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**A STUDY ON THE AWARENESS ON AYURVEDIC TREATMENTS PROVIDED BY HEALTHCARE CENTERS IN  
ERODE DISTRICT, TAMIL NADU**

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**ABSTRACT**

*Ayurveda is the science of life and longevity. Although it is considered a science of medicine, it is a different science. The treatment is not simply curing of disease, but deals with the physical, spiritual and mental body complex. The knowledge of Ayurveda was formerly passed on from teacher/guru to disciple in the form of one to one lessons without the use of any written books. Later on, the knowledge was codified in the form of books (around 1000BC). Reference of this science can be seen in the Vedas, the ancient Indian text of knowledge. Around 1000 BC, the knowledge of Ayurveda was broadly documented in Charak Samhita and Sushruta Samhita. According to Ayurveda, health is considered a prerequisite for achieving the goals of life, kama, artha, dharams and moksha (salvation). Ayurveda is a system of Indian customary form of medicine. The word Ayurved originated from the two Sanskrit word 'Ayur' meaning life and 'veda' meaning science or knowledge. In ancient days, Vaidyas used to treat patients with personal care and prepare drug according to the necessity of the patients but nowadays the herbal medicines are being produced on large scale. At present, there is a very high demand for all forms and preparations of medicinal plants worldwide. There is an extensive demand for raw materials even as medicinal plants worldwide are facing the threat of becoming dead or in risk of extinction. Now-a-days people are aware about the side effects and adverse reactions of synthetic drugs, so there is an increasing interest in traditional system of Medicines. Although Ayurveda has gained fame among the medicinal systems there is a restriction for its further growth.*

**KEYWORDS**

Erode, ayurvedic treatments, healthcare centers.

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**INTRODUCTION**

Ayurvedic medicine is one of the world's oldest holistic remedial systems. It is based on the belief that health and wellness depend on a delicate stability between the body, mind, and spirit. Its main aim is to support good health, not scrap disease. But treatments may be geared toward specific health problems. India has a rich history of traditional system of medicine based upon six systems, out of which Ayurveda stands to be the most ancient, most widely accepted, practiced and flourished indigenous system of medicine. The other allied systems of medicine in India are Unani, Siddha, Homeopathy, Yoga and Naturopathy. Ayurveda is the most dominant system amongst the other Indian systems of medicine and finds its prevalence globally since centuries. After Ayurveda, the Siddha, Homeopathy and Unani system of medicine are widely used. Naturopathy is still developing and in future it may emerge as a flourished system of medicine. Yoga is a system of allied medicine that deals with physical, mental and spiritual state of an individual.

The Siddha system of medicine is based upon the principle similar to Ayurveda considering that the human body is constituted from the five elements of the Universe like the pancha mahabhootas. Along with these elements Siddha system considers that the physical, moral and physiological well-being of an individual is governed by 96 factors. These 96 factors include perception, speech, diagnosis of pulse etc. Perception is commonly used determinant for treatment of psychosomatic system with the help of minerals, metals and some plant products. It uses many preparations of plant and mineral origin in powder form, prepared through various procedures including calcinations. Unani system of medicine originated in Greece and was introduced by Hippocrates. Hippocrates laid down the "humoral theory" for treatment of diseases and describes the wet and dry characteristic of each humor that constitutes the human body. This system of medicine was introduced in India by the Arabs and it grew stronger when some scholars and physicians of Unani system fled to India after invasion of Persia by the Mongols. Since then, this system of medicine has made a firm footing in India and is recognized by the Indian government for clinical practice and research funding. The plants based formulations like oils, tinctures, powders and ointments are used in treatment.

Homeopathy is based upon the laws of "immunological memory" and "memory of water" and the similarities in the pharmacological aspects of the drug and the disease. It utilizes medicines which produce symptoms similar to that of the disease for treatment of the pathological condition initially by producing or aggravating the pathological conditions and then treating it. For more than a century this system is been practiced in India and has formed an integral part of the Indian traditional system of medicine. It is recognized by the government of India and there are various institutions, research centers and regulatory bodies that help propagation of this system. In homeopathy the mother tinctures or aqueous extracts of the drugs are diluted and succussed as per Pharmacopeial methods to prepare the formulations of very low potencies. Yoga originated in India in ancient times. Through its therapies and diagnosis based on pulse and analysis of Tridosha state of an individual, it suggests meditative exercises and life style management to obtain tranquility and improve health.

**NEED OF THE STUDY**

The people are changing world over. At present they are more informed, use more gadgets, lead a rapid life and thereby look higher stress. Environmental changes in the form of ever growing pollution, heavy road traffic leading to mounting commuting time, stressful workplace environment and quick changing technology put nonstop pressure to adapt and adjust changing lifestyle with tiny living space, taking junk food, less exercise, consuming addictive products to stay wakeful on the job for longer hours and eating on the run put huge stress on the body which get expressed in the type of psychosomatic disorders like frequent headache, common cold, constipation, backache, allergy, acidity, chronic fatigue etc., which they are trying to manage with ayurvedic medicines. This has lead to steady increase in ayurvedic medication for the past many years.

In the present era, life is so hectic and fast that nobody has adequate time for themselves. If somebody gets ill, then seek speedy and furious recovery to get rid of the problems. Where many modern medicines have failed, Ayurveda has proved that it can entirely destroy them, or in the case of difficult incurable diseases, control their growth rate. Ayurveda has shown this unbelievable resistance against diseases such as Diabetes where it has put a regulatory checks on the amount of sugar in the blood, thus successfully counteracting it.

**STATEMENT OF THE PROBLEM**

Ayurveda is emerging as a traditional healing system. Ayurvedic medicines are manufactured by several thousand companies in India, but most of them are quite small, including several neighborhood pharmacies that compound ingredients to make their own remedies. Over 80% of the medicinal plants required by Ayurvedic Industry are obtained from wild collection from forests and waste lands. In most cases supplies are made by traders. Most of these do not have adequate knowledge of medicinal plants. The Trader organizes collection of medicinal plants through children and women in these forest areas who many times cannot

distinguish between related plant species. Therefore, many times manufacturing units obtain substituted and adulterated plant materials. Another major problem faced by the ayurvedic industry is of non-homogeneity of the materials.

People in present era want fast relief from ailments where Ayurveda lacks little behind. The whole world of Ayurveda is divided into various levels, like the students, research workers, practitioners, academicians, professionals and people from governing bodies. There is no proper way of communication between all these levels so that there can be sharing of knowledge at different levels. This challenge is posing a key threat to Ayurvedic science. There are lots of practitioners those have a thorough knowledge of Ayurveda and know how to apply it in this period of time. There is a propensity of some senior consultants not to share their special experiences in practice with their juniors. On the other hand, the job security for Ayurveda graduates is extremely less as compared to those in other fields. The present study makes an attempt to find out the service quality and patient's satisfaction towards ayurvedic health centre in Erode district and also to identify the awareness level and issues related with ayurvedic treatment. Based on the above issues the following questions were probed, awareness the patients choose Ayurvedic health care centers for enhancing their better health care?, What are the significant factors which influence the excellence of Ayurvedic health care centre?.

## OBJECTIVES OF THE STUDY

1. To ascertain the respondents' awareness on Ayurvedic treatments provided by health care centres in Erode district.
2. To analyze the factors influencing the users to go for Ayurvedic health care centres in Erode district.

## RESEARCH METHODOLOGY

The present research is empirical in nature and convenience sampling method has been adopted to collect the data from the total population of ayurvedic users, out of which five per cent living in nine taluks in Erode district, namely, Erode, Gobichettipalayam, Sathiyamangalam, Perundurai, Modakurichi, Kodumudi, Bhavani, Thalavadi and Anthiyur has been selected for the study.

## ANALYSIS

### Age of the Respondents

It is an essential factor in this study, since the awareness and perception of service quality on ayurvedic healthcare industry require some level of maturity. The succeeding table classifies the age group of the respondents as below 20 years, 20-30 years, 31-40 years and above 40 years.

TABLE 1: AGE OF THE RESPONDENTS

Age	No. of Respondents	Percentage
Below 20	83	13.8
20 – 30	153	25.5
31 – 40	194	32.3
Above 40	170	28.3
<b>Total</b>	<b>600</b>	<b>100.0</b>

Source: Primary Data

From the above table, it is found that 32.3 per cent of the respondents belong to 31-40 years and 28.3 per cent of the respondents belong to above 40 years, 25.5 per cent of respondents belong to 20-30 years and 13.8 per cent of the respondents belong to below 20 years. From the analysis it is concluded that majority of the respondents belong to 31-40 years of age group that utilise the ayurvedic healthcare center.

### Gender of the Respondents

The two classified Gender category are male and female. Men will engage more frequently than women both for official and personal tasks. Women, the generation makers contribute the efforts both at office and at home and possess some additional responsibilities.

TABLE 2: GENDER OF THE RESPONDENTS

Gender	No. of Respondents	Percentage
Male	294	49.0
Female	306	51.0
<b>Total</b>	<b>600</b>	<b>100.0</b>

Source: Primary Data

From the above table, 51 per cent of the respondents are female and 49 per cent of the respondents are male. It is concluded that more or less equal number of respondents utilize the ayurvedic healthcare centers.

### Marital Status of the Respondents

In this study, two categories have been considered for evaluation, 'married' and 'single'.

TABLE 3: MARITAL STATUS OF THE RESPONDENTS

Marital Status	No. of Respondents	Percentage
Married	330	55.0
Unmarried	270	45.0
<b>Total</b>	<b>600</b>	<b>100.0</b>

Source: Primary Data

The above table shows that, 55 per cent of respondents utilising the ayurvedic healthcare center are married and 45 per cent of them are unmarried. From the analysis it is concluded, that majority of the respondents are married.

TABLE 4: AWARE OF AYURVEDIC TREATMENT

Source of Awareness	No. of Respondents	Percentage
Self	198	33.00
Friends and Relatives	104	17.33
Family Members	111	18.50
Doctors	67	11.17
Advertisements	120	20.00
<b>Total</b>	<b>600</b>	<b>100.00</b>

Source: Primary Data

It is observed from the above table that, out of 600 respondents, 33 per cent of them got the knowledge of the treatment by their own interest, 20 per cent of them got information about the treatment through advertisements, 18.5 per cent of the respondents acquired knowledge from their family members, 17.33 per cent of them gathered the knowledge from their friends and relatives and 11.17 per cent of the respondents got the knowledge from the doctors. It is concluded that majority of the respondents are self-aware of the ayurvedic treatments.

**AWARENESS ON AYURVEDIC TREATMENTS PROVIDED BY HEALTHCARE CENTERS IN ERODE DISTRICT**

In order to study the relationship of demographic factors such as age, gender, marital status, educational level and monthly income over the respondent's awareness on ayurvedic treatments provided by healthcare centers in Erode District, further analysis has been made under the following heads.

**Chi-Square Analysis**

Karl Pearson in 1900 developed a non-parametric test for testing the significance of the discrepancy between experimental (observed) frequencies and the theoretical frequencies (expected) obtained under some theory or hypothesis. This test is known as Chi-Square Test ( $\chi^2$ -test) of goodness of fit, and is used to test whether the discrepancy between expected and observed values may be attributed the chance (fluctuations of sampling) or whether the deviation is really because of the inadequacy of the theory to fit the observed data. In order to apply the Chi-square test either as a test of goodness of fit or as a test to judge the significance of association between attributes, it is necessary that the observed as well as theoretical or expected frequencies must be grouped in the same way and the theoretical distribution must be adjusted to give the same total frequency as we find in case of observed distribution.

**TABLE 5: AGE AND RESPONDENT'S AWARENESS ON AYURVEDIC TREATMENTS**

Treatments	Variables	Age				Total	$\chi^2$ -value	p-value	Results
		Below 20 Years	20-30 Years	31-40 Years	Above 40 Years				
Snehana	Highly	24	26	54	34	148	33.553**	0.001	Rejected
	Aware	42	83	100	71	296			
	Neutral	3	14	20	16	53			
	Not Aware	4	7	6	24	41			
	Highly Not Aware	10	13	14	25	62			
	Total	83	153	194	170	600			
Swedana	Highly	25	40	77	45	187	43.699**	0.000	Rejected
	Aware	38	71	74	51	234			
	Neutral	9	17	12	14	52			
	Not Aware	5	8	11	31	55			
	Highly Not Aware	6	17	20	29	72			
	Total	83	153	194	170	600			
Vamana	Highly	20	44	69	46	179	32.827**	0.001	Rejected
	Aware	41	68	81	53	243			
	Neutral	6	23	18	20	67			
	Not Aware	6	7	11	24	48			
	Highly Not Aware	10	11	15	27	63			
	Total	83	153	194	170	600			
Virechan	Highly	26	53	49	48	176	29.291**	0.004	Rejected
	Aware	40	64	92	54	250			
	Neutral	5	12	22	18	57			
	Not Aware	4	9	11	28	52			
	Highly Not Aware	8	15	20	22	65			
	Total	83	153	194	170	600			
Vasthi	Highly	3	18	13	17	51	34.709**	0.001	Rejected
	Aware	3	8	11	26	48			
	Neutral	11	13	16	22	62			
	Not Aware	27	36	69	46	178			
	Highly Not Aware	39	78	85	59	261			
	Total	83	153	194	170	600			
Kaya Seka	Highly	21	48	60	44	173	43.719**	0.000	Rejected
	Aware	34	64	84	49	231			
	Neutral	11	16	24	12	63			
	Not Aware	3	11	8	27	49			
	Highly Not Aware	14	14	18	38	84			
	Total	83	153	194	170	600			
Kativasthi	Highly	26	42	58	42	168	31.135**	(0.002)	Rejected
	Aware	34	71	88	53	246			
	Neutral	10	20	18	18	66			
	Not Aware	5	8	15	27	55			
	Highly Not Aware	8	12	15	30	65			
	Total	83	153	194	170	600			
Sira Dhara	Highly	7	19	14	18	58	20.354	0.061	Accepted
	Aware	5	10	20	24	59			
	Neutral	9	17	23	31	80			
	Not Aware	32	46	70	54	202			
	Highly Not Aware	30	61	67	43	201			
	Total	83	153	194	170	600			
Ksharasutra	Highly	33	43	67	45	188	37.213**	0.000	Rejected
	Aware	30	62	74	42	208			
	Neutral	5	21	16	25	67			
	Not Aware	3	13	13	30	59			
	Highly Not Aware	12	14	24	28	78			
	Total	83	153	194	170	600			
Agnikarma	Highly	7	22	15	24	68	20.439	0.059	Accepted
	Aware	6	7	15	21	49			
	Neutral	9	17	29	29	84			
	Not Aware	28	49	57	51	185			

	Highly Not Aware	33	58	78	45	214			
	Total	83	153	194	170	600			
Jaluka	Highly	4	19	22	19	64	18.258	0.108	Accepted
	Aware	6	15	16	26	63			
	Neutral	7	14	18	26	65			
	Not Aware	31	49	67	52	199			
	Highly Not Aware	35	56	71	47	209			
	Total	83	153	194	170	600			
Bandage/ Plaster	Highly	1	7	5	5	18	4.215	0.979	Accepted
	Aware	2	6	9	6	23			
	Neutral	11	20	28	22	81			
	Not Aware	27	45	55	56	183			
	Highly Not Aware	42	75	97	81	295			
	Total	83	153	194	170	600			
Nasya	Highly	3	10	9	8	30	8.258	0.765	Accepted
	Aware	2	5	11	5	23			
	Neutral	9	21	32	26	88			
	Not Aware	33	59	63	70	225			
	Highly Not Aware	36	58	79	61	234			
	Total	83	153	194	170	600			

It is observed from the above table that the calculated Chi-square values are lesser than the significant level (0.05 level), hence, the null hypothesis is rejected for Snehana, Swedana, Vamana, Virechana, Kayaseka, Kativasthi and Ksharasutra. The respondents of 31-40 years and above 40 years of the age group are highly aware of the treatments and the benefits provided, such as calming the whole body system, removal of toxins, providing immunity and strengthens the whole muscular and circulatory system and it is concluded that there is significant relationship between age and the respondent's awareness on ayurvedic treatments provided by healthcare centers in Erode district.

TABLE 6: FACTORS INFLUENCING THE USERS TO GO FOR AYURVEDIC HEALTHCARE CENTERS IN ERODE DISTRICT

Variables	EAM	QR	LC	LSE	IM	FA	ECD	PE	EA	SST	RE	QS
EAM	1											
QR	0.556**	1										
LC	0.461**	0.494**	1									
LSE	0.421**	0.495**	0.520**	1								
IM	0.535**	0.497**	0.559**	0.454**	1							
FA	0.518**	0.494**	0.470**	0.406**	0.460**	1						
ECD	0.431**	0.439**	0.338**	0.335**	0.307**	0.494**	1					
PE	0.456**	0.431**	0.506**	0.450**	0.474**	0.448**	0.471**	1				
EA	0.408**	0.504**	0.528**	0.469**	0.451**	0.473**	0.426**	0.523**	1			
SST	0.381**	0.455**	0.350**	0.346**	0.381**	0.465**	0.323**	0.393**	0.502**	1		
RE	0.224**	0.267**	0.153**	0.071	0.165**	0.199**	0.274**	0.195**	0.259**	0.304**	1	

Source: Primary Data

The inter - relationships between the twelve variables were examined using Pearson Correlation analysis. The correlation analysis, showed a significant (p<0.001) positive correlation among all constructs and the r values ranged from 0.117 to 0.559. Thus, it reveals that there is no problem of multicollinearity and indicating that there is a significant difference between the factors influencing the users to go for ayurvedic healthcare centers in Erode District.

**CONCLUSION**

Erode District is promoting Ayurveda as an important product of health tourism. Since, health tourism is a sector which deals mainly with the healthcare services, usually the quality of services expected by the users is always high. It could be inferred from the study that there was a significant relationship between the service quality dimensions and the satisfaction. Hence, the respondents expect from the physicians, masseurs and hospital staff that they should give specific and individual attention to every user. They should know their users' needs and wants and fulfil them. But the sample respondents give little importance to tangibility items. Because they consider better health treatment than that of the aesthetics of the HEALTHCARE CENTERS. Therefore, the present study contributes the growth of Ayurveda HEALTHCARE CENTERS by improving the quality of healthcare services under the desired area. Health and beauty consciousness of the people have paved way for growing importance of Health Tourism. Hence, providing entrepreneurs to go for elevating ayurveda based health tourism, where a wider scope exists.

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