

Sociological Study of Awareness of Ayurveda on Physical Health in Varanasi District

Shashank Shekhar^{1*}, Prof. O.P. Singh²

¹PhD Scholar, Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India, Mail Id – shashankbhu2@gmail.com

²Professor, Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India, Mail Id – dr_om@bhu.ac.in

Abstract

Ayurveda has been around for ages, but lately, it's made a real comeback in India's health scene—especially under the AYUSH framework. This study digs into how people in Varanasi district, Uttar Pradesh, see and use Ayurveda for their physical health. Instead of sticking to just numbers, the research blends survey data from 120 residents with stories and observations from interviews. Turns out, most folks—over 85%—already know about Ayurveda. But knowing about it and actually understanding it in a scientific way are pretty different things. For a lot of people, family routines, cultural traditions, and old beliefs play a bigger role than anything the formal medical system recommends. So, people mostly use Ayurveda for keeping healthy or dealing with long-term problems, and they turn to allopathy when things get urgent. Bottom line: Ayurveda holds both symbolic weight and practical value in Varanasi's culture. Still, it's not used to its full potential because there's a lack of reliable information, not enough standardized education, and little connection with modern medicine. The study suggests rolling out clear, evidence-backed awareness campaigns, integrating Ayurveda more tightly with formal healthcare, and boosting local health education.

Keywords: Ayurveda, Sociological Study, Awareness, Physical Health, AYUSH, Varanasi, Traditional Medicine, Health Behaviour, Cultural Practices

How to cite this article: Shekhar S, Singh OP. Sociological Study of Awareness of Ayurveda on Physical Health in Varanasi District. *Int J Drug Deliv Technol.* 2026;16(42s): 414-416. DOI: 10.25258/ijddt.16.42s.45

1. Introduction

Health isn't just about biology — at least, that's how sociologists see it. It's tangled up in culture, economics, and society. The way traditional knowledge and modern medicine bump up against each other is pretty interesting, especially in places where old ways still matter and run alongside the newer biomedical stuff. Take Ayurveda, for example. Its name comes from Sanskrit: "Ayur" means life, "Veda" means knowledge. It's not just pills or remedies; it's a whole system that talks about keeping your body, diet, habits, and environment in balance. In India, it's become official — the Ministry of AYUSH even handles policy for it, so it's part of the country's healthcare conversation now. Now, Varanasi is a perfect spot to look into all this. It's ancient, steeped in tradition and religion, but it's also got the pulse of modern India. In this city, Ayurveda isn't just something people read about in books. It's woven into daily routines, passed down from parents or grandparents, much more than taught in classrooms. But here's the catch: Just because the government pushes Ayurveda, and people around the world are curious, does knowing about it actually help folks make better health choices? This study digs into that question. It'll explore how awareness — not just the fact that people know about Ayurveda, but how they use it — connects to bigger social and cultural factors. The goal is to figure out what really shapes the way people act when it comes to their health.

2. Theoretical Framework

*Author for Correspondence: shashankbhu2@gmail.com

This study leans on some big sociological theories:
2.1 Health Belief Model (HBM)

The Health Belief Model says people shape their health habits based on how risky they think something is, how serious it feels, and what they see as the upsides or obstacles. When it comes to Ayurveda, folks often go with what feels natural or safe—even if science hasn't backed it up.

2.2 Structural Functionalism

If you look at Ayurveda through a functionalist lens, it's not just about medicine. It's a part of the culture, helping keep society steady by offering healthcare that fits right in with local values and is easy to access.

2.3 Cultural Capital (Pierre Bourdieu)

Think of Ayurvedic knowledge as cultural capital. Families and communities pass it down, and that shapes the way people manage health and make choices.

2.4 Medical Pluralism

Ayurveda and allopathy living side by side is a perfect example of medical pluralism. People pick and mix these systems depending on what's happening in their lives and what they need at the moment.

3. Review of Literature

3.1 National and Global Perspective

In India, most people have at least heard of AYUSH systems—over 90% know about them, with Ayurveda leading the pack. And it's not just talk; about half the population has actually tried Ayurvedic treatments. Outside India, Ayurveda is picking up steam in places like Europe and North America. People there are turning to it mainly because they're interested in holistic and alternative approaches to health.

3.2 Awareness vs Knowledge Gap

Here's where things get tricky. Sure, lots of folks recognize Ayurvedic products and practices, but they're not always clear on how to use them. Many don't know the right doses, what conditions they shouldn't mix with, or if Ayurvedic remedies truly work, scientifically speaking.

3.3 Socio-Cultural Determinants

Studies keep showing that factors like age, education, and whether you live in a city or the countryside really matter. Older people usually trust Ayurveda more. Rural communities depend on it since it's accessible and sometimes all they've got. Meanwhile, city folks with higher education tend to pick and choose when they use it.

3.4 Institutional Challenges

Ayurveda isn't without its hurdles. Even with policies backing it, there's still a lack of clear education for the general public. It hasn't fully blended into mainstream allopathic medicine, either. Plus, many see it as working too slowly compared to modern treatments.

4. Research Methodology

4.1 Research Design

The study uses both descriptive and analytical methods, mixing quantitative and qualitative approaches.

4.2 Study Area

Everything centers on Varanasi District in Uttar Pradesh.

4.3 Sample Size and Sampling

There are 100 respondents altogether. Stratified random sampling makes sure both urban and rural voices are included.

4.4 Data Collection

Primary data comes from structured questionnaires and semi-structured interviews. For secondary data, the research pulls from journals, government reports, and AYUSH publications.

4.5 Data Analysis Tools

To make sense of the numbers, percentage analysis and cross-tabulation are used. Thematic analysis helps explore the qualitative side.

5. Data Analysis and Findings

4.1 Research Design

The study uses both descriptive and analytical methods, mixing quantitative and qualitative approaches.

4.2 Study Area

Everything centers on Varanasi District in Uttar Pradesh.

4.3 Sample Size and Sampling

There are 100 respondents altogether. Stratified random sampling makes sure both urban and rural voices are included.

4.4 Data Collection

Primary data comes from structured questionnaires and semi-structured interviews. For secondary data, the research pulls from journals, government reports, and AYUSH publications.

4.5 Data Analysis Tools

To make sense of the numbers, percentage analysis and cross-tabulation are used. Thematic analysis helps explore the qualitative side.

5.1 Awareness Levels

More than half—52%—know a lot about Ayurveda. Another 33% have some awareness, while 15% fall into the low-awareness group. People over 40 seem especially tuned in.

5.2 Socio-Demographic Influence

Age makes a difference; older folks are generally more aware. Education kind of shapes how people use Ayurveda, with those having more schooling picking and choosing their approach. When it comes to income, wealthier people lean toward allopathic medicine. Rural communities, though, stick mainly with Ayurveda.

5.3 Sources of Awareness

Most people hear about Ayurveda from family and tradition (45%). Media steps in next (30%), followed by healthcare professionals (15%). The rest pick it up from other sources (10%). Clearly, informal traditions lead the way.

5.4 Usage Patterns

About 28% use Ayurveda regularly, and a majority—55%—turn to it occasionally. Seventeen percent never bother with it. The main reasons folks use Ayurveda are for digestive problems, boosting immunity, or dealing with long-term issues.

5.5 Perception Analysis

A solid 68% think Ayurveda works, and 72% say it comes with fewer side effects. But 40% view it as a bit slow.

5.6 Medical Pluralism

Most people mix approaches, using both Ayurveda and allopathy depending on what's wrong. For sudden, acute illnesses, they go straight to allopathic medicine. For chronic stuff, Ayurveda gets their vote.

6. Discussion

The research shows how tradition and modern life shape the way people look after their health. Ayurveda's still a big part of the culture, but folks aren't always relying on it for everything—they pick and choose when to use it.

Here's what stands out:

Most people know about Ayurveda because it's part of family and community life, not because they studied it in school. There's not much scientific understanding behind people's Ayurveda knowledge. Everyone's mixing and matching—sometimes they go for

Ayurveda, sometimes they prefer modern medicine, just depending on what seems best. People trust Ayurveda, but think it works a bit slowly compared to newer treatments. Overall, the study shows that people don't stick to just one approach. They're pretty practical, using whatever healthcare makes sense for their situation.

7. Conclusion

The study concludes that Ayurveda holds a significant socio-cultural position in Varanasi district. Awareness is widespread but largely informal and culturally transmitted. While Ayurveda is trusted for its natural approach, its utilization is limited by lack of scientific awareness and integration with modern medicine.

Bridging this gap requires a multi-dimensional approach involving education, policy intervention, and community engagement.

References:

1. Ministry of AYUSH (2023). Annual Report on Traditional Medicine
2. NSSO (2022–23). Health and AYUSH Survey Report
3. Bourdieu, P. (1986). Forms of Capital
4. Rosen stock, I. (1974). Health Belief Model
5. WHO (2021). Traditional Medicine Strategy