

Cost-effectiveness of Ayurveda



Ayurveda as a system of medicine is being marked as the potential alternative to take over the healthcare sector across the globe. Undeniably tagged as indigenous to India, Ayurveda faces lot of logistical issues, both at the domestic and overseas levels. Be it the Ayurvedic products, services or related value-added merchandises, all are reportedly becoming more and more expensive, beyond the reach of the middle class people, lest the common man. Ayurveda pharma industry is struggling in the post-covid scenario, likely in a 'damage' control mode. Tourism productiveness in Ayurveda related paraphernalia is yet to take off. Who would create an honest space to think seriously and sweat on a cost-cutting endeavour, or viable alternatives for sustainable utility if Ayurveda?

In the Indian context, Ayurveda offered at the public sector institutions owned or supported by the Governments are affordable and cheaper. But the vast numbers of private establishments are rated to be inflated and costlier at this level. Getting treated in a private ayurvedic hospital as an in-patient, for a chronic disease requiring couple of weeks duration turns really expensive. Many times, insurance companies are turning down the bills against reimbursement. Amid these imbroglios, the cost of ayurvedic medicines and medicinal products is escalating on a daily basis. Classical Ayurveda products and newer formulations show no transparent mechanisms in calculating cost to the client.

Cost-effectiveness ratio is the net cost divided by changes in health outcomes. Examples include cost per case of disease prevented or cost per death averted. Cost-effectiveness is measured in natural units (deaths averted and years of life saved) and in disability-adjusted life years (DALYs), a composite measure that combines disease cured, years lived with disability and years lost to premature death in a single metric. These factors, in combination with other considerations such as equity, social justice, medical suitability and regional appropriateness, should guide us to have a broad view of

the situation as far as Ayurveda is concerned. Cost-effectiveness ratios can be used to derive a 'cut-off level' of cost-effectiveness beyond which interventions are no longer used. This cut-off can vary from place to place depending on the availability of health resources in ayurveda, the disease burden, and the local preferences for health spending. There can be no one-dimensional economic criterion, but to draw from the collective knowledge and analytical work of the many experts in the field of industry, profession and policy making.

Role of human health as a critical component of economic development has stimulated interest in improving the efficiency with which the modest health resources available in low- and middle-income countries (LMICs) are spent. Ayurvedic health-care interventions are not critically screened on these pointers by the authorities concerned. Information on the costs of purchasing health using Ayurveda in conjunction with regional or national realities regarding disease priorities, private willingness to pay for health, and public budget constraints can be used to identify definite investments that are highly cost-effective opportunities to improve human health that policy makers are currently neglecting.

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