BRAND PREFERENCE OF AYURVEDIC MEDICINE FOR VARIOUS DISEASES WITH REFERENCE TO PUNE CITY

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ABSTRACT

About 80 percent of world population depends on natural products for their health care instead of modern medicines primarily because of side effects and high cost of modern medicine. Presently the demand for traditional Indian herbal products has increased tremendously in India and abroad with rising awareness about health and fitness and changing lifestyle. However, dietary supplements, herbal and nutritional supplements will form the greatest opportunity areas for Neutraceutical processing, motivated by growing demand from an evolving consumer base. Ayurveda is one of the most ancient health sciences evolved in India almost 5000 BC and practiced therein. The crude drugs have therapeutic benefits significant for both humans and animals. The rural market in India has vast size and offers a huge opportunity for investment. The demand for ayurvedic formulations is increasing both in the domestic market as well as internationally. Rural market in Maharashtra has tremendous potential for Ayurveda Industry but very few know how to either identify these consumers or reach out to them.

Keywords: Ayurveda, Consumer Behavior, Market, Brand Preference,Medicines

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1. Introduction

The role of traditional, alternative and complementary systems of medicine is becoming important in the health care scenario of both the developing and the developed world.

A WHO (World Health Organization) study estimates that about 80 percent of world population depends on natural products for their health care instead of modern medicines primarily because of side effects and high cost of modern medicine[1]. The worldwide herbal market products are around $6.2 billion and estimated to reach $5 trillion by the year 2050[2].

The Indian herbal market is registering a tremendous growth and is likely to reach INR 14,500 crore by 2016and exports to INR 9,000 crore with a CAGR of 20 and 25 percent respectively, according to Associated Chambers of Commerce and Industry of India (Assocham)[3]. Government of India established AYUSH re-naming ISM&H (Department of Indian System of Medicine and Homeopathy) in November 2003 to popularized herbal cure.

Presently the demand for traditional Indian herbal products has increased tremendously in India and abroad[4]. Fast Moving Healthcare Goods (FMHG) in India worldwide known as Nutraceutical, defined as, ingredients with human health benefits beyond basic nutrition) industry is expected to grow by 20 percent to USD 6.1 billion by 2019-2020 due to rising awareness about health and fitness and changing lifestyle. However, dietary supplements, herbal and nutritional supplements will form the greatest opportunity areas for Nutraceutical processing, motivated by growing demand from an evolving consumer base[5].

Ayurveda is one of the most ancient health sciences evolved in India almost 5000 BC and practiced therein. Ayurveda has been recognized by world Health Organization (WHO) as complete system of natural medicine. The crude drugs have therapeutic benefits significant for both humans and animals. The rural market in India has vast size and offers a huge opportunity for investment. Rural India has a large consuming class with 41% of India's middle class and 58% of the total disposable income. The use of traditional medicine is increasing, safety and efficacy is time tested. This can be used to improve the nation's health indicators if channeled properly.

Ayurveda *has* a 70 per cent share in the formal medicine market in the country. There are around 6,000 licensed units and an equal number of unlicensed units manufacturing ayurvedic drugs. The gradual acceptance of these medicines led to the growth of such units. The presence of a large number of small, unorganized micro-manufacturing units and pharmacies makes it very difficult to estimate the overall turnover of the industry, but rough estimates put it at around Rs. 45 billion for the year 1998. In general, the medicinal plants trade in India may be described as extremely complex, secretive, traditional, badly organized, highly underestimated and unregulated. There is no macro level information available for assessing the nature and full extent of the trade; there are only 'guesstimates' based on local inventories and micro studies. The demand for ayurvedic formulationsis increasing both in the domestic market as well as internationally.

Rural market in Maharashtra has tremendous potential for Ayurveda Industry but very fewknow how to either identify these consumers or reach out to them. Remoteness and lowspending capabilities are the reasons for not conceptualizing dedicated rural marketingstrategies. This situation is changing with growing rural prosperity and need information toresolve challenges of remoteness. Price reductions based on innovative servicebundling across rural and urban location stand to benefit rural customers[6].

Ayurvedic products did suffer a setback during medieval period. The modern,allopathic medicines became popular and Ayurvedic therapy was put away from mainstream.Presently Government of India is working to integrate Indian system of medicine in tomainstream. WHO estimate the utilization of indigenous systems of medicine in India to be70% the 21st century began with few positive trends about Ayurvedic product.

2. Review of Literature:

Definitions

Consumer Behavior

As per the American Marketing Association Consumer Behavior is "The dynamic interaction of affect and cognition, behaviour, and theenvironment by which human beings conduct the exchange aspects of theirlives."[7a]

"Consumer behavior refers to the actions and decision processes of peoplewho purchase goods and services for personal consumption." [7b]

Aayurvedic medicine

Aayurvedic medicine is a system of Hindu traditional medicine, is native to the Indian subcontinent, and is a form of alternative medicine. The oldest known Aayurvedic texts are the SuśruthaSamhita and the CharakaSamhita. These Classical Sanskrit texts are among the foundational and formally compiled works of Aayurveda.

Over-the-counter products

The over-the-counter (OTC) pharmaceutical market includes non-prescription medicines thatare sold directly to consumers through pharmacies, drugstores, convenience stores and grocery stores. Most countries follow the 'two-class system' for the classification of medicines asprescription (Rx) or non-prescription (OTC). The OTC pharmaceutical market may besegmented into multiple categories such as analgesics, cold, cough and allergy, digestiveremedies, traditional medicines, and vitamins and minerals. China, Brazil, Russia, India,Turkey and Mexico are the key emerging markets and have always been attractive markets for pharmaceutical companies looking for low cost manufacturing. The manufacturers have started realizing the growth potential OTC products too in these markets. In 2009, the global OTC pharmaceutical market witnessed a Y-o-Y growth of 4%, while the OTC market inemerging countries exhibited a Y-o-Y growth of 8%. Already the global OTC herbal marketis more than US 50$ billon.[8]

There is now an ever increasing interest and demand for herbs and herbal products in the world over. The reason for this renewed interest of herbal products is attributed to the ever increasing evidence of the harmful side effects of modern synthetic products. The plant based products, also referred as botanicals, phyto-pharmaceuticals, herbal cosmetics, perfumes, condiments and confectionaries derived from natural products are now occupying a major share in the world trade and market. Demographic trends, lifestyles changes, growing economy, affordability and awareness about self-medication are driving the OTC market in emerging countries. This increased number of Rx-to-OTC switches has also widened the market significantly. In fact, Rx-

to-OTC switch signifies the change of status of a medicinefrom prescription to OTC. The pharmaceuticals industry is facing a major patent cliff, wherepatents for most of its blockbuster drugs are nearing patent expiry, has resulted in moreproduct switches to OTC driving their sales and reducing competition from generics. Eventhe regulatory environment varies in each country, with Brazil, Mexico and Turkey movingtowards more stringent guidelines for OTC distribution, while the regulations in India,China and Russia remain relatively liberal.

Problem statement

At present, almost all sectors are facing stiff competition. However, marketers must ensure that their products and services have a preference over their competitors, by updating the consumers [9].There are more than 7800 herbal manufacturers and processors in India[10].The increasing volume and spread of marketing and advertising is creating a challenge for the companies to either create awareness about the new products or to retain the consumer's interest in their products. It has become very difficult to grow, excel and stabilize in business performance.

Product and advertising are two means directly influencing consumer awareness. They have the potential to impact consumer purchase behavior in different ways since consumers react differently to different stimuli[11]. All herbal companies (or brands) have made a huge expenditure in promotional activities. All firms are increasing their advertisement expenditure to catch up with slowdown and improve sales[12].

Little attention has been paid to understand the current scenario in which dynamism in the choice (or demand) of alternative system of medicine and utilization of these systems for health care exists. Societies, especially those of the developing countries with limited resources, could significantly improve the health care means at their disposal by exploring the scope of these systems of traditional medicine. As a result of increasing preference for different systems of medicine and the need to curtail the health care costs, many countries are now grappling with the policy dimensions of accommodating traditional and complementary medicines in the health care system. Common wealth health ministers in 1998 formed a working group on traditional an complementary health systems to provide guidance for integrating traditional and complementary medicine into national health care as part of the broader agenda of health sector

reform[13]. In some countries these traditional and indigenous systems have been implemented parallel to the modern system.

In India, most of the people belonging to different strata of society, primarily in rural areas, resort to the practices of Indian systems of medicine, particularly Ayurveda, for health care. Due to its countrywide presence, easy availability, affordability and safety, it survived through centuries and later was formally institutionalized in modern India as far as education and service delivery was concerned. It was further integrated with the Govt. Health Services at Central and State level and is currently being given a further impetus by Govt. National Population Policy 2000 recommends mainstreaming of Indian systems of medicine into national family welfare program. According to the Planning Commission, the primary reason for integrating Indian Systems of Medicine (ISM) with allopathic medicine is to resolve the acute shortage of qualified doctors being faced by our healthcare system.[14]

Such remedies, by their very nature, acknowledge the interaction of drug treatment with the body (and mind) processes and thereby emphasize the importance of a healthy lifestyle, say the researchers. It's important for marketers in the health industry to be aware of these lay theories of medicine that consumers hold and how they may be working for or against certain medicines, as an understanding of these issues would help improve marketing their remedies.One needs to emphasize strengths and correct the misconceptions surrounding Ayurveda. In all, 72 per cent of corporate employees today depend more on Indian system of medicine than the allopathic system. The exception is where surgery is indicated where the modern allopathic gains over the traditional system. The demand for homeopathic and ayurvedic medicines has increased in the last few years and for respiratory diseases, fevers, skin diseases, viral infections, asthma and allergic disorders, people are choosing the traditional way of treatment shunning allopathic system, due to the guarantee of no side effects and greater efficacy, the survey says. As per Assocham's corporate employees' survey result, over 65 per cent of the respondent said that ayurvedic medicines can treat them effectively and in comparison to the duplicate medicines and side effects of allopathic treatments, Ayurveda is any day a safer option. Heavy bills and unreliable doctors also add to the problem.

3. Research Objectives

1.   To identify common diseases and type of medication

2.   To understand correlation between type of medication and brand preference

3.   To find brand preference on common diseases

4.   To determine brand preference on major diseases

5.   To study common diseases and ayurvedic treatment duration

4. Research Methodology

Sample Size N = 239 Units

Note: 300 Questionnaires were distributed for data collection out of which 239 questionnaires were returned back to the researcher. Out of 209 Questionnaires researcher picked up best 200 fully filled questionnaires for research purpose.

Sample Universe - Respondents mainly house wives & adults in family fromPune Area (i.e.Pimpri, Chinchwad, Pimple Saudagar, Aundh, Kalewadi, Hinjewadi, Wakad)

Sampling Technique - Convenient Sampling Technique

Data Collection Tool - Questionnaire

Tools for Analysis –SPSS, MS EXEL

## 5. Analysis and Interpretation

This study is based on the assumption that people are becoming more health conscious and they actually prefer to have natural and organic healing practice for good health mainly to actually avoid the side effects if any and its uncertainty over the health.

The description of the sample based on the city and educational qualification:

Fig-1

City Wise
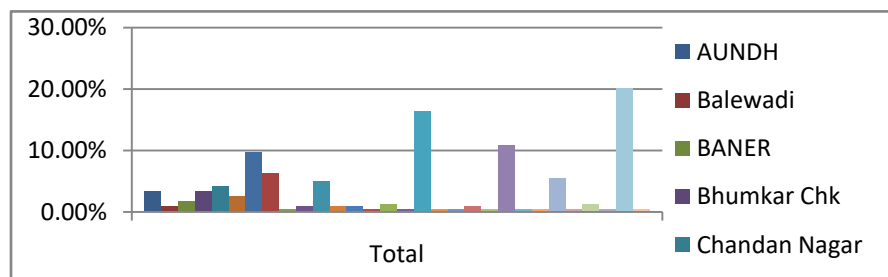
Fig-2
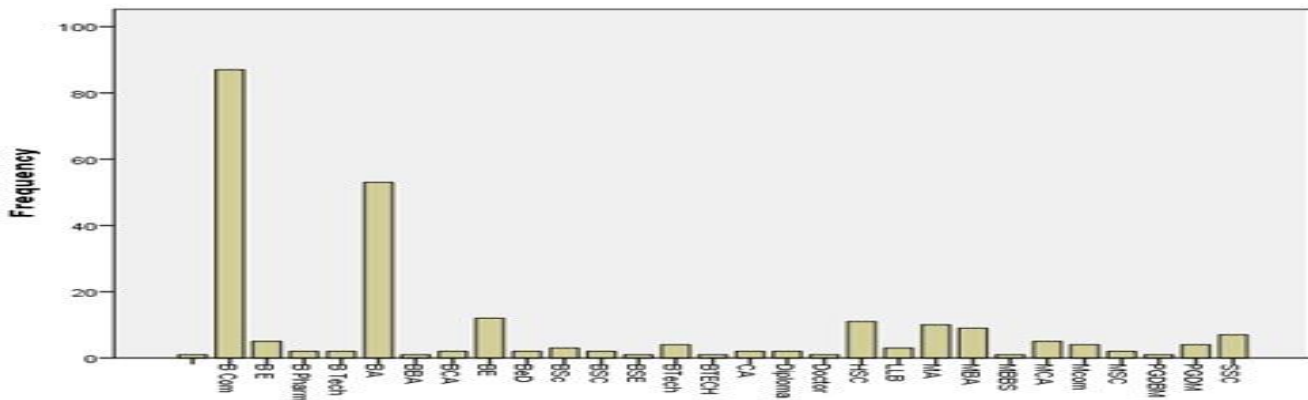
Educational Qualification

Based on this we have considered some of the research hypotheses at 95% confidence level (0.05 level of significance).

1.   Common disease and type of medication

a.   Null Hypothesis H0: Common disease and type of medication are independent.

b.   Alternate Hypotheses H1: There is a significant relationship between Common disease and type of medication used for treatment

2.   Type of Medication and brand preference

a.   Null Hypothesis H0: Brand Preference and type of medication are independent.

b.   Alternate Hypotheses H1: There is a significant relationship between Brand Preference and type of medication used for treatment

3.   Brand Preference on common diseases

a.   Null Hypothesis H0: Brand Preference and Common disease treatment are independent.

b.   Alternate Hypotheses H1: There is a significant relationship between Brand Preference and Common disease treatment

4.   Brand Preference on major diseases

a.   Null Hypothesis H0: Brand Preference and Major disease treatment are independent.

b.   Alternate Hypotheses H1: There is a significant relationship between Brand Preference and Major disease treatment

5.   Common Disease and Ayurvedic treatment duration

a.   Null Hypothesis H0: Common disease and ayurvedic treatment duration are independent.

b.   Alternate Hypotheses H1: There is a significant relationship between common disease and ayurvedic treatment duration.

The sample was mostly selected from Pune region and convenience sampling method is used for this survey.

1.   Common disease and type of medication

a.   Null Hypothesis H0: Common disease and type of medication are independent.

b.   Alternate Hypotheses H1: There is a significant relationship between Common disease and type of medication used for treatment

Table – 1 Cross tabulation

Common Diseases Type			Medication Type					Total
			Ayurvedic	Allopathic	Homeopathy	Unani	others	
	Common cold	Count	17	8	20	1	2	48
		Expected Count	22.1	8.8	13.5	1.6	2	48
		% within	35.40%	16.70%	41.70%	2.10%	4.20%	100.00%
	Cough	Count	24	11	10	0	1	46
		Expected Count	21.2	8.5	12.9	1.5	1.9	46
		% within	52.20%	23.90%	21.70%	0.00%	2.20%	100.00%
	Allergy	Count	24	4	8	4	2	42
		Expected Count	19.3	7.7	11.8	1.4	1.8	42
		% within	57.10%	9.50%	19.00%	9.50%	4.80%	100.00%
	Headache	Count	12	11	9	2	0	34
		Expected Count	15.6	6.3	9.5	1.1	1.4	34
		% within	35.30%	32.40%	26.50%	5.90%	0.00%	100.00%

		Count	17	2	12	1	1	33
Muscular pain		Expected Count	15.2	6.1	9.3	1.1	1.4	33
		% within 1.	51.50%	6.10%	36.40%	3.00%	3.00%	100.00%
Loss of appetite		Count	3	2	3	0	0	8
		Expected Count	3.7	1.5	2.2	0.3	0.3	8
		% within 1	37.50%	25.00%	37.50%	0.00%	0.00%	100.00%
Others		Count	7	0	1	0	3	11
		Expected Count	5.1	2	3.1	0.4	0.5	11
		% within	63.60%	0.00%	9.10%	0.00%	27.30%	100.00%
None		Count	6	6	4	0	1	17
		Expected Count	7.8	3.1	4.8	0.6	0.7	17
		% within	35.30%	35.30%	23.50%	0.00%	5.90%	100.00%
Total		Count	110	44	67	8	10	239
		Expected Count	110	44	67	8	10	239
		% within	46.00%	18.40%	28.00%	3.30%	4.20%	100.00%

Table-2

Chi-Square Tests			
	Value	df	Asymp. Sig.
Pearson Chi-Square	51.418[a]	28	0.004
Likelihood Ratio	48.795	28	0.009
Linear-by-Linear Association	0.024	1	0.876
N of Valid Cases	239		

At 5% significance level it is evident and significant that there is a strong relationship between type of disease and medication used for treatment at p value of 0.04.

It can be taken from cross tabulation that approximately 50% (46% to be precise) of the common diseases mentioned here in the study show the use of Ayurveda treatment.

It can be seen that allergy, cough and muscular pain along with others such as BP, anxiety, colic problems etc., contributes major use of Ayurveda for its treatment.

2.   Type of Medication and Brand preference

a.   Null Hypothesis H0: Brand Preference and type of medication are independent.

b.   Alternate Hypotheses H1: There is a significant relationship between Brand Preference and type of medication used for treatment

Table -3

Type of Medication			Ayurvedic brand/ Company					Total
			Dabur	Zandu	Baidyanath	Himalaya	others	
	Ayurvedic	Count	39	16	9	34	12	110
		Expected Count	38.2	16.6	11	32.2	12	110
	Allopathic	Count	14	10	3	13	4	44
		Expected Count	15.3	6.6	4.4	12.9	4.8	44
	Homeopathic	Count	26	7	7	19	8	67
		Expected Count	23.3	10.1	6.7	19.6	7.3	67
	Unani	Count	1	1	4	2	0	8
		Expected Count	2.8	1.2	0.8	2.3	0.9	8
	others	Count	3	2	1	2	2	10
		Expected Count	3.5	1.5	1	2.9	1.1	10
Total		Count	83	36	24	70	26	239
		Expected Count	83	36	24	70	26	239

Table-4 Chi-Square Tests

	Value	df	Asymp. Sig.
Pearson Chi-Square	20.390[a]	16	0.203
Likelihood Ratio	15.201	16	0.51
Linear-by-Linear Association	0.054	1	0.817
N of Valid Cases	239		

At 5% significance level, there is no significant relationship between type of   Medication and preferred brand.

Since the p value is greater than 0.05 we accept the null hypothesis.

3.   Brand Preference on common diseases

a.   Null Hypothesis H0: Brand Preference and Common disease treatment are independent.

b.   Alternate Hypotheses H1: There is a significant relationship between Brand Preference and Common disease treatment

Table-5

Common Diseases		Ayurvedic Brand/ Company					Total
		Dabur	Zandu	Baidyanath	Himalaya	others	Total
Common cold	Count	24	4	1	14	5	48
	Expected Count	16.7	7.2	4.8	14.1	5.2	48.0
	%	50.0%	8.3%	2.1%	29.2%	10.4%	100.0%
Cough	Count	18	7	4	12	5	46
	Expected Count	16.0	6.9	4.6	13.5	5.0	46.0
	%	39.1%	15.2%	8.7%	26.1%	10.9%	100.0%
Allergy	Count	13	5	5	16	3	42
	Expected Count	14.6	6.3	4.2	12.3	4.6	42.0

	%	31.0%	11.9%	11.9%	38.1%	7.1%	100.0%
Headache	Count	9	12	4	7	2	34
	Expected Count	11.8	5.1	3.4	10.0	3.7	34.0
	%	26.5%	35.3%	11.8%	20.6%	5.9%	100.0%
Muscular pain	Count	8	5	5	9	6	33
	Expected Count	11.5	5.0	3.3	9.7	3.6	33.0
	%	24.2%	15.2%	15.2%	27.3%	18.2%	100.0%
Loss of appetite	Count	2	0	3	2	1	8
	Expected Count	2.8	1.2	.8	2.3	.9	8.0
	%	25.0%	0.0%	37.5%	25.0%	12.5%	100.0%
Others	Count	1	1	1	6	2	11
	Expected Count	3.8	1.7	1.1	3.2	1.2	11.0
	%	9.1%	9.1%	9.1%	54.5%	18.2%	100.0%
None	Count	8	2	1	4	2	17
	Expected Count	5.9	2.6	1.7	5.0	1.8	17.0
	%	47.1%	11.8%	5.9%	23.5%	11.8%	100.0%
Total	Count	83	36	24	70	26	239
	Expected Count	83.0	36.0	24.0	70.0	26.0	239.0
	%	34.7%	15.1%	10.0%	29.3%	10.9%	100.0%

Table-6 Chi-Square Tests

	Value	df	Asymp. Sig.
Pearson Chi-Square	39.836[a]	28	.068
Likelihood Ratio	37.758	28	.103
Linear-by-Linear Association	2.312	1	.128
N of Valid Cases	239		

At 90% confidence level it is evident that there is a significant relationship between treatment of common diseases and specific brand used for its treatment.

Since the p value is less than 0.1, i.e. 0.068 we reject null hypothesis.

From crosstab it is observed that most preferred brand for common cold (50%) & cough (39.1%) is Dabur followed by Himalaya, Zandu is preferred for Headache (35.3%), most preferred brand for loss of appetite (37.5%) is Baidyanath, for allergy most preferred brand is Himalaya (38.1%) followed by Dabur(31%). We may infer that Dabur (47.1%) is most preferred brand for common diseases followed by Himalaya (23.5%).

4. Brand Preference on major diseases

a. Null Hypothesis H0: Brand Preference and Major disease treatment are independent.

b. Alternate Hypotheses H1: There is a significant relationship between Brand Preference and Major disease treatment

Table-7

Major Diseases		Ayurvedic brand/ Company					Total
		Dabur	Zandu	Baidyanath	Himalaya	others	
Diabetes	Count	25	6	7	24	5	67
	Expected Count	23.3	10.1	6.7	19.6	7.3	67.0
	%	37.3%	9.0%	10.4%	35.8%	7.5%	100.0%
Arthritis	Count	13	2	2	8	8	33

	Expected Count	11.5	5.0	3.3	9.7	3.6	33.0
	%	39.4%	6.1%	6.1%	24.2%	24.2%	100.0%
Bronchial Asthma	Count	12	12	4	17	10	55
	Expected Count	19.1	8.3	5.5	16.1	6.0	55.0
	%	21.8%	21.8%	7.3%	30.9%	18.2%	100.0%
Dental care	Count	3	1	2	1	1	8
	Expected Count	2.8	1.2	.8	2.3	.9	8.0
	%	37.5%	12.5%	25.0%	12.5%	12.5%	100.0%
Migraine	Count	10	5	2	3	2	22
	Expected Count	7.6	3.3	2.2	6.4	2.4	22.0
	%	45.5%	22.7%	9.1%	13.6%	9.1%	100.0%
Depression	Count	2	6	2	4	0	14
	Expected Count	4.9	2.1	1.4	4.1	1.5	14.0
	%	14.3%	42.9%	14.3%	28.6%	0.0%	100.0%
None	Count	18	4	5	13	0	40
	Expected Count	13.9	6.0	4.0	11.7	4.4	40.0
	%	45.0%	10.0%	12.5%	32.5%	0.0%	100.0%
Total	Count	83	36	24	70	26	239
	Expected Count	83.0	36.0	24.0	70.0	26.0	239.0
	%	34.7%	15.1%	10.0%	29.3%	10.9%	100.0%

Table-8 Chi-Square Tests

	Value	df	Asymp. Sig.
Pearson Chi-Square	42.579[a]	24	.011
Likelihood Ratio	45.728	24	.005
Linear-by-Linear Association	3.953	1	.047
N of Valid Cases	239		

a. 18 cells (51.4%) have expected count less than 5. The minimum expected count is .80.

At 95% confidence level it is evident that there is a significant relationship between treatment of major diseases and specific brand used for its treatment.

Since the p value is less than 0.05, i.e. 0.011 we reject null hypothesis.

We can infer from cross tabs that Dabur is mostly preferred for migraine followed by arthritis. Zandu is preferred for Depression followed by migraine. Baidyanath is preferred for Dental Care followed by depression. Himalaya is preferred mainly for diabetes followed by bronchial asthma. It is concluded for Major diseases that Dabur is the most preferred brand followed by Himalaya

5.   Common Disease and Ayurvedic treatment duration

a.   Null Hypothesis H0: Common disease and ayurvedic treatment duration are independent.

b.   Alternate Hypotheses H1: There is a significant relationship between common disease and ayurvedic treatment duration.

Table-9

Common Disease			Duration						Total
			less than 5 yrs	5-10 yrs	10-15 yrs	15-20 yrs	more than 20 yrs	none	
	Common cold	Count	20	16	7	2	1	2	48
		Expected Count	16.7	16.7	6.8	1.8	2	4	48
	Cough	Count	21	18	4	0	3	0	46
		Expected	16	16	6.5	1.7	1.9	3.8	46

	Count							
Allergy	Count	18	11	10	2	1	0	42
	Expected Count	14.6	14.6	6	1.6	1.8	3.5	42
Headache	Count	14	13	3	2	2	0	34
	Expected Count	11.8	11.8	4.8	1.3	1.4	2.8	34
Muscular pain	Count	7	16	8	0	2	0	33
	Expected Count	11.5	11.5	4.7	1.2	1.4	2.8	33
Loss of appetite	Count	2	4	1	1	0	0	8
	Expected Count	2.8	2.8	1.1	0.3	0.3	0.7	8
Others	Count	1	5	1	2	1	1	11
	Expected Count	3.8	3.8	1.6	0.4	0.5	0.9	11
None	Count	0	0	0	0	0	17	17
	Expected Count	5.9	5.9	2.4	0.6	0.7	1.4	17
Total	Count	83	83	34	9	10	20	239
	Expected Count	83	83	34	9	10	20	239

Table-10   Chi-Square Tests

	Value	df	Asymp. Sig.
Pearson Chi-Square	233.349[a]	35	0.000
Likelihood Ratio	145.085	35	0.000
Linear-by-Linear Association	58.324	1	0.000
N of Valid Cases	239		

Since the p value is less than 0.05 we reject Null Hypothesis.

It is evident from the cress tab that approximately 70 % of the respondent believes that they are using ayurvedic medicines for treatment of common diseases since 10 yrs. Out of which 35% respondent using it within the duration of 5 to 10 yrs.

6. Recommendations/Suggestions/Findings

1.   There is a strong relationship between type of disease and medication used for treatment. Approximately 50% (46% to be precise) of the common diseases mentioned here in the study show the use of Ayurvedic Medicines.

2.   There is no significant relationship between type of   Medication and preferred brand.

3.   There is a significant relationship between treatment of common diseases and specific brand used for its treatment

4.   The most preferred brand for common cold (50%) & cough (39.1%) is Dabur followed by Himalaya, Zandu is preferred for Headache (35.3%), most preferred brand for loss of appetite (37.5%) is Baidyanath, for allergy most preferred brand is Himalaya (38.1%) followed by Dabur(31%).We may infer that Dabur (47.1%) is most preferred brand for common diseases followed by Himalaya (23.5%).

5.   There is a significant relationship between treatment of major diseases and specific brands used for its treatment.

6.   Approximately 70 % of the respondents believe that they are using ayurvedic medicines for treatment of common diseases since 10 yrs. Out of which 35% respondent using it within the duration of 5 to 10 yrs.

7.

7. Limitations

1.   All findings are related to the Pune Region only. The findings may or may not be applicable to all over India.

2.   Inability of human mind to remember certain facts also poses a limitation.

3.   The responses given by the respondents may not be cent percent accurate.

8. Conclusion

It can be seen that allergy, cough and muscular pain along with others such as BP, anxiety, colic problems etc., contributes major use of Ayurveda in treatment.

Approximately 50% common diseases under study are treated using Ayurvedic Medicines.

Brand Preference and type of medication are independent.

Dabur is the most preferred brand for common cold & cough.

We can infer that Dabur is mostly preferred brand for migraine followed by arthritis. Zandu is preferred for depression followed by migraine. Baidyanath is preferred for dental problemsfollowed by depression. Himalaya is preferred mainly for diabetes followed by bronchial asthma.It is concluded for Major diseases that Dabur is the most preferred brand followed by Himalaya

Maximum respondents are using Ayurvedic Medicines for treatment of common diseases for more than 5 years.

9. Future Work

This research work can further be expanded to different metro cities, urban & semi urban cities throughout India. More specific research can be done for identifying preference fora particular product within a brand.

Other demographic factors such as income, age group & profession may be included for more in-depth & specific research.

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Notes

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