1000 crores	Over 50
4. Day Care Treatment Centre, Clinics, Dispensaries, etc.	Around INR 5000 crores	Over 50

Note: There are several data gaps. For example, wellness is a large and growing sector but there is no data for this sector. This makes it difficult to estimate the size of this sector.

2.3 The Drivers of Future Growth

The ageing population with health problems and growth of young, aware, health conscious population will drive the growth of the Ayurveda sector. The support of the Government, focus on quality and standardization, increase in health insurance coverage and Central Government Health Scheme (CGHS) coverage will drive the growth of this sector. The ability of the Government to promote ayurveda at international platforms will play a big role in enhancing the growth of this sector.



3.

Manufacturing and Allied Sector

Most of the large companies in the Ayurveda sector are in manufacturing. According to the estimates provided by the Ministry of AYUSH, there were 8667 units in AYUSH manufacturing in 2016-17, out of which 7435 units were into Ayurveda products. Most of these companies are small and medium sized and only around 50 companies have revenue above INR 100 crores in 2016-17. These 50 companies account for over 85 per cent of the revenue generated by this sector. According to Ayurvedic Drug Manufacturers Association (ADMA), which has around 9000 members, 99 per cent of their members are MSMEs (micro, small and medium enterprises). According to industry estimates, top 50 companies (across both food and Ayurveda non-food products) reported revenue of around INR 22,500 crores for the financial year April 2017-March 2018 from sale of Ayurveda products only. Within this, the size of the natural/Ayurveda veterinary and feed supplement market is estimated to be INR 700 crores, with nearly INR 150 crores of exports (around 95 per cent of exports are in herbal feed supplements while around 5 per cent are in Ayurveda veterinary medicine according to industry estimates).

The sector is privatized and there is no official data on total production, volumes of sales generated, and employment contribution of this sector. Some of the large product manufacturing companies (with over INR 1000 crores turnover) include Dabur India, Himalaya Herbal Healthcare, Baidyanath Group, Emami Group, Hindustan Unilever Limited and Patanjali Ayurved Limited. Some companies offer both products and services (for example, Jiva Ayurveda, Kairali Ayurvedic Group and Patanjali Ayurved Limited). For many wellness companies, 75 per cent of the revenue is from services and around 25 per cent is from products.

A pilot survey conducted by CII shows that companies operate across different product segments – from, medicine to food supplement and cosmetics (see Table 2)

The Ayurveda manufacturing sector contributes significantly to employment. However, employment generation varies by the size of the companies. On an average, companies over INR 2000 crores of revenue in 2017-18 employed around 3000 people, while those with INR 100 crores of revenue employed around 500 people.

Table 2: Examples of Companies in Manufacturing

Products	Companies/Manufacturer
Drugs/medicine for human consumptions - Classical Ayurveda products without any variation of formulae or ingredients	The Arya Vaidya Pharmacy (Coimbatore) Ltd, Arya Vaidya Sala Kottakkal, SNA Oushadhasala Pvt. Ltd., Dhootapapeswar Prakashan Private Limited, Dabur India Limited
Drugs/Medicines for Human Consumptions - Proprietary	The Arya Vaidya Pharmacy (Coimbatore) Ltd.; Arya Vaidya Sala Kottakkal
Cosmetic and Spa Products	Kama Ayurveda Kairali Ayurvedic Group Rajah Ayurveda The Arya Vaidya Pharmacy (Coimbatore) Limited Himalaya Global Holdings Limited
Food Products	Aravindh Herbal Labs (P) Limited, The Arya Vaidya Pharmacy (Coimbatore) Ltd
Food Supplements	Sri Sri Tattva, Dabur India Limited
Ayurveda Veterinary Medicines	Ayurvet Limited, Ayursun Pharma, Himalaya Herbal Healthcare, Vamso Biotech Private Limited, Natural Remedies, etc.
Wellness Products	Kairali Ayurvedic Group, Forest Essentials, Patanjali Ayurved Limited
Ayurveda Agro-inputs	Swaroop Agrochemical Industries, BICCO Agro Products Private Limited
Ayurveda Machinery and Equipment Manufacturers	AVP Treatment Equipments Enterprises [(an unit of the Arya Vaidya Pharmacy (Coimbatore) Limited)], Dhroni Ayurvedas, Poornimas Panchakarma Equipments and Consultancy services, India Medico Instruments

Note: There are several data gaps. For example, wellness is a large and growing sector but there is no data for this sector. This makes it difficult to estimate the size of this sector.

The survey highlighted that most Ayurveda products are not patented. Ayurveda is treated as traditional knowledge and the Traditional Knowledge Digital Library (TKDL) of the Ministry of AYUSH provide a list of around 82,900²³ Ayurveda medical formulations and around 1150 herbs registered under TKDL. According to the National Medicinal Plants Board, Ministry of AYUSH, Ayurveda, Siddha and Unani systems of medicine have more than 90 per cent formulations which are plant based. India has a natural advantage in manufacturing Ayurveda products as over 7000 indigenous herbal plants grow in the country.²⁴ However, the data on raw material availability is outdated. According to the official data, domestic demand for medicinal plants was estimated to be 1,95,000 MT for the year of 2014-15 and the total consumption of herbal raw drug in the country was estimated at 5,12,000 MT. Around 22 per cent of the production

²³ <http://www.ayush.gov.in/traditional-knowledge-digital-library> (accessed on July 4, 2018).

²⁴ For details see <https://nmpb.nic.in/content/introduction> (accessed on August 10, 2018)



was sourced through cultivation.²⁵ Unless recent data is collected and collated it is difficult to estimate the raw material availability and demand.

With rise in demand for Ayurveda products, the survey found that there is a shortage of raw materials. The Ministry of AYUSH acknowledges the need to have more robust data and in-depth information on state-wise cultivation of different medicinal plants and identification and prioritization of medical plants for development and cultivation through various subsidy and other Government programmes, among others. There is a need for data and information collection on companies' manufacturing herbal extracts and intermediate products, list of drug testing laboratories and R&D institutes and research centres.

While a number of companies have registered their products in India and abroad, most of the products are registered in India. In India, food products/supplements are registered with Food Safety and Standards Authority of India (FSSAI). Medicines are regulated by the Departments of AYUSH. Animal feed supplements are classified based on usage and are not regulated for licensing purposes. However, the products have to follow Legal Meteorology guidelines pertaining to labelling and claims. Thus, there are variations across products in terms of regulations and processes.

The pilot survey of manufacturers conducted by CII shows that many manufacturers have developed well-known brands which are sold in domestic market and abroad. To ensure quality, they take common certificates such as WHO-GMP (World Health Organization - Good Manufacturing Practices), ISO 9000 and HACCAP (Hazard Analysis and Critical Control Points) certifications. When asked about how companies decide to produce organic, natural vis-a-vis Ayurveda products, most companies produce as per the market demand. With a growing demand for organic products a number of manufacturers have moved into this segment. The positioning of the product across different markets depends on various factors including consumer choice and Government policies. For example, in most developed countries including the United States (US) and the United Kingdom (UK) most Ayurveda products are positioned as food supplements.

²⁵ For details see <https://www.nmpb.nic.in/content/medicinal-plants-fact-sheet> (accessed on August 10, 2018)



4.

Ayurveda Services

The Ayurveda services sector encompasses medical manpower, hospital, dispensaries and pharmacy, use of information communication technology, education services, wellness services, etc. Some of these are discussed below:

4.1 Medical Manpower

4.1.1 Medical Manpower

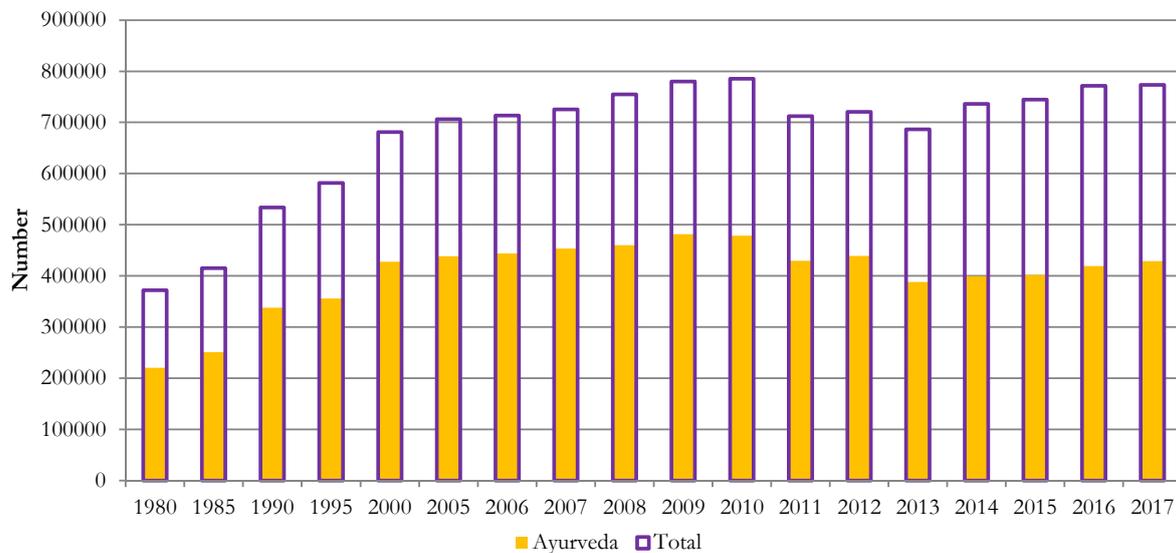
The number of registered Ayurveda practitioners is available from the Ministry of AYUSH. There are some private data bases²⁶ which provide more detailed information, but their coverage is lower than what is reported by AYUSH. As per the Ministry of AYUSH²⁷ as of January 1, 2017, there were 428,884 registered Ayurveda practitioners in India. The total number of AYUSH system practitioners (including Ayurveda, Unani, Siddha, Naturopathy and Homeopathy practitioners) on the same date was 773,668. Thus, Ayurveda practitioners constitute 55.4 per cent of the total number of AYUSH system practitioners. In the year 1980, there were 220,497 Ayurveda practitioners and 371,746 AYUSH system practitioners. Over the years, although the total number of AYUSH system practitioners and Ayurveda practitioners has increased, there was a decline in 2011 and the number started increasing again in 2014. As shown in Figure 2, there has also been a decline in the total share of Ayurveda practitioners in the total number of AYUSH system practitioners over the years, since 1980. Further, there may be gaps between registered practitioners and those that are actively practising the profession.

Focusing on the available data for practitioners per ten million people, as of January 1, 2017, there were about 3,221 Ayurveda practitioners per ten million

²⁶ For example, websites such as Ayurved Doctors and on-line directories such as Justdial, provide a list of doctors state-wise and/or city-wise by illness that they treat. Patients can also get a review of the doctors from such sources.

²⁷ <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 10, 2018).

Figure 2: Number of Ayurveda and AYUSH Practitioners in India during 1980-2017



Source: Data extracted from Ministry of AYUSH, accessible at <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 10, 2018).

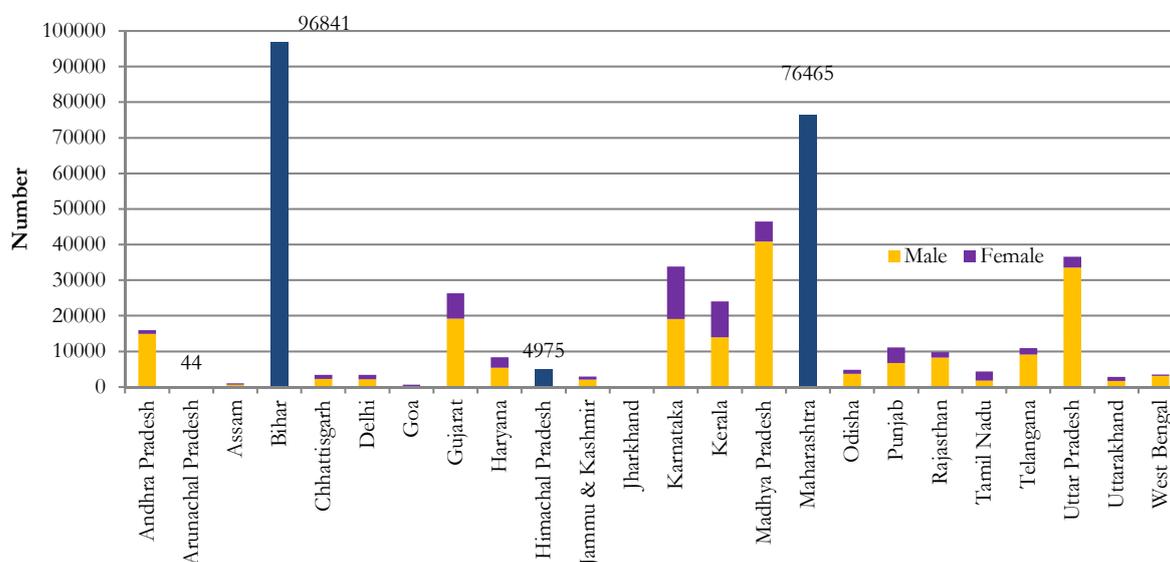
people in India. While the number has increased over the last five years, however, if one looks back at a longer timeframe, there has been a decline in the number of Ayurveda practitioners per ten million people in the country. For instance, in 2009 there were 4,159 Ayurveda practitioners per ten million people, which was lower than the year 2000 when there were 4252 Ayurveda practitioners per ten million people.

By states, Bihar has the highest number of Ayurveda practitioners (22.6 per cent), followed by Maharashtra (17.8 per cent), Madhya Pradesh (10.8 per cent), Uttar Pradesh (8.5 per cent) and Karnataka (7.9 per cent). The spread of medical practitioners varies across states. States/Union Territories such as Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Andaman and Nicobar Island, Lakshadweep, Dadra and Nagar (D&N) Haveli, Puducherry, Chandigarh, etc. have no recorded data for Ayurveda practitioners.

There are gaps in gender-wise data and information is not available from some states. The data shared by the states show that there are more male practitioners than female practitioners, but the gender gap in some states such as Karnataka and Kerala is much lower compared to the others (see Figure 3).

There are two categories of practitioners – (a) institutionally qualified (IQ) and (b) non-institutionally qualified (NIQ) or self-educated practitioners. Over the years, there has been some increase in the share of institutionally qualified

Figure 3: State-wise and Gender wise Distribution of Total Ayurveda Practitioners as of January 1, 2017

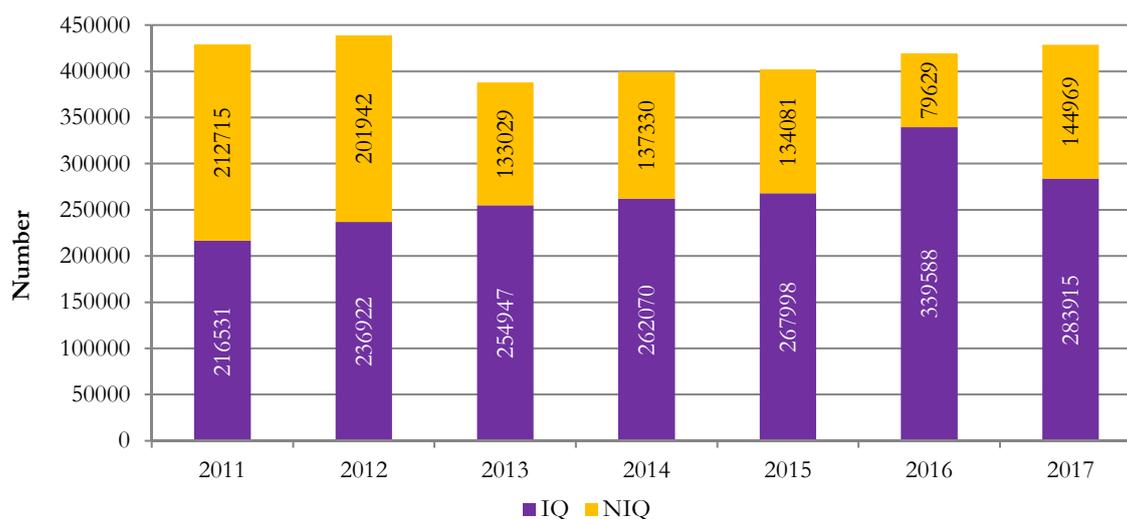


Note: Blue bars, namely in the case of Arunachal Pradesh, Bihar, Himachal Pradesh and Maharashtra represent the total number of practitioners are given without the gender distribution due to unavailability of information. There is no data for the states/union territories omitted from the chart.

Source: Data extracted from Ministry of AYUSH, accessible at <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 10, 2018).

Ayurveda practitioners (see Figure 4). Overall, in the year 2017, the share of IQ Ayurveda practitioners is more than the NIQ Ayurveda practitioners.

Figure 4: Distribution of Ayurveda Practitioners as per their Qualification



Source: Data extracted from Ministry of AYUSH, accessible at <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 10, 2018).



The secondary data does not provide information on remuneration of the practitioners, their employment status, etc. Preliminary discussions with 20 Ayurveda practitioners show that they may have their own clinics or work in a hospital, clinic or dispensary which can be Government owned, private owned or owned by a charitable trust, among others. Some practitioners are employed by manufacturing companies in their R&D (research and development) divisions and by pharmacies. Some of them are also engaged in Ayurveda education and others offer comprehensive wellness guidelines to patients for preventive healthcare. A few practitioners (2 in our sample) are engaged in other business activities along with Ayurveda treatment. A number of practitioners are offering online consultancies through telephone and social media platforms. The survey participants did not share their monthly income or remuneration. They pointed out that remuneration depends on various factors such as the type of illnesses treated, number of patients, socio-economy class of the patients, location of the clinic, reach of the practitioner and his/her reputation, etc. In general, the practitioners opined that salaries of Ayurveda practitioners are lower than allopath practitioners.

In the past three years, there has been an increase in demand for Ayurveda treatment, which has created a demand for medical practitioners, nurses and care workers. There is need for more comprehensive survey to identify the demand-supply gaps, which can help to design policies to support this sector.

4.1.2 Nurses

As regards the total number of nurses, as of December 31, 2016, there were 2,877,138 registered nurses in India, which included 841,081 auxiliary nurse midwives (ANM), 1,979,718 registered nurses and registered midwives (RN and RM) and 56,339 lady health visitors (LHV). Some of the states with the largest number of nurses include Tamil Nadu, West Bengal, Andhra Pradesh, Kerala and Karnataka. Thus, the southern states in India have greater concentration of nurses.

There is no data on Ayurveda caregivers. With the growing adoption, importance and spread of Ayurveda as a system of medicine in India, the National Health Policy (2017) recognises the need for integrated courses on Indian System of Medicine, Modern Science and Ayurgenomics to further improve the quality of Ayurveda manpower in the country. The policy also recommends having short courses at graduate level for improving the quality. Given the growing global popularity of this system of medicine, quality control and training of practitioners is crucial for sustaining demand. If India wants to promote short-term mobility of Ayurveda practitioners and nurses to other markets, there is need for more in-depth research on domestic demand-supply gaps, skill availability, acceptability of the practice and degree recognition, barriers faced, etc. This can be achieved through a survey of medical practitioners,

nurses, care workers, certifying agencies, quality control bodies, some foreign Government approval's agencies, etc.

4.2 Hospitals, Dispensaries, Clinics and Pharmacies

This section presents a statistical overview of both in-patient and out-patient Ayurveda facilities. It includes statistical description of medical care facilities such as hospitals and dispensaries and pharmacies. It further includes their bifurcation by state, managements, etc. The analysis is based on the data collated from Ministry of AYUSH²⁸ and through a pilot survey of chain hospitals and dispensaries.

4.2.1 Hospitals, Dispensaries and Clinics

Around 75 per cent of the hospitals, dispensaries and clinics in the Ayurveda sector are under the private sector. There is no official system of data collection from the private sector. In some states private hospitals are registered under specific state Government regulations, however, there is no uniformity across states. To ensure quality, some hospitals have taken voluntary accreditation from the National Accreditation Board for Hospitals and Healthcare Providers (NABH). This Accreditation Program for Ayurveda Hospitals is in association with Department of AYUSH, Ministry of Health and Family Welfare. Accreditation standards are based on three components - structure, process and outcome. These standards measure the quality and safety aspects of the care delivered to the patients. A list of NABH accredited Ayurveda hospitals is given in Table A1 in Appendix A. This list includes hospitals which provide Ayurveda treatment and also those which provide Ayurveda treatment along with other treatments including Unani and Homeopathy (for example, Soukya Indian Holistic Health Centre Pvt. Ltd., Bangalore, Karnataka). A majority of the accredited hospitals are located in Karnataka and Kerala.

The Ministry of AYUSH collects data on hospitals and dispensaries from state Government agencies. As of April 1, 2017, there were about 3,186 Ayurveda hospitals and 17,416 Ayurveda dispensaries. The total number of AYUSH hospitals on the same date was 3,943 and the number of dispensaries was 27,698. Thus, in terms of medical care facilities, Ayurveda has the highest share among all AYUSH systems (around 80 per cent) compared to others such as Unnani, Siddha and Homeopathy. It has increased remarkably since the year 1980, when it was around 60 per cent of all AYUSH medical care facilities. An increase in the share of Ayurveda facilities has been matched by a corresponding fall in the share of Unani and Homeopathy medical care facilities.

²⁸ <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 10, 2018).

A majority of these Ayurveda facilities fall under the state Government/UT administration (see Table 3)

Table 3: Distribution of Ayurveda Hospitals and Dispensaries as per Jurisdiction (as on April 1, 2017)

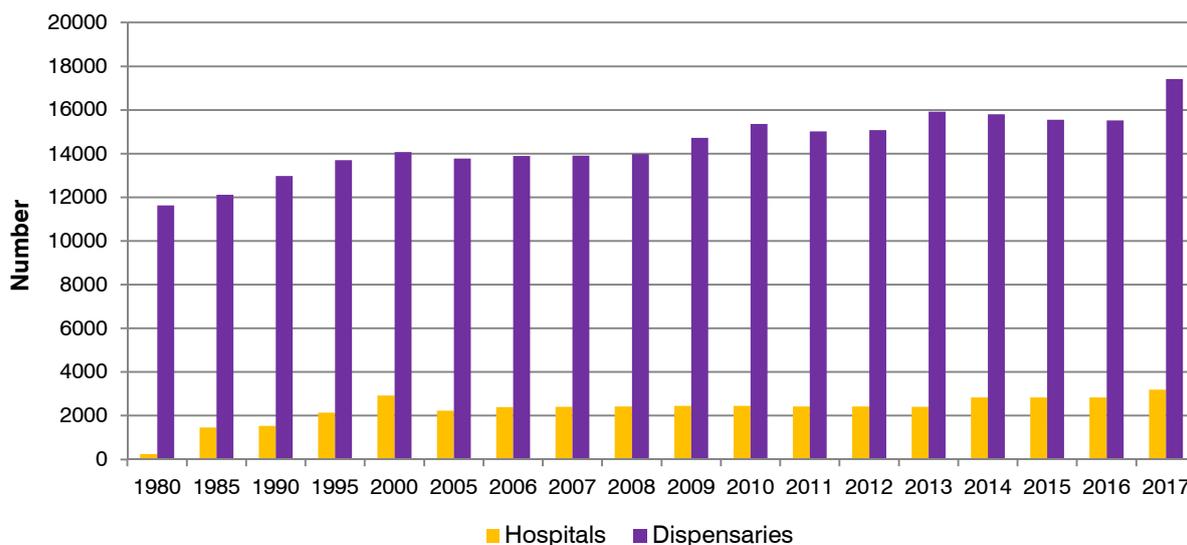
Jurisdiction	Hospitals	Dispensaries
State Government/ UT Administration	3022	15972
Local Bodies	9	656
Others	134	500
Central Government Health Scheme (CGHS)	1	33
Labour Ministry	0	172
Ministry of Coal	0	11
Railway Ministry	0	45
Research Councils	11	18
National Institutes	9	9
Total	3186	17416

Source: Data extracted from Ministry of AYUSH, accessible at <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 10, 2018).

The changes in number of hospitals and dispensaries overtime are presented in Figure 5.

With the increase in the number of Ayurveda hospitals, there has been an increase in the number of hospital beds since 1991. In the year 1991, there were 23,742 beds in Ayurveda hospitals across India. This increased to 30,653 in the year 1996 and to 49,120 in the year 2000. There have been variations

Figure 5: Number of Ayurveda Hospitals and Dispensaries in India during 1980-2017



Source: Data extracted from Ministry of AYUSH, accessible at <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 11, 2018).

in the trend since then. In 2017, there were 43,274 beds in Ayurveda hospitals reported by the Government.²⁹

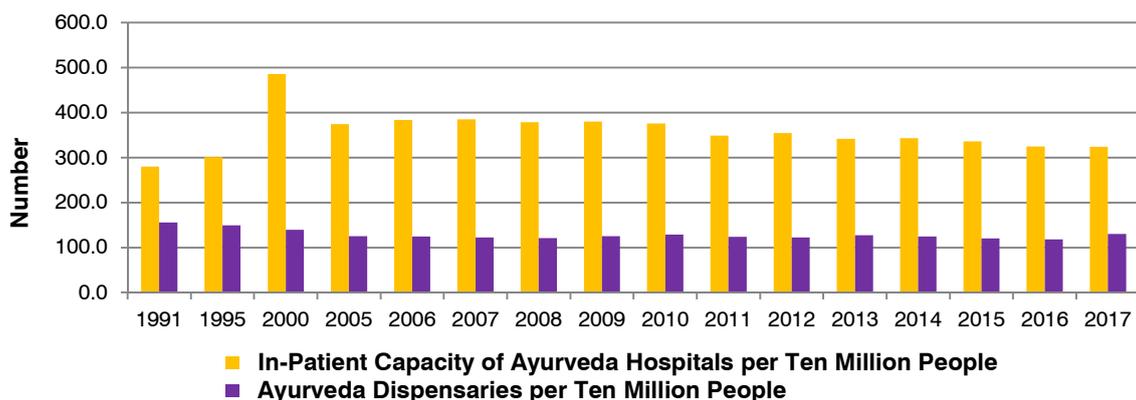
In terms of the spatial distribution, as on April 1, 2017 Ayurveda hospitals were spread over 33 states and union territories of India. However, the spread is not uniform. Around 66 per cent of the Ayurveda hospitals (number is 2,014) are in Uttar Pradesh, followed by Uttarakhand (402), Karnataka (170), Kerala (126) and Rajasthan (117). However, majority of the private healthcare facilities are in the Southern states like Kerala and Karnataka, and this data has not been reported in the Government database. States/Union Territories such as, Dadra and Nagar Haveli, Lakshadweep and Puducherry have also not reported presence of any Ayurveda hospitals.

Similarly in terms of hospital beds, Uttar Pradesh had the highest number of hospital beds (10,054) followed by Karnataka (9,482), Maharashtra (8,026), Kerala (3,004) and Gujarat (2,015).

In terms of Ayurveda dispensaries, Rajasthan topped the list with 3,577 Ayurveda dispensaries (around 21 per cent), followed by Uttar Pradesh (2,104), Madhya Pradesh (1,496), Himachal Pradesh (1,150) and Bihar (1,082). Nagaland and Manipur did not record data on any Ayurveda dispensary during this period.

In the year 2017, the in-patient capacity of Ayurveda hospitals was 323.7 per ten million people and that of Ayurveda dispensaries was 130.26 per ten million people in India (See Figure 6 for a trend analysis). Overall, due to underreporting of the private sector the data seems to show a decline in the population coverage of Ayurveda hospitals and dispensaries over time.

Figure 6: Coverage of Ayurveda Hospitals and Dispensaries per Ten Million People



Source: Data extracted from Ministry of AYUSH, accessible at <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 11, 2018).

²⁹ Extracted from Ministry of AYUSH, accessible at <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 11, 2018). Data pertains to April 1, 2017.



Discussion with the Ministry of AYUSH confirms that the above data does not comprehensively cover private hospital and polyclinics. There is a need for more in-depth research to know the size of the sector, revenue earned, growth potential, infrastructure availability and requirements, type of illnesses treated, patients profile, cost of treatment, etc. and this will require a comprehensive survey of the available facilities. The CII survey found that most of the polyclinics are privately-owned while dispensaries are primarily Government-owned or supported. There were around 26,000 dispensaries as of April 2017. The ownership and modes of operations of private hospital and clinics vary. They can be profit making or owned by a charitable trust. There can be standalone Ayurveda hospitals or such facilities can collocate within an allopath hospital [for example, All India Institute of Medical Sciences (AIIMS) have an Ayurveda centre] or with other AYUSH facilities. Recently, the All India Institute of Ayurveda (AIIA) was set up in the lines of AIIMS, which would do R&D and treatment. Under the National Health Mission there is a possibility of creating 20,000 co-location facilities, 646 co-location facilities in district hospitals and 510 in public sector enterprises. The discussions further highlighted that there are different types of clinics that are coming up. These includes on-line/tele-clinic, mobile clinic (clinic in a mobile van), boat clinic, etc.

There are a number of well-known hospitals and clinic chains/brands in this sector (for details see Table A1 in Appendix A). These hospitals and clinic chains can offer treatment for a number of illnesses or they may specialise in a particular type of illness. For example, Sreedhareeyam Ayurvedic specialises in eye care treatment. Founded in 2006, Madhavbaug is the world's first ISO certified Ayurvedic Cardiac Rehabilitation Centre. Some of the well-known brands such as Kottakkal-Ayurveda (which is a charitable trust) operate across multiple segments including Ayurveda hospital, dispensaries, collocation facilities, polyclinics and mobile clinics. Punarnava Ayurveda Hospital Private Limited has three hospitals and 2 co-location facilities. Madhavbaug has two hospitals, 158 clinics and 20 rural satellite OPDs. Another hospital chain, AyurVaid Hospitals, have established presence across multiple states in India. Majority of the private sector presence is in the Southern states but there are some niche players in specific regions. For example, Jiva Ayurveda is mostly present in the North while Madhavbaug has its major presence in the Western part of India.

BOX 1: ABOUT THE PATIENTS: PRIMARY SURVEY

The number of patients that the hospital receives depends on various factors such as brand value, size and where it is located. On an average per month, AyurVaid Hospitals with 5 hospitals (170 beds) and 1 clinic receives 1500 patients in OPD and 250-275 patients in admission while Sreedhareeyam Ayurvedic with 9 hospitals (350 beds) and 15 dispensaries (45 beds) receives 12,000 patients in OPD and 900 for admission. There is a huge demand for Ayurveda treatment and as hospitals scale-up they receive more patients.

BOX 1: ABOUT THE PATIENTS: PRIMARY SURVEY

When asked about the patient profile, the distribution of Indian and foreign patients vary across the different hospitals and clinics surveyed, but majority of the patients are Indian. For example, 80 per cent of patients of Kottakkal-Ayurveda, 90 per cent of patients of Sreedhareeyam Ayurvedic, 60 per cent of patients of Punarnava Ayurveda Hospital Private Limited, 95 per cent of patients for AyurVaid Hospitals and Jiva Ayurveda are Indians while 99 per cent of patients of Madhavbaug are Indians. Most of the foreign patients are from the neighbouring SAARC (South Asian Association for Regional Cooperation) countries and Middle East. Of late, hospitals are getting patients from developed countries such as the UK and the US.

The illness for which a patient comes for treatment to an Ayurveda facility varies across hospitals and clinics. Some common illnesses for which patients seek ayurveda treatment include different forms of bone related illnesses, arthritis, asthma, cough and allergies, headaches and sinusitis, ophthalmology, gastrointestinal diseases, skin diseases, gynaecological disorder, diabetics, lifestyle and metabolic disorder (obesity, thyroid, etc.), depression and neurological disorder. The cost of treatment on an average is around INR 2800 per day in out-patient care and INR 8000-12,000 per day if the patient is admitted to the hospital. Most of the hospitals maintain a record of patient's illnesses and get regular feedbacks from patients which help to improve service quality.

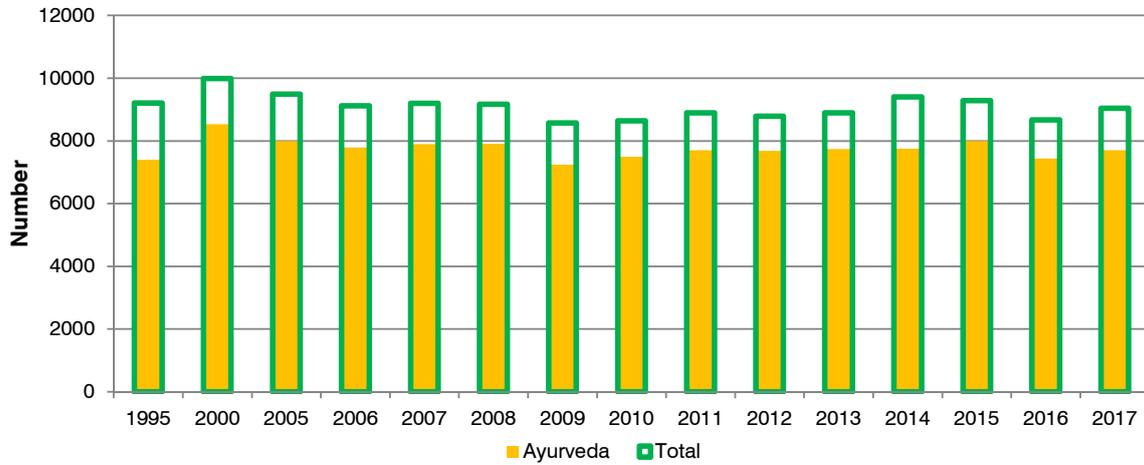
4.2.2 Pharmacies

Available information shows that within the overall AYUSH system of medicine, Ayurveda pharmacies occupied the largest share (around 85 per cent). On April 1, 2017, there were about 7,698 Ayurveda pharmacies in India out of which only 33 (0.4 per cent) were managed by the Government and the remaining 7,665 (99.6 per cent) were managed by non-Government bodies. Further, 88.9 per cent of the Ayurveda pharmacies followed good manufacturing practices while the remaining 11.2 per cent did not.

Over the years, there has been a varied trend in the number of Ayurveda pharmacies and the total number of AYUSH system pharmacies (see Figure 7). However, Ayurveda pharmacies have always held the highest share in the total AYUSH system pharmacies in India, which has remained in the range of 80-90 per cent. Rather, the share has increased from 80 per cent in 1995 to about 85 per cent in 2017.

As of April, 2017, among states, Uttar Pradesh (19.6 per cent) has the highest number of Ayurveda pharmacies, followed by Maharashtra (10.16 per cent), Kerala (9.69 per cent), Madhya Pradesh (8.82 per cent), Gujarat (6.88 per cent) and Haryana (5.81 per cent), among others. In majority of the states, most pharmacies follow good manufacturing practices (GMP). Only in a few

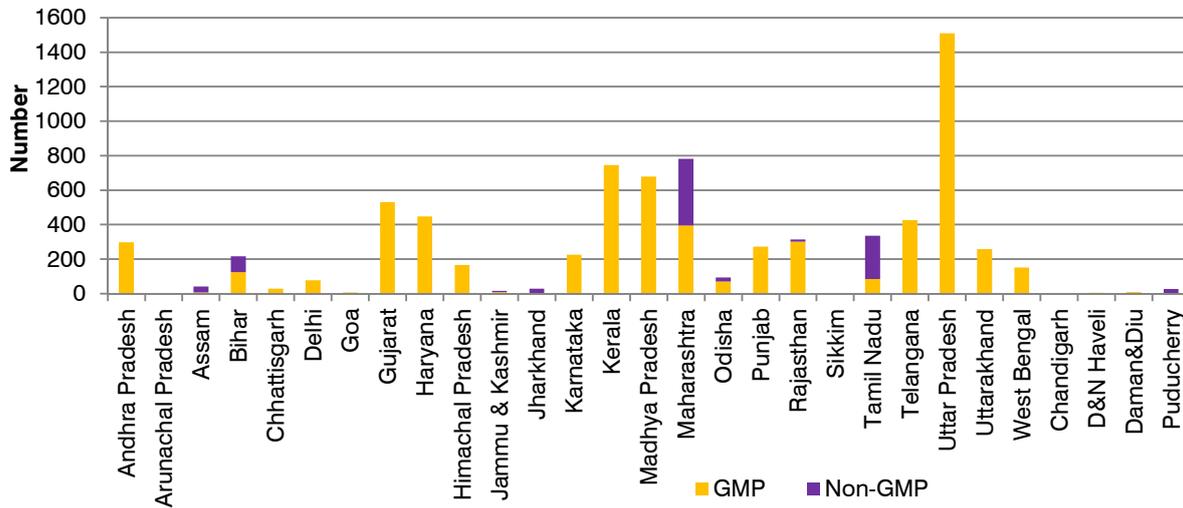
Figure 7: Number of Ayurveda and AYUSH System Pharmacies in India (1995-2017)



Source: Data extracted from Ministry of AYUSH, accessible at <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 11, 2018).

states/UT such as Arunachal Pradesh, Assam, Jharkhand and Puducherry, the pharmacies following non-good manufacturing practices (non-GMP) are more than those following GMP. There are other states such as Bihar, Jammu and Kashmir and Maharashtra where there are either equal or slightly less than equal number of pharmacies following non-GMP (see Figure 8).

Figure 8: State-wise and Manufacturing Practice-wise Distribution of Ayurveda Pharmacies in India as of April, 2017



Source: Data extracted from Ministry of AYUSH, accessible at <http://ayush.gov.in/genericcontent/ayush-india-2017-0> (accessed on July 11, 2018).

To meet the growing demand, support and inclination towards Ayurveda products, there is need for licensed Ayurveda pharmacies that follow good manufacturing practices for manufacturing Ayurveda drugs.

4.3 Wellness Centres and Spas: Solely Ayurveda or Ayurveda as a Major Component

As regards wellness centres and spas, there is no data with the Government which can help to understand the size of the sector, its contribution to the economy and its growth. Wellness centres can be solely for Ayurveda treatment or they can offer other types of treatment. The discussions with Government and industry shows that there are around 1,50,000 wellness centres in India offering some kind of Ayurveda treatment but only 10 per cent of them may be specific to Ayurveda form of treatment or may meet the quality standards.

The Ministry of Tourism, Department of AYUSH and NABH has set up a process for accreditation of wellness centres. It is a voluntary programme and a “Mark of Excellence” is provided to the accredited centres which is expected to give confidence to the tourists and locals that the centres are providing services as per global standards and by credentialed staff (qualified and trained) and rights of customers are protected.³⁰ The Government has also come with guidelines for promotion of wellness and medical tourism.

The National Health Policy(2017), accords high importance to primary healthcare and highlights that primary healthcare facilities, which provides a package of services including geriatric health care, palliative care and rehabilitative care services which can be referred to as ‘health and wellness centres’. Thus, wellness centres have received special attention from the Government in the recent past and are largely linked to primary care. The policy also has a vision to provide ‘health for all’ and universal health coverage and to achieve this, the Government conceived ‘Ayushman Bharat’ (Healthy India) scheme. Under this scheme, one of the components is to have 1.5 lakh health and wellness centres in the country by 2022 to bring health care closer to people. These centres will provide Comprehensive Primary Health Care (CPHC) covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.³¹ Thus, primary care, which is also an essential component of Ayurveda in India, has received new impetus from the Government.

The survey found that some of the companies (for example, Kairali Ayurvedic Centre) have a number of centres across multiple countries including Japan, Mauritius, United Arab Emirates (UAE), Thailand, Bulgaria, Czech Republic under different operating models such as Franchisee-Owned Company-Operated (FOCO) and Franchisee-Owned Franchisee Operated (FOFO). A wellness centre with around 20 branches has around 100 full-time employees in total. The average cost of treatment is INR 2500, but the costs vary by packages, diseases and span of treatment.

While most wellness centres do not have stay facilities a number of centres are now creating stay facilities. The major treatment for which consumers visit wellness centres

³⁰ Source: <http://www.qcin.org/nabh/apwc/> (accessed on July 11, 2018).

³¹ For details see <https://www.abnhpm.gov.in/about> (accessed on August 3, 2018)



include weight management, pain management, stress management, skin care treatments and Detox treatment. The survey found that around 95 per cent of patients in wellness centres for day treatment are Indians while around 80 per cent of foreigners come to stay in wellness centres from Europe, Japan, the US and rest of the world for treatments like Panchkarma, Detox and Sukha Chikitsa (wellness treatment).



5.

Reaching out to Consumers

With technological developments, the CII survey found that Ayurveda products and services are reaching out to consumers in a variety of ways. The products can be positioned as medicines or food supplements or food products. They can be accordingly sold through Ayurveda specific pharmacies, general pharmacies, store and non-store (on-line and social media) retail formats. Ayurveda products are sold through both organised/formal and unorganised/informal retail formats. Of late, sale of Ayurveda products through e-commerce is increasing. A manufacturer can position his/her products as Ayurveda, herbal/natural or organic depending on the market demand. The market demand is growing for all these categories and there is a tough competition among them.

A number of companies are using technology to provide Ayurveda services and some of them provide both products and services. For example, although primary business of Jiva Ayurveda is services, they also manufacture products. They have 250 doctors and 150 support staffs and 80 physical clinics but majority of their service is through telemedicine where a patient can call and connect with an Ayurveda practitioner. They receive calls from around 6000 patients per day out of which 75 per cent are call-back patients (i.e. those who have taken the treatment before). A key component of their service is education services where they digitalise Indian traditional books and literature and provide knowledge to people. They also own facilities for Ayurveda treatment.

5.1 Demand Scenario and Consumer Behavior in India

There is no pan-India survey or official system of data collection on demand for Ayurveda products and services. The Ministry of AYUSH is working on this data gap. A number of studies focusing on specific companies or region or on the basis of small sample size have been conducted by researchers to understand the demand scenario and consumer profile. These studies show that Ayurveda and wellness sector is largely driven by the demographic and lifestyle factors in the country. Rising population, large proportion of youth and increasing risk of both communicable and non-communicable diseases are shaping the future of Ayurveda



and wellness industry in the country. Ayurveda reaches out to consumers across all income groups. According to a report³²; one in four Indians risks dying from a non-communicable disease before reaching the age of 70 years. All these factors are leading to an increased demand for natural therapies in the country. According to another study, Ayurveda has a major role in Indian healthcare system and occupies a share of 70 per cent in the formal drugs market (Bulsara and Yadav, 2018). The market is likely to grow further. According to Deshpande (2015), the demand for herbal products worldwide has increased at an annual rate of 8 per cent during the period of 1994–2001, and based on a WHO report, the paper highlights that the global herbal market would be worth USD5 trillion by the year 2050. The paper further highlights that out of the thousands of units in the sector, only around 35 have sales of INR500 million. Thus, the demand scenario is promising.

There are various studies looking at the consumer behavior towards Ayurveda products and services. Most of these studies focus on a particular city/district in the country. For instance, Rajani (2016), based on a survey of 50 respondents in Palakkad district of Kerala using structured questionnaire highlighted that a majority of the respondents consider Ayurveda as a better system of medication over Allopathy, Homeopathy, Unani and others. Out of the total respondents, around 96 per cent were regular customers of herbal products. Ayurveda products were purchased due to factors such as goodness and popularised by word-of-mouth.

Based on a review of secondary literature, Bulsara and Yadav (2018) found that in Gujarat, there is a preference for traditional medicines over allopathic treatment due to the preventive and curative nature of medication. Further, it is highlighted that while the traditional system of medicine takes time, it does not have any side effects. Greater awareness is being generated about Ayurveda products.

Another study (Arya, et. al. 2012) conducted in Joginder Nagar region of Himachal Pradesh using a structured questionnaire with 500 respondents found that 64.8 per cent of the respondents preferred Ayurveda medicines over allopathy, homeopathy and Unani. It is also considered reliable by majority of the respondents. Many of the respondents (around 77 per cent) were habitual consumers of Ayurveda products for ailments like common cold, allergy and cough, among others. Most of the consumers consume these medicines without Doctor's prescription and often these are consumed with allopathy and homeopathy medication. It is worth mentioning that the region where the survey was conducted is located in the north-east corner at an average 3,314 feet, located in the north-western ranges of the Himalayas and thus is fairly remote.

As regards recommendation for furthering the growth of Ayurveda products, a study by Lakshmi, et. al. (2017) conducted using semi-structured questionnaires with 202 patients in Tamil Nadu found that most patients look for quicker response from medicines and thus, companies in the sector should invest resources on developing Ayurveda medicines with quick response. Further, there is a need for better visual marketing and campaigns to increase public awareness. This will also assist in mainstreaming Ayurveda.

³² See <http://economictimes.indiatimes.com/news/politics-and-nation/25-of-indians-may-die-of-lifestyle-diseases-before-they-are-70-study/articleshow/48463055.cms> (accessed on August 24, 2018)



6.

International Trade and Investment Flows

6.1 International Trade

Ayurveda trade includes trade in both Ayurveda products (goods) and services.

6.1.1 Trade in Goods: Intermediaries and Final Products

As regards the trade in products/goods, the Directorate General of Commercial Intelligence and Statistics (DGCI&S) compiles Foreign Trade Statistics for India. Data is available at the Department of Commerce website. Prior to 2003-04, for the purpose of foreign trade, AYUSH medicants and medicaments were categorised in two heads namely: “Ayurvedic and Unani medicines” and “Homoeopathic medicine” only. However, 2003-04 onwards, medicants and medicaments of Ayurveda, Unani, Siddha, Homoeopathic and bio-chemic systems have been differentiated and the import-export data related to foreign trade in respect of all these items is being recorded separately. The data is compiled using the Harmonised System (HS) classification.

Difference between HS30039011 and HS30049011:

HS 30039011 is a medicant of Ayurveda system, which is a medicinal substance or compound. According to the HS classification, it is not for retail sale and can only be used as an input for its therapeutic and prophylactic use.

Compared to this, HS 30049011 is a medicament of Ayurveda systems or medicines for retail sale.

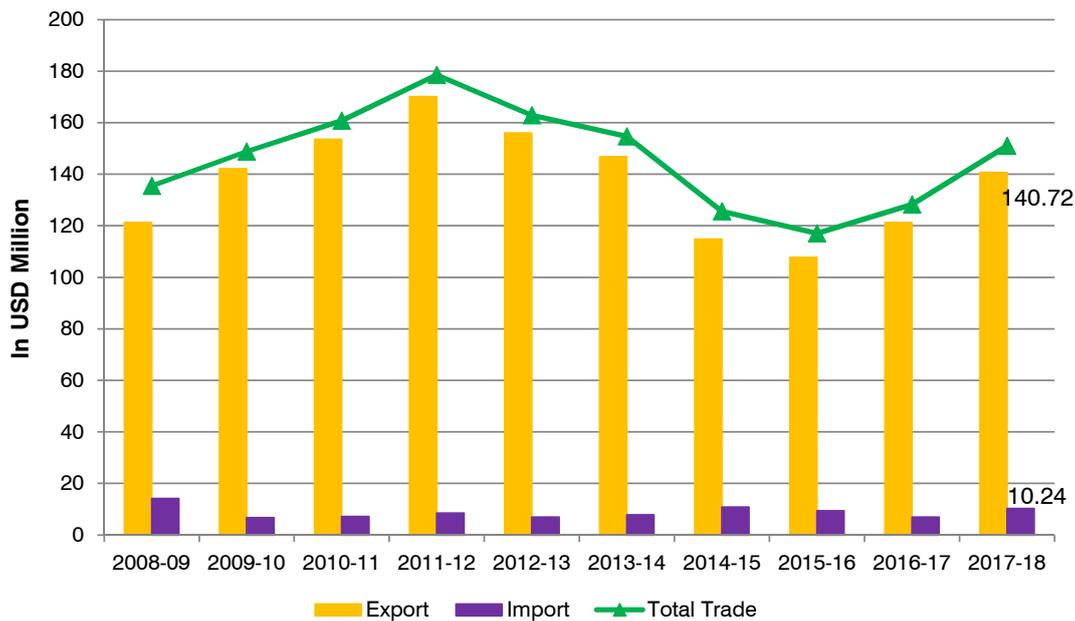
According to the HS classification, trade in Ayurveda products is covered under the following codes:

- HS30039011: Medicants of Ayurveda Systems
- HS30049011: Medicaments of Ayurveda Systems

These two are covered under the broader heading of Pharmaceutical Products (HS30).

India's trade in Ayurveda products (including medicants and medicaments) has shown a mixed trend over the last decade. From 2008-09 to 2011-12, total trade in Ayurveda products increased. Since 2012-13 onwards it declined and picked up again in 2015-16. India's total trade in Ayurveda products (including medicants and medicaments) in the year 2017-18 was USD150.96 million (see Figure 9). Thus, compared to 2008-09, India's total trade in Ayurveda products (including medicants and medicaments) has increased by 10.3 per cent approximately. The share of India's trade in Ayurveda products (including medicants and medicaments) in its total trade is small at 0.02 per cent.

Figure 9: India's Trade in Ayurveda Products (including medicants and medicaments)



Source: Compiled from Department of Commerce website accessible at <http://commerce-app.gov.in/eidb/default.asp> (accessed on September 6, 2018)

As shown in the figure, India has a trade surplus with respect to Ayurveda products (including medicants and medicaments). In the year 2017-18, India's total exports in Ayurveda products (including medicants and medicaments) amounted to USD140.72 million while its imports were around USD10.24 million. Thus, the total trade surplus amounted to USD130.48 million.

As mentioned earlier, there are two broad categories of Ayurveda products - medicants of Ayurveda systems (HS30039011), which largely include inputs that are not for retail sale and medicaments of Ayurveda systems (HS30049011), which include medicines meant for retail sales. In India, the export of medicaments (HS30049011) is much greater than the export of medicants (HS30039011). In the year 2017-18, total export of medicants was about USD14.22 million (around 10 per cent) while the export of medicaments was USD126.50 million, accounting for nearly 90 per cent of total Ayurveda exports. Thus, the export of finished products is more than the export of raw material. A number of companies such as Arya Vaidya Pharmacy have registered their products (medicines, health supplements and cosmetics) in countries such as Oman, Malaysia and Latvia.

As regards imports, in the year 2017-18, Indian imported more medicants (USD9.09 million) as opposed to medicaments (USD1.15 million) highlighting that the import of raw material is more than the finished products when it comes to trade in Ayurveda systems. This has been the trend throughout the period from 2008-09 to 2017-18 (see Table 4 for details).

Table 4: Export and Import of Medicants and Medicaments during 2008-09 and 2017-18

Year	Export (USD Million)		Import (USD Million)	
	HS30039011	HS30049011	HS30039011	HS30049011
2008-09	51.07	70.22	6.68	7.46
2009-10	24.99	117.14	4	2.67
2010-11	38.02	115.52	5.98	1.21
2011-12	33.03	137.02	7.22	1.24
2012-13	22.97	132.98	6.54	0.38
2013-14	20.56	126.27	7.06	0.74
2014-15	18.02	96.75	10.18	0.6
2015-16	13.02	94.71	8.88	0.47
2016-17	15.67	105.59	5.89	1.06
2017-18	14.22	126.5	9.09	1.15

Source: Compiled from Department of Commerce website accessible at <http://commerce-app.gov.in/eidb/default.asp> (accessed on September 6, 2018)

India's major trading partners for export and import of Ayurveda products are varied.

As regards the export of medicants (HS30039011), in the year 2017-18, the United States (US), Nepal and the UAE, among others are India's major export destinations. In the same year, the top export destinations for the

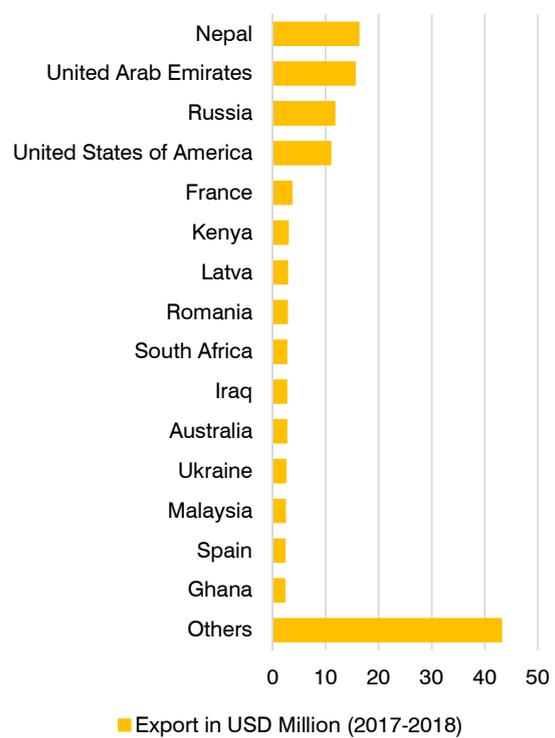
export of medicaments were Nepal, UAE, Russia and the US, among others (see Figures 10a and 10b).

By countries, the top import partner for import of medicaments (HS30039011) in the year 2017-18 is Nepal accounting for more than 90 per cent of the total import. In the same year, the top import partners for the import of medicaments (HS30049011) are Sri Lanka and Russia, together accounting for more than 80 per cent of the total import of medicaments.

Figure 10a : India's Export of Medicants (HS30039011)



Figure 10b: India's Export of Medicaments (HS30049011)



Source: Compiled from Department of Commerce website accessible at <http://commerce-app.gov.in/eidb/default.asp> (accessed on September 6, 2018)

Thus, the secondary data shows that trade is still a small proportion of India's Ayurveda market and it is concentrated in a few export destinations and import sources. India's trade in Ayurveda products did slow down for a few years, however, over the last couple of years it has picked up again. The in-depth meetings with Ayurveda manufacturing companies highlight that only 10-15 per cent of the products or 1-2 per cent of manufacturing by volume is exported as Ayurveda products. Similarly, only 1-2 per cent of the products are registered in foreign countries as drugs and sold through pharmacies. Most products are exported as food supplements or health supplements to markets such as the US and the UK.

For exports, companies follow the importing country regulations. In Canada, for example, Natural Health Product (NHP) registration is needed and many Ayurveda products are sold under that registration. In Georgia, Ayurveda is under free sale certification. In Nepal and Bangladesh Certificate of Pharmaceutical Products (COPP) is needed for exports.³³

In India, there is a shortage of herbs and there are restrictions on imports of certain herbs. However, of late there is a large informal trade in this segment and this needs further investigation.

6.1.2 Trade in Services

India has the potential to offer Ayurveda services and this is offered in various ways. First, a number of foreign patients come to India to avail Ayurveda treatment and spa facilities. They are covered under the category of medical tourism (see Box 1). The DGCI&S conducts a survey of medical value tourism in the state of Kerala. According to the information provided by the DGCI&S in the medical value tourism sector the state of Kerala receives tourist from as many as 50 countries. In their study, 96 per cent of the sample Ayurveda firms provided rejuvenation cum curative treatments; the others have only rejuvenation/wellness treatments. The foreign clients availed both one and two hours of massage in resorts and curative treatment. Neuro-muscular and muscular-skeletal problems including limb and vertebral problems, obesity, stress management, life style diseases, degenerative and old age diseases such as rheumatic arthritis and osteoporosis, sinusitis, migraine etc. were the most common health problems for which foreign clients came for treatment. The survey also showed that many foreign clients (around 19 per cent) come back for repeat visits. In 2017, the DGCI&S again conducted a survey of 70 hospitals and wellness centres which receives foreign clients.

Among the different Ayurveda companies, Jiva Ayurveda has entered into an international partnership through education. The company has trained foreign coaches from countries such as Japan and France who in turn spread Ayurveda through schools such as Jiva Japan School. The Kripalu Center for Yoga & Health is an example of how AYUSH is reaching international markets.

³³ For example See; [http://www.cdsc0.nic.in/writereaddata/Uploading%20of%20Data%20of%20COPP%20granted%20by%20CDSCO_July-17\(1\).pdf](http://www.cdsc0.nic.in/writereaddata/Uploading%20of%20Data%20of%20COPP%20granted%20by%20CDSCO_July-17(1).pdf) (accessed on August 24, 2018)

BOX 2: AYURVEDA - A FRESH IMPETUS TO MEDICAL VALUE TRAVEL

Over the last few years, there has been a rise in medical tourism in India. Number of medical tourists in India stood at around 234,000 in 2015, and 427,000 in 2016 and 495,000 in 2017. India offers affordable and high-quality healthcare systems and along with English-speaking medical staff that has an international appeal. In the year 2018, India had around 18 per cent of the global medical tourism market (The Hindu). In the year 2015, its medical value travel (MVT) was estimated to be USD3 billion and is projected to grow at a compound annual growth rate of 15 per cent. It has been estimated that by 2020, India's medical tourism industry could be worth USD9 billion, and account for 20 per cent of the global market share (FICCI and IMS Health India Report).

AYUSH, particularly Ayurveda is an important component of India's growing medical tourism, which has enabled India in positioning itself as the holistic destination for alternative medicine. The practice of Ayurveda is spread across different Indian states and it is popular in the West. Indian states such as Kerala, Tamil Nadu and Karnataka are particularly popular among tourists for wellness treatment. With the growing focus of the Government, there has been an increase in the AYUSH infrastructure. Moreover, with the establishment of the All India Institute of Ayurveda, there has been a fresh impetus to the growth and credibility of the sector. The traditional medical sector is developing Traditional Knowledge Digital Library to prevent companies from claiming patents on such remedies (Indian Brand Equity Foundation). This is likely to preserve the practice and enable further growth and popularity amongst foreigners.

Source: Medical Tourists Flocking to India, The Hindu, July 23, 2018; Medical Value Travel in India: Enhancing Value in MVT by FICCI and IMS Health India, accessible at <http://www.ficci.in/Medical-Value-Travel-Report.pdf> (accessed on August 24, 2018); Indian Brand Equity Foundation.

6.2 Foreign Direct Investments

According to the Department of Industrial Policy and Promotion's (DIPP) consolidated foreign direct investment (FDI) policy, 100 per cent FDI is allowed through the automatic route in the AYUSH sector and Ayurveda drug manufacturing is seen as an important investment opportunity sector from the viewpoint of foreign investors.³⁴ Yet, the Government does not maintain separate data for FDI in Ayurveda industry which makes it difficult to estimate the investment flows.³⁵ The data provided by DIPP shows that total cumulative FDI inflow into drugs and pharmaceutical sector during the period April 2000 to June 2018 was USD15.8 billion (4.06 per cent of total FDI in India during the period). Cumulative FDI in hospitals and diagnostic centres during the same period was USD5.2 billion (1.35 per cent of total FDI in India during the period).³⁶

³⁴ See <http://www.makeinindia.com/sector/wellness> (accessed on August 12, 2018)

³⁵ For details see Response to Rajya Sabha Questions <http://dipp.nic.in/sites/default/files/ru3696.pdf> (accessed on August 12, 2018)

³⁶ For detail see http://dipp.nic.in/sites/default/files/FDI_FactSheet_23August2018.pdf (accessed on August 28, 2018).

As regards India's outward investments in Ayurveda industry, the data is sketchy. Data on India's overseas investments is available from the Reserve Bank of India (RBI) website. The RBI publishes monthly data for broad sectors of investments, which does not explicitly mention Ayurveda industry. However, a closer look at company-wise data reflects information for some of the large Ayurveda companies that have made invested abroad.

Some of the top investors are – Dabur India Limited, which has invested about USD207.6 million in UAE since July 2007; Siddhayu Ayurvedic Research Foundation, which has invested about USD11.6 million in Indonesia and UAE since July 2007; Kerala Ayurveda Pharmacy Limited, which has invested about USD10.7 million in the US and Germany since July 2007. Most of the investments are made in the manufacturing sector. Other investors include companies such as Ayurvedic Natural Healthcare Centre Private Limited, Shahnaz Ayurveda Private Limited, Vaidya Sane Ayurved Laboratories Private Limited, Santhigram Ayurvedic and Spiritual Resort Private Limited and Patanjali Ayurved Limited, among others.

The growth of trade and investment flows will depend on the demand for Ayurveda globally. The CII survey found that Ayurveda can be registered and legally practiced in Gulf Cooperation Council (GCC) countries and countries such as Mauritius. Russia and Myanmar also accept traditional Indian medicine. It is recognised in all SAARC countries except Pakistan and Afghanistan. In the US, where Ayurveda is yet to be recognised as a medical practice and drugs needs FDA (Food and Drug Administration) registration, Ayurveda practices is popularised as wellness and products are sold as food and health supplement. An US based start-up named, Curejoy, adopted social media to spread the concept of Ayurveda by providing information on healthy living. The company reaches out to 100 million people each month through social media platforms and works with a set of experts, including Ayurveda doctors, nutritionists and health coaches to promote healthy living. Around 40 per cent of their consumers are in the US, 25 per cent in India and remaining are spread across other countries. They have setup manufacturing units for health supplements in the US and are planning to expand to India. Thus, companies are exploring innovative ways to spread Ayurveda in global markets.

A number of hospital chains are planning to expand to countries such as the US, Russia and GCC. They pointed out that they need financial support from the Government to build awareness about this form of practice. The Government may also work with other countries to get the Ayurveda doctors registered which will allow them to practice. These are discussed in more details in policy recommendation section.



7.

The Issues

- **Lack of Data:** The core issue faced in estimating the size of the sector, its contribution to the GDP, employment, and its socio-economic impact is the data gap. There is no official source of data on (a) Ayurveda manufacturing sector, (b) private hospitals, clinics, wellness centres and spas, (c) employment generated and manpower requirements (d) raw material availability and requirements (f) trade in Ayurveda services and (e) consumers of Ayurveda. Unless such data is collected and collated, it is difficult to get a comprehensive analysis of the size of the sector, project its future growth and showcase the sector in global platforms.
- **Shortage of Manpower:** The survey found that there is a shortage of manpower and skilled professionals (doctors, paramedical staff, therapists and nurses) in this field. Further, there seems to be a lack of Government approved and/or recognized paramedical training courses and there is no uniformity in the skill and knowledge. A number of companies offer training to develop skills like therapists.
- **Product Classification:** Product classification depends on usage and the products can be classified as Ayurveda products or food supplements. Accordingly, companies are registered with both Ministry of AYUSH and FSSAI.
- **Shortage of Quality Raw Materials:** All the companies in manufacturing sector pointed out that there is a severe shortage of certain kinds of medicinal plants/herbs, because they are either becoming endangered or there can be lower production due to factors such as adverse weather conditions. For example, variable production of Amla may lead to fluctuation of rates or its non-availability. Further, there are wide variations in quality of raw materials. There is no Government approved standards for intermediate products and herbs and this has resulted in wide variety in standards. If pesticides are used by farmers above the maximum residue limit specified by some markets such as the US and the EU, the products/herbs can get rejected. As per Drugs and Cosmetics Act, raw material should comply with the quality specifications of Ayurvedic Pharmacopeia of India, which is a legalised document of the Government of India describing the quality, purity and strength of selected drugs that are manufactured, distributed, and sold by the licensed

manufacturers in pan-India. However, as per the estimates of the survey participants, almost 5 per cent of the raw materials fail on remediable parameters like ash value, foreign matter, moisture content, etc., while 1-2 per cent fails on non-remediable parameters, for example, marker compounds, assay content or TLC. The survey also found that shortages and quality issues may also be due to factors such as non-availability of post-harvest facilities at primary level, lack of testing laboratories, etc., in the hubs where medicinal plants are produced, such as the North East. Moreover, extracts are not covered under Rule 158 of Drugs and Cosmetics Act, which can lead to variable quality standards.

- **Variable Quality Standards of Manufacturing Units and Services:** There are wide variations in quality standards of hospitals, manufacturing units, wellness centres. This is a cause for concern of service providers who are trying to implement international best practices. According to survey participants, 40 per cent of the manufacturers do not have WHO-GMP certification.
- **Product Patents and R&D Related Issues:** Most Ayurveda products are not patented as Ayurveda is treated as a traditional knowledge. This makes it difficult to have proprietary rights on the drugs. There is limited funding for R&D in this area.
- **Lack of Product Traceability:** Product traceability is essential for exports and unless traceability is implemented patients are at a risk. Unless product traceability and standards are implemented manufactures pointed out that it is difficult for them to export.
- **Variation across States in terms of Ayurveda Policy.** There are variations across states with respect to their support for Ayurveda. For example, as shown in Table 5 in some states Animal Husbandry Departments do not include Ayurveda/Herbal products for their purchases and only tender for chemical products.

Table 2: Distribution of Ayurveda Hospitals and Dispensaries as per Jurisdiction (as on April 1, 2017)

S No	States which Buys Herbal Products	States which do not Buy Herbal Products
1	Assam	Kerala
2	Arunachal Pradesh	Tamil Nadu
3	Andhra Pradesh	Gujarat
4	Telangana	Maharashtra
5	Karnataka	Madhya Pradesh
6	Haryana	Rajasthan
7	Himachal Pradesh	Chhattisgarh
8	Jammu & Kashmir	Punjab
9	West Bengal	UP
10	Jharkhand	Uttarakhand
11	Goa	Bihar



S No	States which Buys Herbal Products	States which do not Buy Herbal Products
12	Orissa	Manipur
13	Tripura	Meghalaya
14	Sikkim	Mizoram
15	Pondicherry (UT)	Nagaland

Source: Information provided by CII members

- **Difficulties in Registering the Product as Drug in Foreign Countries:** One of the reasons that Ayurveda products are not exported as food supplements is because of the lack of recognition of this traditional medical practice and difficulties in doing clinical trials. In some countries Ayurveda products, especially single herb preparations can be sold as food supplements or dietary supplements but these cannot be sold as medicines since Ayurveda is not recognized under the healthcare system. In spite of the growing awareness about Ayurveda globally, it is still limited. The cost of registration may be high and companies faced issues of scientific validation and clinical trials.
- **Issues in Registering Poly Herbal Formulation Abroad:** In most of the countries, there is no provision to register poly herbal (more than one herb) formulations. Most Indian Ayurveda Products have multiple herbs. Some countries have registration rules for products containing single herb/essential oils. This creates barriers for exports of Ayurveda animal health products. Further, many Indian medicinal plants are not registered/approved for use in many countries, creating barriers for product approvals.
- **Non-recognition and Degree and Traditional Medical Practice:** This is a major barrier to export of Ayurveda services, especially medical practitioners. According to the survey participants there is a huge demand for Ayurveda doctors, care givers or Ayurveda wellness consultants outside India but most of the Indian certifications are not valid. Since, an Ayurveda doctor can only practice as an Ayurveda consultant in most countries, it adversely impacts their earning potential.
- **Sector-specific issues:** The recent natural disaster in Kerala has adversely affected the wellness and spa sector in the state. Some hospitals, clinics and dispensaries have pointed out that due to high demand, their ability to accommodate and treat patients is getting saturated and there is need for funding for fast expansion.



8.

Recommendations and Way Forward

The high growth of the Ayurveda sector in the recent years has been possible due to the continued support of the Government, especially the proactive measures taken by the Ministry of AYUSH. The industry will continue to grow if some of the concerns listed above can be addressed. These are:

- **Have a Robust System of Data Collection:** To support the growth of the industry, it is important to identify the data gaps, understand the needs and requirements of the private sector, understand the socio-economic contribution of this sector, among others. For promoting “brand Ayurveda” in domestic market and global platform the Ministry of AYUSH needs to have a more robust database, which can be generated through a comprehensive survey of all stakeholders. The Ministry needs to regularly collect data on the growth performance of the sector, raw materials and manpower availability, barriers faced in goods and services exports, etc. While there are shortages of certain medicinal plants, the survey found that some species which had earlier become endangered can now be cultivated. Data on raw materials and intermediary products will be required to sustain future demand. Data will help the Government to take informed policy decisions. In this regard, since majority of the sector is privatised, the Ministry of AYUSH may form a consortium partnership with industry associations such as CII and research organizations to collect, collate and present data on the sector.
- **Formulate a Short-term and Long-term Vision Document:** While the Government has supported the industry through various initiatives, the sector will attract more investment and create more jobs if the Government comes up with a short (five-year) and long-term (10 year) vision document. In formulating the vision document, the Government can work closely with the industry and industry associations to design policies that will help the industry to become productive and competitive.
- **Promote and Globalise Ayurveda:** The Government can work jointly with the industry and its associations to globalise “Brand Ayurveda” and increase awareness of this system of practice through G20 and other multinational fora. Specifically in the G20, the Government may work with like-minded countries to promote traditional medicines and remove barriers to their exports.



- **Address Shortages of Raw Materials:** Various measures can be taken to address shortages of raw materials. The survey participants pointed out that Government can register raw material vendors, provide information on production of raw materials by states, provide access of waste land to industry for cultivation of medicinal plants, etc. The Government can establish an online portal where herbal products manufacturer, extract manufacturers, etc., can register and select business partners. This will cover various aspects of procurement from domestic and foreign markets and help to align the efforts of different State Medicinal Plant Boards. Further, technologies such as block chains can be used through this portal to ensure transparency and traceability. To mitigate shortages of raw materials, these are sometimes imported through informal channels. Thus, imports may be formalised, based on requirements and demand-supply gaps. There is need to work closely with Customs and implement technologies, which can help to identify products with different names, so as to avoid their entry through informal channels.
- **Focus on Quality and Standards:** It is important for the Government to focus on quality and standards of the manufacturing units, service providers, treatment procedures, raw materials used and manpower engaged in this sector. The Government needs to work closely with the industry to design standards for raw materials. Tax incentives and other measures may be given to help the industry in upgrading standards. The industry may be encouraged to invest in R&D through liberal tax incentives or soft loans. The Government may work with the industry to implement a system of product traceability. It may also work with industry to ensure protection of traditional knowledge. It is important to draw up a list of laboratories which meet international standards and share it with the industry. The Government may also establish best practices or standard guidelines for evaluation of clinical trials.
- **Support Industry in Implementing Technology:** Industry may be encouraged through the right policies to invest in technologies. For example, industry can be encouraged to use Artificial Intelligence and Machine Learning to analyse clinical data. Ayurveda companies can use e-commerce platforms to access more clients and consumers. It is important to develop a database and network of Ayurveda practitioners. At present, there are some databases but they are not comprehensive. Digital supply chain using block chain technologies can be used to ensure quality, traceability and transparency. The initiatives in this sector and be linked to other Government initiatives such as “Digital India” or “Start-up India” initiative.
- **Promote Exports:** A number of measures can be taken to promote exports. First, the Government can support the businesses by organising promotional events, workshops, seminar, etc. in other countries which will create awareness of Ayurveda and this will also help to develop medical tourism in India. The Government may work with other countries to address concerns related to registration of poly herbal (more than one herb) formulations and come up with a process of harmonisation of drug registration requirements. Since a number of players in this sector are small and mid-sized industry the Government can share more information on how they can register their products or practice in other countries. The Government can provide support for R&D and for meeting



quality standards for exports. In order to promote exports, COPP based on WHO-GMP may be expanded to include non-herbal ingredients such as Bhasmas.

- **Policy Uniformity across States:** Policy uniformity across states and support of the state Governments are essential for this sector to grow. The Ministry of AYUSH can identify and share the best practices across states.
- **Focus on Human Resource:** As the sector grows there is a shortage of human resources and it is important to invest in well-trained and motivated human resources. The industry may work with Ministry of AYUSH and National Skill Development Corporation India (NSDC) to identify the skill gaps and training needs in the sector. It is also important to understand what requirements need to be fulfilled to make the Indian degrees acceptable in some key countries (accordingly the curriculum may also be revised).
- **Support through Insurance Policy and Coverage:** Ayushman Bharat Yojana or National Health Protection Scheme has recognised Ayurveda to be covered under insurance. However the industry needs more clarity as to how it will be implemented. A clear guideline may be provided in this respect.



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9.

Appendix A

Table A1: List of NABH Accredited Ayurveda Hospitals in India as of July 2018

Name	Valid Upto	City/District	State
AyurVaid Hospital, Domlur Extension, Bangalore, Karnataka, India	20-Oct-19	Bengaluru	Karnataka
Maharishi Ayurveda Hospital, Khosla Medical Institute & Research Society, New Delhi, Delhi, India	01-Sep-20	New Delhi	Delhi
Amala Ayurvedic Hospital & Research Centre, Thrissur, Kerala, India	14-May-21	Thrissur	Kerala
Sreedhareeyam Ayurvedic Eye Hospital & Research Centre (Pvt.) Ltd , Ernakulam, Kerala, India	02-Aug-21	Ernakulam	Kerala
Soukya Indian Holistic Health Centre Pvt. Ltd., Bangalore, Karnataka, India	22-Nov-18	Bengaluru	Karnataka
AyurVaid Hospital, Ramamurthy Nagar Extn., Bangalore, Karnataka, India	04-Apr-19	Bengaluru	Karnataka
Sahaya Holistic Integrative Hospital Pvt. Ltd., Bangalore, Karnataka, India (Accreditation Withdrawal)	23-Jun-19	Bengaluru	Karnataka
Punarnava Ayurveda Hospital Pvt. Ltd., Edappally North, Cochin, Kerala, India	28-Jan-20	Cochin	Kerala
Kalari Kovilakom, Kollengode, Palakkad, Kerala, India	28-Jan-20	Palakkad	Kerala
I-AIM Healthcare centre (IHC), Bangalore, Karnataka, India	06-Jul-20	Bengaluru	Karnataka
Ashtavaidyan Thaikkattu Mooss Vaidyaratnam Nursing Home, Thrissur, Kerala, India	16-Feb-21	Thrissur	Kerala
Nagarjuna Ayurvedic Centre Ltd., Ernakulam, Kerala, India	01-Sep-18	Ernakulam	Kerala
Ahalia Ayurveda Medical College, Palakkad, Kerala, India	15-Mar-19	Palakkad	Kerala



Name	Valid Upto	City/District	State
Kaya Kalp, Himlayan Institute for Yoga & Naturopathy, Palampur, Himachal Pradesh, India	09-May-19	Palampur	Himachal Pradesh
KLE University 's Ayurved Hospital & Medical Research Centre, Belgaum, Karnataka, India	02-Jul-19	Belgaum	Karnataka
Kokila Siddha Hospital & Research Centre, Madurai, Tamil Nadu, India	06-Sep-19	Madurai	Tamil Nadu
Vaidyaratnam PS Varier's Arya Vaidya Sala Kottakkal Ayurvedic Hospital And Research Centre , Kottakkal, Kerala, India	09-Nov-19	Kottakkal	Kerala
Ayurgreen Ayurveda Hospital Pvt. Ltd., Malappuram, Kerala, India	11-Mar-20	Malappuram	Kerala
Matha Ayurveda Eye Hospital (Moongode) Pvt. Ltd., Trivandrum, Kerala, India	05-Jul-20	Trivandrum	Kerala
AVN Arogya Ayurvedic Hospital, Madurai, Tamil Nadu, India	05-Jul-20	Madurai	Tamil Nadu
All India Institute of Ayurveda , Delhi, Delhi, India	05-Jul-20	Delhi	Delhi
Sri. Babu Singh Jai Singh Ayurvedic Medical College and Hospital, Farrukhabad, Uttar Pradesh, India	05-Aug-20	Farrukhabad	Uttar Pradesh
National Institute of Ayurveda, Jaipur, Rajasthan, India	10-Sep-20	Jaipur	Rajasthan
Patanjali Ayurved Hospital, Haridwar, Uttarakhand, India	14-Nov-20	Haridwar	Uttarakhand
Somatheeram Research Institute And Ayurveda Hospital, Thiruvananthapuram, Kerala, India	14-Nov-20	Thiruvananthapuram	Kerala
Sree Subramania Ayurvedic Nursing Home, Calicut, Kerala, India	14-Nov-20	Calicut	Kerala
Naiminath Homoeopathic Hospital, Agra, Uttar Pradesh, India	14-Nov-20	Agra	Uttar Pradesh
JSS Ayurveda Hospital, Mysore, Karnataka, India	14-Nov-20	Mysore	Karnataka
Dhathri Ayurveda Hospital & Panchakarma Centre, Alappuzha, Kerala, India	07-Jan-21	Bengaluru	Karnataka
Shri Babu Singh Daddu Ji Ayurvedic Medical College & Hospital, Farrukhabad, Uttar Pradesh, India	07-Jan-21	Pune	Uttar Pradesh
Dr.D.Y.Patil College of Ayurved and Research Center, Pune, Maharashtra, India	07-Jan-21	Pune	Maharashtra
Maharashtra Arogya Mandal's SSAM's , Pune, Maharashtra, India	07-Jan-21	Pune	Maharashtra
Ramaiah Indic Speciality Ayurveda Restoration Hospital, Bangalore, Karnataka, India	07-Jan-21	Bengaluru	Karnataka
Major S.D. Singh P.G. Ayurvedic Medical College & Hospital, Farrukhabad, Uttar Pradesh, India	17-Feb-21	Farrukhabad	Uttar Pradesh

Name	Valid Upto	City/District	State
Parul Ayurved Hospital, Vadodara, Gujarat, India	21-Apr-18	Vadodara	Gujarat
Dr. Saji D'Souza's K.S.A.C Hospital, Bangalore, Karnataka, India	21-Apr-21	Bengaluru	Karnataka
Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Udupi, Karnataka, India	21-Apr-21	Udupi	Karnataka
National Institute of Naturopathy, Pune, Maharashtra, India	21-Apr-21	Pune	Maharashtra
Sri Visista Super Speciality Ayurveda, Hyderabad, Telangana, India	12-May-21	Hyderabad	Telangana
Kairali Ayurvedic Health Resorts Pvt. Ltd., Kodumbu, Palakkad, Kerala, India	15-Jun-21	Palakkad	Kerala
Kalari Rasayana, Kurumandal, Perumpuzha, Paravur, Kollam, Kerala, India	15-Jun-21	Kollam	Kerala
Sitaram Beach Retreat, Thrissur, Kerala, India	15-Jun-21	Thrissur	Kerala
Mahatma Gandhi Ayurved Hospital, Salod, Wardha, Maharashtra, India	21-Jul-21	Wardha	Maharashtra
Parathuvayalil Hospital, Keezhillam, Kerala, India	21-Jul-21	Keezhillam	

Source: Compiled from <http://www.nabh.co/fmViewAccreditedAyushHosp.aspx> (accessed on August 20, 2018)

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Confederation of Indian Industry

The Confederation of Indian Industry (CII) works to create and sustain an environment conducive to the development of India, partnering industry, Government, and civil society, through advisory and consultative processes.

CII is a non-government, not-for-profit, industry-led and industry-managed organization, playing a proactive role in India's development process. Founded in 1895, India's premier business association has around 9000 members, from the private as well as public sectors, including SMEs and MNCs, and an indirect membership of over 300,000 enterprises from around 265 national and regional sectoral industry bodies.

CII charts change by working closely with Government on policy issues, interfacing with thought leaders, and enhancing efficiency, competitiveness and business opportunities for industry through a range of specialized services and strategic global linkages. It also provides a platform for consensus-building and networking on key issues.

Extending its agenda beyond business, CII assists industry to identify and execute corporate citizenship programmes. Partnerships with civil society organizations carry forward corporate initiatives for integrated and inclusive development across diverse domains including affirmative action, healthcare, education, livelihood, diversity management, skill development, empowerment of women, and water, to name a few.

As a developmental institution working towards India's overall growth with a special focus on India@75 in 2022, the CII theme for 2018-19, **India RISE: Responsible. Inclusive. Sustainable. Entrepreneurial** emphasizes Industry's role in partnering Government to accelerate India's growth and development. The focus will be on key enablers such as job creation; skill development; financing growth; promoting next gen manufacturing; sustainability; corporate social responsibility and governance and transparency.

With 65 offices, including 9 Centres of Excellence, in India, and 10 overseas offices in Australia, China, Egypt, France, Germany, Singapore, South Africa, UAE, UK, and USA, as well as institutional partnerships with 355 counterpart organizations in 126 countries, CII serves as a reference point for Indian industry and the international business community.

Confederation of Indian Industry

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