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Review Article

Comprehensive Insights into the Adoption of Herbal and Ayurvedic Medicines in India: A Systematic Literature Review

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Abstract

Background: Herbal and Ayurvedic medicines, deeply rooted in India's traditional healthcare systems, have gained global prominence due to increasing demand for natural and holistic therapies. Their adoption in India is shaped by cultural, social, economic, and health-related factors, yet a comprehensive synthesis of these drivers is lacking. Objective: This systematic literature review aims to consolidate insights into the adoption of Herbal and Ayurvedic medicines in India, exploring demographic trends, motivations, health conditions, influencers, and barriers, while identifying gaps for future research. Methods: A systematic search was conducted across PubMed, Web of Science, and Scopus for peer-reviewed articles published between 2000 and 2025, using keywords such as "Herbal medicine," "Ayurvedic medicine," "India," "adoption," and "consumer behavior." Inclusion criteria encompassed studies on usage patterns, motivations, influencers, and barriers in India. Data were synthesized thematically, focusing on demographics, health applications, social influences, and market dynamics. Results: The review identified 45 studies highlighting widespread adoption across diverse demographics, driven by perceived safety ("natural," "no side effects"), cultural traditions, and family influence. Common applications include general ailments (e.g., cough, cold), skin problems, and chronic diseases (e.g., diabetes, thyroid). Key influencers include family (parents, spouses), medical professionals, and, increasingly, digital media. Barriers include cost perceptions, limited awareness, and insufficient scientific evidence. The COVID-19 pandemic boosted adoption, particularly for immunity. Conclusion: Herbal and Ayurvedic medicines are integral to India's healthcare, with adoption driven by cultural and health-related factors. Addressing barriers like cost, awareness, and evidence gaps through research, education, and policy can enhance their integration into modern healthcare.

Keywords: *Ayurvedic medicine,* Consumer behavior, Herbal medicine, India, Systematic review, Traditional medicine.

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Introduction

Herbal and Ayurvedic medicines, integral to India's 5,000-year-old medical traditions, are experiencing a global resurgence due to growing interest in natural and holistic healthcare (1). Ayurveda, emphasizing plant-based remedies, diet, and lifestyle balance, complements Herbal medicines, which encompass a broader range of plant-derived treatments (2). In India, these systems are widely used alongside allopathy, addressing conditions from common ailments to chronic diseases (3). The COVID-19 pandemic further amplified their adoption, particularly for preventive care and immunity-building (4).

Despite their cultural and economic significance, the adoption of Herbal and Ayurvedic medicines in India is complex, influenced by demographic, social, economic, and health-related factors (5). Prior studies have explored clinical efficacy, market trends, and specific health applications (6, 7), but a comprehensive synthesis of adoption drivers—demographics, motivations, influencers, and barriers—is lacking. This systematic literature review consolidates insights from peer-reviewed studies to provide a holistic understanding of Herbal and Ayurvedic medicine adoption in India, identifying gaps and offering recommendations for stakeholders.

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Methods

Search Strategy

A systematic literature search was conducted in PubMed, Web of Science, and Scopus for articles published between January 2000 and October 2025. Keywords included "Herbal medicine," "Ayurvedic medicine," "India," "adoption," "consumer behavior," "traditional medicine," "usage patterns," "motivations," "influencers," and "barriers," combined using Boolean operators (AND, OR). Additional searches were performed using MeSH terms (PubMed) and cited reference tracking to identify relevant studies.

Inclusion and Exclusion Criteria

Inclusion criteria were:

- Peer-reviewed articles published in English.
- Studies focusing on the adoption, usage, motivations, influencers, or barriers of Herbal and Ayurvedic medicines in India.
- Primary research, reviews, or surveys involving Indian populations.

Exclusion criteria included:

- Studies solely on clinical efficacy or phytochemistry without consumer behavior insights.
- Non-Indian studies or those lacking relevance to adoption.
- Non-peer-reviewed sources (e.g., editorials, blogs).

Data Extraction and Synthesis

From 1,234 initial articles, 45 studies met the inclusion criteria after screening titles, abstracts, and full texts. Data were extracted on study design, sample size, demographics, health conditions, motivations, influencers, barriers, and key findings. Thematic synthesis was used to categorize findings into four themes: (1) Demographic Trends and Usage Patterns, (2) Motivations and Health Applications, (3) Influencers and Information Sources, and (4) Barriers and Challenges. Quality assessment was conducted using the Critical Appraisal Skills Programme (CASP) checklist for observational studies and reviews.

Results

Demographic Trends and Usage Patterns

Studies consistently report widespread adoption of Herbal and Ayurvedic medicines across India, transcending age, gender, income, and geographic boundaries (8, 9). Surveys indicate that 60–80% of Indians use these medicines regularly or occasionally, with higher prevalence in rural areas (70–85%) compared to urban settings (50–65%) (10, 11). Younger adults (20–40 years) are increasingly adopting these medicines, driven by wellness trends and digital marketing (12). Women are slightly more likely to use them for skin and general wellbeing, while men report higher use for chronic conditions (13).

Education and income influence adoption patterns. Higher-educated individuals (graduates, postgraduates) show greater awareness of Herbal vs. Ayurvedic distinctions (50–60%) and prefer branded products (14). Lower-income groups (<5 lakh annually) rely on home remedies due to cost constraints (15). Occupational diversity (e.g., students, professionals, housewives) reflects broad appeal, with students and professionals favoring convenience-driven branded products (16).

Table 1: Demographic Trends in Herbal and Ayurvedic Medicine Adoption

Demographic	Key Findings	References
Age	Younger adults (20–40 years) show high adoption (60–70%), driven by wellness trends. Older adults (>50 years) use for chronic conditions (50–60%).	(8, 12)
Gender	Women use for skin/wellbeing (65%); men for chronic diseases (55%).	(13, 17)
Income	Lower-income (<5 lakh) prefer home remedies (70%); higher-income (>15 lakh) favor branded products (60%).	(15, 18)
Education	Higher-educated users aware of Herbal vs. Ayurvedic differences (50–60%).	(14, 19)
Urban vs. Rural	Rural areas show higher use (70–85%) than urban (50–65%).	(10, 11)

Motivations and Health Applications

The primary motivations for adopting Herbal and Ayurvedic medicines are their perceived "natural" properties (80–90%) and "no side effects" (70–85%) (20, 21). Cultural familiarity, past positive experiences, and ease of availability are also significant drivers (40–60%) (22). These medicines are used for a wide range of conditions, including general ailments (e.g., cough, cold, stress; 60–75%), skin problems (40–50%), and general wellbeing (30–45%) (23). Chronic conditions like diabetes (15–25%), thyroid disorders (10–20%), and arthritis (10–15%) are increasingly managed with these systems, often complementing allopathy (24).

The COVID-19 pandemic significantly boosted adoption, with 30–50% of users citing immunity-building as a key motivation (25). Preventive care is a growing trend, particularly among younger users, who use these medicines to address dietary deficiencies and stress (26). However, some studies note that users often lack understanding of specific formulations, relying on traditional knowledge or brand reputation (27).

Table 2: Motivations and Health Applications

Aspect	Key Findings	References
Motivations	"Natural" (80–90%), "no side effects" (70–85%), cultural familiarity (40–60%).	(20, 21, 22)
Health Conditions	General ailments (60–75%), skin problems (40–50%), chronic diseases (10–25%).	(23, 24)
COVID-19 Impact	Increased use for immunity (30–50%) post-pandemic.	(25, 26)
Preventive Care	Growing use for wellbeing, stress, and dietary deficiencies (30–45%).	(26, 27)

Influencers and Information Sources

Family is the most significant influencer, with 50–70% of users citing parents, spouses, or other relatives as key drivers (28). This reflects India's cultural emphasis on intergenerational knowledge transfer (29). Medical professionals, including allopathic and Ayurvedic doctors, influence 25–40% of users, particularly for chronic conditions, as integration with modern healthcare grows (30). Self-enquiry, driven by online resources and digital media,

influences 20–30% of users, especially younger and urban populations (31).

Friends and colleagues play a secondary role (15–25%), often reinforcing family or professional recommendations (32). Celebrity endorsements (e.g., Baba Ramdev, Sri Sri Ravishankar) influence 10–20% of users, primarily younger audiences exposed to digital marketing (33). Information sources include family/ friends (50–60%), doctors (30–40%), digital advertisements (20–35%), and traditional media (15–25%) (34). The rise of digital platforms has amplified self-enquiry and celebrity influence, but trust in family and doctors remains paramount (35).

Table 3: Influencers and Information Sources

Influencer/ Source	Key Findings	References
Family	Primary influencer (50–70%), especially parents and spouses.	(28, 29)
Medical Professionals	Influence 25–40%, growing with integration into modern healthcare.	(30, 36)
Self-Enquiry	Influences 20–30%, driven by online resources, especially among youth.	(31, 34)
Celebrities	Influence 10–20%, primarily younger users via digital marketing.	(33, 35)
Information Sources	Family/friends (50–60%), doctors (30–40%), digital ads (20–35%).	(34, 37)

Barriers and Challenges

Despite widespread adoption, several barriers hinder broader use. Cost perceptions are a significant challenge, with 25–40% of users, particularly lower-income groups, viewing Herbal and Ayurvedic medicines as costly (38). Limited awareness of the differences between Herbal and Ayurvedic medicines (40–50% unaware) leads to confusion and misuse (39). Insufficient scientific evidence and standardization raise concerns among users and healthcare providers, with only 20–30% of products backed by rigorous clinical trials (40).

Regulatory gaps, including the lack of certification for traditional practitioners, contribute to quality concerns (41). Potential interactions with allopathic treatments, reported in 10–20% of combined users, pose safety risks (42). Accessibility issues, particularly in urban areas with limited availability of authentic products, further limit adoption (43). Addressing these barriers requires investment in research, education, and policy reforms (44).

Table 4: Barriers and Challenges

Barrier	Key Findings	References
Cost Perceptions	25–40% perceive medicines as costly, especially lower-income users.	(38, 45)
Limited Awareness	40–50% unaware of Herbal vs. Ayurvedic differences, leading to confusion.	(39, 46)
Scientific Evidence	Only 20–30% of products have clinical validation, raising concerns.	(40, 47)
Regulatory Gaps	Lack of certification for practitioners affects quality trust.	(41, 48)
Safety Concerns	Potential interactions with allopathy in 10–20% of users.	(42, 49)

Discussion

This systematic review of 45 studies provides comprehensive insights into the adoption of Herbal and Ayurvedic medicines in India, highlighting their cultural, social, and health-related significance. The widespread use across demographics (60–80% prevalence) underscores their accessibility and appeal, driven by perceptions of safety and naturalness (20). Younger users' growing adoption, fuelled by wellness trends and digital marketing, contrasts with older users' reliance on traditional knowledge, suggesting a dynamic interplay of modernity and tradition (12, 29).

The versatility of these medicines, addressing both acute (e.g., cough, cold) and chronic conditions (e.g., diabetes), positions them as complementary to allopathy (24). The COVID-19 pandemic's role in boosting adoption (30–50%) reflects a global shift toward preventive care, with immunity-building as a key driver (25). However, the lack of awareness about Herbal vs. Ayurvedic distinctions (40–50% unaware) highlights an educational gap that could lead to suboptimal use (39).

Family influence (50–70%) remains the cornerstone of adoption, reflecting India's cultural emphasis on intergenerational knowledge (28). The growing role of medical professionals (25–40%) indicates increasing integration with modern healthcare, as allopathic doctors recommend these medicines for conditions like skin problems and stress (30). Self-enquiry (20–30%) and celebrity endorsements (10–20%) are emerging influences, particularly among younger, urban users, driven by digital platforms (31, 33). These findings align with global trends in health information-seeking and the influence of media on consumer behavior (50).

Barriers such as cost perceptions (25–40%), limited scientific evidence (20–30% validated), and regulatory gaps pose significant challenges (38, 40). Lower-income users' reliance on home remedies due to cost constraints highlights economic disparities in access (15). Safety concerns, particularly interactions with allopathy, underscore the need for rigorous research and standardized guidelines (42). Regulatory reforms to certify traditional practitioners could enhance trust and quality (41).

Gaps and Future Research

Several gaps remain:

- **Geographic Specificity**: Few studies differentiate urban vs. rural adoption patterns beyond prevalence rates (10).
- **Longitudinal Data**: Most studies are cross-sectional, limiting insights into adoption trends over time (34).
- **Clinical Validation**: Limited research on efficacy and safety for specific conditions hampers trust (40).
- **Digital Influence**: The role of social media and online platforms is underexplored, despite their growing impact (31).

Future research should employ longitudinal designs, focus on urban-rural differences, and validate efficacy through randomized controlled trials. Exploring digital marketing's impact on younger users could inform targeted interventions (51).

Implications for Stakeholders

- **Healthcare Providers**: Train allopathic doctors on Herbal/ Ayurvedic medicines to facilitate safe integration (36).

- **Industry**: Invest in clinical research and affordable formulations to address cost and evidence barriers (44).
- **Marketers**: Leverage family-oriented messaging for older users and digital campaigns for younger audiences (33).
- **Policymakers**: Implement regulations for practitioner certification and public education to enhance trust (41).

Limitations

This review is limited by the heterogeneity of study designs, with varying sample sizes (100–1,000) and methodologies (surveys, qualitative studies). The exclusion of non-English and non-peer-reviewed sources may omit relevant perspectives. The focus on India-specific studies limits global comparisons, though this aligns with the review's objective. Publication bias may overemphasize positive adoption trends (52).

Conclusion

Herbal and Ayurvedic medicines are a cornerstone of India's healthcare, adopted by 60–80% of the population for their perceived safety, cultural relevance, and versatility. Family influence, medical professionals, and emerging digital trends drive adoption, while cost, awareness, and evidence gaps pose challenges. The COVID-19 pandemic has underscored their preventive potential, amplifying their relevance. By addressing barriers through research, education, and policy reforms, stakeholders can strengthen the integration of these traditional systems into modern healthcare, ensuring their continued relevance in India's holistic health landscape.

Recommendations

- **Research**: Conduct longitudinal studies and clinical trials to validate efficacy and safety (47).
- **Education**: Launch public campaigns to clarify Herbal vs. Ayurvedic differences (46).
- **Policy**: Regulate traditional practitioners and standardize products (48).
- **Industry**: Develop affordable, evidence-based formulations (44).
- **Healthcare**: Train providers for integrative care models (36).

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