



## ORA- Qualitative Research



### Social media and the popular discourse on Ayurveda: A Qualitative Exploratory Study

<sup>1</sup>[Ruby Bhardwaj](#)

#### ABSTRACT:

**Introduction and Background:** Ayurveda is the oldest surviving system of medicine that has withstood the vicissitudes of time and onslaughts of rival medical systems. In its present stature, it is both adaptive and resilient. Its increasing predominance in the digital space and negotiations on social media channels has heightened its global presence. The advancement of ancient wisdom on a technology based platform warrants systematic investigation. **Objectives:** To examine the nature, content and tenor of the videos on Ayurveda, posted on YouTube channels; to investigate into the practices and strategies deployed by content creators in the construction, dissemination and popularization of Ayurveda from a sociological perspective; to cognize the dynamics between Ayurveda and Biomedicine as reflected in the videos. **Methods:** The study employs cyber-ethnography as a method of data collection followed by discourse analysis to cognize Ayurveda's proliferation on YouTube channels. For this purpose, the discourse on videos from selected channels was transcribed, thematically organised, interpreted and analysed. The videos are publicly available, names of the selected channels and their content creators have been anonymized. **Findings:** Videos disseminating the basic tenets of Ayurveda and their significance in promoting health cover a wide range of themes that catch the attention of all age groups. The discourse on herbal and safe and inexpensive remedies cuts across all videos. Elements of contradiction, condemnation and contestation of the Biomedical model are evident in the discourse. The videos also demonstrate Ayurveda's conformity to the nosology, vocabulary, jargon, practices of standardization and pharmaceuticalization of the biomedical model that have facilitated its global proliferation. YouTube serves a potent medium for the practitioners to enhance their clientele and market products. **Conclusion:** The discourse on social media replicates the ongoing dynamics of contestation and co-optations between the two systems of medicine. Social media has served to strengthen Ayurveda's presence on the global platform creating a sizeable online community of viewers.

**KEYWORDS:** Ayurveda, Biomedicine, Cyber-Ethnography Practitioners, Discourse Analysis, Qualitative Exploratory Study, Sociology, YouTube Videos

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Corresponding Author Email:

[ruby@jdm.du.ac.in](mailto:ruby@jdm.du.ac.in)

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## 1. INTRODUCTION

Ayurveda is the oldest surviving system of medicine that has withstood the test of time and overcome the tribulations imposed by the rival medical systems for centuries. Besides this, Ayurveda has all along responded to the challenges posed by the transformative influences of capitalism, commodification and social media. This paper is the outcome of cyber-ethnography conducted on YouTube channels pertaining to Ayurveda through the lens of medical sociology. It aims to explore the practices and performances adopted in the translation, construction and articulation of the knowledge sourced from classical texts to the lay populace. The objective of the study is to analyze the tenor of discourse adopted by the practitioners in promoting Ayurveda on social media. Further, it examines the discourse to cognize the themes selected by the content creators. It explores into the rationale espoused for advocating Ayurvedic remedies and also investigates into the materials and modes form and content adopted by the practitioners for the dissemination of knowledge to the lay populace. It also investigates into the efforts of the content creators who are bona-fide practitioners in convincing the viewers about the effectiveness of their remedies and building trust amongst virtual community and expanding their online clientele.

As popular and potent domain, social media serves to integrate health systems with technology whereby it widens the access especially for those who may not have availability or access to medical facilities. It serves to connect with those who may be able to provide

social and emotional support. [1] It is used by experts and laymen to share health information on diseases, diets, fitness and a range of health related issues. Patients can connect with health professionals and hold online consultations. Further, social media has been used deliver health information and motivating participation and behaviour change through participation in health-related events. [2] Many practitioners of Ayurveda have taken to social media platforms to disseminate information about Ayurvedic remedies. However, there is a paucity of research that explores into the discourse and sentiment of the content creators of Ayurveda and the modes through which they promote health on video sharing social networking sites. Given the pervasive and encompassing nature of social media, it ramifies on the way people connect, network social relationships and carve communities. It is imperative that sociologists research into the digital space to cognize how technologies reconfigure the social interactions. These acts of both production and consumption have been referred to as *prosumption* by some researchers in order to emphasise on the duality of their nature. [3] YouTube has been selected as the site of cyber-ethnography because India has the largest YouTube audience touching nearly 491 million users. (<https://www.statista.com/statistics/280685/number-of-monthly-unique-youtube-users/>). YouTube relies on consumers to provide the bulk of the site content. Links to these videos can be easily shared, contributing to their popularity [4]. There has been a surge of interest in health related digital content especially after COVID-

19 when a large number of apps were launched by the AYUSH (an acronym for Ayurveda, Yoga, Unani, Siddha and Homeopathy) Ministry, Government of India, to promote health particularly through Ayurveda, Yoga and Naturopathy. Since then there has been a growing interest in traditional systems of medicine.

Ayurveda, the science of longevity has been practised in India for over 5000 years. According to Susruta, the father of Ayurveda, the role of a *vaid* (practitioner of Ayurveda) was to “cure diseases of the sick, to protect the healthy, to prolong life”. [4] This system of medicine was committed to managing the whole life of the person. Health is not to be construed as the absence of illness, but a positive state referred to as *svāsthya*- the “idea of being established in your ‘real’ self: the Self that goes beyond soma and psyche...”. [5] In Ayurveda’s ontology the harmony of physiological, psychological, social, and environmental elements are essential for the maintenance of health. [6] Health was believed to be “conditioned by the balance of three primary fluids (*dosas*, literally “defects”) in the body: wind (*vata*), gall (*pitta*) and mucus (*kapha*) “. As a system of preserving health, Ayurveda emphasized on the role of diet, exercise and a “mental attitude of unselfish affection as a potent health giver...”. [4] Ayurveda was not only popular in the ancient times, but according to WHO Report. [7] 65% of the rural population in India still relies upon Ayurveda and medicinal plants to meet primary health care needs.

This is not to say that Ayurveda has not faced any setback over the centuries. Charles Leslie attributes its decline to the Buddhist doctrine of non-violence due to

which dissection had to be disbanded resulting in deterioration of surgery and knowledge of anatomy. Further decline came on account of the conquest by the Muslim rulers who supported a rival medical system. The final blow came after the British conquest and consequent patronage to Biomedicine.

Ayurveda has evolved over the centuries and adapted to the challenges in the face of the rival systems of medicine. The decline of Ayurveda was offset by professionalizing reforms carried out by the practitioners. As a consequence, even before India attained independence, measures in rallying government recognition and aid for research on indigenous drugs and for Ayurvedic schools, hospitals and dispensaries were in place. By the time India became independent, there were 50 hospitals and 57 colleges of Ayurvedic or Yunani medicine. Manufacture, advertisement and marketing of Ayurvedic and Yunani medicines on the lines of modern medicine had also commenced. [8]

Since independence, the State’s policy has been to encourage and support Ayurveda and other systems of traditional medicine. The Department of AYUSH created in 2003, was elevated to the status of an independent Ministry in 2014. Since the 1960s Ayurvedic pharmacopoeia has been developed under the aegis of the Ministry of Health [5]. Presently Ayurveda teaching is imparted in recognised universities through standardized curricula that mimics that of MBBS, with a view to achieve equal status with Biomedicine.[9] Professionalization, standardization and pharmaceuticalization have been responses of

Ayurveda to beat the challenges and stay in tune with needs of the times. Such adaptations have sustained Ayurveda for over 5000 years as a living and functioning system that is ready to adapt to the demands of the time and space.

In recent times Ayurveda's tryst with communication and digital technologies and adaptation to the digital space has drawn research interest. Digital Ayurveda is the "convergence of *Ayurvedic* wisdom with cutting-edge technology, expanding its reach and improving its precision" [10]. There is considerable amount of research on the Ayurveda's successful attempts at the integration of digital tools that have enhanced the ability of Ayurveda to focus on individualistic approach. Wearable technologies such smartwatches and fitness trackers that are aligned with Ayurvedic principles, Mobile health apps have opened new horizons for Ayurvedic practice. [10] Kumar is of the opinion that computational tools can aid diagnosis, treatment design, and education to truly manifest the fundamental principles of holistic individualized care. [11]

## 2. METHODS

As a qualitative and exploratory study from the medical sociology perspective, it adopts methods used in digital sociology. According to Lupton, "digital sociology provides a means by which the impact, development and use of digital technologies and their incorporation into social worlds and concepts of selfhood may be investigated, analysed and understood". [12] The paper employs cyber-ethnography as means of data collection, [13] for an in-depth study of Ayurveda as it proliferates

on social media. YouTube as a social media forum was selected because of its open, expansive and democratic character where users upload content that viewers can access for free. Popularity of the channels on YouTube, can be assessed by the number of subscribers and views. Besides this, the viewers have access to the comments, view counts, likes and dislikes posted about the videos. This can help evaluate the community engagement of the content creator. These videos unlike YouTube shorts provide reasonable length and depth of audio-visual content to analyse the narrative style and the background used by the content creator.

For the purpose of this study, ten most popular channels on Ayurveda were identified with the help of YouTube search engine using the keyword 'Ayurveda' in April 2025. In order to verify the results, a manual search was conducted. It was found that one of the popular channels was missed out because the term 'Ayurveda' did not figure in its name. These channels were manually listed along with data about the number of their subscribers and the number of videos uploaded by them. To further narrow down on the most popular channels, it was decided to retain only those channels that had over a million subscribers and who had been consistently posting videos since 2020. This step ensured that only the most popular channels are included in the database. As a result, only six channels qualified. In the next round, channels whose content creators were qualified degree holders, minimum BAMS (Bachelor of Ayurvedic Medicine and Surgery) degree and those practicing Ayurveda were retained. This was done to ensure the authenticity of the information

uploaded on the channels. Only three channels met all the above conditions. All three channels formed a part of the database to ensure data triangulation. However, it was not possible to view and analyse nearly 5000 videos posted on the three channels. The number of videos was reduced systematically. Twenty-five most popular videos were identified for analysis from each of the three channels. Besides capturing the discourse on the most popular videos, 15 latest videos from each of the three channels posted between 1<sup>st</sup> June 2024 and 31<sup>st</sup> June 2025 to get insights on the latest trends. To sum it up, 25 videos on each of the three channels listed under the *popular* tab and 15 under the *latest* tab were watched and analysed between May and July 2025. A total of 120 videos posted on the three channels finally became the source of data. A channel wise list of all the videos that formed part of the database was prepared.

Next step involved is the interpretation and analysis of data. The content on the videos was analysed adopting discourse analysis. The sociological interpretation of

discourse is a layered process that treats it as social information, as a reflection of ideologies of the subject and as a social product [14]. Some of the research questions explored by the study include: (i) What are the main themes depicted in the videos? (ii) What modes are adopted by the practitioners to promote Ayurveda? (iii) What are the sentiments regarding rival medical systems? What are the mechanisms used by the content creators to popularize their professional practice (iv) What is the role of viewers and their feedback?

For the purpose of analysis and interpretation, the first step involved watching the content of each of the 120 videos and manually transcribing it from Hindi to English. In the second step, the videos were watched again for identification and thematic classification. The content from the videos was classified, listed and coded under salient common themes that emerged from their content. Videos listed under each of the themes were manually counted to arrive at the most popular themes.

**Table 1: Methodology Flowchart**

S. No.	Heading	Description
1.	Identification of Channels	Ten most popular channels to identified using the keyword 'Ayurveda' in April 2025 on YouTube search engine
2.	Verification of Search Results	<ul style="list-style-type: none"> <li>- Manual search was conducted to verify YouTube results.</li> <li>- One additional popular channel was identified, which did not include the word 'Ayurveda' in its name.</li> <li>- Final list was prepared with subscriber count and number of videos.</li> </ul>
3.	Shortlisting based on Popularity and Consistency	Only channels with over 1 million subscribers and consistent uploads since 2020 were retained – 6 channels qualified.
4.	Filtering for Authenticity	Channels were retained only if their content creators: <ul style="list-style-type: none"> <li>- Hold a minimum BAMS degree, and</li> <li>- Are practitioners of Ayurveda,</li> </ul>

		3 channels met all criteria and formed the final database for analysis.
5.	Sampling of Videos	Nearly 5,000 videos were available on the three channels. To reduce volume: <ul style="list-style-type: none"> <li>- 25 most popular videos (under “Popular” Tab)</li> <li>- 15 latest videos (posted between June 1, 2024, and June 31, 2025)</li> <li>- Total: 120 videos (40 per channel)</li> <li>- Channel-wise list prepared.</li> </ul>
6.	Method of Data Analysis	Adopted Discourse analysis for sociological interpretation of YouTube content as: <ul style="list-style-type: none"> <li>- Social information</li> <li>- Reflection of ideology,</li> <li>- Social product.</li> </ul>
7.	Steps in Analysis and Interpretation	<ul style="list-style-type: none"> <li>- Watched all 120 videos and manually transcribed them from Hindi to English.</li> <li>- Re-watched videos for identification and thematic classification.</li> <li>- Classified, listed, and coded content under salient themes.</li> <li>- Counted videos per theme to identify the most popular topics.</li> </ul>
8.	Ethical Considerations	<ul style="list-style-type: none"> <li>- Data that is publicly available and used only for academic purposes.</li> <li>- No commercial or institutional use.</li> <li>- No human subjects involved;</li> <li>- Names of Channels and content creators anonymised.</li> <li>- No funding received; results unbiased.</li> <li>- Researcher’s role limited to observation.</li> </ul>

The data used for the research is publicly available for lay consumption. It has been used purely for academic purpose and not for commercial or institutional consumption. The data has neither been downloaded nor stored since it is a qualitative research, it does not involve treating data with mathematical or algorithmic models. The name of the channels and content creators is anonymised. There are no human subjects involved in the research. No funding has been received for this research and hence there is no bias in the interpretation. The findings and interpretations were cross-checked by the researcher at every step. The study is ethically complaint. The researcher is trained in

sociology of medicine with expertise in the analysing medical pluralism and has been researching on the same in hospital settings. Given the increasing engagement of the populace with social media for health related information and the proliferation of Ayurveda in the digital space, it was decided to conduct this cyber ethnography to cognise the dynamics of Ayurveda in the virtual space. In this exercise the role of the researcher was limited to analysis and interpretation. The researcher did not participate in any way.

### 3. FINDINGS

Videos that formed part of the sample covered a wide range of themes that catered to viewers of different age groups. All the three content creators introduced themselves as doctors. They emphasized on the significance of healthy diet and disciplined lifestyle in the attainment of health. In order of preponderance the themes selected for the videos are listed below:

(i) Those concerning attainment of beauty and desirable body image. These included tips and home remedies for the prevention of hair fall, tanning, darkening, blemishes, melasma; accelerating hair growth and skin brightening, based on herbal ingredients easily available in the kitchen. Packaged creams, lotions and visits to the clinic are also offered. A number of videos addressed concerns regarding attainment of 'ideal body image'. These included self-care prescriptions and remedies for weight loss, especially reducing hip and belly fat, enhancement of the size of breasts and tightening of body parts.

(ii) On the health benefits of superfoods such as ginger, turmeric, flaxseeds, dates, figs, almonds, *moringa* (*Moringa Oleifera*); health benefits of some potent and versatile herbs such as *ashwaganda* (*Withania Somnifera*), *shatvari*, (*Asparagus Racemosus*) *shilajit* (*Asphaltum Punjabianum*), *giloy* (*Tinospora Cordifolia*) popular vitamin and supplements such as Vitamin E and Omega 3. Pre-prepared and packaged herbal juices and tonics are also marketed.

(iii) Those addressing sexual and reproductive health concerns. One of the practitioners uploaded videos prescribing certain foods, common herbs and other potent herbal remedies to address male sexual health

issues such virility, sexual power and erectile dysfunction among men and PCOS among women. Further, he advised some herbal medicines to be taken after consultation with a qualified practitioner. One of the lady practitioners uploaded live videos shot in slums, villages and schools addressing issues related to female sexual health such as white discharge, irregular periods, PCOS, vaginal infections and loosening of vaginal muscles. She prescribes decoctions, powders and lotions prepared at very low cost from items available in the kitchen. But for best results she suggests some herbal creams, online consultations or visit to her clinic.

(iii) On the management of conditions such as gas, acidity indigestion, bloating and constipation, hypertension with home remedies

(iv) Miscellaneous videos describing the symptoms of the *dosha-vata*, *pitta* and *kapha* and the *prakriti* of persons analogous with *dosha* imbalances along with remedies to balance them.

The themes emerging from the discourse in the videos is presented below.

### **Discourse on Ayurvedic Episteme**

The rhetoric of *natural* or *naturalness* and *herbal* was used by all the practitioners to uphold the safety and efficacy Ayurvedic remedies. The analogy of birds who leave their nests at sunrise and return to rest at sunset was employed to underscore the need to follow the rhythm of nature and *dinacharya* for good health by one of the practitioners. In Ayurveda's episteme, body's digestion power weakens after sunset, waking up late slows down the motility of the intestines adversely

impacting body's ability to purge toxins. This further impairs the balance of *doshas* and flow of energy, explaining the rise in diseases in modern times. The critique of modernity and the eulogization of the unparalleled ancient wisdom represented by Ayurveda underlined the discourse in diverse forms. As a holistic system, Ayurveda stipulates that effective treatment needs to be supported by a sound *swasthavratta* that includes a balanced *Dinacharya* (a daily regimen) *Ritucharya* (regimes based on seasons) *Aahar Vidhi* (dietary prescriptions) and *Sadvritta* (ethical conduct for mental well-being) [6]. In conformity with these principles, all practitioners recommended a balanced diet, exercise, and early sleep to overcome health problems. In a video on hypertension, the practitioner linked its aetiology to faulty lifestyle that generates *vata*, *pitta* and *kapha* imbalances. The Practitioner asserts that adoption of *dinacharya* prescribed in Ayurveda along with stress management through yoga, pranayama, meditation and massages can control hypertension. In an another video, thyroid imbalances, are classified as lifestyle disorders caused by mental stress and anxiety. Significance of adhering to *dinacharya*, *ritucharya*, *awastha* (i.e. proscriptions/prescriptions that accompany women during menstruation, pregnancy, delivery, etc.) in maintaining healthy lifestyle are strongly recommended. Further, to illustrate prescription of *Sadvritta*, a video on male sexual health, attributes sexual weakness to indulgence in pornography and hence forbids men from watching obscene films, pictures, consuming cigarettes, alcohol,

sleeping till late, eating food that is overly spicy and heavy to improve sexual health and virility.

The concept of *tridosh* (body's humours) figures in the discourse in the videos in two ways: Firstly there are separate videos that take cognisance of the *vata*, *pitta* and *kapha dosha*. They explain the physical and psychological attributes of people *dosha* imbalances and suggest remedies to balance them. Ancient Ayurvedic scriptures are cited during the videos to highlight the sanctity of *doshas* in determining the *Prakriti* and in analysing disease aetiology and treatment. Further, it is informed that nearly 80 diseases are caused by *vata* 40 by *pitta dosh* and 20 by *kaph dosha*. The predominance of the *dosha* are linked to *ritu* and *awastha* e.g. *kapha dosha* is more predominant among children while *vata* predominates among the elderly. Secondly, the concept takes centre stage in reiterating that the effect of herbal remedies is contingent upon *dosha* of the person. In the discussion of certain conditions such as PCOS, symptoms were linked to *doshas* of the person.

#### **Adopting Multiple Mimetic Frames based on Biomedicine**

The discourse on the channels reflected Biomedical mimesis in myriad forms. The practitioners adopt Biomedical nosology, vocabulary and jargon while referring to diseases such as diabetes, hypertension, PCOS, melasma. Clinical trials and research publications as cited as benchmarks to establish effectiveness of medicines. The Journal of Psychometry was also cited to validate the linkage between gut health, anxiety and depression. In a video discussing the significance of gut

health the practitioner employs terms such as “gut microbiome” i.e. “bacteria, viruses and fungi” some of which aid digestion and manufacture of “vitamins B and K”. Terms like “gut brain axis” are employed to establish the connection between gut health and mood. Further, the practitioner explained that the hormones serotonin and dopamine regulating brain health are also produced in the gut. These terms also popped up on the screen as they were uttered. Auto-immune conditions like arthritis, diabetes, Alzheimer’s, PCOS, IBS and leaky gut were attributed to poor gut health. Similarly, in a popular video on the ill effects of sugar, biomedical jargon like ‘dopamine addiction’ ‘insulin resistance’, ‘water retention and inflammation’ is deployed. Biomedical jargon such as EPA (Eicosapentaenoic Acid) and DHA (Docosahexaenoic Acid) and ratio between Omega 3 and Omega 6, homocysteine levels is also employed to emphasize on the significance of the vitamins

A packaged herbal preparation for balancing blood sugar is endorsed by referring to Biomedical standards such as “Gold Standard of Clinical trials” - ICH, GLP, ICMR and CDSCO. Further, the effectiveness of the herbal preparation is demonstrated referring to drop in the fasting and post-prandial blood sugar levels during clinical trials indicated in the form percentages displayed on the screen. Similarly, the etiological model of hypertension presented on the screen highlighted the role of *Renovascular diseases, Pheochromocytoma, Hyperaldosteronism, Cushing’s disease, Coarctation of aorta* and other physiological conditions. Heel pain is attributed to *Calcaneus Spur* and *Plantar Fasciitis* and

skin rashes and vaginal itching to *fungus and yeast infections*. Interestingly, health benefits of herbs are also couched in biochemical jargon. For example, *Giloy’s (Tinospora Cordifolia) immune-modulant, Moringa’s (Moringa Oleifera) anti-fungal, detoxifying and antioxidant* properties are discussed. Figs are recommended in case of *Hepatomegaly and Splenomegaly*.

### ***Critiquing the Biomedical Model to Carve a Niche for Ayurveda***

It is evident from the discussion in the previous section that the discourse on Ayurveda channels relies heavily upon the models of Biomedicine or Allopathy as it is popularly called in India. But this is only a partial picture. The content in the videos also suggests a clear disapproval of Biomedicine’s model that creates dependence on drugs and surgical interventions for problems that can be addressed by introducing lifestyle changes and Ayurvedic remedies. Ayurveda believes in boosting the immunity of the patient in order to promote body’s self-healing capacity.

Another theme in the discourse is the persistent condemnation of Allopathy for symptomatic treatment that does not eradicate the root cause of the disease, whereas Ayurveda aims to provide relief by exterminating the cause of the disease. In a video on balancing *Pitta dosha*, the practitioner condemns the prescription of Allopathic medication for excessive acidity, heartburn, allergies, skin ailments, and surgery for gallstones without addressing the root cause of these related issues i.e. excessive *pitta dosh*. Consuming medicines without addressing the root cause, according

to the practitioner suppresses the symptoms without curing the disease. In the content posted on the video on gut health, it is informed that Allopathic medicines like anti-biotics, steroids, painkillers have adverse effect on gut health which in turn are responsible for a number of diseases.

The content creators are critical of the reductionist approach of Biomedicine that uses standardised formulae to treat all alike. Ayurvedic principles strongly uphold that no single medicine works for all and therefore adopts individualistic approach keeping in mind every individual's distinct *prakriti*, *dosha*, *awastha*, mental and physical state. The content creators promoted the versatility of Ayurvedic herbs by drawing attention to how a single herb can be used to treat multiple problems. Video on the health benefits of *Punarnava*, a potent herb, highlights its versatility whereby it can be used in different combinations to treat hypertension, diabetes, digestive, kidney, liver and urinary problems. Similarly different parts of the Moringa plant- leaves, stem, seeds have properties that can treat different diseases.

All traditional and complementary systems of medicine are disparaging of expensive and chemical-based prescriptions of Allopaths. For the content creators, the hallmark of Ayurvedic remedies lies in the fact that they are low cost for which the ingredients are easily available in everyone's homes. The content creator who has posted live videos of visits to slums suggests remedies for white discharge, painful and irregular periods, hair loss, melasma, digestive issues that are inexpensive and accessible to all. Emphasizing on the

cost effectiveness of Ayurvedic remedies, she goads the viewers not to fall prey to expensive treatments.

Viewers are also educated against the side-effects of Allopathic medicines. For example, Allopathic diuretics may cause electrolyte imbalance or synthetic Calcium supplements can cause kidney stones. Painkillers can ruin gut health. Similarly in the videos that provide Ayurvedic remedies for melasma, pigmentation of skin and blemishes reprove the use of ointments and laser treatments prescribed by dermatologists as they only "chemically treat" the outermost layer of the skin causing photosensitivity and further skin damage. This information serves to create the context for stressing on the need for Ayurvedic remedies.

### ***Diversifying Clientele through Online Consultations and Marketing Products***

Videos on YouTube channels underscore the health promotive content directed towards empowering the viewers about the right lifestyle choices and power of herbs. YouTube also serves as a platform to promote and widen the clientele of practitioners. In most videos, the discussion on home remedies, is followed by a prescription of Ayurvedic medicines along with an advisory that these medicines should be taken after consultation with an Ayurvedic practitioner. The practitioners provide their WhatsApp number for (paid) consultation. Many viewers complain in the chat box that they do not get to talk to the practitioners because the calls are directed to their representatives even after they have paid the fee. Such issues are sometimes taken up and the viewers are informed that the representatives are trained and provide the right advice.

The practitioners prescribe packaged herbal preparations for they provide a link in the description box. YouTube serves to globally market such products and many other herbal products.

All three practitioners make fervent requests for liking and subscribing their channels. This not only makes them more popular but generates revenue from advertisers and YouTube. One of the practitioners' videos urges viewers to participate in 40-day weight loss challenge or 'thick plait challenge' and share their journey through the chat box. Testimonials of the patients who have benefitted from the treatment are shared and appeals are made to viewers to share such testimonials. Viewers are promised that they will be rewarded with free beauty products for posting testimonials. The subscriptions to the channel are a testimony of their success. Viewer feedback and engagement become the basis of content creation whereby the viewers and content creators mutually benefit from this engagement.

#### 4. DISCUSSION AND CONCLUSION

Recent years have witnessed enhanced synergy between Ayurveda and social media. This has been made possible on account of certain inherent qualities of Ayurveda on the one hand, and growing disillusionment with Biomedicine on the other. Besides this, there is a desire among the populace to invest in their health, fitness and beauty. This section interprets the findings to explain the sociological dynamics that contribute to the growing presence of Ayurveda on social media. It analyses the content of the videos to interpret the attributes of popular Ayurveda as

practiced on social media platforms. It also situates the discourse on Ayurveda in the digital space in the ensuing dialectics between Ayurveda and Biomedicine that has shaped the practice of the latter.

The growing presence of Ayurveda on digital platforms is linked to its intrinsic salutogenic approach oriented towards the maintenance of health rather than curing disease. Ayurveda according to Ranade is not simply a system of medicine but "a science of health promotion designed to increase our well-being and happiness in all aspects. It shows us not only how to treat disease but how to live in such a way as to arrive at *optimum* health and the *maximum* utilization of our faculties". [15] Alter therefore refers to Ayurveda as a "mode of radical self-improvement". [16] The appeal of the videos lies in the fact that they promote holistic health, catering simultaneously to the mind and body, without extraneous interventions and yet in a safe and inexpensive manner within the comfort of one's home. The onus of self-improvement lies with the person seeking it by adopting a disciplined lifestyle and healthy diet. Health promotion, in this model is driven through the management of the self. This is in sharp contrast to the patient experience in Allopathy that is mired in over-specialization and reductionism leaving the patient distraught and drained of resources and completely dependent on the experts. These underlying attributes of Ayurveda are advantageous for online sharing of content and interaction with clients making it well suited for digital space.

Ayurveda has a complex relationship with Biomedicine. Bode's observation that Ayurveda both critiques and

imitates Biomedicine stands reiterated by the discourse on the channels. He contends that “Biomedicine has become something like a benchmark for other medical systems. [17] The standardization, pharmaceuticalization and marketing of Ayurvedic preparations are the result of emulation of Biomedical practices. Further, Ayurvedic products are mass-produced, 90% of which are sold as OTC, bypassing the physician’s prescription. They are framed as *natural* against the synthetic/chemical basis of Biomedical pharmaceuticals. [18] Marketing of Ayurvedic beauty products such as creams for skin whitening, melasma, hair oils, shampoos, facewash through YouTube channels, mimic the commodification of Biomedicine.

In order to highlight the distinctiveness of Ayurveda, content creators showcase its individualistic approach influenced by *dosha and prakriti*. But the practice of marketing of standardized pharmaceutical preparations contradicts this principle and dismisses human-environment interdependence or *ritucharya* in the treatment of patients. Mathipati et.al. argue that Ayurveda has lost its holistic perspective and has “become medicalised to the extent that, it now only looks at humans and is only taught in medical schools where its practice and focus have become limited to clinical/hospital care by qualified Ayurveda practitioners”. [9] Ayurvedic research is also guided by the positivistic paradigms laid down by Biomedicine. [17] Instead of relying on conventional diagnostic methods, the practitioners of Ayurveda depend on pathological tests and modern diagnostic technology. These shifts are conducive to bringing the two systems

of medicine on a uniform paradigm, an essential step towards furthering the global practice and online consultations.

Ayurveda’s popularity has to be analysed in relation popular notions about Allopathy. Allopathic drugs are perceived as a major ‘risk’ to the health because their prolonged use can cause severe iatrogenic effects. The perceptions of risk of the side-effects entailed in Allopathic drugs serve to propel the search of alternatives. [19] Proliferation of health related information on social media is also driven by the search for alternative avenues of expert advice that are cost effective. Herbal medicines are perceived as natural, safe and benign *sans* side-effects generally associated with Allopathic medicines.

The viewership of the channels is also fanned by the fears, anxieties and insecurities that loom large in modern denoted as risk societies. [20] For Giddens ‘the monitoring of risk is the key aspect of modernity’s reflexivity’.[21] In modern societies, lifestyle remains the only domain to exercise reflexivity in order to combat risks for the protection and betterment of health wherein individual responsibility through self-control becomes crucial. [22] Health, fitness and beauty become inextricably linked. Body becomes the site where control, constraint and consumption are exercised. [23] Such concerns in modern societies explicate, the large number of videos posted on beauty and fitness. The responses of the viewers in the chat box bear testimony to popular demand for them. The remedies suggested in the videos serve to allay the discomfort of the viewers with their skin and body.

Videos on sexual health also logged in high viewership. In the Indian set up, such matters are not divulged, nor is it easy to find experts who can be consulted. Finding a remedy online, without having to compromise on one's privacy can be a big boost for the morale of the viewers. The channels not only disseminate knowledge about Ayurveda promoting herbal remedies, empowering the viewers to manage their health by introducing lifestyles, but serve as a global platform for the practitioners to promote their reputation, expand the circle of their private practice, and an effectively market their products. In this contest of popularity, fame, marketing and revenue generation from YouTube and the advertisers seeking likes and subscriptions becomes crucial. Feedback from the viewer's not only serves as evidence of their engagement but their feedback provides insights for the creation of new content.

The discourse on YouTube channels is premised upon popularizing the inherent properties of Ayurveda that underscore the cultivation of a disciplined lifestyle in promoting health. It upholds the ancient wisdom while denigrating modern lifestyle and particularly modern medicine. Biomedicine is condemned and simultaneously emulated. Ayurveda adopts Allopathy's principles of marketing standardized medicines; education and training of practitioners; diagnostics, nosology and ontology. Such shifts drift Ayurveda from its original principles but foster adaptability. The discourse on social media replicates the ongoing dynamics of contestation and co-optations between the two systems of medicine. YouTube has served to strengthen Ayurveda's presence on the global platform

creating an online community of viewers whose feedback imparts dynamism to the engagement.

One of the limitations of the research lies in the exclusion of videos in vernacular languages and English. Content from only one platform has been studied, other social media platforms can also be included for comparative research. Engagement with the viewers, their comments, and its impact on the generation of new content is another fruitful area that could not be fully explored in this study. The study has established that Ayurveda continues to remain resilient as it successfully adopts technology based fora and virtual engagement for its proliferation to remote areas and global outreach. The practitioners of Ayurveda have effectively adopted the virtual platform for furtherance of their practice and marketing of standardized preparations. The popularity of Ayurvedic home remedies has grown by leaps and bounds transcending the boundaries imposed by space and time.

**Authors Details:**

<sup>1\*</sup>Professor, Department of Sociology, Janki Devi Memorial College (University of Delhi), Delhi-110091

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