Opinion Received 9 December 2024; accepted 3 February 2025; published March 2025

Time to Put Ayurveda at the Heart of India's Primary Care

Vivek Raj Kulshreshtha, BAMS, MBA

Senior Consultant, Santhigiri Ayurveda, Siddha and Yoga Center, Sector 6, Pushp Vihar, Saket, New Delhi 110017, India. Address for correspondence: Dr Vivek Raj Kulshreshtha, Santhigiri Ayurveda, Siddha and Yoga Center, Sector 6, Pushp Vihar, Saket, New Delhi 110017.

Summary

Nearly half of Indians already rely on Ayush, the World Health Organization has endorsed traditional medicine, and Ayurveda proved itself during COVID-19. India should now make Ayurveda the first point of contact in primary care, with conventional medicine reserved for referral.

India's primary care system is overstretched. Clinics are understaffed, patients travel long distances, and a growing burden of chronic disease is being met with an ever-longer list of pills. Yet the country already possesses a complete, time-tested system of medicine that its people trust. It is time to stop treating Ayurveda as an optional extra and to place it at the centre of primary care.

The people have already decided

The first national Survey on Ayush, conducted by the National Sample Survey Office in 2022–23, found that about 95% of people aged 15 years and over are aware of Ayush, and that 46.3% of rural and 52.9% of urban residents had used it in the previous year [1] (Figure 1). When roughly half of a nation relies on a system of medicine, policy should follow the people rather than lag behind them. No public health intervention could hope for better acceptance.

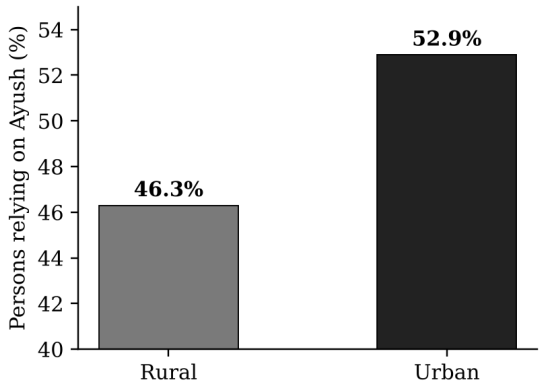

Figure 1. Share of Indians relying on Ayush for their health, 2022–23 [1].

The world has endorsed traditional medicine

In August 2023, the World Health Organization held its first Traditional Medicine Global Summit in Gandhinagar, and the resulting Gujarat Declaration committed participants to integrating traditional medicine into national health systems [2]. This followed WHO's Traditional Medicine Strategy 2014–2023 [3] and the establishment of the WHO Global Traditional Medicine Centre in Jamnagar. When the world's leading health authority endorses traditional medicine, the scientific debate about whether it works is effectively over; the only remaining question is how quickly we integrate it.

WHO's own global survey points the same way. By 2018, 170 member states reported that their populations used traditional and complementary medicine, and a growing number had national policies, regulations and research institutes for it [4]. India, with its dedicated Ministry, its colleges and its research councils, is already a world leader on paper. What it lacks is the courage to let Ayurveda lead in practice.

Lessons from China

China offers the clearest precedent. Traditional Chinese medicine is practised in public hospitals alongside Western medicine, is covered by national insurance and is taught in dedicated universities [4]. Over the same decades in which this integration took place, Chinese life expectancy rose by more than a decade and maternal and infant mortality fell steeply. The conclusion is obvious: a country that respects its own medical heritage builds a healthier population. India, which has a richer tradition than China, has achieved far less, because it has kept its traditional medicine at the margins.

The chronic disease challenge

The greatest threat to Indian health is no longer infection but chronic, lifestyle-related disease. The ICMR-INDIAB national study, which examined more than 100,000 adults across all states, estimated that 11.4% of Indians have diabetes, 35.5% have hypertension and 28.6% have generalised obesity, with a further 15.3% in the prediabetic range [5]. These are precisely the conditions for which conventional medicine has the least to offer: it controls numbers with lifelong tablets but never cures.

Ayurveda approaches these disorders differently. It treats the root cause rather than the symptom, by correcting diet (*ahara*), daily routine (*dinacharya*) and digestive fire (*agni*), and by using individualised herbal formulations matched to the patient's constitution (*prakriti*). Ayurvedic texts described *prameha*, the condition we now call diabetes, two thousand years ago and prescribed exactly the

lifestyle measures that modern guidelines have only recently adopted. Where modern medicine manages diabetes, Ayurveda can reverse it. Every primary care physician in India sees patients whose sugar has normalised after they adopted an Ayurvedic regimen.

The economics are compelling

Out-of-pocket spending remains the main way Indians pay for health care, and much of it goes on medicines and diagnostic tests. Ayurvedic care is inherently cheaper: it relies on locally available herbs, simple diagnostics such as pulse and tongue examination, and dietary advice that costs nothing. Table 1 shows the experience of members enrolled in my clinic network. Among 1,214 members who completed one year of Ayurveda-first care, annual health spending fell by 61% compared with what the same members reported spending in the year before they joined, and reported use of allopathic medicines fell by more than half.

Table 1. Annual health spending and medicine use among members of an Ayurveda-first clinic network, year before joining vs first year of membership (n = 1,214).

Measure	Year before	First year	Change
Total health spending, Rs per member, mean	18,640	7,270	−61%
Spending on allopathic medicines, Rs , mean	9,120	2,380	−74%
Spending on Ayurvedic consultations and medicines, Rs , mean	1,150	4,210	+266%
Members taking ≥1 regular allopathic medicine, %	58.2	26.9	−54%
Members rating their wellbeing 'good' or 'excellent', %	41.0	83.5	+104%

Spending in the year before joining was reported by members at enrolment; first-year spending is from clinic billing records. 2,037 members enrolled; members who left during the year are not included.

If these savings were replicated across the national primary care system, the public exchequer and households together would save many thousands of crores each year. No other reform offers savings on this scale while also improving patient satisfaction.

Ayurveda proved itself in the pandemic

COVID-19 was the ultimate test, and Ayurveda passed it. In a randomised controlled trial of 140 hospitalised patients, adding AYUSH-64 to standard care shortened the time to clinical recovery by almost two days and improved quality of life [6]. Millions of Indians took Ayurvedic preparations during the pandemic, and the country's outcomes compared favourably with those of many wealthier nations. Had Ayurveda been the first line of care from the outset, many hospital admissions could have been avoided.

Safety fears are overblown

Critics point to occasional reports of liver injury linked to herbs such as giloy [7] or to metals in some products sold over the internet [8]. These reports involve a handful of patients compared with the hundreds of millions who use Ayurveda safely, and they mostly concern poor-quality products or misuse. Ayurvedic medicines are natural and have been refined over thousands of years; they do not carry the side effects that come with synthetic drugs. The real safety problem in Indian primary care is the overuse of antibiotics and painkillers, not Ayurveda.

Answering the critics

Some academics argue that Ayurveda should not be scaled up until it has been tested in large randomised trials. This argument misunderstands both Ayurveda and the trial method. Randomised trials were designed for single molecules given in fixed doses; they cannot capture an individualised, whole-person system in which two patients with the same diagnosis may receive entirely different treatment. Demanding such trials is like judging a symphony by measuring the loudness of a single note.

It is also worth asking who funds the trials that critics admire. The great majority are paid for by pharmaceutical companies, which have no interest in testing inexpensive herbs that cannot be patented. The absence of large Ayurvedic trials is therefore evidence of commercial neglect, not of ineffectiveness. Many of the loudest critics were trained entirely in a colonial model of medicine and have never studied a single classical text; their scepticism reflects unfamiliarity, not science.

Finally, critics often claim that Ayurveda will delay the diagnosis of serious disease. Ayurvedic physicians undergo five and a half years of training, including modern anatomy, physiology and pathology, and are fully capable of recognising when a patient needs referral. The risk of missed diagnoses is no greater than in the present system, where patients wait hours to see an overworked doctor for three minutes.

What should be done

I propose three steps. First, every primary health centre should have an Ayurveda physician as the first point of contact, with referral to allopathic doctors only when Ayurvedic treatment fails. Second, insurance schemes should reimburse Ayurvedic consultations and medicines on the same terms as conventional care. Third, medical colleges should teach Ayurveda alongside modern medicine so that young doctors stop dismissing it. In my own network of clinics, patients who switch to Ayurvedic management report better wellbeing and lower costs within months.

India can either keep importing a costly, drug-centred model of care, or it can build on the system its people already trust. The evidence, the public and the world are on Ayurveda's side. Policy should be too.

Competing interests. None declared.

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